

Comparing HIV Testing Strategies in Uganda: Is Assisted Partner Testing More Yielding in HIV Testing?

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Editorial

HIV remains a global human threat with about 39 million people infected and it has claimed the lives of over 25 million over the last 25 years. Over 80% of these are in sub-Saharan Africa.

As of 2019, Uganda had an estimated population of 41.5 million, of whom 1,915,533 live with HIV/AIDS with HIV incidence among susceptible individuals at 1.4%, the ultimate highest. About 53000 people were infected with HIV in 2018 whereas 23000 died of the illness in Uganda in 2018. In Uganda, 84% of the people living with HIV knew their status, 72% were on ART and 64% were virally suppressed.

Among adults (15-64 years, the most sexually active), the prevalence is 6.2%. In western Uganda, the prevalence stands at 7.9% slightly below western Nile with the highest at 8%.

The 95-95-95 cascade envisioned by the UNAIDS to control the pandemic by 2020 hangs in balance if efforts to test and enroll new HIV positives on ART (anti-retroviral therapy) are not emphasized. This cascade works on the principle that by 2020, 95% of the people living with HIV will have tested and known their status, 95% of the HIV positive people be on Anti-retroviral drugs and 95% of them to have suppressed the virus.

Greater Bushenyi is one of the sub regions in South Western Uganda that with District Bushenyi, Mitooma, Rubirizi, Buhweju and Sheema Districts. The prevalence of HIV in Bushenyi district. It is estimated that 21,000 people are living with HIV in Bushenyi, 16000 of them receiving highly efficacious antiretroviral therapy.

Bushenyi Medical Centre is a private for no profit HIV care and prevention facility in Bushenyi district with over 5327 HIV positive clients cumulatively on ART from Greater Bushenyi since establishment of an ART Clinic in 2005. BMC has tested over 5 million people through facility and door to door models since the start of ART clinic, that over time have proved costly, time consuming and less yielding.

Bushenyi Medical Centre faced with a challenge of enrolling new HIV positive cases in ART care to curb the unmet need for the district, enrolled a study with support from USAID/EGPAF RHITES-

SW to ascertain whether the assisted partner testing model in HIV testing is a better model than inpatient, hot-spots, small groups and moonlight testing models

The well designed observational Phase I study recruited 5093 clients and tested 4,927 HIV status naïve clients including pregnant, lactating women and children that met the HIV testing eligibility criteria between January 2021 and December 2021. Participants were consented, counseled, enrolled and blood obtained at points of care; location of residence at enrolment was mapped, approaches were mainly assisted partner notification model inpatient, hot-spots, PMTCT, Paediatric, small groups and moonlight testing models. Demographic, socioeconomic, behavioral and other risk factors were captured using the enrolment HIV testing card and modeled using logistic approaches. HIV positive clients on first test were subjected to re-testing to confirm them before being linked or started on anti-retroviral therapy.

There was a higher yield from Assisted Partner testing at 20% compared to small groups and in patient testing at 11.1%, all these being targeted testing modalities. Most APN positive cases were from newly enrolled clients and those partners of the unsuppressed clients on anti-retroviral therapy. Mapped hotspots like bars, plantation and road construction areas also had a higher yield. Among pregnant and lactating women, the HIV positivity was 4.8% and the yield was low among pediatric populations.

Interventions and national programs that aim to enroll more HIV positive people on ART need to focus more on APN, hotspot and inpatients. Antenatal and postnatal packages emphasizing testing mothers for HIV infection must continue to be promoted in order to reduce prenatally transmitted HIV infections to zero. Mapping of hotspot areas needs to be escalated and HIV testing, prevention and treatment services be brought nearer to these higher risk populations. Assisted Partner testing by far remains very effective.

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