IMPROVING EXPOSED INFANT DIAGNOSIS AT ISHAKA ADVENTIST HOSPITAL-HIV CLINIC

Problem Addressed:
In June 2011, the facility realized that there was no properly established system of identifying and referring exposed infants for DNA-PCR testing. Some of the main problems included the following:

- it was difficult to determine the number of exposed infants,
- some of the health workers were not adequately informed on Early Infant Diagnosis (EID),
- HIV-positive mothers, especially those in the outreach sites, were not being followed up to bring their infants for testing,
- some HIV-positive infants were not followed up and enrolled in HIV care and there was poor documentation of exposed infant diagnosis in general.

Interventions
- PMTCT review meetings held once every three month-The purpose of these meetings was to educate and emphasize issues concerning PMTCT and EID. All hospital wards are represented in these meetings.
- Implement the use of MOH tools to refer all exposed Infants identified-These tools include the exposed infant and ART clinic referral form, the EID register and appointment book (used to give appointments and capture addresses to follow up positive mothers).
- Linking the appointment date for the 1st post natal visit with the 1st PCR test appointment date.
- Establishing an EID focal point/EID focal person as a point of reference for EID cases/issues.
- Using community volunteers to refer HIV-positive mothers and exposed infants to the EID focal point.
- Testing all mothers who do not have documented HIV test results when they turn up for immunization/post natal care.
- Following up with HIV-positive mothers with reminder phone calls or using community volunteers.
- Enrolling all HIV-positive infants on ART.

Results
The graph below shows the number of HIV exposed babies who were offered DNA-PCR HIV testing at Ishaka hospital. Before creation of an Early Infant Diagnosis care point, few HIV exposed babies were being identified because there were no deliberate efforts to identify and those offered DNA-PCR HIV test were not documented. After creation of an EID care point in September 2011, the number of HIV exposed babies identified increased from less than 25 per month to over 60 babies per month with more than 90% of them offered HIV testing.
Lessons Learned

- CMEs/Meetings have played a great role in improving this objective, health workers are continuously reminded about early infant diagnosis and the use of MOH tools to identify and refer exposed infants.
- There has been a great improvement in documentation of EID due to the use of the different MOH tools.
- There has been an increase in the number of exposed infants testing for DNA-PCR.