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U.S. President's Emergency Plan for AIDS Relief

# Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.6): HIV Testing Services (HTS)

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Date: 2021

# Video Outline

- 1) **Section 1:** Overview of the technical area and related indicators
- 2) **Section 2:** Indicator changes in MER 2.6
- 3) **Section 3:** Review of numerator, denominator, and disaggregates.
  - What is the programmatic justification and intention for the data being collected?
  - How are program managers expected to use this data to make decisions that will improve PEPFAR programming?
  - How does it all come together? How should the data be visualized (e.g., cascades)? How do these indicators relate to other MER indicators?
- 4) **Section 4:** Overview of guiding narrative questions
- 5) **Section 5:** Data quality considerations for reporting and analysis
- 6) **Section 6:** Additional Resources and Acknowledgments

# Section 1: Overview of the technical area and related indicators

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# HTS-Related MER Indicators

Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
<b>HTS_TST</b>	# of individuals who received HIV testing services and received their results	Quarterly	Facility and Community
<b>HTS_INDEX</b>	# of individuals who were identified and tested using Index testing services and received their results	Quarterly	Facility and Community
<b>HTS_SELF</b>	# of individual self test kits distributed	Quarterly	Facility and Community
<b>HTS_RECENT</b>	# of newly diagnosed HIV-positive persons who received testing for recent infection with a documented result	Quarterly	Facility
<b>PMTCT_STAT</b> <i>(HTS_TST auto-populate)</i>	% of pregnant women with known HIV status at antenatal care (includes those who already knew their HIV status prior to ANC)	Quarterly	Facility
<b>TB_STAT</b> <i>(HTS_TST auto-populate)</i>	% of new and relapse TB cases with documented HIV status	Quarterly	Facility
<b>VMMC_CIRC</b> <i>(HTS_TST auto-populate)</i>	# of males circumcised as part of the voluntary medical male circumcision for HIV prevention program	Quarterly	Facility

1. HTS\_SELF is a distribution indicator (i.e., does not provide data on HIV positivity).
2. HTS\_RECENT, TB\_STAT, and VMMC\_CIRC are covered in other trainings.
3. PMTCT\_STAT, TB\_STAT, VMMC\_CIRC auto-populate to HTS\_TST.

# Testing vs. Status Indicators

Although several other MER indicators may report on the HIV status of individuals (TB\_STAT, PMTCT\_STAT), **actual testing of individuals** must be reported under HTS\_TST or HTS\_INDEX.

Thus, any persons who are **newly tested** as part of the programs linked to the indicators listed below (i.e., PMTCT, TB, VMMC, Prevention services, OVC) must be reported under HTS\_TST or HTS\_INDEX, as relevant.

# Section 2: Indicator changes in MER 2.6

HTS\_TST

HTS\_INDEX

HTS\_RECENT

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# What's Changed?

Change	Programmatic Rationale for Change
<b>HTS_INDEX:</b> Add a "Documented Negative" disaggregate under the Contacts Tested disaggregate (Step 4) for pediatric age/sex bands only	Facilitate analysis of pediatric index testing cascade when comparing pediatric contacts elicited to contacts tested
<b>HTS_TST (and HTS_RECENT):</b> Add "Social Network Strategy (SNS)" as a testing modality (facility/community)	Facilitate monitoring the volume, yield, and acceptability of SNS testing across OUs

**Note:** HTS\_RECENT is covered in another training.

# Section 3: Review of numerator, denominator, and disaggregates

HTS\_TST

HTS\_INDEX

HTS\_SELF

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# HTS\_INDEX

# What is Index Testing (HTS\_INDEX)?

- **Indicator Definition:** Number of individuals who received HIV Testing Services (HTS) and received their test results.
- **Index testing, also referred to as partner testing/partner notification services,** is an approach whereby the **exposed contacts** (i.e., sexual partners, biological children and anyone with whom a needle was shared) of an HIV-positive person (i.e., index client), are elicited and offered HIV testing services.
- Every newly identified positive becomes a subsequent index client from whom to elicit contacts.

# Safe and Ethical Index Testing

## "5Cs of Safe and Ethical Index Testing Services"

- All index testing services must **meet WHO's 5C minimum standards** of consent, counseling, confidentiality, correct test results, and connection to HIV prevention, care, and treatment.
- **As part of the 5Cs, IPs should...**
  - Screen all for Intimate Partner Violence (IPV)
  - Avoid coercion
  - Adhere to [PEPFAR Guidance on Implementing Safe and Ethical Index Testing Services](https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services)\*

**Note:** Reporting of HTS\_INDEX data by an IP should not be used to infer compliance.

[\\*\(https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services\)](https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services)

## Steps for Implementing Safe and Ethical Index Testing:



# Index Testing Cascade

①

How many index clients were **offered** index testing services?

②

How many index clients **accepted** index testing services?

③

How many contacts did the index client provide?

④

How many contacts **were tested?**

Of the contacts tested, how many **were positive?**

HTS\_TST\_POS  
(and clients with  
unsuppressed viral load)



①

Offered index testing services



②

Accepted index testing services

Did not accept index testing services



(NOT COLLECTED IN DATIM)

