

**Title: Working toward the first '90' – identifying HIV-infected children through inpatient PITC**

**Track and Category:** E6

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**Background:** The pediatric 90-90-90 initiative is driving program efforts to close the treatment gap between children and adults. The first "90" challenges us to identify 90% of children living with HIV, and most programs turn to aggressive and targeted provider initiated testing and counseling (PITC) efforts to achieve this. In Tanzania, pediatric wards are a priority area for PITC and EGPAF partnered with local government health management teams to integrate targeted, accountable, and sustainable pediatric PITC efforts at high volume facilities in four regions (Arusha, Kilimanjaro, Lindi, Tabora).

**Description:** Strategies to routinely test children for HIV were agreed upon with local government officials and included: orientation/training of pediatric ward staff in counseling and HIV testing, adding PITC to the daily clinical meeting agenda, and assigning testing targets to staff members or shifts. Patient-level PITC data are recorded in standard registers and submitted to district and regional authorities every quarter. With support from EGPAF, data were reviewed quarterly and feedback on performance was provided to sites.

**Lessons learned:** From January 2014 to September 2015, 122,657 children were admitted at 123 participating health facilities. The coverage for PITC at the pediatric wards was 47% in hospitals compared to 38% in primary facilities ( $p < .001$ ). A total of 958 (1.8%) children were identified as newly HIV-infected, 83% of these were attending the 41 hospitals where the HIV-positive yield was also higher (1.9%) compared to the yield at primary level facilities (1.3%,  $p < .001$ ). While the coverage of PITC increased from 40% in the first quarter to 55% in the last quarter, the yield of HIV-positive children identified declined from 2.8% to 1.6%.

**Next Steps:** Integrating PITC within pediatric wards is a good strategy to identify HIV-infected children. Introducing PITC as a planned routine service, including routine monitoring through existing structures contributes to sustained efforts and needs to be promoted, in particular, at high volume hospitals. With declining positivity rates due to increased coverage it becomes important to analyze the yield from PITC within pediatric wards and balance it with earlier case finding strategies to maximize yield.