

Assessing ARV Prophylaxis and Early Infant Diagnosis Compliance among HIV-Exposed Infants in Nigerian States: Experiences from the Pediatric Breakthrough Partnership Study

Osa-Afiana C ¹, Oladimeji T ¹, Adebayo G ¹, Bathnna M ¹, Omonijo F ¹, Adedeji I ², Adirieje C ¹, Nwachukwu A ¹, Omonkhegbele P ¹, Amadosi E ¹, Michael D ³, Ahams-Akor G ⁴, Ero R ⁵, Alete M ⁶, Adetunji Y ¹, Yusuffu K ¹, Danjuma G ⁷, Edewor U ⁶, Owhonda G ⁶, Okpokoro E ¹, Okech B ⁸, Sam-Agudu NA ^{1,9}

¹ International Research Center of Excellence, Institute of Human Virology Nigeria, Abuja Federal Capital Territory, Nigeria ² Department of Gerontology, Surrey, British Colombia

³ Federal Medical Center, Jalingo, Nigeria ⁴ Taraba State Specialist Hospital, Taraba, Nigeria ⁵ University of Port Harcourt Teaching Hospital, Nigeria ⁶ Department of Public Health and Disease Control, Rivers State, Nigeria

⁷ Taraba State AIDS Control Agency, Nigeria ⁸ Uganda Virus Research Institute-IAVI, Uganda ⁹ Global Pediatrics Program and Division of Infectious Diseases, Department of Pediatrics, University of Minnesota Medical School, Minnesota, USA.

BACKGROUND

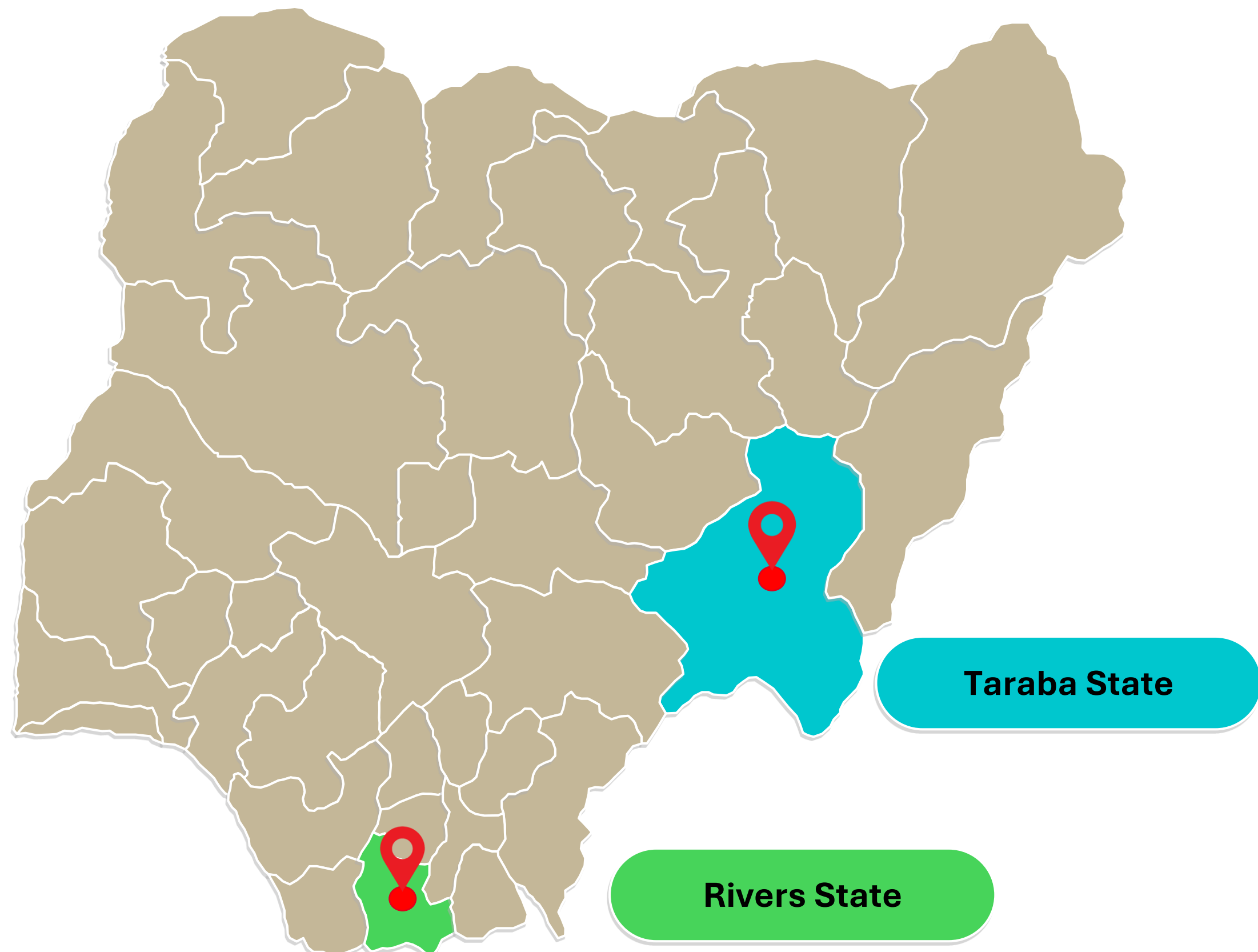
Nigeria’s national guidelines recommend:

- 1) Timely administration of infant ARV prophylaxis at birth (initiation within 72 hours) and completion of a 6-week regimen to reduce the risk of vertical transmission, and
- 2) Early infant diagnosis (EID) testing by age 6 weeks and 18 months to ascertain infant HIV status and HIV outcome.

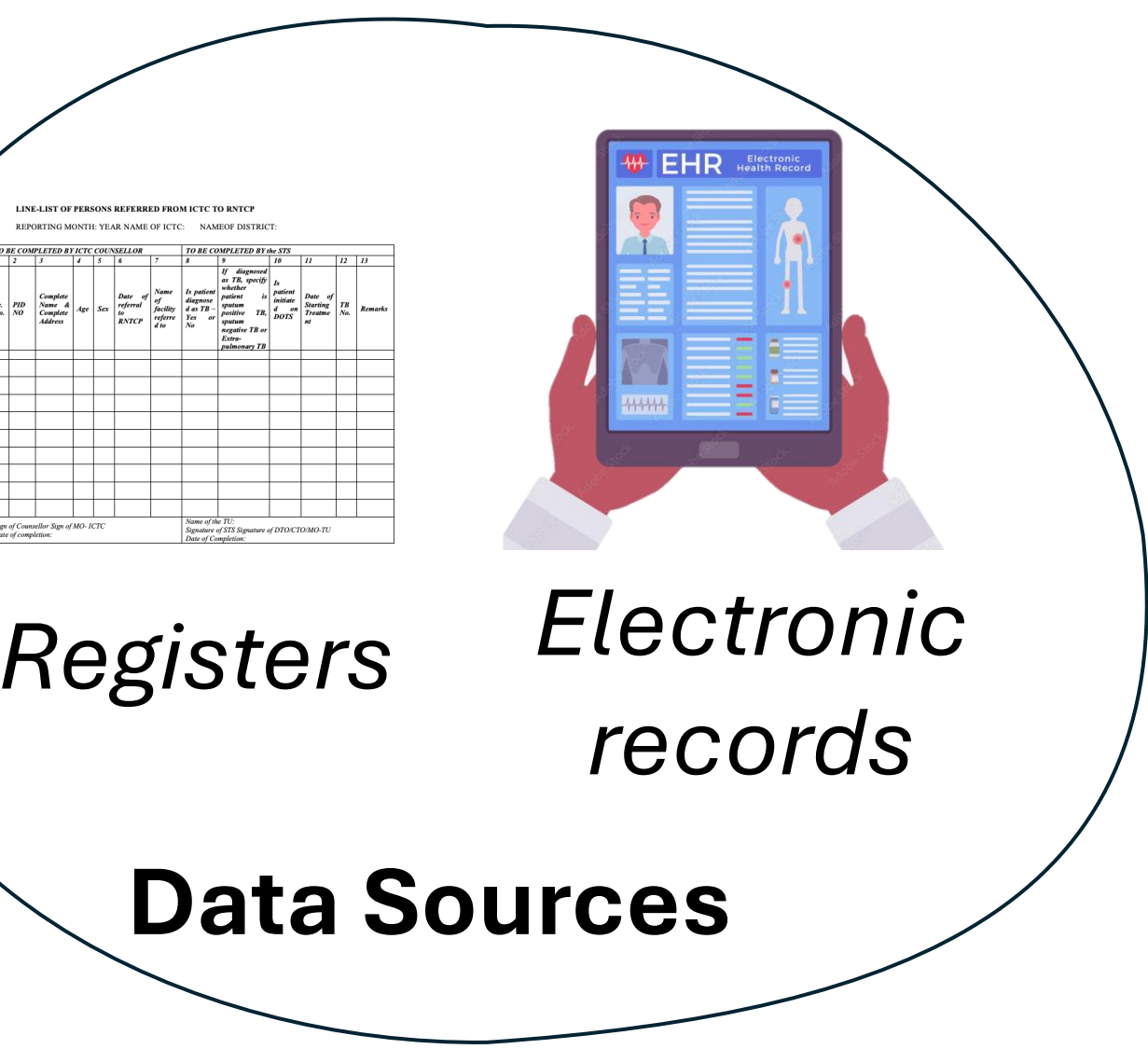
We investigated the rate of compliance with HIV prophylaxis and EID testing for HIV-exposed infants in two Nigerian states in the Pediatric Breakthrough Partnership (PBP) study.