③

Number of contacts elicited



Adult contacts

Pediatric contacts

④

New positives index modality

New negatives index modality

Known HIV+

Doc. HIV-

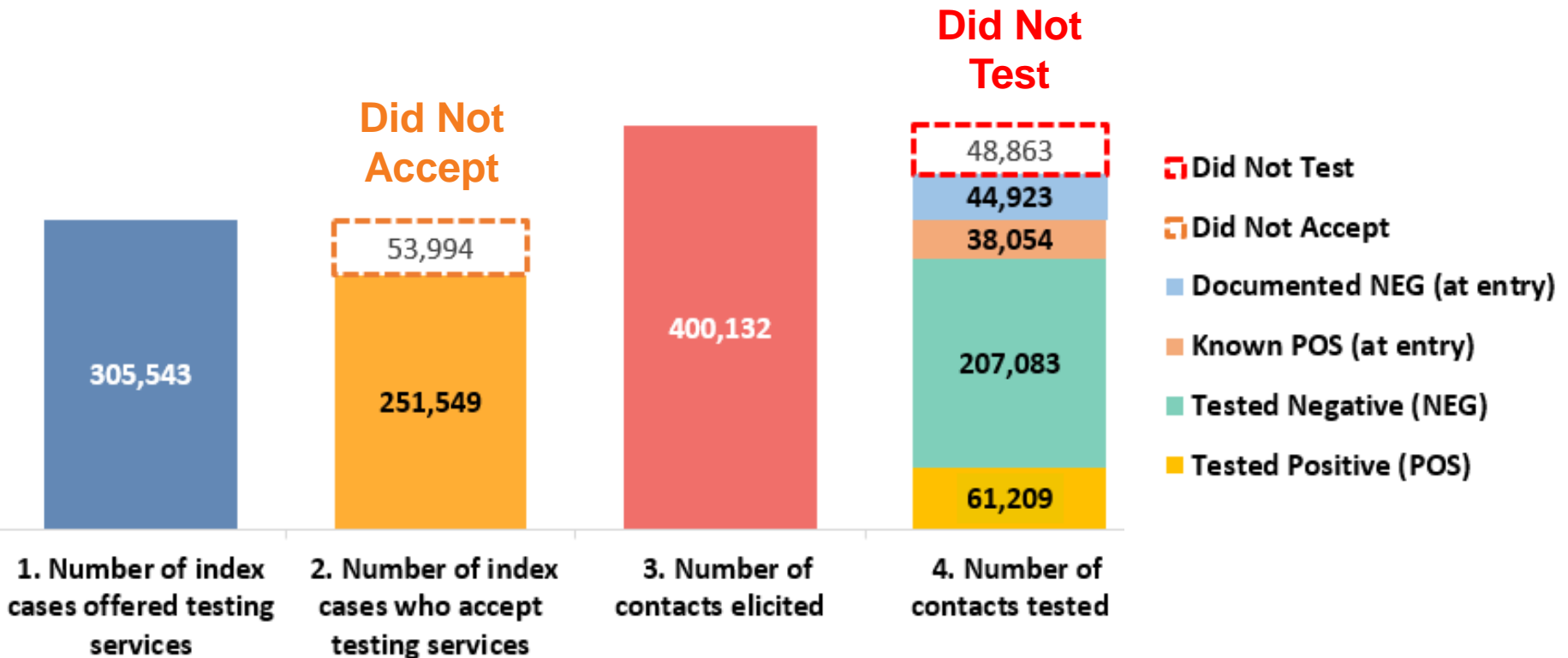
Did not locate or did not accept testing



(NOT COLLECTED IN DATIM)

# Index Testing Cascade

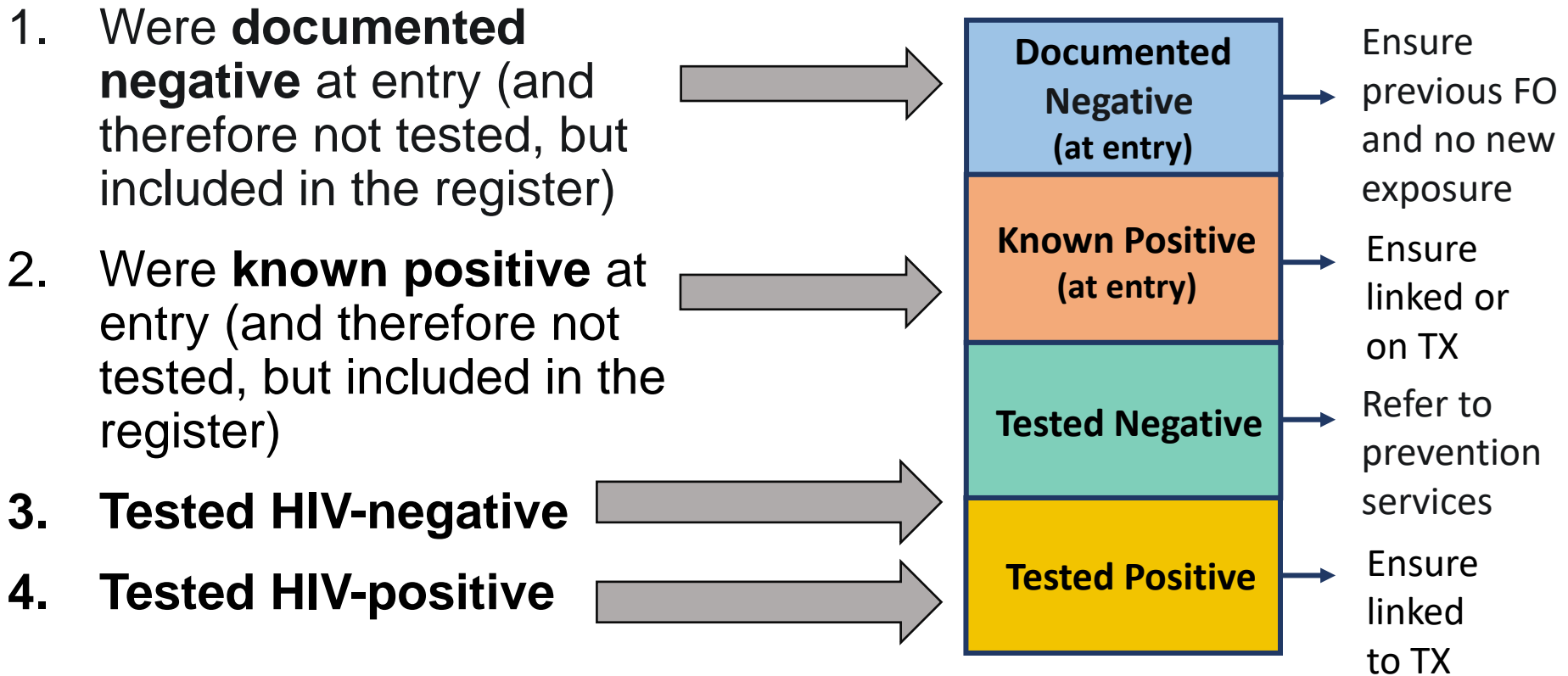
## Four Steps of the Index Testing Cascade



