

Implementation of external quality assessment for POC EID in Kenya

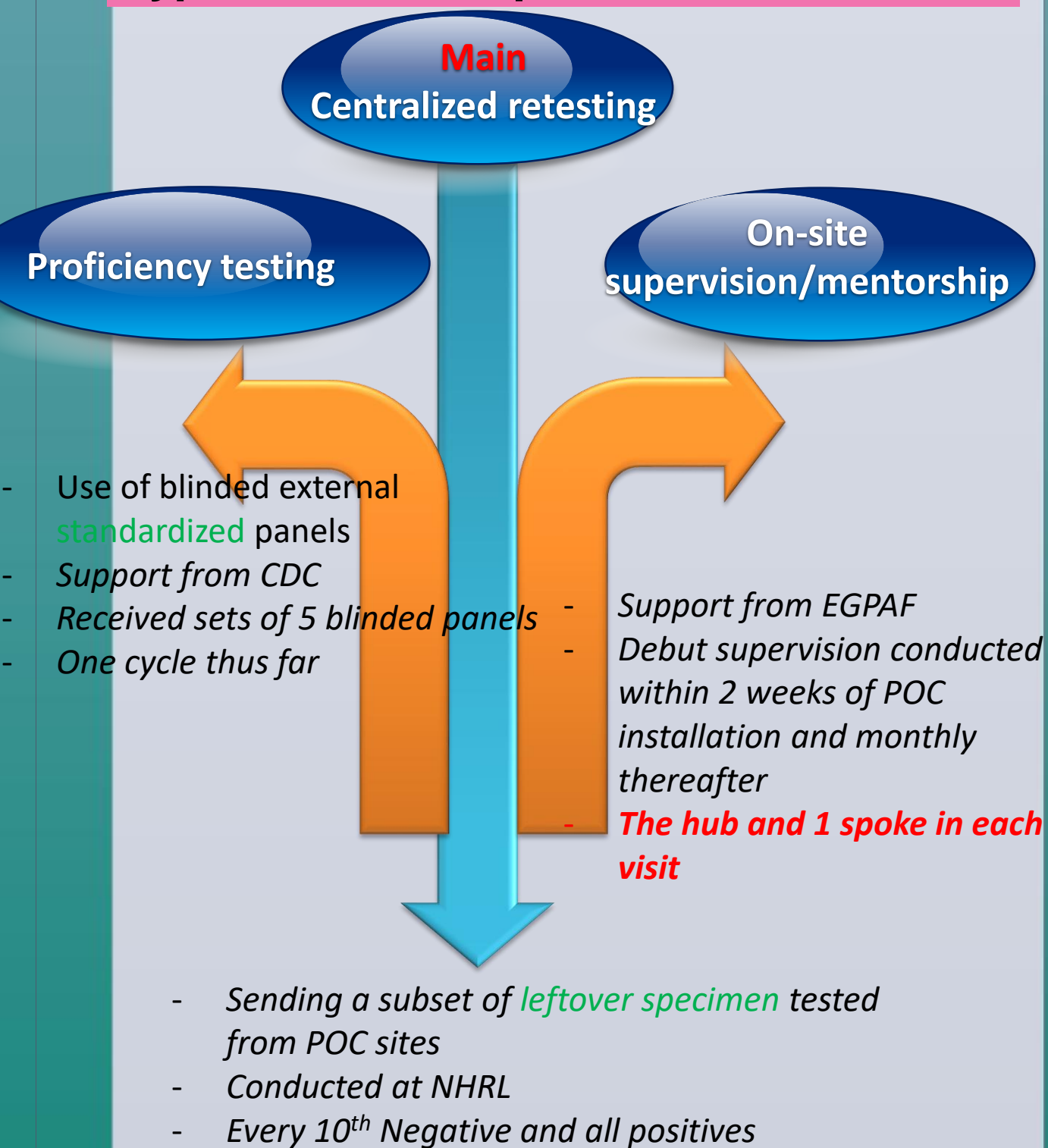
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BACKGROUND

