Evolution of PCR/DBS testing in prevention of mother-to-child HIV transmission program in Rwanda from January 2007 to December 2012

Karangwa Chaste
RBC/IHDPC Division of HIV, STIs and other blood borne infections, Africa

In Rwanda, the Prevention of Mother to Child Transmission HIV program (PMTCT) is a high priority. PCR capabilities have been extended throughout the country. In 2011, the Government of Rwanda launched a national campaign to eliminate HIV mother to child transmission and aims to go below 2% by 2015. Our evaluation aims to assess the geographic coverage and the number of infant reached by PCR testing over the last five years.

Analysis was based on monthly reported facility-level data on HIV testing among exposed infants in the national PMTCT program from January 2007 to December 2012. The integration of the PCR testing program into existing PMTCT program was done gradually; the number of PCR/DBS test sites increased from 3 in 2007 to 475 sites in 2012 covering 100% of PMTCT sites. Overall, 54,792 children were expected to be tested using PCR, and 47,002 (86.6%) were tested in five years. From 2007 to 2012, PCR tests were 4162, 5213, 11859, 12659, 13024, and 13904 and for exposed infants were 5258, 6386, 13268, 14250, 15065, and 15493 with positivity rate among infant tested of 6%, 3%, 2%, 5% and 2.2% at six weeks, and 10%, 7%, 3.7%, 2.7%, 2%, and 1% at 18 months respectively. These results demonstrate successful integration of PCR testing in PMTCT program, as indicated by increases of sites doing PCR, with the implementation of more effective efforts for PMTCT, the positivity rates of infants declined over years.

Biography
Karangwa Chaste, MPH candidate, is working with Rwanda Biomedical Centre as HIV biomedical prevention specialist within prevention unit. He has published 2 papers in HIV international conferences. He is independent mind and thinks logically and critically.

kchaste92@gmail.com