

Kingdom of Cambodia

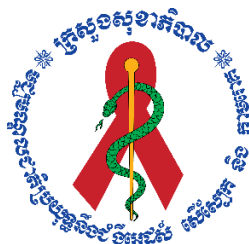
Nation Region King



Ministry of Health

**GUIDANCE NOTE ON
HIV RECENCY SURVEILLANCE DATA
USE AND
PUBLIC HEALTH RESPONSE**

December 2023



National Center for HIV/AIDS, Dermatology and STD (NCHADS)

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Preface

The Guidance Note on HIV Recency Surveillance Data Use and Public Health Response is intended to provide practical steps on the use of Cambodia’s recency surveillance data to identify and close “leaks” in the HIV testing, care and treatment, and prevention cascades in the country.

The guidance is developed, taking in account Cambodia’s HIV Testing Service Standard Operating Procedure (HTS SOP), Boosted Integrated Active Case Management (B-IACM) SOP, Cambodia’s HIV epidemic evolution, country resources, PEPFAR and WHO technical considerations and input from local HIV program implementers, community-based organizations, KP communities/ networks, local and international partners and stakeholders.

To ensure the guidance note practicality, relevancy and timely response to the evolving HIV epidemic, the National Center for HIV/AIDS, Dermatology and STD (NCHADS) will work with the Tracking with Recency Assays to Control the Epidemic (TRACE) team (Centers for Disease Control and Prevention (CDC) and University of California, San Francisco (UCSF)) and local Strategic Information (SI) Technical Working Groups to review and, if deemed necessary, update the guidance every two years.

NCHADS appreciates the dedications and relentless efforts made by the local and international development teams, and has reviewed the document and grants its approval and usage.

NCHADS hopes that the guidance will be implemented with fidelity, and contribute to the achievement of Cambodia’s goal to end AIDS as a public health threat in Cambodia by 2025.

Phnom Penh, 29 December 2023

Director of NCHADS



Assist. Prof. OUK VICHEA

Acknowledgement

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) would like to extend thanks to all the members of the local TRACE and SI Technical Working Groups for their commitment and contribution to the develop the Guidance Note on Recency Data Use and Public Health Response.

NCHADS would like to express particular thanks to our partners including PEPPAR/US-CDC, EpiC-FHI 360, WHO and UNAIDS for providing valuable input in the guidance note.

Special thanks go to Dr. Samreth Sovannarith, NCHADS Deputy Director, all relevant officers of NCHADS for providing inputs and comments, and to Dr. Kaeun Chetra, Deputy head of Technical Bureau, B-IACM Team Leader, for leading the guidance note development.

Special thanks also go to Dr. Ly Vanthy, Deputy Director for Programs, US CDC Cambodia, Mr. Hy Chhaily, Public Health Specialist, US CDC, and Mr. Nhim Dalen, EpiC Deputy Director, for their technical assistance in the development of this important document.

List of Abbreviations

ART	Antiretroviral Therapy
B-IACM	Boosted Integrated Active Case Management
CBO	Community-Based Organization
EQA/QC	External Quality Assurance/Quality Control
GOC	Group of Champions
HTS	HIV Testing Service
IBBS	Integrated Bio-Behavioral Survey
KHANA	Khmer HIV/AIDS Non-Governmental Organization (NGO) Alliance
KP	Key Population
OD	Operational District
PDMO	Provincial Data Management Officer
PEPFAR	The U. S. President’s Emergency Plan for AIDS Relief
PHR	Public Health Response
PNTT	Partner Notification Tracing and Testing
RHAC	Reproductive Health Association of Cambodia
RITA	Recent Infection Testing Algorithm
RTRI	Rapid Test for Recent Infection
SOP	Standard Operating Procedure
TRACE	Tracking with Recency Assays to Control the Epidemic
U.S. CDC	U.S Centers for Diseases Control and Prevention
UCSF	University of California, San Francisco
UNAIDS	The Joint United Nations Program on HIV/AIDS
VCCT	Voluntary Confidential Counselling and Testing
VL	Viral Load
VLS	Viral Load Suppression

1. Background and Rationale:

Timely data on new HIV infections combined with programmatic data can help identify populations and regions with active HIV transmission, which in turn, can be used to inform targeted prevention and treatment interventions. As Cambodia is working hard towards virtual HIV elimination (< 250 new infections per year) in the country, near real-time monitoring of recent HIV infections will enable a targeted public health response (PHR). In Cambodia, rapid tests for recent infection (RTRIs) surveillance have been incorporated into routine HIV testing services (HTS) at 72 voluntary, confidentiality, counseling, and testing (VCCT) sites across the country. Recent infection testing algorithm (RITA), defined as RTRI-recent + HIV viral load [VL] $\geq 1,000$ copy/ml) will help identify individuals recently infected, or likely within the last 12 months, among newly HIV-diagnosed populations. At the population level, analysis of recent infection surveillance data will inform deployment of prevention, testing, and care & treatment measures aimed at preventing ongoing HIV transmission, and tracking and controlling the HIV epidemic. Recent infection test results for individual clients should not be used to change the type or extent of case management or clinical care provided.