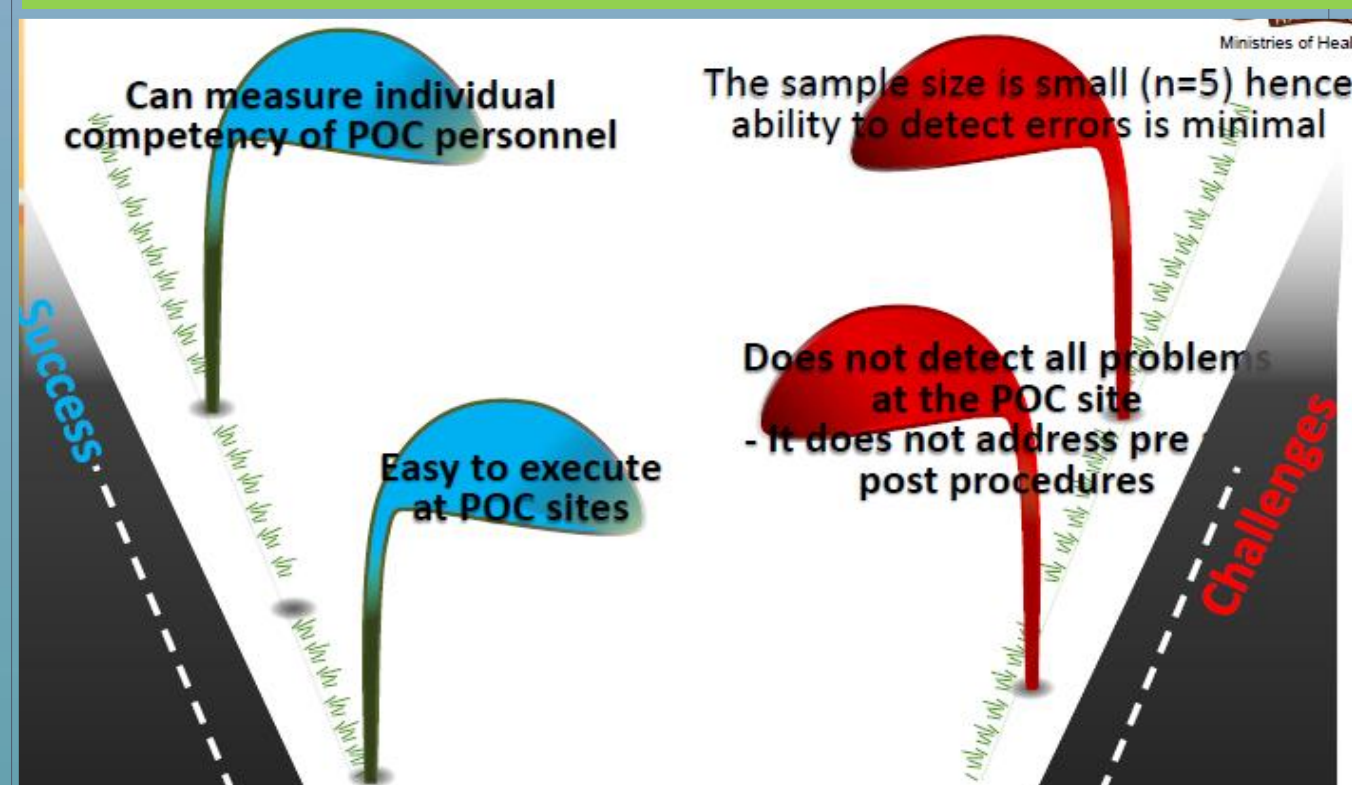
- Early infant HIV diagnosis (EID) in Kenya depends on high expertise centralized molecular testing
 - that has often led to protracted turn around time
 - and missed opportunities for timely initiation of HIV infected infants on lifesaving antiretroviral therapy.
- Emergence of molecular point of care tests (POCT) is a promising technological solution to challenges of centralized EID testing
- assurance of quality EID POCT results in the field setting remains an important concern for most national HIV programs.
 - In 2017, Kenya ministry of health (MOH) introduced EID POCT to selected facilities to bridge the unmet EID testing demands as a pilot to assess feasibility of decentralizing EID.

