Linkage to HIV Care Following HIV Self-testing: Results From a Cluster-Randomised Trial of Community-Based Distribution of Oral HIV Self-Test Kits Nested in Four HPTN 071 (PopART) Communities in Zambia

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Background

Evidence has accumulated that HIV self-testing (HIVST) will contribute towards achieving the first 90 target. However, for those who self-test and the result is HIV-positive, there is limited evidence about how to ensure linkage to confirmatory testing and linkage to HIV care (LTC).

For individuals who choose unsupervised self-testing, the test kit is distributed by CHiPs, a community-based organisation known to provide HIV counseling and testing services. However, for those who self-tested with an RDT or supervised self-testing, the test result was HIV-positive, CHiPs were informed, and they were contacted.

In total, 195 individuals were newly diagnosed HIV+ on an RDT in HIVST zones. Of those contacted in person, 93% (119/127) went on to attend HIV care.

HIVST TRIAL - DESIGN AND SETTING

Four of the PopART intervention communities in Zambia, 2 in Arm A and 2 in Arm B, were included in the nested cluster-randomised trial of offering oral self-testing (HIVST) to the standard PopART intervention.

HIIVST trial conducted in 4 communities in Zambia, 660 individuals aged ≥16 years tested for HIV with an RDT, and 204 (26%) tested positive. In the 33 HIVST zones, 7,757 individuals tested for HIV after meeting the CHiPs in person. Of those, 53% (4,082) were HIV+.

In this nested cluster-randomised trial of offering HIVST, 13 individuals who tested HIV+ following secondary distribution were not offered to provide an HIVST kit for later self-testing.

In addition, there were 5 individuals whose first HIVST result was HIV-negative, but on a subsequent RDT they were diagnosed HIV+.

In total, 195 individuals were newly diagnosed HIV+ on an RDT in HIVST zones. Of those contacted in person, 93% (119/127) went on to attend HIV care.

METHODS

METHODS (1)

PopART INTERVENTION

The PopART intervention was delivered during 2014-2017.

• In Arm A, from the start of the study universal ART (irrespective of CD4 count) was offered through routine government services to all individuals with an HIV+ diagnosis.

• In Arm B, ART was provided according to national guidelines.

• Universal ART became part of national guidelines for HIV care in Zambia in 2016, and from May/June 2016 was offered in 6 Arm B communities as well as in Arm A.

METHODS (2)

RESULTS AND CONCLUSIONS

UPTAKE OF HIV TESTING, AND NUMBER TESTED HIV+

In the 33 non-HIVST zones, 7,660 individuals aged ≥16 years tested for HIV with an RDT, and 204 (2.6%) tested HIV+.

In the 33 HIVST zones, 7,757 individuals tested for HIV after meeting the CHiPs in person. Of those, 53% (4,082) were HIV+.

In addition, 323 individuals in HIVST zones first tested for HIV via secondary distribution, and for 21 of these RDT test result was HIV+.

Overall, in the 33 HIVST zones, 237 individuals the first test result was HIV+.

UPTAKE OF CONFIRMATORY TESTING IN HIVZONES

The study is testing the impact on HIV incidence of a household intervention in four communities in Zambia, 2 in Arm A and 2 in Arm B.

• In Arm A, from the start of the study universal ART (irrespective of CD4 count) was offered through routine government services to all individuals with an HIV+ diagnosis.

• In Arm B, ART was provided according to national guidelines.

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