The Cambodia TRACE program was initiated under the support of NCHADS and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Cooperative Agreement in the Cambodia Country Operation Plan FY18. RTRI has been integrated into the national HTS algorithm, following international principles on confidentiality, counseling, consent, and linkage to care, as a supplemental test led by NCHADS with the direct technical support from the U.S. Centers for Disease Control and Prevention (U.S. CDC) Atlanta and the University of California, San Francisco (UCSF).

Since the implementation of HIV recency surveillance program in Cambodia, during the period of March 2020 through September 2023, 89% (n=12394) of all newly identified HIV-positive individuals (n= 13885) have accepted recency testing. Of these, 93% (n=4,542) of the infections were classified as RTRI-long-term and 7% (n=322) as RTRI-recent. Following a recent infection testing algorithm (RITA), individuals testing RTRI-recent were tested for VL, and those with VL $\geq 1,000$ copies/mL were considered RITA-recent; if VL <1,000 copies/mL, their infections were classified as RITA-long-term. To date, of those tested for recency, 5% (n=218) were classified as RITA-recent (VCCT Report, Dec 2021).

2. Objectives:

The Guidance Note on Recency Surveillance Data Use and Public Health Response is designed to provide practical steps on the use of these data to identify and close “leaks” in the HIV testing, treatment and prevention cascades in the country.

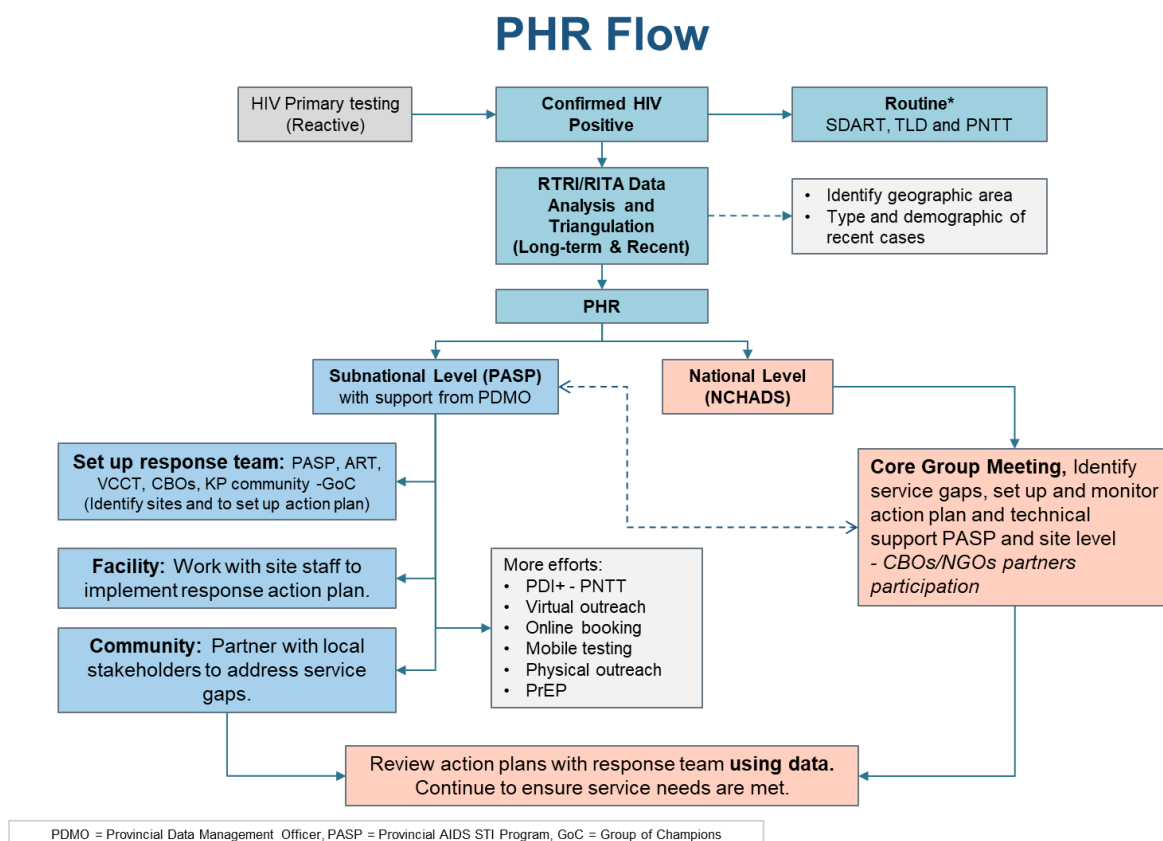
The use of recency surveillance data is exclusively for population-level monitoring and prevention efforts. It is not for individual clinical use or case management (e.g., prioritized ART initiation, alteration of partner services-based on recency results) nor for drawing conclusions about the directionality of infections between/among partners.