Type of EQAs adopted for EID EQA

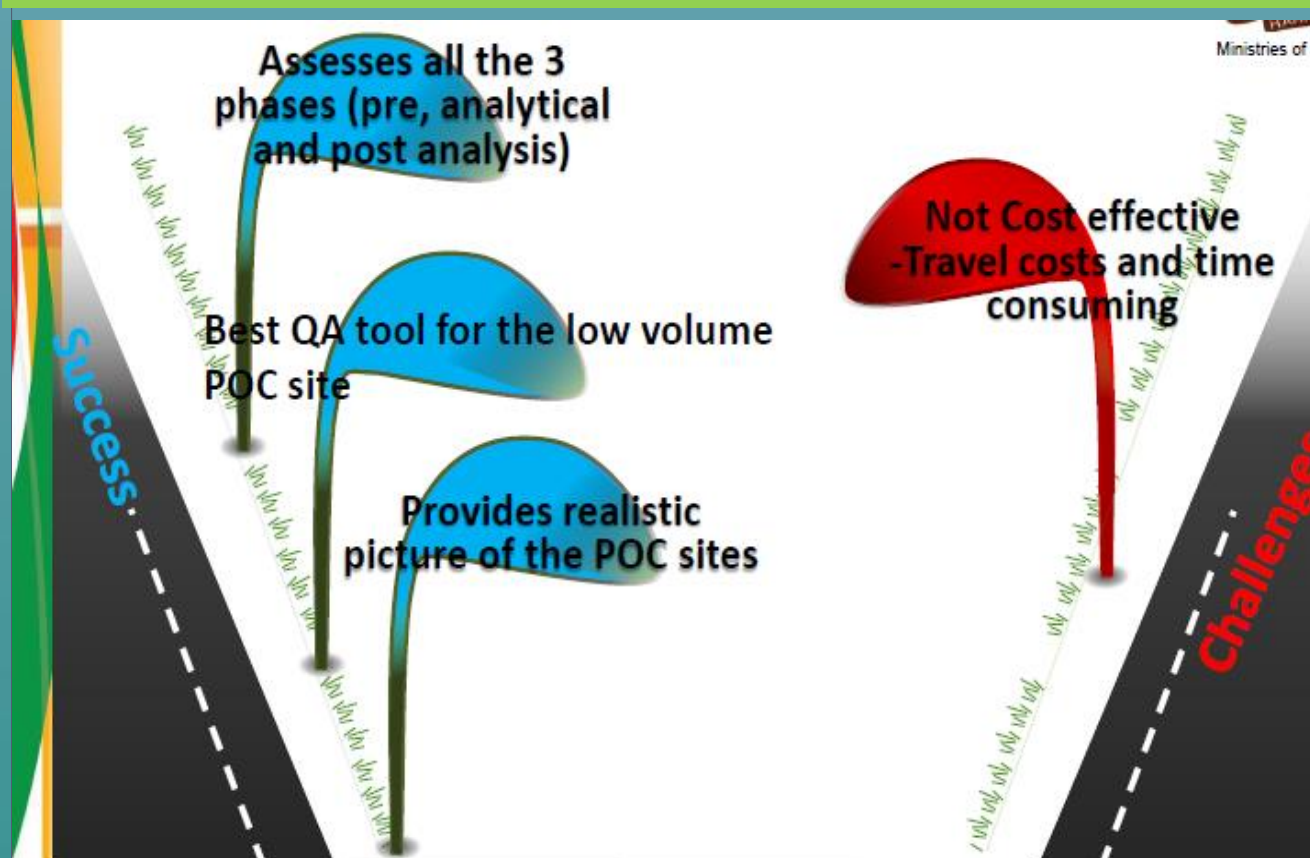


LESSONS LEARNT

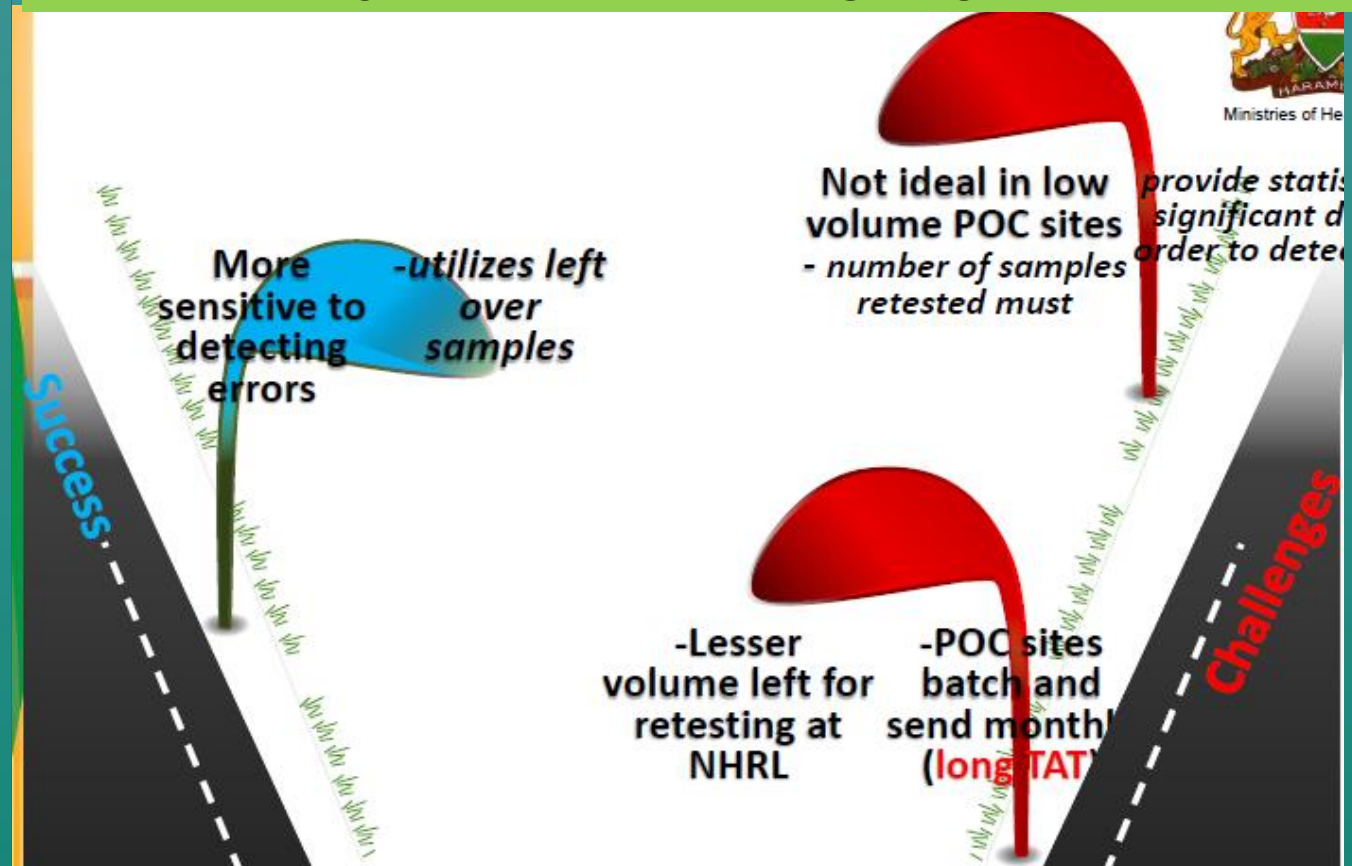
PT MODEL



ON-SITE SUPPORT SUPERVISION MODEL



CENTRALIZED RETESTING



Well established POC EQA model

RESULTS

- Period: Aug 2017 – Dec 2018
- Samples: Remnants of routine POC EID samples
- Every 10th (10%) negative and 100% positives
- Location: National HIV Reference Lab