# # of Contacts Tested for HIV and Their Results

Step 4 of the index testing cascade: Of those clients who agreed to testing, what were the results?

Tell us how many contacts...



# New: Documented Negative Disaggregate

## Who may be counted:

- Children of index contacts with a **documented negative test** (not a self-test) can be reported as “documented negative with no other HIV exposure risk” (documented negative).
- Children with a final negative HIV test at 18 months of age or 3 months after breastfeeding ended, whichever occurred later, or a negative HIV test after this time
- Applies only to index contacts in the pediatric age bands (1-14 years).

## Who should be retested:

- **Children with any known or suspected HIV exposure** (e.g. breastfeeding from an HIV+ mother, known or suspected sexual activity, contact or abuse, needle stick exposure or blood transfusion).
- Children **without documentation** who self-report a previous negative test.
- All index contacts  $\geq 15$  years who are not known positive, regardless of whether they are a child of an index case or other type of contact.

# New: Documented Negative Disaggregate

**Q: Why does "documented negative" not have a <1 age band?**

**A:** Children should only be counted as "documented negative" if they have a final negative HIV test at 18 months of age or 3 months after breastfeeding ended, whichever occurred later, or a negative HIV test after this time. A child less than one year old is not eligible to be counted under this disaggregate because they have not yet passed the 18-month age mark where breastfeeding typically ends. They may still be at risk of HIV exposure through breastfeeding.

**Q: Can pediatric contacts between 15-19 years of age be counted as "documented negative"?**

**A:** Index testing guidelines require that children 19 and under of index cases are tested through pediatric index testing. However, individuals aged 15-19 may be at risk of HIV exposure through sexual activity. Therefore, they should receive an HIV test unless already known positive.



# New: Documented Negative Disaggregate

**Q: Can virologic tests that are used to test HIV-exposed infants be reported in HTS\_TST and HTS\_INDEX?**

**A:** No, HTS\_TST and HTS\_INDEX only collect data on antibody tests. The virologic tests for early infant diagnosis will be captured in PMTCT\_EID and HEI\_POS but not the HTS indicators. This may make it challenging to review the index cascade for children <18 months with MER data. Programmatic data should be used to facilitate this analysis.

# HTS\_INDEX

- **Numerator:** Number of individuals who were identified and tested using Index testing services and received their results

Disaggregate Groups	Disaggregates
# of index cases offered index testing services by age/sex	<ul style="list-style-type: none"> <li>• Finer age bands (&lt;1 F/M to 50+ F/M, Unknown Age F/M)</li> </ul>
# of index cases that accepted index testing services by age/sex	<ul style="list-style-type: none"> <li>• Finer age bands (&lt;1 F/M to 50+ F/M, Unknown Age F/M)</li> </ul>
# of contacts elicited and age/sex	<ul style="list-style-type: none"> <li>• &lt;15 F/M, 15+ F/M, Unknown Age F/M</li> </ul>
# of <u>contacts tested by test result</u> and age/sex  <u>Underlined portions auto-populate into the INDEX HTS_TST modality.</u>	<ul style="list-style-type: none"> <li>• <u>New positives:</u> &lt;Finer age bands (&lt;1 F/M through 50+ F/M, Unknown Age F/M)</li> <li>• <u>New negatives:</u> &lt;Finer age bands (&lt;1 F/M through 50+ F/M, Unknown Age F/M)</li> <li>• Known positives: &lt;Finer age bands (&lt;1 F/M through 50+ F/M, Unknown Age F/M)</li> <li>• Documented negatives: 1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M</li> </ul>

- **Denominator:** None

# How to Count HTS\_INDEX

- **Data Source(s):** HIV Index Testing Services register or logbook, HTS registers, client intake forms, contact tracing forms, etc.
- **How to Calculate Annual Totals:** Sum results across quarters.
- **Key considerations for reporting (FAQs):**
  - Counts number of individuals, not number of tests
  - **Only the following persons count as contacts: current or past sexual partner(s), biological children/parents (if index case is a child) or anyone with whom a needle was shared.**
  - Biological children reported under HTS\_INDEX should only include children of an HIV-positive mother and children of male-index clients (fathers) whose biological mother is HIV-positive, deceased, or her HIV status is not known or not documented.
  - If the index client is the child, his/her mother should be tested, and if positive or deceased, the father should be tested as well.

