A family-centered approach increases HIV testing among family members of persons in care for HIV

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Background

South Africa has the largest number of HIV-infected adults (approximately 5 million) and HIV-infected children aged 0–14 years (approximately 280,000) (UNAIDS 2007)[1]. Despite substantial progress in voluntary counseling and testing (VCT) and health services for HIV-positive adults, adequate testing strategies are limited and almost no pediatric testing opportunities exist for HIV-exposed infants and children beyond prevention of mother-to-child transmission of HIV (PMTCT). Most adults and children are brought to the attention of health care providers after becoming symptomatic when antiretroviral therapies (ART) are less effective, particularly for children. Thus, expanding testing opportunities for adults and children is critical.

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In South Africa, three quarters of HIV-infected children are living in households where another family member is infected with HIV. By focusing on and enlisting HIV-infected individuals in care as referral sources for their household members, particularly children, we reasoned that this would provide those members with opportunities to be tested for HIV and referred to care if needed.

The Family Centred Approach (FCA) pilot intervention was designed specifically to expand access to HIV testing for family members of HIV-positive persons in care, with a focus on children aged 0–14 years.

Goals

1) Increase the number of family members, both adults and children, tested for HIV through the FCA method.
2) Evaluate this approach:
   - Describe sociodemographic characteristics of persons accessing HIV services.
   - Determine the feasibility of a patient-initiated referral card system as an effective monitoring tool to evaluate the approach.
   - Describe characteristics of those who are successfully referred.

Methods

- The FCA intervention was implemented in 5 health facilities, selected because of their existing VCT and ART infrastructure, in Rustenburg, South Africa over 6 weeks in 2007.
- 12 service providers were trained in the FCA method:
  - Encourage HIV-positive patients in care to refer family members of unknown HIV status for testing.
  - Issue referral cards to patients of known HIV status and encourage the referral of family members and their children into FCA health facilities for HIV counseling and testing services.
- Participants were surveyed by data collectors once they had received FCA counseling and regular services.

Eligibility Criteria

18 + years old and receiving HIV services or care from a selected FCA site.

Results

- 278 adult HIV-positive patients issued referral cards to family members.

Table 1 Adult FCA index patient characteristics (N = 278)

Index patient characteristics	n	%
Gender	274	
Female	209	76
Male	65	24
Marital status	273	
Married civil/traditional or living as married	54	20
Single	189	69
Divorced, widowed, separated	30	11
Children	275	
Yes	233	85
No	42	15
Employment status	273	
Employed	50	18
Unemployed	223	82
Receiving a social grant	262	
Yes	93	36
No	169	65
Parent's knowledge of children's HIV status	228	
Positive	38	17
Negative	114	50
Don't know	76	33
Average age of patients (min – max)	38 years (18 – 65)	
Average number of children in care (min – max)	2 (1 – 10)	

[1]Report on the global HIV/AIDS epidemic 2008. UNAIDS. July 2008.

Key Findings

Feasibility of the referral card system

- At least one extended family member was referred for every 14 HIV-positive adults approached.
- Nearly all family members referred through our project tested positive for HIV.

Characteristics of referrals to FCA clinics

Table 2 Characteristics of patients referred by index FCA participants (n = 21)

Referral patient characteristics	n	%
Gender	17	
Female	16	94
Male	1	6
Relationship to person referring	21	
Mother	3	14
Father	1	5
Grandparent	3	14
Caregiver	1	5
Guardian	2	10
Friend	2	10
Cousin	1	5
Uncle	3	14
Neighbor	5	24
HIV status	19	
Positive	19	100
Negative	0	
Average age of referred patient (min – max)	34 years (3 – 57)	

Acceptability by participants

- 98% of HIV-positive patients accepted referral cards from service providers.
- 68% of adult participants said they would approach a family member about HIV testing and give them a referral card.

Discussion

- The FCA model was well accepted by participants accessing HIV services in a clinical setting and established a feasible approach for increasing access to HIV services by using HIV-positive family members as referral sources.
- While returned referral cards were a useful indicator for the feasibility of this approach, returned cards are an underestimation of the actual impact for several reasons:
  - Duration of data collection at clinics was short, lasting approximately 6 weeks;
  - Referred family members may have accessed services outside of our referral network;
  - Service providers distributed a maximum of 4 referral cards per enrolled FCA patient, limiting participants from referring additional family members; and
  - Additional benefits such as discussion generated by referral cards and subsequent services accessed at HIV testing facilities could not be measured.
- FCA index participants were highly effective in identifying and referring HIV-positive persons within their family to FCA services, with 100 percent of those referred and tested for HIV being positive.

Future Work

- This pilot demonstrated the effectiveness of using HIV-positive persons in care as referral sources for HIV services.
- While most referrals in this pilot were adults, we believe this approach will increase pediatric HIV testing if the messages are refined and targeted to HIV-positive parents.
- To strengthen the intervention, we are currently piloting a video for continuous playback in ART clinic waiting rooms to encourage HIV-infected adults in-care to test their children for HIV. This informational video will increase the sustainability of the intervention and reduce stigma associated with HIV in the home.

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