I. HIV CASE BASED SURVEILLANCE

Case Based Surveillance (CBS) refers to the longitudinal follow up of HIV positive clients with the objective of monitoring their clinical outcomes as well as HIV transmission. It is composed of two components:

- Active case finding
- Routine longitudinal follow up of client in care.

CBS starts with enrollment of the HIV positive client into care and treatment and documenting all the programmatic packages provided to him/her including Index testing, recency testing, biological and clinical outcomes.

1. Active case finding

Active case finding (ACF), as applied to HIV programming, is an approach put in place to identify People Living with HIV (PLHIV) who do not know their HIV status based on:

- Index case testing: Partner Notification, family testing, social network testing
- Recency testing strategies.

2. Longitudinal follow up

- Each client who tests HIV positive must be followed up and sentinel events reported in the electronic system
- This is done when the client gets enrolled into care and treatment and anytime there is change of information (i.e: OIs, VL, WHO stage, new sexual partners and changed risky behaviors, etc…).
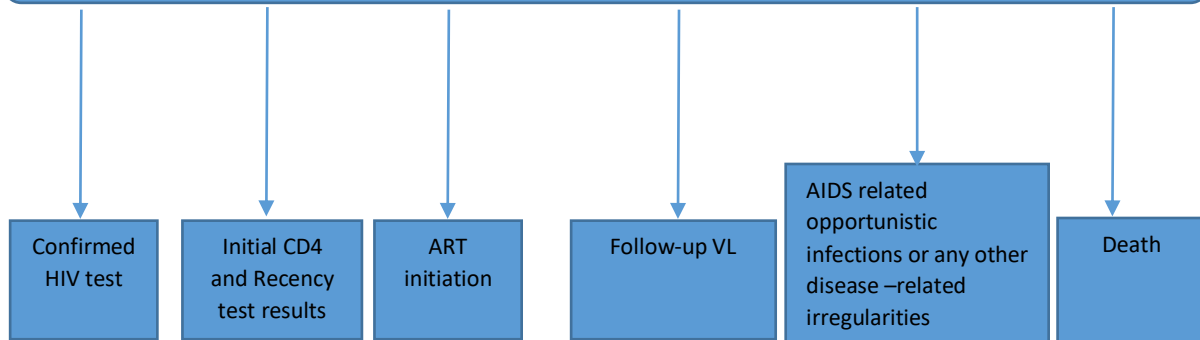
3. Case based surveillance Flow chart

Model of Case-based Surveillance in Rwanda
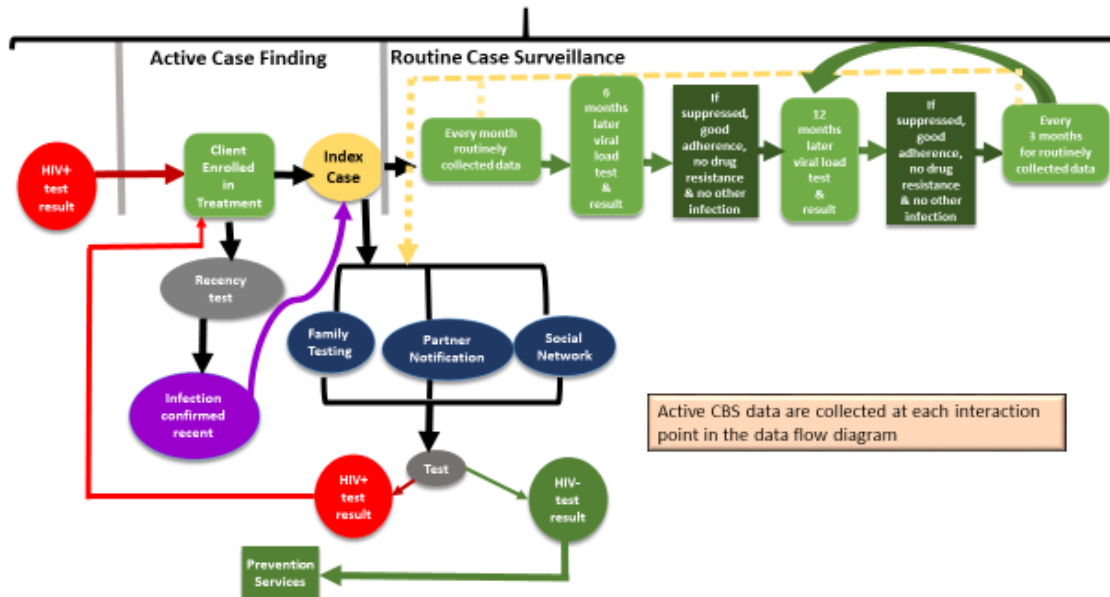
CBS Process

