Implementation of the HIV Risk Screening Tool for Children 5-14 Years

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July 11, 2024

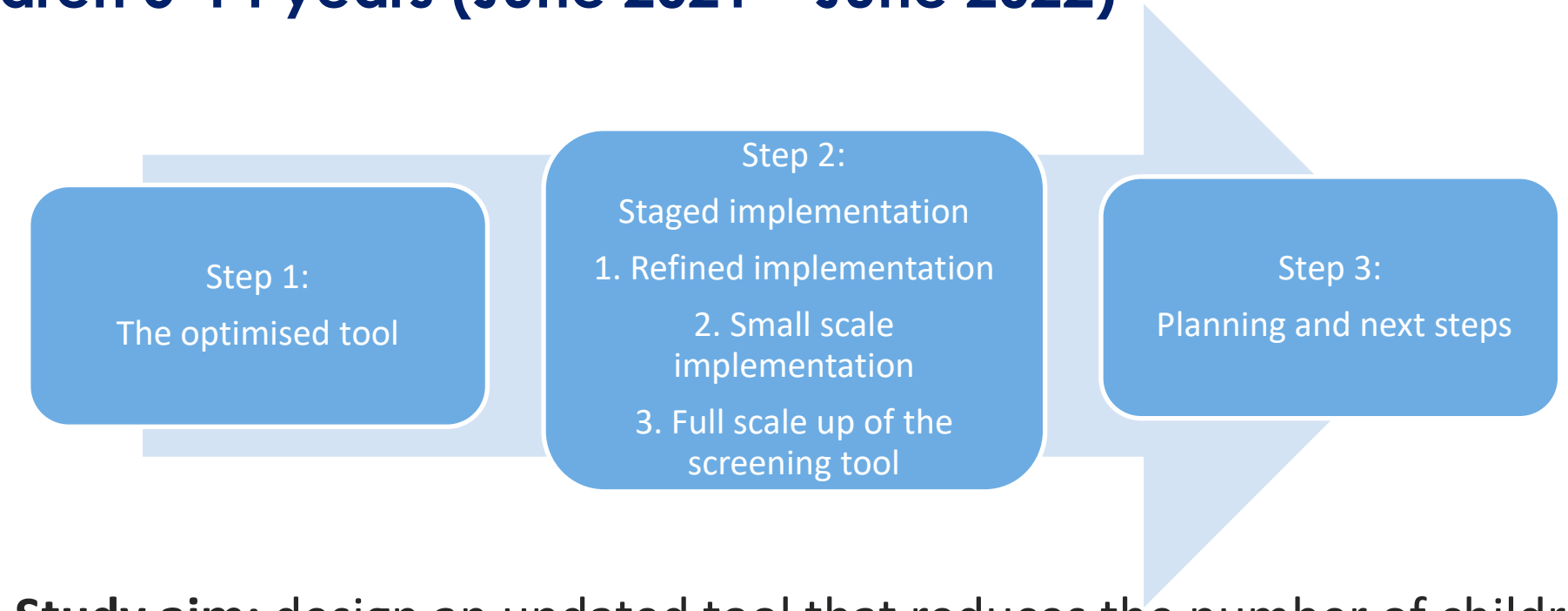
Background: Origins of the HIV Risk Screening Tool for children 5-14 years

This screening tool was designed to improve focussed HIV testing in children 5-14 years

- Decrease the number of children needing testing
- Increase case finding of HIV positive cases

While it originates from other validated tools, it has not been validated in the South African setting

Stepwise Optimization Process for the HIV Risk Screening Tool for Children 5-14 years (June 2021 – June 2022)



- **Study aim:** design an updated tool that reduces the number of children needing to be tested as well as ensuring the best possible sensitivity and specificity of the new tool
- **Study sites**: 14 health facilities in Johannesburg and Mopani, representative of different settings within South Africa.
- **Ethical clearance:** Human Sciences Research Council and permission from the provinces/ districts where the study was implemented

Step 1: Optimizing the tool, the Study Process

Approach all child-mother/caregiver pairs to determine eligibility for participation

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Provide information and obtain consent and/or assent for study participation

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Screen all eligible children using tool

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Pre- and post-test counselling, consent and test every eligible child for HIV

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Every child that tests HIV positive, is post-test counselled, offered same day initiation.