METHODS

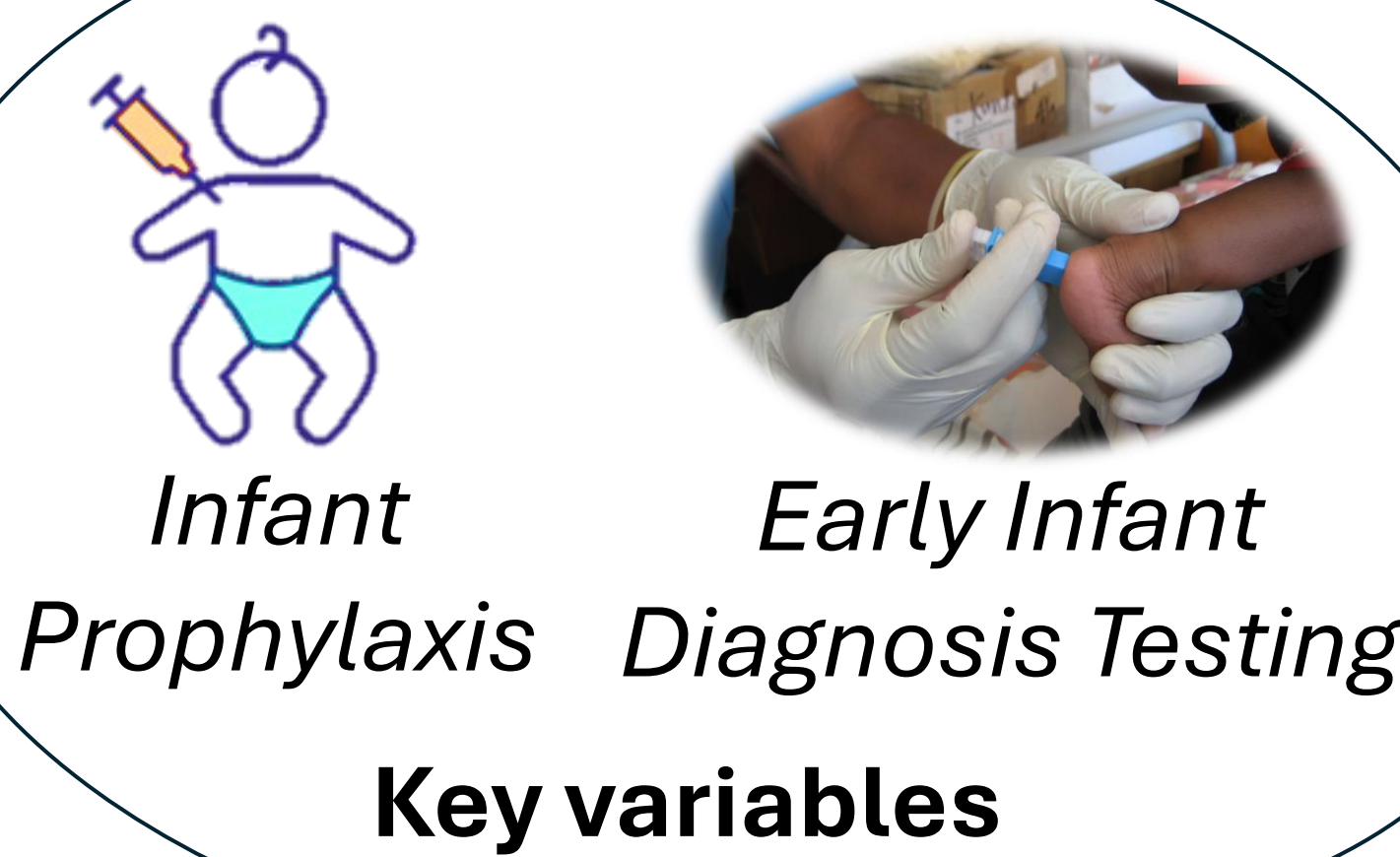
Our Approach to Evaluating Pediatric HIV Program Data