# HTS\_TST

- **Indicator Definition:** Number of individuals who received HIV Testing Services (HTS) and received their test results.
- **Disaggregates:**
  - By Facility or Community
  - By testing modality
  - By Age and sex
    - Female: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
    - Male: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
  - **Testing Result:**
    - POS (Positive)
    - NEG (Negative)

# Facility or Community Disaggregate

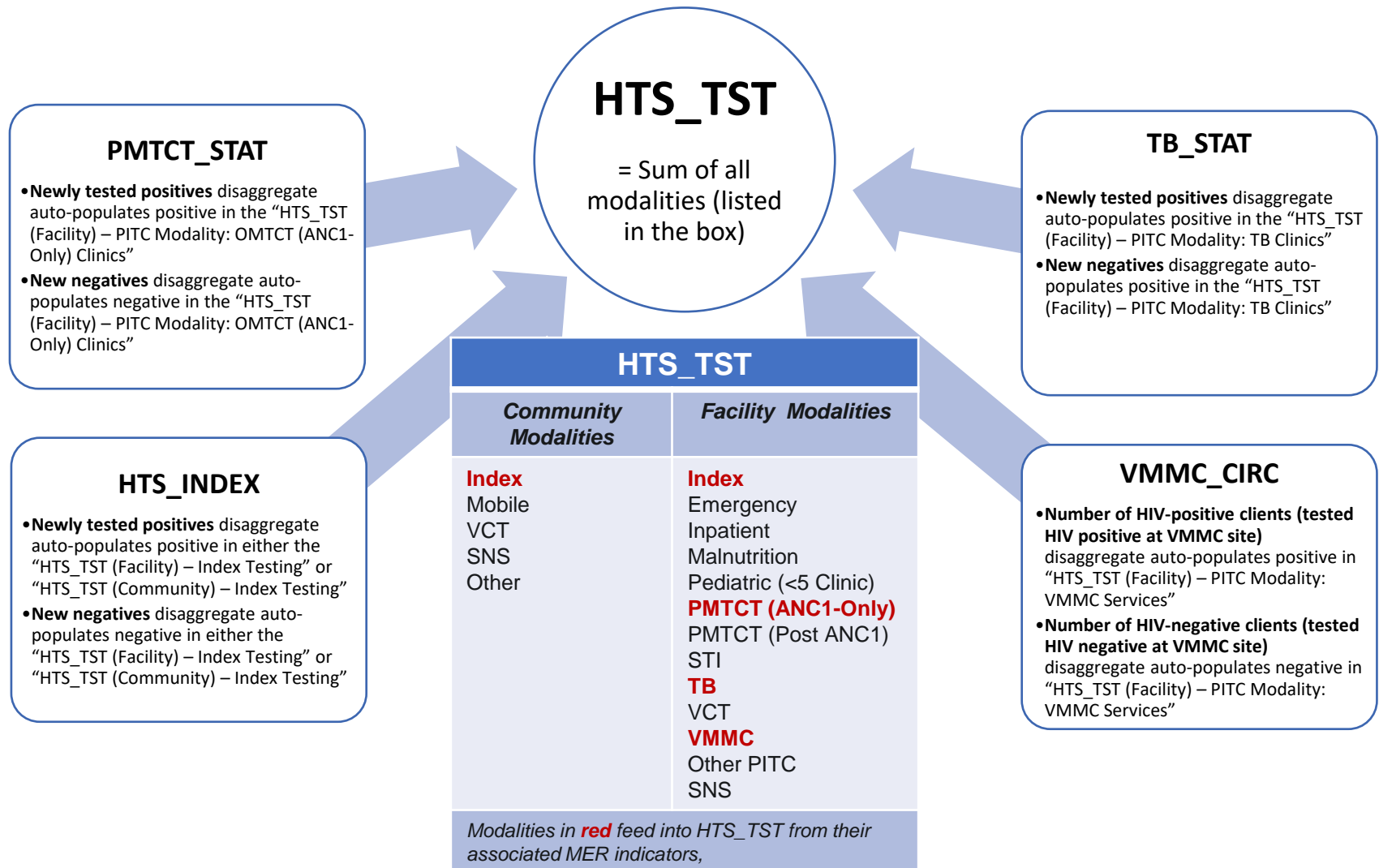
**Community-based testing:** Applies to any testing done outside of a designated health facility.

**Facility-based testing:** Applies to any testing occurring inside a designated health facility.

# Testing Modality Disaggregate

- Service delivery modalities can reflect a **reason for testing** (Index, SNS, STI), and the **location/place of testing** (e.g., inpatient ward, VCT drop-in center).
- **Index, SNS, and STI refer to a reason** a person is seeking or being offered an HIV test (i.e., the person is a contact of an index client, a member of a KP group, or suspects he/she may have an STI).
- **Reporting the reason for testing (Index, SNS, STI) takes precedence over the location modality.** A single person should only be counted once under any given modality.
  - The person should be reported under Index, SNS, or STI even if tested for HIV any other location or setting (inpatient, VCT, drop-in center).
  - If an Index Client agrees to SNS, Index testing takes precedence if the individual returning for testing is an elicited contact (even if contact has a coupon).

# Testing Modalities





# Auto-Populated Modalities

**DSD: PMTCT\_STAT (Numerator)** - Collapse

**Auto-Calculate** Number of pregnant women with known HIV status at first antenatal care visit (ANC1) (includes those who already knew their HIV status prior to ANC1). Numerator will auto-calculate from the Status and Age Disaggregates.

Numerator

**Required** Disaggregated by Status and Age

Unknown	<10	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	
Known Positives:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Subtotal
Newly Tested Positives:	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="6"/>
New Negatives:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Subtotal
Recent Negatives:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Subtotal
<b>Sub-total</b>	<input type="text" value="6"/>										

- **HTS\_TST modalities auto-populate into the HTS\_TST indicator:**
  - Index (Community and Facility)
  - PMTCT (ANC-1 only)
  - TB
  - VMMC
- IPs should **only enter data once** under the modality.

**DSD: HTS\_TST (Facility) - PITC Modality: PMTCT (ANC1 Only)** - Collapse

**Auto-Calculate** Number of pregnant women with known HIV status at first antenatal care visit (ANC1) (includes those who already knew their HIV status prior to ANC1). This data will auto-calculate from PMTCT\_STAT.

