

Lessons learned during cohort monitoring of HIV-exposed infants: improving documentation of final outcome at 24 months of age.

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General

Category: E3: Implementation science and scale up of treatment

Country of research: Zambia

Please use the drop down list to indicate if your abstract relates to any of the belowInfants and children (0-14)

Abstract Text (max 350 words)

Background: Systematic retention and follow-up of HIV-exposed infants (HEI) is critical to enable documenting their final outcome (FO) at 24 months. This was conducted in the PEPFAR-supported program: Leveraging Health Service Equity through supporting the health care needs of mothers and their HEI. The aim was to contribute to elimination of Mother-To-Child Transmission of HIV through a person-centered approach using their “One-Stop” Differentiated Service Delivery model.

Description: This initiative has been conducted in the Maternal and Child Health Units (MCH) of four high volume, Level-one Hospitals in Lusaka from October 2022 to date. A person-centered team including medical, pharmacy, data, support personnel and mentor mothers are embedded in MCH and provide care and treatment for pregnant and breast-feeding women living with HIV and their children under 2-years-old. HEI receive prophylaxis, growth monitoring, testing and treatment. Pairing of mother-baby appointments is done prioritizing the baby’s testing schedule. Phone call reminders for appointments are made. Mentor mothers provide psychosocial support for newly diagnosed mothers and conduct physical tracking in the community for clients with missed appointments. Infants who transfer out are tracked to ensure that they are connected to care. Data for birth cohorts of HEI born between October 2020 and September 2021 were reviewed using MCH paper registers and the electronic health record system SmartCare.

Lessons learned: Data for 2,386 HEI were reviewed (51% females). Having a dedicated team with proactive follow-up led to increased documentation of FO at 24 months with 2,287 (96%) having a documented FO. This is inclusive of 170 (7.1%) who transferred out but whose final status was documented due to follow up. 42 (1.8%) infants died (all had a previous negative result) and 45 (1.9%) infants seroconverted. Having a proactive team, pairing of mother and baby appointments, psychosocial support and community tracking led to increased retention. EID cohort monitoring data for fiscal year 2021 is presented below.

Table 1. EID Cohort Monitoring for Four Hospitals in Lusaka District, Zambia

Birth Cohort	Cohort size [D]	HIV Infected	HIV Uninfected	Died	Unknown FO(IIT)	Cohort with FO [N]	PMTCT_FO (N/D) x100	Conclusions/Next steps: Deliberate and coordinated HEI cohort monitoring increases care, retention and documentation of final outcome at 24 months.
FY2021	2386	45	2200	42	99	2287	96%	

Additional questions

Ethical research declaration: Yes

IAS digital learning platform

IAS+: Paediatric and adolescent HIV, HIV testing

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