



Evaluation of HIV Viral Load and Early Infant Diagnosis Point-of-Care Testing in the Copperbelt Province, Zambia

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The overall health outcomes of maternal and child health clients can drastically improve by providing access to point-of-care testing for children, infants, and pregnant and breastfeeding women in the Copperbelt Province, Zambia.

INTRODUCTION

HIV viral food (VL) and early infant diagnosis (EID) in Zambia's Copperbelt Province has assumed a centralized testing model over the past 16 years. With this centralized model, the turn-around time (IAI) ranges from 16-21 days (December 2022), which negatively impacts management of children (0-14 years), and pregnant and breastfeeding women (PBFW) on antiretroviral therapy (ART).

Point of care testing (POCT) improves access to important diagnostic tests for these defined target populations, reducing the use of centralized laboratories. The GeneXpert point of-care analyser, which has traditionally been used for tuberculosis diagnosis is easy-to-use, making it ideal in resource-limited settings.

VI, and EID sample testing have recently been activated on the GeneXpert platform to improve testing. EID of HIV exposed infants and VI, testing access for children and PBFW has been rolled out to selected health facilities with the intention of improving TAT and access.

METHODS

A survey involving comprehensive data collection process that included face-to-face and phone call interviews was used. A structured questionnaine was administered to laboratory staff and clinicians in the mother and child health (MCH) departments in 12 SAFE supported sites. A total of 24 participants were enrolled, two from each site, one from the laboratory and one from MCH department. A detailed review of responses provided valuable insights on clinical and laboratory appreciation of the service provided and timeliness of results.

RESULTS

- All twelve sites demonstrated 100% awareness of EID and VL testing on POCT analysers, with 66.7% receiving specialized training on EID and 91.6% on VL.
- A total of 85.4% of POCT sites had a thorough understanding of EID and VI, testing in POCT facilities.
- From the 12 sites surveyed, 11 reported conducting an average of 25 VL tests and 27 EID tests per month, with a range of 5 to 100 tests.
- Prior to POCT implementation, average turnsround time was 20 days for both EID and VL.
- All POCT sites achieved less than 48 hours TAT from sample collection to dispatch of results after POCT implementation.

CONCLUSION

- The survey showed that the 12 sites have high awareness of EID and VL testing on POCT analysers.
- Most staff have specialized training and a thorough understanding of these tests.
- The sites conduct on average 25 VLs and 27 EIDs monthly with TATs ranging between 2-48 hours.
- -> This TAT highlights the effectiveness of POCT.
- POCT must be expanded to improve MCH and enhance overall health outcomes.

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Practice Guideline ,1994 Management of the HIV-infected Patient Suzanne Crowe, Jennifer Hoy, John Mills,1996-04-26 A practical detailed and up to date text on the management of HIV infection and AIDS The major clinical trials are reviewed and evaluated and complications of HIV are presented with management guidelines Chapters are also devoted to psychiatric aspects and issues involving health care providers Rosen's Emergency Medicine - Concepts and Clinical Practice, 2-Volume Set, Expert Consult Premium Edition - Enhanced Online Features and Print, 7 James Adams, 2010-01-01 This reference places the latest information at users fingertips and a more streamlined format makes it easy to find the exact information quickly and conveniently Includes access to a companion Web site for additional resources

