

Scale-up Paediatric Testing (Early Infant Diagnosis)

KEY ACTIONS REQUIRED

Studies indicate that up to 51 percent of infants who test positive for HIV in eastern and southern Africa never receive their results.¹ New diagnostic tools have the potential to overcome some of these challenges. Two early infant diagnosis point-of-care tests will shortly enter the market which could significantly reduce the need for remote testing at centralized labs and largely eliminate turnaround times, helping minimize early loss to follow-up (see the full papers Appendix B for additional details). Ultimately, a mix of centralized laboratories and point-of-care tools is needed to ensure timely diagnosis of children in diverse, resource-limited settings.

- **HIV testing must be prioritized as soon as possible after infants of women living with HIV are born, as peak mortality for infants living with HIV occurs at six to eight weeks. Testing should be repeated throughout the breastfeeding period when the risk of transmission is still substantial.**
- **Point-of-care should be included in national paediatric diagnostic scale-up plans and introduced as soon as possible, especially into remote facilities.**
- **Early infant diagnosis should use all possible child survival entry points — integrated community case management for sick children, immunization, and other child care point such as in-patient departments — as they appear to be more effective than only PMTCT platforms.**

1. McNairy, ML, Lamb, MR, Carter, RJ et al. Retention of HIV-infected children on antiretroviral treatment in HIV care and treatment programs in Kenya, Mozambique, Rwanda, and Tanzania. Acquir Immune Defic Syndr. 2013