New Positives

New Negatives

Sub-Total

**PMTCT\_STAT auto-populates into HTS\_TST**

# Community-Based Testing Modalities

1. **Index** (see HTS\_INDEX)
2. **Mobile:** Testing in Mobile ad hoc or temporary testing locations, such as community centers, schools, workplaces, and mobile units such as tents and vans. Testing related to VMMC services is not included here and should be reported under facility based VMMC modality.
3. **VCT (Voluntary Counseling and Testing):** Includes testing conducted in standalone VCT center that exists outside of a designated health facility (e.g., drop-in-center, wellness clinic where HTS services are provided, testing sites aimed at key populations, etc.).

# Community-Based Testing Modalities (cont.)

- 4. SNS (Social Networking Strategies):** A set of distinct case-finding approaches that use individuals' (i.e. PLHIV or key populations) high-risk network connections to refer individuals for HIV testing. Leverages social, sexual, and drug-using relationships or behaviors to reach individuals with HIV testing not captured under traditional testing modalities (e.g., VCT, PITC, or index testing).
- 5. Other community platforms:** Includes all community-based modalities not captured above (e.g., ad hoc testing campaign that does not satisfy the mobile testing definition and community-based OVC testing).

# Facility-Based Testing Modalities

1. **Index** (see HTS\_INDEX)
2. **SNS (Social Networking Strategies)**: A set of distinct case-finding approaches that use individuals' (i.e. PLHIV or key populations) high-risk network connections to refer individuals for HIV testing. Leverages social, sexual, and drug-using relationships or behaviors to reach individuals with HIV testing not captured under traditional testing modalities (e.g., VCT, PITC, or index testing).
3. **VMMC (Voluntary Medical Male Circumcision)**: This includes HIV testing for males conducted as part of VMMC programs in both facility and mobile outreach programs. *Auto-populates from VMMC\_CIRC Newly Tested*

# Facility-Based Testing Modalities (cont.)

- 4. VCT (Voluntary Counseling and Testing):** Refers to a clinic specifically intended for HIV testing services that is co-located within a broader health care facility. **This should not include testing of patients referred by providers from other clinical services within the facility (TB, ANC, Inpatient, emergency, etc.). Even though the actual test may be administered in the VCT clinic, report those individuals under the service delivery modality from which they were referred.** This should not include testing of exposed partners and exposed family members of an index case, who should be reported under the 'Index.' disaggregate.
- 5. PITC (Provider Initiated Counseling and Testing):** see next few slides

# Provider Initiated Counseling and Testing (PITC) Modalities

- a. **Emergency:** Persons tested or seen in a designated emergency department or ward for the immediate care and treatment of an unforeseen illness or injury.
- b. **Inpatient:** PITC occurring among those patients admitted in the inpatient and surgery wards.
- c. **Malnutrition:** Clinics and inpatient wards predominately dedicated to the treatment of malnourished children. May be part of either inpatient or outpatient services, but if an individual could be reported under both malnutrition and another service delivery modality, report an individual only once and under malnutrition. However, the biological children of female index cases should be classified under the Index testing modality.

# Provider Initiated Counseling and Testing (PITC) Modalities (cont.)

- d. **Pediatric <5 Clinic:** PITC occurring in the pediatric <5 clinic only. This modality refers only to children tested in the <5 clinic.
- e. **PMTCT (ANC1 Only):** Pregnant women tested at their 1st antenatal care clinic (ANC) for their current pregnancy (who are also reported under PMTCT\_STAT) are reported under this modality. *Auto-populates from PMTCT\_STAT Newly Tested*
- f. **PMTCT (Post ANC1: Pregnancy/L&D/BF):** Pregnant or breastfeeding women who receive a test POST ANC1, this includes women who are tested later in pregnancy (>ANC2), during labor & delivery (L&D), and while breastfeeding.
- g. **STI:** Persons seen in a designated STI clinic as well as patients seen in the OPD for STI symptoms. Includes suspect and confirmed STI cases.

# Provider Initiated Counseling and Testing (PITC) Modalities (cont.)

- h. TB:** Persons referred for HIV testing because they are a confirmed TB case. HIV testing may have taken place in a TB clinic, a co-located VCT or other setting. However, if the reason for the HIV test is that the client is a TB case or a TB suspect, then it should be classified under the TB modality. *Auto-populates from TB\_STAT Newly Tested*
- i. Other PITC:** Any other PITC that is not captured in one of the other testing modalities listed above. This includes testing of patients triaged to other clinics within the OPD that see patients for routine/chronic care (i.e., eye, dental, dermatology, diabetes, etc.).