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Every HIV positive child identified returns for the completion of the secondary questionnaire

The Optimised Screening Tool

- HIV Risk Screening is to be conducted every 6 months (in alignment with updated HTS guidelines)
- Documentation of HIV risk screening of children between 5 and 14 years is important
- This needs to be checked in the child's file at every clinic visit

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HIV risk screening tool

For children 5-14 years

Screening needs to be completed 6 monthly per child aged between 5-14 years

For screening children under 5 years – please use IMCI algorithm "Check all children for HIV infection"

Note: Children should always be offered HIV testing if they present with signs and symptoms of possible HIV infection, are sexually active or report sexual abuse.

Ask questions in a private space		
Step 1:		
Ask about child's HIV status:	**Is the child known to be living with HIV?**	
	Yes	Stop screening and check child is on ART. If not, link the child to ART
	No	Continue with Step 2
Step 2:		
Ask about mother's HIV status:	**Is the mother of the child known to be living with HIV?**	
	Yes *(or mother not available)*	Go to Step 4
	No *(Mother tested HIV negative in the last 12 months)*	No HIV testing recommended for the child
	Unknown	Continue with Step 3
Step 3:		
Testing for the mother:	Unknown status (mother) *(No HIV test done on mother in the last 12 months)*	Conduct HIV counselling and testing for the **mother** Go to Step 4
Step 4:		
Testing for the child:	If the mother is positive OR If the mother declines testing OR Is unavailable for testing	Conduct HIV counselling and testing for the **child** AND Recommend other children be brought for HIV testing
	If the mother is negative	No test recommended for the child
Step 5:		
Document the screen result (if the child is not tested) or the HIV test result in the child's clinic file.		

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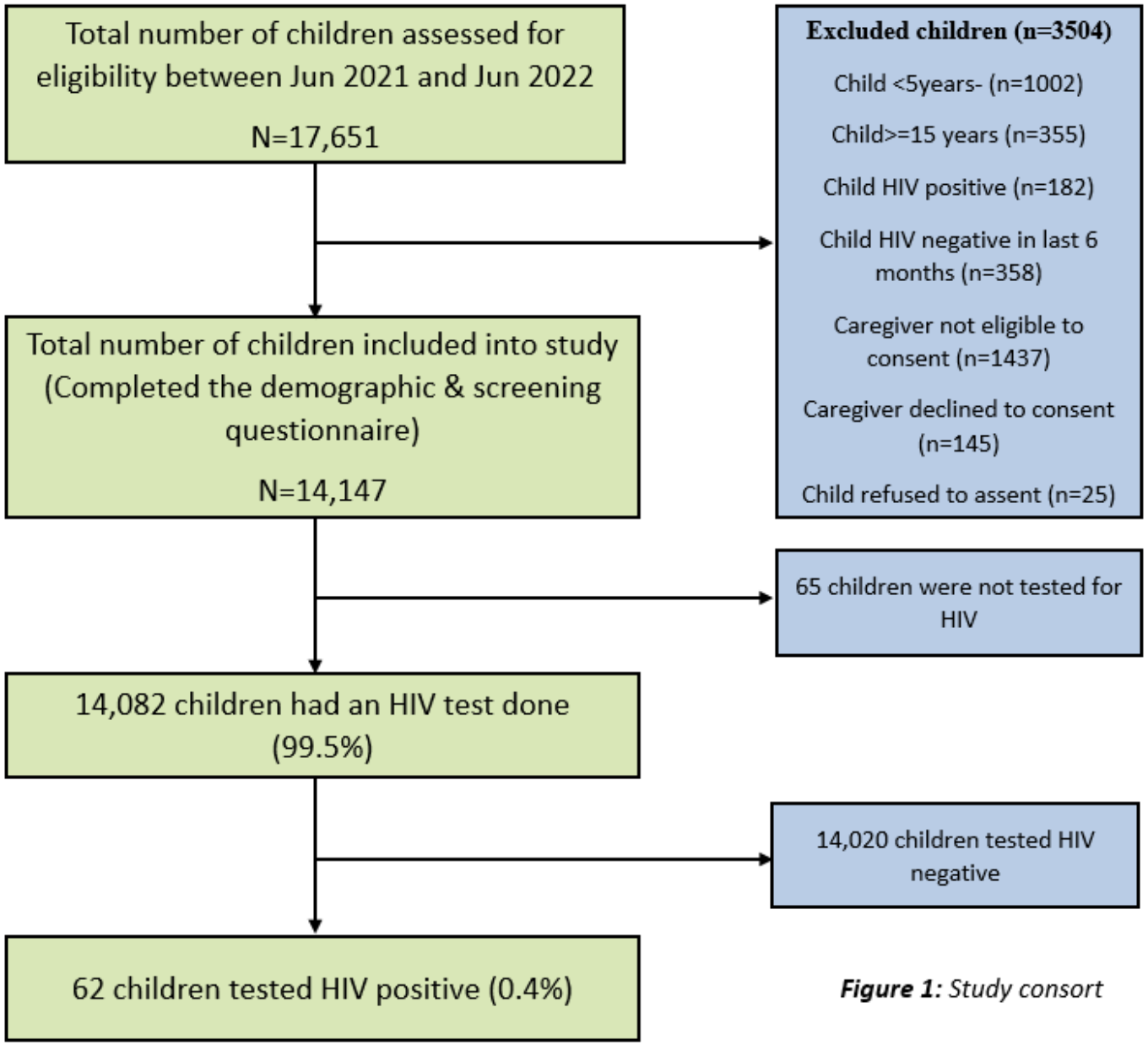