Secondary data were collected from three healthcare facilities (two secondary and one primary) in Rivers and Taraba states from March 2020 - February 2021



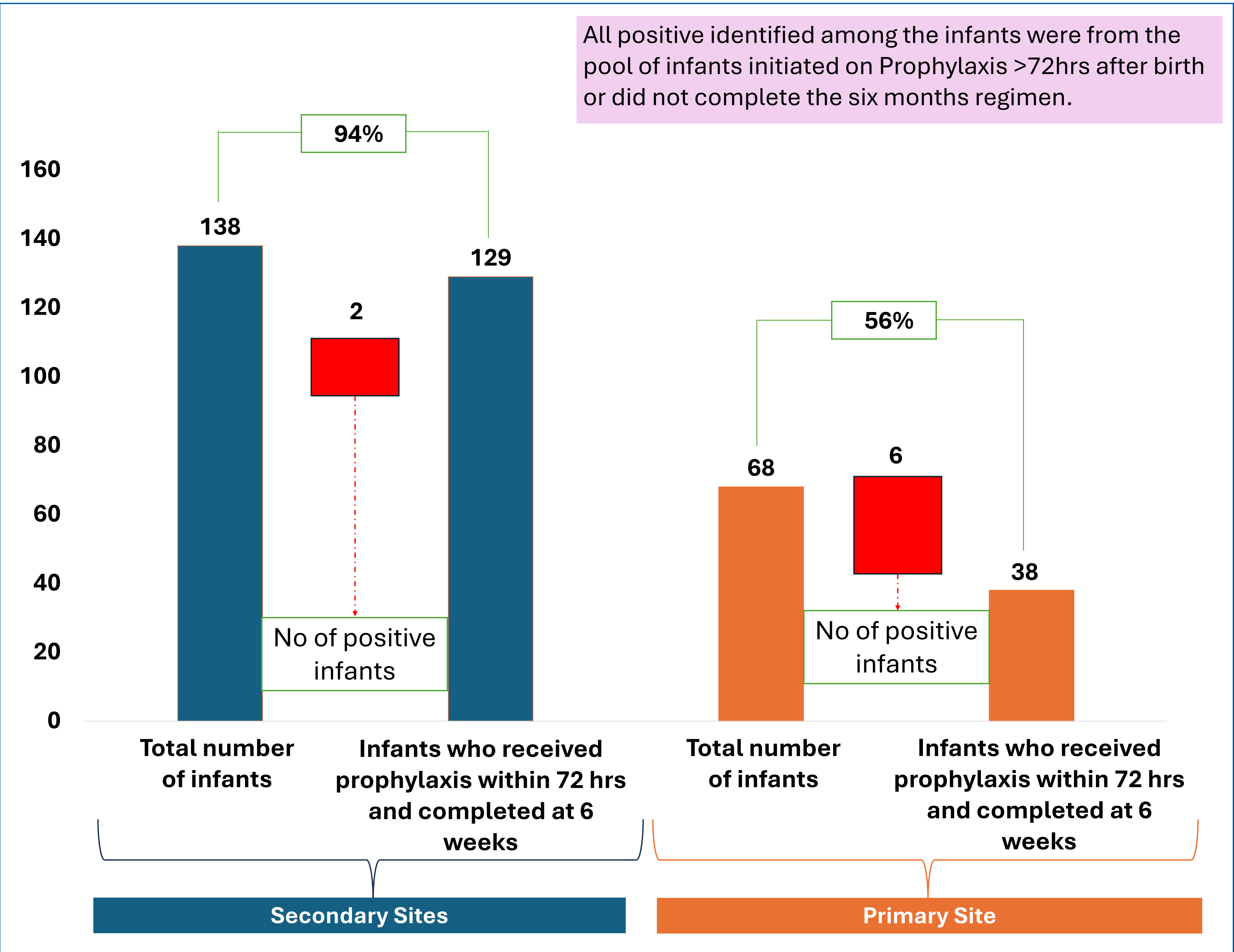
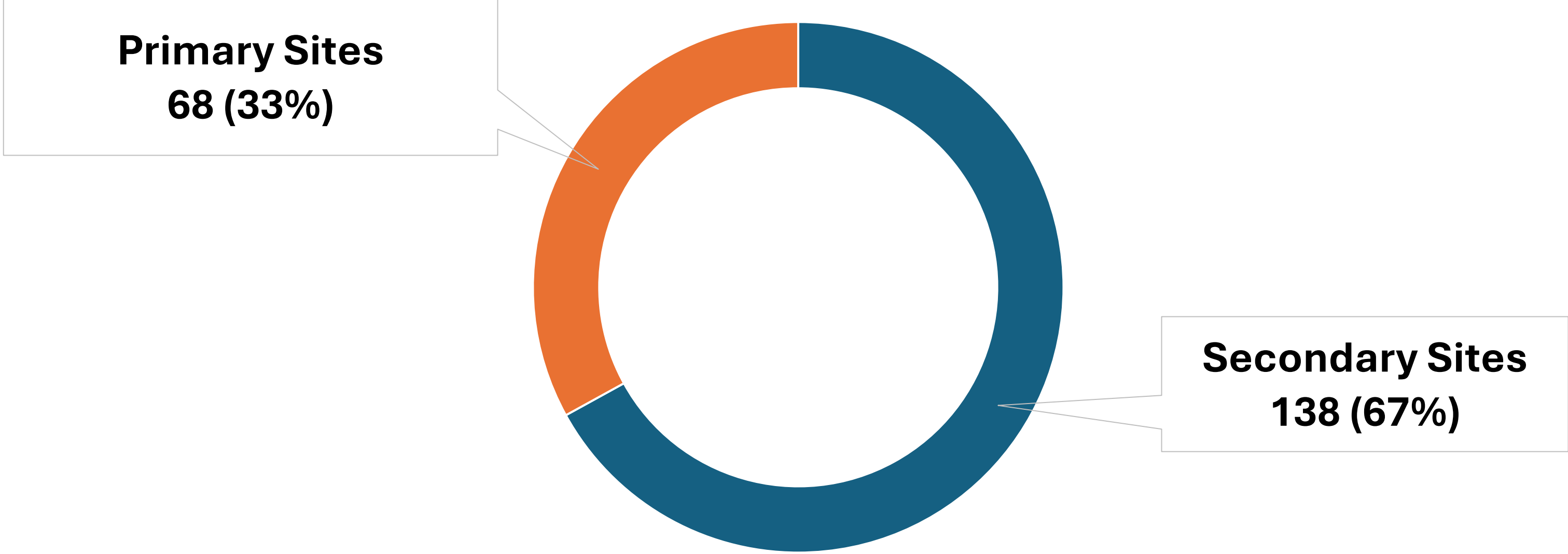
Key variables were obtained from the data sources



Data were analyzed descriptively and using chi-square tests

FINDINGS

N=206 HIV-exposed infants included in the database



Early Infant Diagnosis (EID) Testing				
Variable	Total N	Secondary sites n (%)	Primary site n (%)	P-value
Infants who had timely EID testing at 6 weeks and 18 months	159	102 (74%)	57 (84%)	0.0001
Infants testing HIV positive	8	2 (2%)*	6 (11%)*	N/A

*Column percentages

CONCLUSION

Our findings show a significantly low rate of success in administering ARV prophylaxis to HIV-exposed infants at primary vs secondary health facilities. However, EID testing rate was higher at primary vs secondary sites. Continued advocacy and support to caregivers of HIV-exposed infants, job aids and human resources to track mother-infant pairs and training of service providers will be essential for improving achievements in sub-national and national outcomes in infant HIV prophylaxis and diagnosis.

FUNDING AND ACKNOWLEDGEMENTS