

Optimizing index case screening to improve HIV case detection and linkage to treatment in Cameroon



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INTRODUCTION

In Cameroon, screening and knowledge of HIV status remain the cornerstone of prevention policy against this pandemic. In order to extend the offer of HIV screening services, differentiated screening strategies have been adopted and are being implemented both in health facilities and in the community. Index case screening (ICS) aims to offer HIV testing to sexual contacts and biological children of people living with HIV (PLHIV). Mobilization for this strategy is done from an identified PLHIV, through community visits, by telephone call or anonymously. Our objective was to present the trend of the results of the ICD strategy and related good practices for the period from 2022 to 2023.

METHODS

We collected routine ICD data from sites supported by PEPFAR implementing partners (ICAP, EGPAF, GUGH, CBCHB). We reviewed the evidence on ICD, described its challenges and made recommendations for optimizing the strategy.

This quantitative study involved the collection of annual data on ICD outcomes, including elicitation (identification of biological children < 15 years and sexual contacts), HIV testing and linkage to treatment from January 2022 to December 2023 in 300 health facilities in Cameroon. Data were analyzed thematically according to barriers and strategies for tracking sexual contacts and pediatric cases.

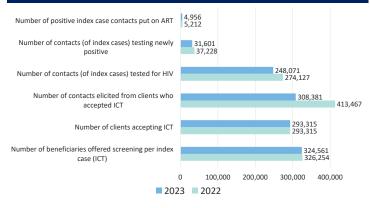
RESULTS

 Table: Screening data per index case 2022 & 2023

Elements of index case screening data	Total
Number of beneficiaries offered screening per index case (ICT)	650,815
Number of clients accepting ICT	564,985
Number of contacts elicited from clients who accepted ICT	721,848
Number of contacts (of index cases) tested for HIV	522,198
Number of contacts (of index cases) tested newly positive	68,829
Number of contacts of positive index cases initiated on ART	10,168

Over the two years of data collection, the service was offered to 650,815 PLHIV, with an overall acceptance rate of 86.8% (564,985/650,815). A total of 721,848 contacts were listed by customers, with each index case mobilizing more than one person on average. Of all the people mobilized, 522,198 contacts were tested for HIV, and 68,829 were found to be positive, representing a seropositivity rate of 13.18%. More needs to be done to improve linkage to treatment for this strategy (14.77% put on ART among those tested positive).

RESULTS : PERFORMANCE EVALUATION FOR BOTH YEARS



Finally, we can see that, as we move from one year to the next, the performance trend is improving.

We can see that the ICT acceptance rate between the two years has increased from 83.3% in 2022 to 90.3% in 2023. Each index case managed to mobilize more than one contact case on average over the two years. Of those mobilized, 66.3% in 2022 and 80.4% in 2023 were tested. The seropositivity rate differs slightly from one year to the next (13.6% in 2022 and 12.7% in 2023), as of the rates of initiation of ART (14% in 2022 and 15.7% in 2023).

Contacts are obtained through counseling and categorized contacts, prioritizing high-risk contacts over lower-risk contacts. High-risk contacts include sexual contacts of (i) new ART clients (0-12 months on ART), (ii) clients with unsuppressed viral loads and (iii) clients with unknown viral loads.

DISCUSSION

As HIV prevalence continues to decline in Cameroon, identifying an HIV-positive client is becoming more difficult and requires the implementation of innovative and effective strategies such as index case testing.

Index case testing is an effective strategy for identifying men and children living with HIV, with acceptance rates improving from one year to the next. However, more needs to be done to improve linkage to treatment for this strategy.

CONCLUSION

To optimize the offer of screening by index case in Cameroon, it would be necessary to strengthen the identification of clients at the health facilities' entry points; to further strengthen pre- and post-test counseling of clients by psychosocial counsellors; to add self-testing as a complementary strategy; to comprehensively involve community and sectoral organizations more in the mobilization, identification of contact cases and linkage to treatment.

Key words: Screening, Index case, HIV

