TESTING AT BIRTH –
UPDATE FROM SOUTH AFRICA

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Rationale for Birth Testing

• Testing at 6 weeks too late to prevent morbidity, mortality and loss to follow up in ±20% of perinatally infected infants

• High PMTCT coverage:
  – *in utero* > intrapartum transmission (IU:IP = ± 3:1)

• Captive population of HIV-exposed neonates
  – >90% deliveries in maternity unit
  – maternal HIV testing at delivery
  – identifies virtually all HIV-exposed neonates for testing
Anticipated Challenges

• Reverse gains of 6-week EID program

• 2\textsuperscript{nd} HIV PCR required to detect IP infections (10 weeks)

• Training - HIV PCR into new location & staff

• Testing & result receipt in 2 different facilities: new models for linkage to care
National Birth testing coverage

National HIV PCR testing coverage by month (Jun 2015-May 2016)

% Coverage


< 7 days 7 days-3 months 7 days-2 months
Provincial Birth testing Coverage

South Africa 73%
In utero transmission rates

South Africa:  in utero transmission rate 1.1% ± 200 HIV-infected neonates per month nationally
**In utero & ‘10-week’ transmission rates**

![National HIV PCR testing (Jun 2015-May 2016)](image-url)
In utero & ‘10-week’ transmission rates

National HIV PCR testing (Jun 2015-May 2016)
NEXT STEPS

• Link every HIV+ neonate to care & assess outcomes

• Training & mentorship
  – Improve rates of later testing (10 wks-18 mo)
  – Neonatal treatment is complex

• Longitudinal surveillance to
  – enumerate HIV-infected e.g. unique identifiers and patient linking algorithms
  – monitor guideline implementation e.g. confirmatory testing
  – Monitor linkage to and outcomes of care

• Evaluate EID POC testing at birth
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