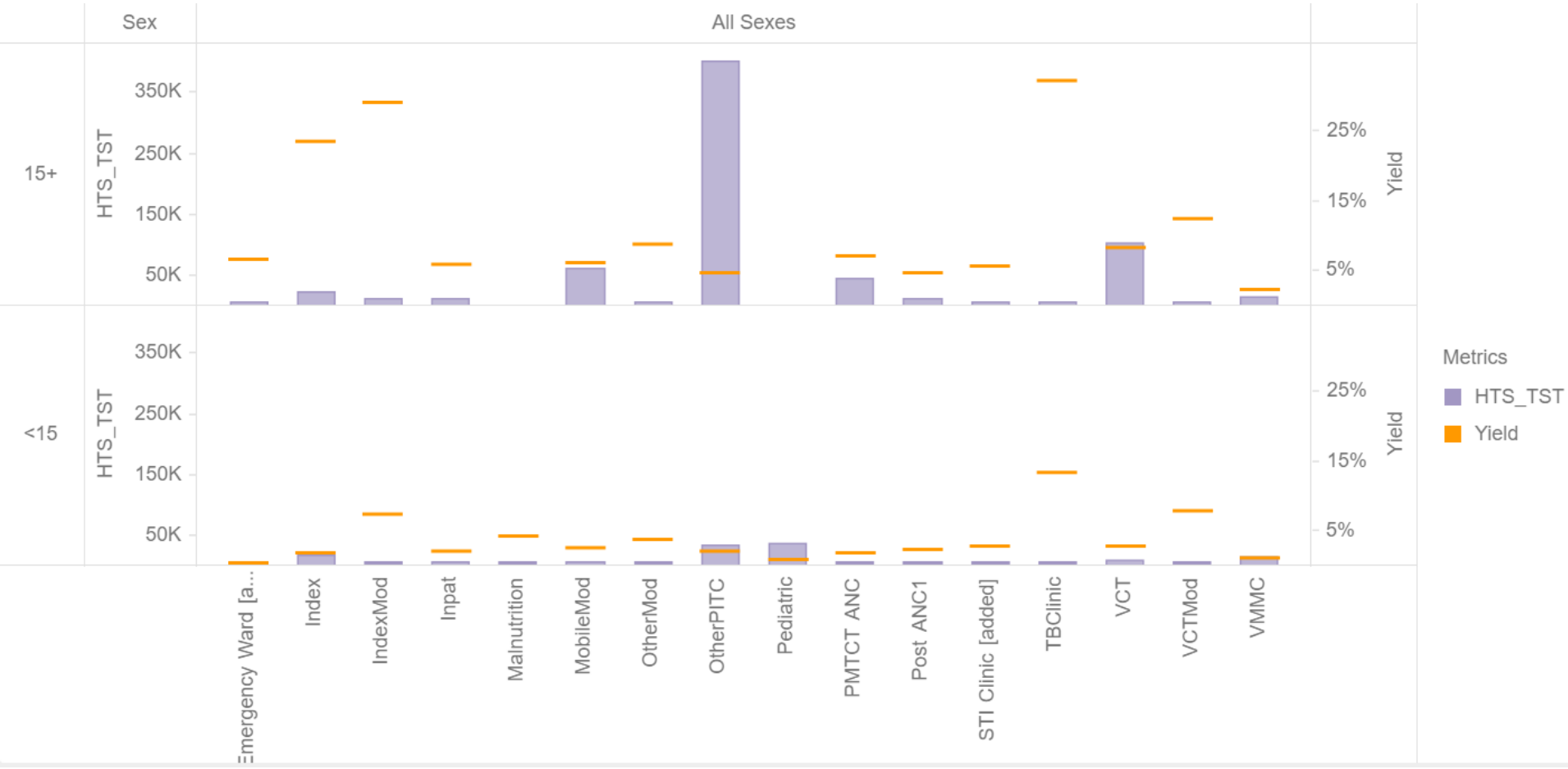


# How to Count HTS\_TST

- **Data Source(s):** HTS registers, logbooks
- **How to Calculate Annual Totals:** Sum results across quarters
- **Key considerations for reporting (FAQs):**
  - Number of individuals not number of tests.
  - Confirmation of HIV diagnosis, as per national HIV Testing algorithm, required to report on this indicator.
  - Provision of information (tested, tested positive, tested negative) on KPs (FSW, MSM, Transgender people, PWID, and people in prisons and other closed settings) who were tested and received their results should be reported, where possible, under the KP disaggregate. However, reporting on this disaggregate is optional.
  - Report a person only once under the relevant modality.
  - Reason for testing modalities (INDEX, SNS, and STI) take precedence over location of testing.