- HIV+ client from different entry points
- Could be new HIV+ or Client in ARV
- Obtain Consent of Index Client for CBS and assign a UPID to the consenting index
- Fill the LOG list of family members, sexual partners and social contacts.
- Fill the index & recency testing, partner notification and CBS register and form(s)
- At the end of each day, hand over that register and form(s)to data manager for data entry

- At every client visit, assess sentinel events as they are required, and record in form(s)

HIV SENTINEL EVENTS MONITORED THROUGH CBS

- Confirmed HIV test
- Initial CD4 and Recency test results
- ART initiation
- Follow-up VL
- AIDS related opportunistic infections or any other disease –related irregularities
- Death

UPID _ Practice _ R-0180-1-10011321-GEJEK

Code	Procedure_EN	Procédure_FR	Codification	Remark (Remarques)
R	Country	Pays	Rwanda=R	
01	Month of birth	Mois de naissance	January=01	If unknown, use 01 or the birthmonth used on official documents
80	Year of birth	Année de naissance	1980=80	If unknown, use year of birth used on official documents
1	Gender/Sex	Genre/Sexe	Female =2 Male=1	
10	Nº of alphabetical order of the first letter of given name	Nº d'ordre alphabétique de la première lettre du prénom	Janvier=10	If more than one, use the last given name Ex: jean marie Vianney
01	Nº of alphabetical order of the second letter of given name	Nº d'ordre alphabétique de la deuxième lettre du prénom	jAnvier=01	
13	Nº of alphabetical order of the first letter of family name	Nº d'ordre alphabétique de la première lettre du nom	Mujyambere=13	
21	Nº of alphabetical order of the second letter of family name	Nº d'ordre alphabétique de la deuxième lettre du nom	mUjyambere=21	
GE	First two letters of father's given name	Les 2 premières lettres du prénom de son père	Georges=Ge	If father or mother name is unknown, use the letter X
JE	First two letters of mother's given name	Les 2 premières lettres du prénom de sa mère	Jeanne=Je	
K	First letter of Province of birth	Première lettre de la Province de naissance	Kigali=K	

UPID _ Practice (cont)

Code of months (Codification de mois)	Jan (Jan)	Feb (Fev)	Mar (Mar)	Apr (Avr)		May (Mai)	Jun (Juin)	Jul (Juillet)	Aug (Aout)		Sep (Sep)	Oct (Oct)	Nov (Nov)	Dec (Dec)
	01	02	03	04		05	06	07	08		09	10	11	12

№ Alphabetic order of letters (№ d'ordre alpabétique des lettres)												
A	B	C	D		E	F	G	H		I	J	K	L
01	02	03	04		05	06	07	08		09	10	11	12
M	N	O	P		Q	R	S	T		U	V	W	X
13	14	15	16		17	18	19	20		21	22	23	24
Y	Z												
25	26												

Code of Provinces (Codification de Provinces)	Kigali	North (Nord)	South (Sud)	West (Ouest)	Outside Rwanda (en dehors du Rwanda)	Unknown (Non-connu)
	K	N	S	W	O	X

II. INDEX TESTING AND PARTNER NOTIFICATION

Definitions:

1. **Index testing**: Index testing is a focused HIV testing services approach in which the biological children and sexual and/or partner of intravenous drug users diagnosed with HIV are offered HIV testing services (WHO)

2. **Index client**: an individual newly diagnosed as HIV-positive and/or an HIV-positive individual who is enrolled in HIV treatment services

3. **Partner Notification**: voluntary process where counsellors and/or health care workers ask index clients to list all of their: (1) sexual or injecting drug use partners within the past year.

