

ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop
In Partnership with Tygerberg Children's Hospital, South Africa and S2S

Title:	EID: from the laboratory to implementation phase
Country	Tanzania
Host Name / Title:	Redempta Mbatia, Deputy CD
Session Goal:	To explore the best approach to apply the EID program in identifying HIV exposed infants and link them to care in resource limited countries.
Learning Objectives:	<ol style="list-style-type: none"> 1. By the end of the session participants will have a better understanding of how DBS PCR is deployed in diagnosis of HIV 2. By end of session participants will understand the key elements required in running an EID program within primary health care settings 3. By end of session participants will have a better understanding of how to overcome the key challenges that might arise in implementing EID e.g. Infant feeding, sample transportation 4. By end of session key entry points for identifying HEI as well referral linkages will be explored
Instructional Method(s):	<p>Three case studies will be presented to groups of 3-4 participants and they will discuss</p> <ul style="list-style-type: none"> • What worked well giving reasons • What did not work well and reasons • Make suggestions for improvements • Present discussion points to plenary to come with a consensus
Session Description :	<p>0-15 minutes: Presentation of the three case studies (5 minutes each)</p> <p>15-40 minutes: Discussions of case study in small group</p> <p>40-70 minutes: Presentation to plenary (10 minutes each)</p> <p>70-90 minutes: Discussions in plenary and consensus</p>

Session Notes and Summary

Session Name: Early Infant Diagnosis: From the laboratory to implementation stage

Note-taker name: Sara Riese

Major Discussion Points:

The group split into 2 groups and read 2 different case studies of mother/infant pairs and EID experience. The following points emerged from the discussions of the cases.

1. Protocol for DNA-PCR testing needs to include all aspects of testing
 - a. Techniques on getting mothers to bring their infants to EID clinic

- b. Job aids/training to ensure that counseling at EID is of good quality
 - c. Appt systems to ensure follow-up
- 2. Interpretation of results
 - a. Continuous technical/medical education for providers
 - b. Designate a point person for receiving, communicating results
- 3. Turnaround-time for PCR
 - a. Coordination of logistics with district or regional level
 - b. Designate a point person for follow-up of samples
- 4. Legal issues of not testing when not possible
 - a. Some clinicians feel uncomfortable starting treatment without test, with only presumptive diagnosis. What happens then when PCR isn't available?
- 5. Logistics of sample transport
 - a. Linkages between services
 - b. Designate a point person for follow-up of samples
 - c. Have a back-up plan if results can't be transported. Eg, point person calls for results
- 6. Clinicians competence to handle peds cases
 - a. Continuous technical/medical education for providers
 - b. Supportive supervision/mentoring for providers
- 7. EID and infant feeding support/counseling should be integrated
- 8. Integration/linkages between EPI and CTC
- 9. Linkages between the different programmatic areas

Remaining Questions/Parking Lot Items: Some clinicians feel uncomfortable starting treatment without test, with only presumptive diagnosis. What happens then when PCR isn't available?