EXPANDED HIV TESTING INCREASES DETECTION OF HIV INFECTIONS, WESTERN KENYA

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BACKGROUND
Siaya, Homa Bay and Kisumu counties in western Kenya have the highest estimated HIV prevalence of 20–26% in the country, and struggle to meet targets for HIV testing services (HTS). The Kenya Ministry Of Health (MOH) recommends annual HIV testing for the general population. To increase access to HTS services, seven high-volume facilities in western Kenya expanded HIV testing eligibility in March, 2017 to include those reporting a negative HIV test in the past 3–12 months, or in the past <3 months if unverified by records. We quantified HIV infections detected among clients meeting MOH and expanded eligibility criteria for HIV testing.

METHODS
We conducted a retrospective analysis of routinely collected data from March to July, 2017. Data from clients >10 years of age who received HTS in outpatient (OPD) and inpatient settings at the seven Health facilities were included. Outcomes were meeting specific MOH and expanded HIV test eligibility criteria, and HIV test result. STATA version 14.2 was used to explore the data, and to test for differences in outcomes by client characteristics using abivariate analysis.

RESULTS
During the 15-week period 88,641 clients received HTS, of whom 79% (70,065) were screened in OPD, and 59% (52,475) were women. A total of 70,493 (80%) were eligible for testing and 97% (68,513) received a test. Overall, 26% (18,456) of clients tested met MOH eligibility criteria: 7% (4,921) had never been tested, 15% (10,247) reported a negative HIV test in the past >12 months, and 5% (3,288) met other criteria. The remaining 74% (52,037) met expanded criteria: 52% (35,274) reported a negative test in the past 3–12 months, and 23% (15,913) had an unverified negative test in the past <3 months. In total, 1.1% (740) of clients had a positive HIV test. Although the yield of positive tests was 2.4-fold higher among those meeting MOH criteria (1.9% vs. 0.8%; p<0.001), more than half of all infections (406) were found among clients meeting expanded criteria, the majority (77%) reporting a negative test in the past 3–12 months.

CONCLUSION
The majority of HIV infections detected at facilities with expanded testing occurred among clients reporting a negative HIV test in the past 12 months, clients ineligible for testing under the current MOH guidelines. Expanding MOH HTS eligibility in high HIV-burden areas to include clients tested in the past 3–12 months could increase access to HTS and timely diagnosis, and accelerate epidemic control.