Figure 1: *Study consort*

Study Results

Of the HIV positive children:

- **43 were in COJ District (69,4%; yield 0,4%)**
- **19 were in Mopani District (30,7%; yield 1,0%)**

Study Clinic Entry Points (June 2021 – June 2022)

	All children (N=14,147)	HIV positive children (N=62)
Clinic entry point	**N-14,147**	**N=62**
Acute/Casualty-child is sick	**5698 (40.3%)**	35 (56.5%)
Child health	**2,989 (21,1%)**	7 (11,3%)
Integrated Management of Childhood Illness (IMCI)	**2495 (17.6%)**	7 (11,3%)
Test for HIV - child	150 (1,1%)	8 (12,9%)
Test for HIV-caregiver	75 (0,5%)	2 (3,2%)
Nutrition-Caregiver	15 (0,1%)	1 (1,6%)
Circumcision-Child	38 (0,3%)	1 (1,6%)
Antenatal Care-Child	11 (0,1%)	1 (1,6%)
Other	2685 (19,0%)	0 (0%)

Staged implementation – Phase 1: Refining the Implementation

- **Aim: To be able to recommend best practices for the implementation of the screening tool**
- **Three provinces:**
    - **Gauteng, Johannesburg, Sedibeng**
    - **Limpopo: all districts**
    - **Mpumalanga: Ehlanzeni**

Findings from Refining Implementation

Facilities where little testing of children 5-14 years is taking place:

- The tool increases the number of children who need to be tested
- It also leads to more testing of mothers

Facilities where the previous screening tool was in use:

- This new screening tool leads to fewer children needing to be tested
- This frees up the counsellors to conduct more screening
- The aim is to screen ALL children entering the facility

Capacitation of implementers and implementation strategies

- Several different trainings/support are needed to ensure full understanding
- Peer discussions and on-site support can help to find better ways to screen more children
- Ongoing supportive supervision is needed to ensure implementation, especially with many competing priorities at sub-district/facility level

Challenges with the new tool

The tool recommends testing in children who are sick:

- There is a need to simultaneously capacitate clinicians to identify sick children who they think should be tested

The tool doesn't identify children who have sexual HIV transmission:

- According to the study and other evidence, sexual transmission of HIV is not a leading factor in HIV acquisition in this age group
- However, any child/adolescent who reports sexual activity or is sexually abused should be tested for HIV

Recommendations for planning for small scale implementation, the next phase in roll-out

- Choose facilities
  - Advise that this is done based on headcount in 5–9-year-olds
  - Also based on adaptability of facilities
- Decide who will implement the tool at facilities (best to have >1 per facility)
- Printing of job aids
- Decide how implementation will be monitored
- Decide who will be trained as part of master training
- Plan master training with NDoH HTS TWG

Thank you

Children and their families
Study team
Mopani District &
Johannesburg Health District
Anova Health Institute
Elma Foundation

icap Global Health

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Thank You!