



Enhanced efficiency of provider-initiated HIV counseling and testing (PITC) in detecting HIV infection among youth

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BACKGROUND AND CHALLENGES TO IMPLEMENTATION

HIV counseling and testing (HCT) remains the strategic entry point to prevention, treatment, care and support services. New innovations into HCT have evolved, including testing in clinical settings where most infected people go for care. The Uganda national guidelines on HCT shifted from the client-initiated voluntary counseling and testing (VCT) model to provider-initiated HIV testing and counseling (PITC).



INTERVENTION OR RESPONSE



Roll-out of PITC in Northern Uganda by the Northern Uganda Malaria, AIDS and Tuberculosis (NUMAT) Programme took place in eight high caseload facilities, including six hospitals. Training was conducted on counseling, rapid testing technique, testing algorithms, supply management and ordering protocols. Monthly coordination meetings were held to review results, assess inventory and discuss challenges. Age- and sex-disaggregated results were collected, collated and contrasted.

RESULTS AND LESSONS LEARNT

Between January 2010 and October 2011, the eight facilities counseled and tested 41,424 people under PITC (34% male; 66% female) and 35,351 people under VCT (35% male; 65% female). Almost 12% of PITC clients were aged below 18 years, compared with 21% of VCT clients. In total, 4,170 (9.7%) PITC and 5,571 (14.4%) VCT clients were found HIV-positive, with no differences found in HIV prevalence between males and females.

The HIV-positive rate among children under five years of age was significantly higher in the PITC setting than in the VCT setting, 13.7% versus 9.1%, respectively (OR=1.86; $p < 0.001$). Similarly, a statistically significant difference was also found for individuals aged 5-18 years (OR=1.42; $p < 0.001$). Conversely, HIV prevalence among adults over 18 years of age was higher in the VCT setting than in the PITC, 18.5% versus 10.3%, respectively (OR=1.96; $p < 0.0001$).



CONCLUSIONS AND KEY RECOMMENDATIONS



In our experience PITC doubled the number of people tested thus increasing the number of people aware of their HIV sero status; and, it demonstrated that it is a more efficient method in detecting HIV-positive youth. For these reasons, PITC should be rapidly scaled up to more facilities.

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