Who should be offered Index Testing Services?

- HIV positive clients aged 18 years and above
- HIV positive clients between 15 and 17 years should be offered PNS and refer to GBV service if applicable (That is Sexually active and sexual partners above 18 years)

Who should be tested under Index testing services?

- Sexual Partners of HIV positive clients
- Biological children (<15years) if the:

  a. Mother is HIV positive OR

  b. Father is HIV positive AND reports the child's mother is HIV positive, deceased, or her status is unknown, OR

  c. Biological sibling is HIV positive

- Needle sharing Partners of HIV positive people who inject drugs (PWID)

Considerations for Offering Index testing

When should Index testing be offered?
- Immediately after HIV diagnosis for new HIV positive cases
- Clients in care and treatment should be offered continually during clinical visit and counselling:
  - Change of sexual partner
  - Whenever the client is engaged in risk behavior (ie: Unprotected sex, multiple sexual partners, sharing needles, social network,)
  - A new biological child of the index client

<u>NB</u>: Partner notification services are NOT a one-time event; it is a continuous and ongoing process

Prioritization criteria for clients in care and treatment:

The following groups will be considered priority for partner notification services without excluding those indicated above:

- Clients with high Viral load above 200 copies/ml
- Clients with STIs
- Clients with HIV Recent infection based on Recency testing
- Key populations (Female sex workers, MSM and PWID)

Who, Where and how should Index testing be offered?

- At each <u>HIV testing entry point</u>,
  A trained health care provider introduces Index testing during pre and post-test counselling (VCT, ANC/PMTCT, PIT, ART, etc.)

- In <u>ART services:</u>
- Provide counselling on index testing
- Explain to the index client the notification options to make an informed choice
- Obtain information on sexual and drug injecting partners and biological children
- Contact the partners and biological children based on option chosen by Index client
- Use the standardized script message to communicate to the contacts
- Test all reached partners and biological children and link positive to care and treatment
- Partners and biological children who test positive become new index clients and should be offered Index testing services

Screening Questions for Intimate Partner Violence (IPV)

The following questions are aimed at assessing the risk of partner violence toward the index client following notification

1. Has (partner name) ever hit, kicked, slapped, or otherwise physically hurt you in the last 12 months?

   Yes ☐   No ☐

2. Has (partner name) ever threatened to hurt you in the last 12 months (say physically, killing you, divorce or separation, chase you away from family home, withdraw financial support, or take away your children) ?

   Yes ☐   No ☐

3. Has (partner name) ever forced you to have sex?

   Yes ☐   No ☐

The above questions should be asked for each partner. If the client answers "YES" to any of the question, the partner should not be notified.

HIV Partner Notification Approaches:

Options for Notifying Your Partner about HIV

Client Referral = The index client takes responsibility for disclosing their HIV status to partner(s) and encouraging partner(s) to seek HTS.

Provider Referral= With the consent of the index client, a Nurse/counsellor will call or visit your partner and inform that they need to test for HIV

Contract Referral = Index client and nurse/ counsellor will work together to notify the partner.

Strategies for each notification approach

Client referral:

Empowering Index client with communication skills to invite the partners for HIV testing

- Choose the right time
- Choose the right place (Respect of confidentiality)
- Disclose HIV status and invite partner to get tested
- Prepare the index to respond to any anticipated reactions (denial, blame, anger, etc…) of partner

Provider referral:

- Start by phone call using standard script messages
- Conduct home visit in case phone calls failed 3times or does not have phone cell contacts
- Stop contacting sexual/Drug injecting partners when having 3 failed attempts for both phone calls and home visits.

Contract referral:

- Index client will work together with Health Care Provider to notify and invite his/her sexual partner to get HIV testing services. The client agrees to notify his/her partner to attend HIV testing within a month and that if after this period the partner have not responded the Health Care Provider takes over notification process.

Process for family testing of biological Children

❖ *Children aged below 12 years:*
- Health care provider will support parents to prepare their biological children for HIV testing services.
- Parents will bring their biological children with unknown HIV status.
- Parents will provide informed consent for HIV testing services
- For HIV positive children aged above 5 years, prepare disclosure process.