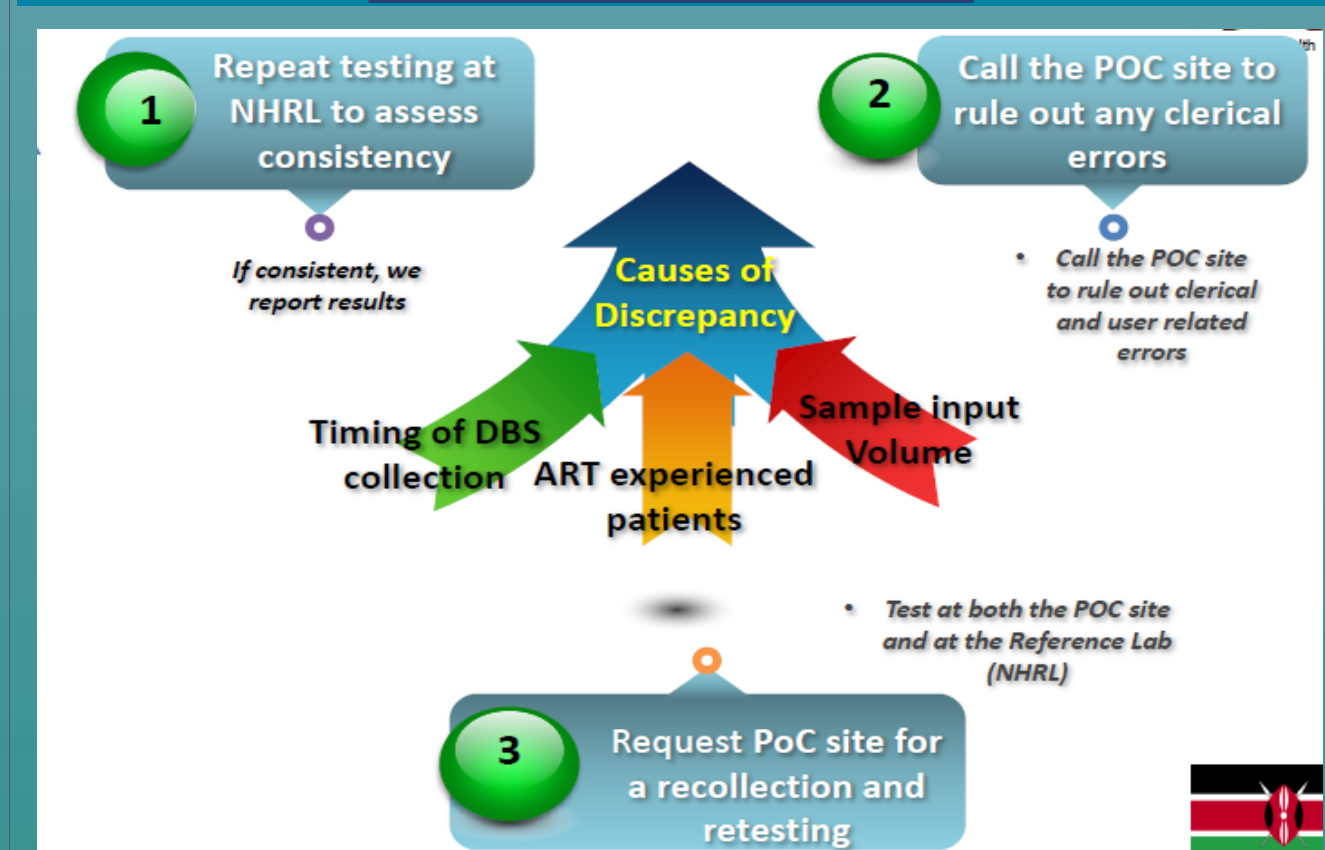
36 sites

409 samples

- 75 samples were concordantly positive
- 330 were concordantly negative
- 1 false negative
- 3 false positive n=1, had detectable VL
 - N=1; wrong sample submitted by POC testing site

Sensitivity = 97.8%
Specificity = 99.4%

SOLVING ASSAY DISCREPANCIES



CONCLUSIONS

There was good concordance between POCT and conventional EID platform. Centralized retesting is a low cost, scalable viable option for ensuring quality testing in the early phases of EID POCT implementation in Kenya.

ACKNOWLEDGEMENTS

1. Ministry of Health (MoH)
2. National HIV Reference Lab (NHRL)
3. National AIDS and STI Control Program (NASCO)
4. PEPFAR
5. The Global fund
6. EGPAF
7. UNICEF
8. CHAI