# How to Use: HTS\_TST Example 1

## HIV Tests and Testing Yield by Modality

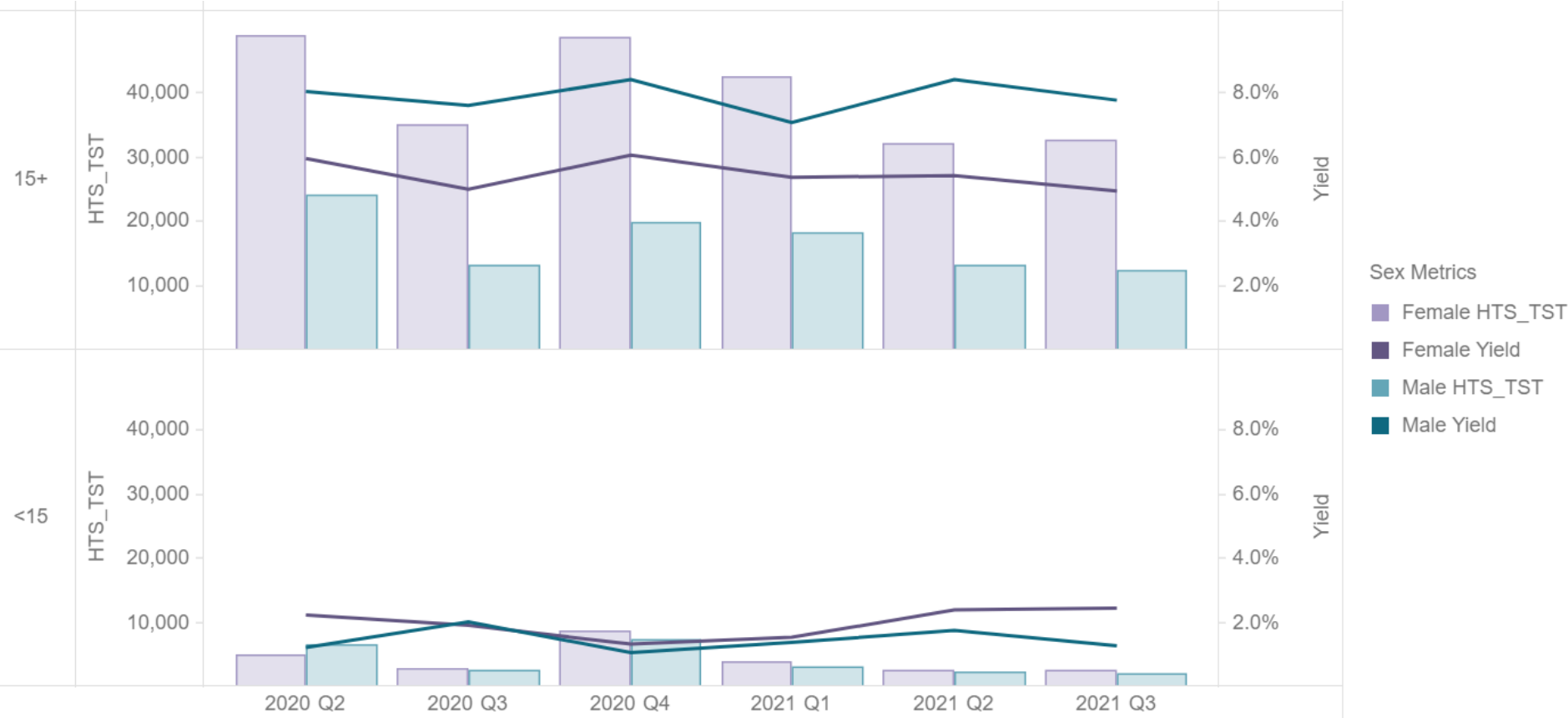


Source: Panorama > Clinical Cascade: Single OU > HTS: Modalities > Testing & yield by modality/age/sex



# How to Use: HTS\_TST Example 2

## HIV Tests and Testing Yield Over Time

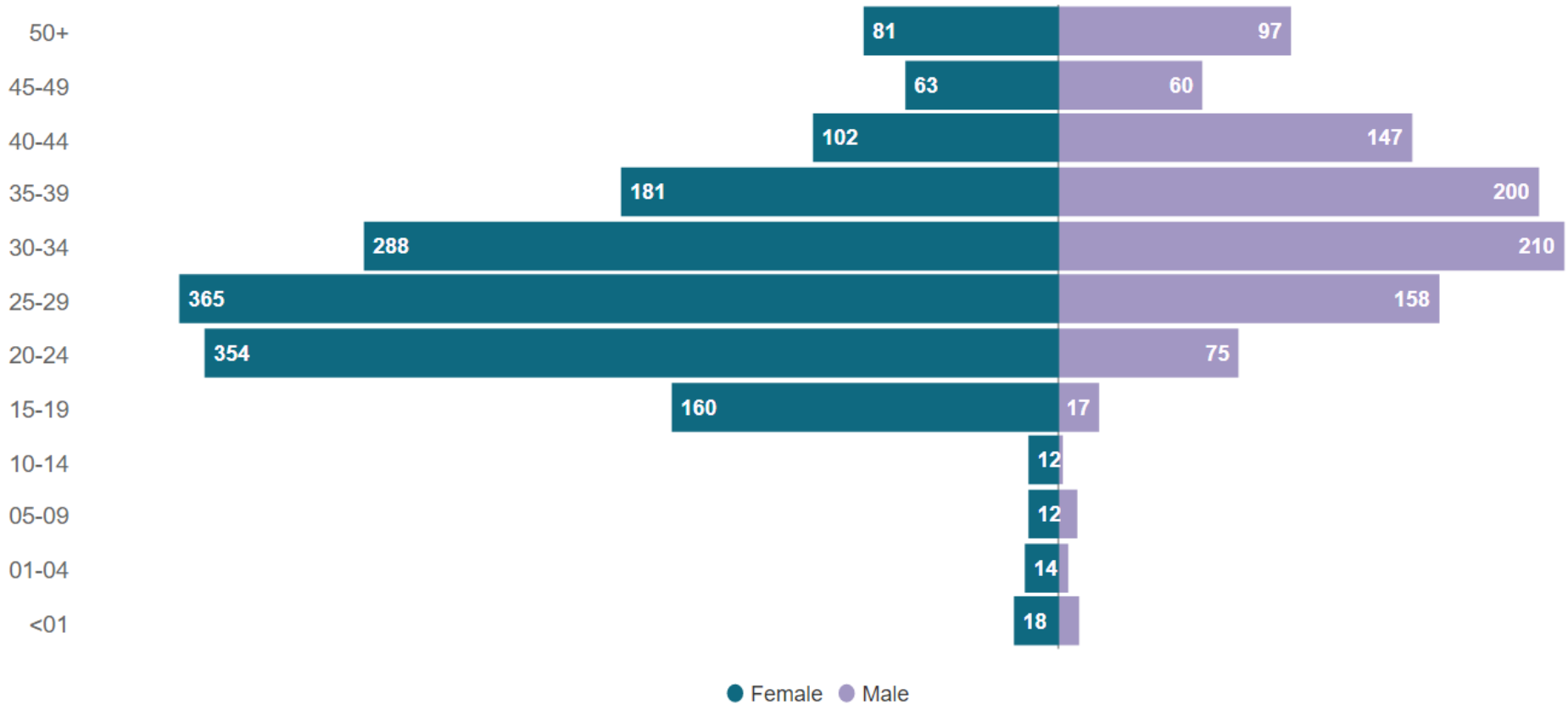


Source: Clinical Cascade: Single OU > HTS: Modalities > Testing & yield trends by age/sex



# How to Use: HTS\_TST Example 3

Is there an age and sex differential in identification of persons who are HIV positive?



