HIV Care Cascade Among Adolescents in a “Test and Treat” Community-Based Intervention in Zambia and South Africa: HPTN 071 (PopART) for Youth Study

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BACKGROUND

Adolescents have worse outcomes across the HIV care cascade compared to adults.

• Dropouts at each stage of the cascade lead to poor individual health outcomes and pose challenges for ‘test and treat’ efforts.

• The PopART for Youth (P-ART-Y) study is nested within the HPTN071 (PopART) trial, a 3-arm community randomized study in 21 communities in Zambia and South Africa (SA).

• The P-ART-Y study aims to evaluate the acceptability and uptake of an HIV prevention package, including universal HIV testing and treatment, among young people.

• We report the HIV care cascade for adolescents aged 10-19 years from 7 Arm A intervention communities in Zambia and SA.

• We also assess the need for specific youth-targeted interventions in the context of universal HIV testing and treatment.

METHODS

• Using a door-to-door approach that included systematically visiting and re-visiting households, across entire communities, all adolescents enumerated were offered participation in the intervention and verbal consent was obtained.

• Data analysis were collected from September 2016 to December 2017, covering the third round (R3) of the PopART intervention.

RESULTS

• Overall, we enumerated 60,515 adolescents (Zambia: 45,371, SA: 15,244).

• Of all offered HIV testing, 78.8% accepted in Zambia and 70.9% in SA.

• Knowledge of HIV status was associated with age and increased from 30.6% to 87.5% after the intervention in Zambia and from 29.5% to 81.6% in SA.

• The intervention closed the gap in HIV-status knowledge between males and females (figure 2). Overall, 774 adolescents were HIV-positive (222 new diagnoses and 552 self-reported), the majority of new diagnoses (144) being females aged 17-19 years.

• Among the 774 HIV-positives, 64.6% (62.7% in Zambia and 70.3% in SA) reported being on ART at the time they first entered R3.

• Among newly diagnosed and self-reported HIV-positive, median time to initiate ART was 5 months in Zambia and 3 months in SA.

• At the last follow-up, ART coverage had increased to 78.5% and 85.1% in Zambia and SA respectively, with differences observed by sex (figure 2).

• The greatest gap in the HIV cascade is in diagnosing HIV infected adolescents (figure 3).

CONCLUSION

Despite increased attention to adolescent HIV, gaps remain in the HIV care cascade by age and sex. Low knowledge of HIV status among adolescents still remains one of the major gaps.

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