❖ *Children and adolescent between 12- 15 years:*
- Children will provide informed consent for HIV testing
- Notification approach will be determined by the client and Health Care Provider

Index testing flow at Health facility

- **HIV Testing Points in Health Facilities**
- **Introduce Index testing during pre-test counselling**

- **If HIV positive at entry point, conduct VERIFICATION test in laboratory**
  Using a new specimen by a lab technician/different health care provider following the national HIV testing Algorithm
- ***Provide Post-test counselling on Index testing***

If Final Result is HIV Positive

Link to care and treatment

Offer Index testing

DECLINED index testing

- ✓ **Continue with standard of care**
- ✓ **Continue counseling on Index testing services**

Accepted Index testing

- ✓ **Continue with standard of care**
- ✓ **Offer Index testing services**

List and contact:

- ✓ **Family members**
- ✓ **Sexual Partners**
- ✓ **Social network (Sex workers, MSM, needle sharing)**

Provide HIV Testing services to contacted members:

- ✓ **If HIV negative, provide HIV prevention counselling**
- ✓ **If HIV positive, enroll in care and treatment and initiate Index testing**

III. RECENCY TESTING

Recency testing is the laboratory procedure used to distinguish a recent HIV infection (acquired within the last 12 months) from a long-term infection.

A Recent HIV Infection is an infection that was acquired within the past the 12 months

- A Long Term HIV Infection is an HIV infection that was acquired more than 12 months ago
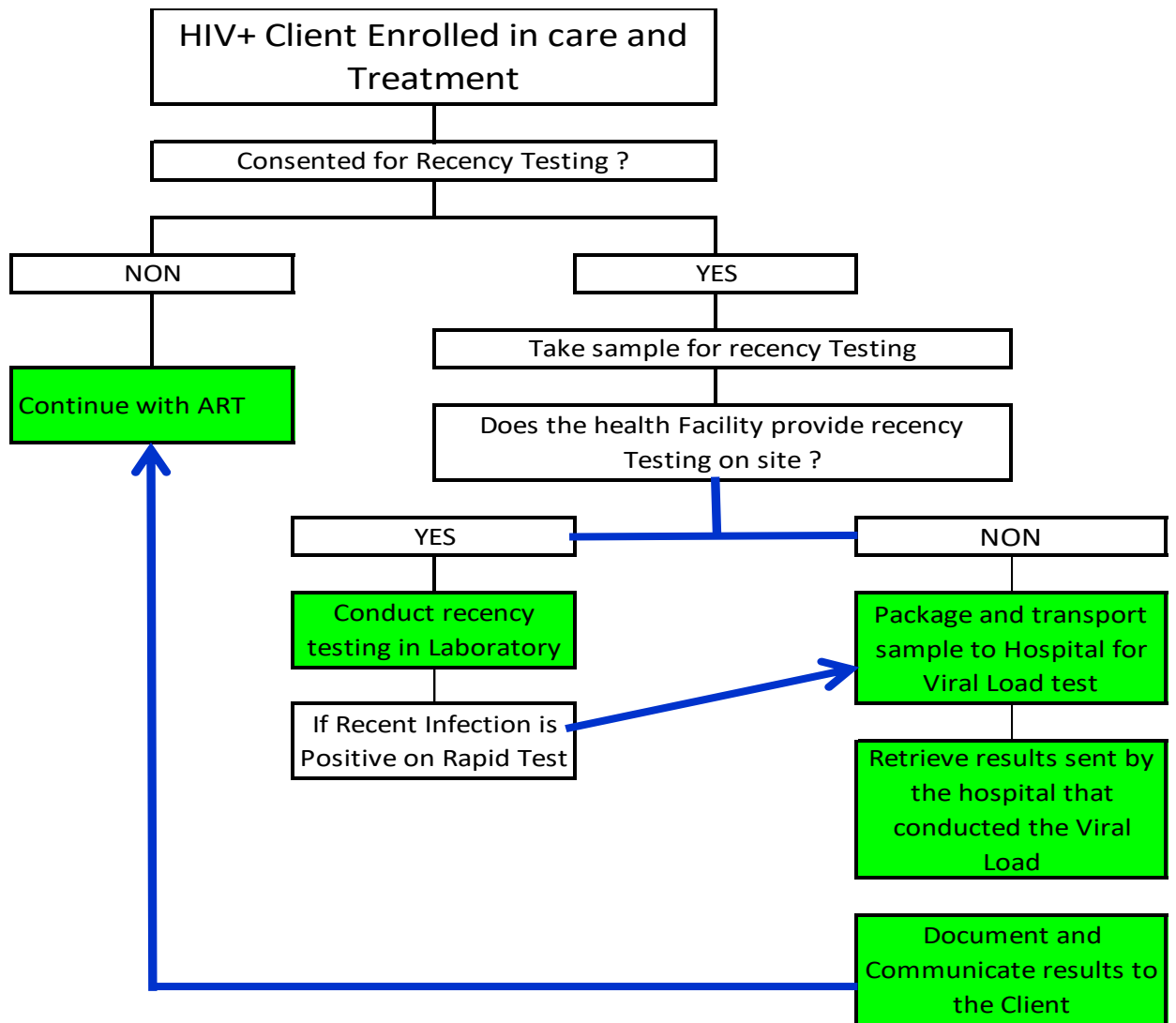
1. Eligibility Criteria for Recency Testing