Source: Testing: Single OU > HTS\_TST\_POS > Pos: Pyramid by age/sex



# HTS\_SELF

# HTS\_SELF

- **Indicator Definition:** Number of individual HIV self-test kits distributed. This indicator aims to monitor trends in the distribution of HIV self-test kits within a country at the lowest distribution point.
- **Numerator:** Number of individual HIV self-test kits distributed.
- **Denominator:** N/A
- **Numerator Disaggregates:**
  - By Type of Self Testing:
    - Directly-assisted
    - Unassisted
  - By Age and Sex:
    - Female: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
    - Male: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age

# HTS\_SELF (cont.)

- By Key Population
  - People who inject drugs (PWID): Directly-assisted, Unassisted
  - Men who have sex with men (MSM): Directly-assisted, Unassisted
  - Transgender people (TG): Directly-assisted, Unassisted
  - Female sex workers (FSW): Directly-assisted, Unassisted
  - People in prison and other closed settings: Directly-assisted, Unassisted
- Test Kit Distributed For Use by (For Unassisted Only; Reporting):
  - Self: Individual that HIV self-test kit was distributed to intends to use the test kit on him- or herself.
  - Sex Partner: Individual that HIV self-test kit was distributed to plans to further distribute the self-test kit for use on his or her sexual partner(s).
  - Other: Individual that HIV self-test kit was distributed to plans to further distribute the test kit to an individual that is not themselves or one of their sex partners (e.g., relative, friend)

# Type of Self Testing

In addition to reporting the total number of HIV self-test kits distributed to individuals, the HTS\_SELF indicator includes several disaggregates to characterize aspects of distribution (WHO, 2016).

- **Directly assisted HIVST** refers to trained providers or peers giving individuals an in-person demonstration before or during HIVST of how to perform the test and interpret the test result.
- **Unassisted HIVST** refers to when individuals self-test for HIV and only use an HIVST kit with manufacturer-provided instructions for use.



# How to Count HTS\_SELF

- **Data Source(s):** (Newly developed) HIVST (HIV self-test) register or logbook, procurement and distribution logs
- **How to Calculate Annual Totals:** Sum results across quarters.
- **Key considerations for reporting (FAQs):**
  - Counts distribution of self test kits, not HIV test result
  - Does not report into HTS\_TST
  - Self test kit alone is NOT a confirmation of diagnosis. Even if a positive result is obtained, the HIV testing algorithm as per country policy must still be completed (including a confirmatory test).

# How to Use HTS\_SELF

- To whom are we distributing self test kits? By Age and sex? Does this align with those populations most in need?
- Is Assisted vs Unassisted reported more often? Are there any quarter or over quarter changes in distribution methods by geography?
- Which distribution methods could be taken to scale with fidelity and in which SNU's?

# Section 4: Overview of guiding narrative questions

HTS\_TST

HTS\_INDEX

HTS\_SELF

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# Guiding Narrative Questions: HTS\_TST

1. Please describe and/or specify any processes or data available for determining rates of retesting (not including verification testing) of both HIV positives and negatives.
2. Please describe processes/methods and/or quantify any estimation of linkage to treatment from diagnosis.
3. Please describe and/or quantify (proportions retested prior to ART, concordance or discordance rates) verification testing occurring prior to ART initiation to minimize misdiagnosis.
4. Please describe processes/methods for capturing new service delivery modalities (STI and Emergency) and any challenges with accurately capturing these modalities.

# Guiding Narrative Questions: HTS\_INDEX

1. For Step 1, how many previously known positives (versus newly identified positives) were offered index testing services?
2. For Step 3, how many contacts were not contacted due to Intimate Partner Violence (IPV) risk? How many contacts were successfully reached, and how? Of contacts reached, how many reported already knowing they were HIV-positive?
3. Discuss the contribution of index testing to overall HIV testing conducted within the OU. What are the challenges or facilitators to scaling index testing services over other modalities reported under HTS\_TST? Please describe approaches for testing contacts (such as, client-referral, provider referral, contract referral, and/or dual referral) and/or quantify any estimation of linkage to treatment from diagnosis.

# Guiding Narrative Questions: HTS\_SELF

1. Describe the process/methods and challenges for tracking distribution of test kits.
2. Describe process/methods and challenges for tracking use of self-test kits.
3. Describe process/methods and challenges for tracking linkage of individuals for repeat testing to confirm a reactive self-test result.

# Section 5: Data quality considerations for reporting and analysis

HTS\_TST

HTS\_INDEX

HTS\_SELF

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# Data Quality Considerations for HTS\_TST and HTS\_INDEX

- **Report individuals**, not number of tests
- **For children <1, only if serologic tests are used for diagnostic purposes** should they be reported. Serologic tests for screening infants should be excluded (including tests to look for HIV exposure at age 9 months or another time point).
- **Retesting** for verification of HIV positive status before or at antiretroviral (ART) initiation **should not be counted** since testing of this individual will have already been counted at the point of the initial diagnosis.
- **De-duplicate** between facility and community.



# Indicator-Specific Data Quality Considerations

- **HTS\_TST**
  - KP disaggregate is OPTIONAL and is NOT a HTS\_TST modality. That is, regardless of whether the KP disaggregate is used for reporting or not, all KP testing should be reported under the appropriate modality.
- **HTS\_SELF**
  - De-duplicate between facility and community.
  - Indicator does not measure HIV test result or who ultimately used the self test kit.
- **HTS\_INDEX**
  - Use Index testing registers where available.
  - Other sources may be used to determine number of contacts, contact tracing, etc. (intake forms, logbooks)

# Section 6: Additional Resources and Acknowledgments

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# Additional Resources

- WHO Consolidated Guidelines on HIV Testing Services: <https://www.who.int/publications/i/item/978-92-4-155058-1>
- WHO Guidelines on Partner Notification and Self Testing: <https://apps.who.int/iris/bitstream/handle/10665/251655/9789241549868-eng.pdf>
- Differentiatedcare.org Differentiated Framework for HTS <http://www.differentiatedcare.org/Guidance>
- PEPFAR Guidance on Implementing Safe and Ethical Index Testing: <https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services>

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Kimi Sato (CDC/ICPI)

Nicole Carloni (Peace Corps/ICPI)



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Thank you!