California HIV/AIDS update. v. 7-9, 1994-96, 1990 **Treatment and Care for Persons with HIV Infection and** AIDS United States. Congress. House. Committee on Government Operations. Human Resources and Intergovernmental Relations Subcommittee, 1990 Research Awards Index ,1989 Clinical Infectious Disease David Schlossberg, 2015-04-23 A fully updated version of this popular clinically oriented user friendly text on infectious disease with even more helpful graphics tables algorithms and images It is packed full of information on diagnosis differential diagnosis and therapy In addition to the traditional organization of organ system and pathogen related information this text also includes clinically helpful sections on the susceptible host with individual chapters for example on the diabetic the elderly the injection drug user and the neonate infections related to travel infections related to surgery and trauma nosocomial infection and bioterrorism Positioned between the available encyclopedic tomes and the smaller pocket guides this is a convenient comprehensive and highly practical reference for all those practising in infectious diseases as well as internal or general Research Activities .1994 Handbook of Economic Evaluation of HIV Prevention Programs David R. medicine Holtgrave, 2013-06-29 If resources for HIV prevention efforts were truly unlimited then this book would be en tirely unnecessary In a world with limitless support for HIV prevention activities one would simply implement all effective or potentially effective programs without regard to expense We would do everything useful to prevent the further spread of the virus that has already claimed hundreds of thousands of lives in the United States and millions of lives worldwide Unfortunately funding for HIV prevention programs is limited Even though the amount of available funding may seem quite large especially in the United States it is still fixed and not sufficient to meet all needs for such programs This was very well illustrated in the summer of 1997 when over 500 community based organizations applied for a combined total of 18 million of HIV prevention funding from the U S Centers for Disease Control and Prevention CDC Less than one fifth ofthese organizations received support via this funding mechanism Hence although 18 million may seem like a large amount of money at first blush it is not enough to meet all of the prevention needs that could be addressed by these community based

organizations CDC Health Information for International Travel 2014 Centers for Disease Control and Prevention, 2013-04-22 Health risks are real and ever changing especially while traveling abroad To stay abreast of the most up to date health recommendations experienced travelers and health care professionals have always relied on CDC s user friendly Health Information for International Travel commonly known as the The Yellow Book as their one indispensable quide Updated biennially by a team of almost two hundred experts including both CDC staff and travel medicine experts this book is the only publication that contains all of the official government recommendations for international travel Clearly written and featuring full color illustrations the book provides easy to read disease risk maps information on where to find health care during travel advice for those traveling with infants and children a comprehensive catalog of diseases and detailed country specific health warnings For example the section on the Caribbean lays out the recommended immunizations and examines specific health risks for travelers to the region ranging from malaria to dengue yellow fever and traveler's diarrhea But the book goes beyond the risk of disease to discuss dangers such as violent crime fortunately not a great danger to tourists in the area and also to remind travelers that the single greatest cause of injury death among visitors are traffic accidents. The section on the Caribbean also notes hurricane season and outlines the risks involved in snorkeling diving and other water activities common to the area Every facet of the previous edition has been revisited and revised where necessary including country by country immunization suggestions and new drug information For the primary care clinician the specialized travel medicine clinician or the avid or first time international traveler this book is an indispensable safety net providing readers with everything they need to know to prevent or to seek treatment for illness abroad .1992-04-20 Cumulated Index Medicus ,1994 Current Therapy in Pain Howard S. Smith, 2009-01-01 This unique resource focuses on the diagnosis and treatment of painful conditions both acute and chronic from a multi disciplinary perspective Joined by a team of nearly 200 international contributors representing a wide range of specialties Dr Smith presents the best management options within and across specialties Succinct treatment and therapy guidelines enable you to quickly access clinically useful information for both inpatient and outpatient pain management while a 2 color format enhances readability and ease of use and highlights key concepts And as an Expert Consult title it includes access to the complete contents online fully searchable plus links to Medline and PubMed abstracts providing rapid easy consultation from any computer Includes access to the complete text online fully searchable plus links to Medline and PubMed abstracts providing quick and convenient reference from anyplace with an Internet connection Offers a cross discipline approach to pain management for a comprehensive view of the best treatment options within and across specialties including internal medicine gynecology physical medicine and rehabilitation orthopedics and family medicine Provides succinct treatment and therapy guidelines enabling you to locate useful information guickly Organizes guidance on acute and chronic therapies in a templated format to facilitate consistent quick access consultation appropriate for inpatient or outpatient pain management

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