- Newly diagnosed HIV positive clients
- 15 years and older
- Client HIV positive not yet initiated on Antiretroviral treatment (ART)
- Clients who provide verbal consent

2. Recency Testing Procedures

1. Sensitize client on recency testing
2. Screen for eligibility before ART initiation
3. Request informed verbal consent for participation
4. Complete appropriate laboratory request form
5. Collect, pack and label correctly blood specimens
6. For Health facilities offering Point of Care (POC) recency testing

    - Collect blood samples for recency rapid testing and VL testing from all eligible clients

    - Conduct HIV recency testing at the point of care

    - If recent infection, send the remaining sample to the nearest VL testing hub

    - When opening and closing test tube containing blood sample, make sure to avoid contamination

7. Health facilities not offering POC recency testing
    - Collect blood sample for VL testing and send the sample to the nearest VL testing hub as soon as possible and not later than 24 hours of sample collection
    - Follow proper specimen storage and transport conditions to ensure specimen integrity

    - Use the VL request form (under the "other" section) to request for recency testing

8. Health facilities offering VL testing

    - Test and return HIV recency test results to referring health facilities immediately after testing
    - Enter test results into your laboratory information systems

9. Health facilities retrieve results from the testing hubs
10. Document test results in patient files and communicate HIV recency test results to the clients

3. Recency Testing flow chart

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                    ┌─────────────────────────────────┐
                    │   HIV+ Client Enrolled in care  │
                    │          and Treatment          │
                    └─────────────────────────────────┘
                    ┌─────────────────────────────────┐
                    │   Consented for Recency Testing ? │
                    └─────────────────────────────────┘
              ┌──────────────┐           ┌──────────────┐
              │     NON      │           │     YES      │
              └──────────────┘           └──────────────┘
                                 ┌─────────────────────────────────┐
       ┌──────────────────┐      │  Take sample for recency Testing │
       │ Continue with ART│      └─────────────────────────────────┘
       └──────────────────┘      ┌─────────────────────────────────┐
                                 │ Does the health Facility provide │
                                 │     recency Testing on site ?    │
                                 └─────────────────────────────────┘
                          ┌──────────────┐          ┌──────────────┐
                          │     YES      │          │     NON      │
                          └──────────────┘          └──────────────┘
                          ┌──────────────┐   ┌──────────────────────┐
                          │Conduct recency│  │ Package and transport │
                          │testing in     │  │ sample to Hospital for│
                          │Laboratory     │  │   Viral Load test     │
                          └──────────────┘   └──────────────────────┘
                          ┌──────────────┐   ┌──────────────────────┐
                          │If Recent     │   │Retrieve results sent  │
                          │Infection is  │   │by the hospital that   │
                          │Positive on   │   │conducted the Viral    │
                          │Rapid Test    │   │Load                   │
                          └──────────────┘   └──────────────────────┘
                                             ┌──────────────────────┐
                                             │Document and           │
                                             │Communicate results to │
                                             │the Client             │
                                             └──────────────────────┘
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IV. HIV SELF TESTING

1. HIV self-Testing:

- HIV Self Testing is a process whereby an individual collects his or her specimen, performs a test and interprets the results, often in a private setting either alone or with someone he or she trusts.
- HIV self-testing is only allowed for adults 16 years and above
- HIV self-testing that is recommended in Rwanda is Oral Quick, it is an oral test performed by swiping gums.

