Maximizing EID opportunities using the DBS Mentor Approach in Rural HIV Clinics in South-Eastern Nigeria

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Background

• Pediatric HIV services lags behind that of adult services in Nigeria.
• Limitations to HIV pediatric services occasioned:
  • Inadequate HIV screening among children
  • Poorly integrated Early Infant Diagnosis (EID) program
  • Weak link between the prevention of mother to child transmission of HIV program and pediatric services
  • Poor Early Infant Diagnosis knowledge in among health care workers
Materials & Methods: Training Of EID Mentors

- 35 Community Health workers who were trained as Dry Blood Samples (DBS) mentors

- Trained health workers received follow up mentoring

- Trained health workers were supported to collect DBS while cascading training to other PMTCT/pediatric programs staff

- Program Data was analysed 1 year post intervention
Results

<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>EID Samples Collected</td>
<td>20</td>
<td>123</td>
</tr>
<tr>
<td>Results Received from Lab</td>
<td>2</td>
<td>35</td>
</tr>
</tbody>
</table>

Conclusions

Building the capacity of the Community Health workers on DBS collection and transfer to the DNA PCR reference lab resulted in the observed increase in Early Infant Diagnosis at the rural HIV clinics.