Q&A from MeSH Webinar 3: Understanding the Transition Period into Sex Work and Service Access Gaps Among Young Women Who Sell Sex, and its Implications for HIV Programming.

How does the 95-95-95 cascade for adults compare to children? By Lydia
Susie Welty: "I am sorry I don't know the answer to this. Ndeshi might. Recency is among 14 up so we are less familiar with paediatric data :)"

When do you think is the right time to introduce Recency testing in a country? Is it wise to introduce it only when you are nearing the 95-95-95 targets or will introducing it earlier help? By Dr Priya, India
Susie Welty: "I think there can be utility at any time in the epidemic but near the end it is important to have data that can point you to the 'hidden pockets' so I think recency is useful in that context. But it can also be used to focus quality improvement efforts"

What are the challenges you faced in Namibia while introducing Recency testing? What kind of investments will be required? By Dr Priya, India
Susie Welty: "Roll out in Namibia went relatively smoothly. That said the test can be hard to read. We have had to do a lot of quality assurance to make sure the results are being read correctly. We send samples to the lab for QA."

Can you describe the potential biases to the population tested with RTRI? can we interpret the 2.5% vs 1% (female vs male) as comparable or might the sample selection impact that comparison? By anonymous attendee
Susie Welty: "The same biases that exist in routine care will impact recency testing. We know that women seek care more than men and especially pregnant women seek care. Incidence is higher in women according to NAMPHIA so this does track with the population based data however we acknowledge that the denominator is of those who test."

Very interesting to see your data in Namibia used to identify suspected clusters - you detected 51 recent cases in your study – sorry if I missed this but was your interpretation of test results informed by an accompanying viral load, any additional clinical information (e.g. on prior ART), and / or applying a false recency rate (accounting for error in the test)? By Brian Rice
Susie Welty: "It was RTRI + VL. To be eligible they should be a 'new' HIV infection which means no prior ARV exposure. We know that people do not always disclose."

Would be interested to hear what the cluster response indicators are? By Shona Dalal (WHO)
Susie Welty: We looked at sites that had numbers of recent infections. At this stage there were not that many recents.

Which entry points do you use for recency testing and are there differences in yield of recent infection among both index cases and partners? By Tendesayi Chakezha
Susie Welty: "The entry point is at ART confirmation. They test at HTS site and are sent to the ART clinic (in the same facility) to confirm HIV status and start ART. We did this to simplify logistics. In Malawi we test at every entry point and there can be up to 20 points at ONE facility which is very hard to manage with regards to QC and all implementation.
We don't have data on the recency yield of partners in the whole system. We did this activity as a data abstraction activity. Would be nice to have that data but the data systems are a bit complex to merge (HTS and IPT)."

If index testing is not strong do you think recency testing is useful? By Dr Priya, India
Susie Welty: "I think it can be useful. It should be weighed against cost and other factors"

You mentioned targeted interventions for adolescents , do you have any thoughts on who these could be implemented in practice in the Namibian programme. Also any thoughts on whether there could be targeted interventions for men to improve male engagement and retention in care. By Paul Mee
Answered live.

What's your experience on IRIS among early ART initiation AMONG PLWH before treating OI? and their adherence. By Benson Issarow
Susie Welty: "We don't have data on ART outcomes per se. This is a surveillance activity."

Great presentation! You detailed well a number of ways the test can be used including in informing index / partner testing. You also mentioned that such activities are complicated and raise community concerns (I imagine particularly in relation to key populations) – it was interesting to hear you were looking into this – I was wondering if you could share more? How can you gauge / measure such concerns and what could we do about addressing them better? By Brian Rice
Susie Welty: "We are implementing an intimate partner violence evaluation in Namibia recency. The goal is to understand if there is increased intimate partner with return of recency results and/or index partner testing.
We are doing a before and after assessment of IPV right after they test positive, again after IPT and again after recency results. Happy to share more info."