- A positive result with this test does not mean that you are definitely infected with HIV, it is recommended to have a confirmatory test at health facility
- A negative result with this test does not mean that you are definitely not infected with HIV, particularly when exposure may have been within the previous 3 months

2. Potential benefits of HIVST
- Increases access of HIV testing while facilitating HIV case finding
- Promotes access to HIV testing services
- Increases autonomy
- Assures confidentiality

HIV Self test Kit procedures

3.   HIV Self Testing Instructions

Explain to the Client the following key messages:

- Do not eat or drink 15min before starting the test
- Do not use mouth clean before 30 minutes
- Verify the expiration date of the test
- Do not use if the tamper-evident seal has been broken
- Do not use if any of the package contents are missing, broken, or have been opened
- Read carefully and follow the instructions appearing on the insert of HIV self-test kit before performing HIV self-testing.
- Wait 20- 40 minutes before reading the result, do not read before 20 minutes and don't read after 40 minutes
- HIV Self Testing is not recommended:

  – For **people taking ARTs**, as this may cause a false result
  – For people who have been recently exposed (**window period**)

4.   Results interpretation

POSITIVE RESULT

If "**C**" and "**T**" lines appear, the test is **Positive**

> ➤ Go to the Health facility for confirmation test

NEGATIVE RESULT

If "**C**" line appears alone , the test is **Negative**

➤ HIV negative result is not definitive

➤ If recently exposed, retest after 3 months

INVALID RESULT

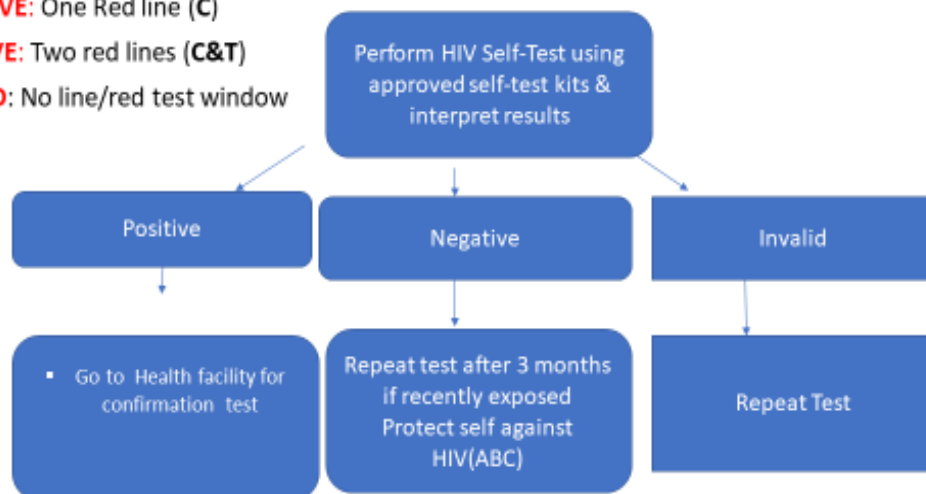 If there is no line or the whole test window is red , the test is not working(ie: It is **Invalid**)

➢ **Repeat test using new HIV self test kit**

HIV Self Testing Flow chart

- **NEGATIVE**: One Red line (**C**)
- **POSITIVE**: Two red lines (**C&T**)
- **INVALID**: No line/red test window

Perform HIV Self-Test using approved self-test kits & interpret results

Positive	Negative	Invalid
▪ Go to Health facility for confirmation test	Repeat test after 3 months if recently exposed Protect self against HIV(ABC)	Repeat Test

NB: A Positive HIV self-test result **ALWAYS** requires additional HIV testing at Health facility in accordance with the national HIV testing algorithm.