The recency surveillance data use should focus on identifying, characterizing, and responding to trends or patterns in recent HIV infection as a way to better understand HIV testing, treatment, and prevention outcomes. The HIV recency surveillance-related public health interventions will help identify service gaps and missed opportunities for program quality improvement, and/or identify contextual factors (e.g., economic, environmental, or social and behavior changes) that may be the drivers of on-going HIV transmission.

Triangulations of HIV recency surveillance data with HTS and program data allow for near real-time use of these data to inform programmatic interventions to improve timely HIV diagnosis and block onward transmission, ultimately getting Cambodia closer to the UNAIDS 95-95-95 targets and ending the HIV epidemic in the country by 2025.

3. PHR Flow:

The diagram below illustrates the stepwise process on how Cambodia recency surveillance program teams conduct public health responses (PHR) at different levels of the national recency surveillance program using the HIV recency surveillance data.



Step 1: Perform Asanté™ HIV-1 Rapid Recency® Assay and Viral Load testing for those RTRI-recent samples.

Purpose: Identify HIV RITA-recent and RTRI long-term infections.

Approach:

- All VCCT/ART service sites follow the national SOPs and guidance notes in place (HTS, HIV EQA/QC, PNTT, and Guidance on Establishing HIV-1 Recent Infection Surveillance Using a Rapid Test for Recent Infection (RTRI) among Persons Newly Diagnosed with HIV Infection in Cambodia).
- Regardless of whether sites/facilities meet the thresholds for hot spots, the following services should always be provided as a **standard of care**:
All persons with newly diagnosed infection **MUST** receive the appropriate package of quality HIV prevention and treatment services, in accordance with the current national HIV treatment and prevention guidelines.
 - RTRI or RITA results for an individual client **MUST NOT** be used to change the type or extent of clinical care or case management provided.

- Persons with newly diagnosed HIV **MUST** receive quality counseling, PNTT, and be offered same-day (or rapid) ART.
- Index testing **MUST** be offered to all PLHIV as standard of practice and in accordance with the national safe and ethical index testing standards.
- All individuals with newly diagnosed HIV **MUST** be offered safe and ethical index testing.
- Individual recency testing results **MUST NOT** be used to prioritize downstream contact tracing efforts, targeting an individual client.
- RTRI or RITA results for an individual client **MUST NOT** be released/returned to a client, in any manner/form.
- Consent, Confidentiality, Counselling, Correct Test Results and Connection to HIV Prevention, Treatment and Care (5Cs) principles **MUST** be followed.

Step 2: Analyze routine site-level, aggregated data.

Purpose: Identify and verify unusual trends of HIV diagnoses.

Approach:

- On a monthly basis, PDMO reviews the program indicators (in Annex 4.2) by analyzing routine site-level, aggregated data (VCCT, ART, PNTT data and/or other data available/attainable) to identify trends of new HIV diagnoses (including RITA-recent and long-term infections) and outcomes of service linkages.
- If the HIV RITA-recent and/or RTRI long-term infections/cases are found to be above the HIV recency threshold (s), defined in the box below, PDMO summarizes observed hot spots/signals.
- PDMO verifies that the identified hot spots/signals are not an artifact of data or testing quality issues before moving to Step 3.

Thresholds:

1. **≥ 3 RITA-recent at each operational district (OD)/month**
2. **Unusual increase in reported cases (≥3 RITA-recent in non-KP group/quarter per OD)**

Step 3: Characterize Hot Spots/signals and Triangulate

Purpose:

- Characterize the local epidemic (among whom and where are HIV infections occurring) identified in Step 2.
- Understand aggregated HIV testing, treatment, and prevention outcomes.
- Identify potential service delivery gaps and missed opportunities for quality improvement, and/or identify contextual factors (e.g., policy, economic, environmental, and social and behavior changes) that may be the drivers of HIV acquisition/transmission.
- Recommend initial response action plans at site, local area, sub-national and national-levels.

Approach:

- In addition to routine site-level, aggregated data analysis, PDMO examines other reports/documents and data available/attainable (such as IBBS, Spectrum, program data from CBO, KP organizations such as KHANA, RHAC, or Friends International).
- PDMO, only if deemed necessary by PASP, works with PASP to conduct qualitative interviews (with key informants, with community stakeholders and testing health facility representatives) to better understand drivers of HIV infections and service delivery gaps and opportunities for improvement. **PDMO and PASP must apply “DO NO HARM” principles, always protecting the identity of suspect cases/hotspot (s).**
- PDMO, soon after completing data analysis and triangulation, notifies PASP and NCHADS in writing of the preliminary findings and recommended initial actions.

Step 4: Respond

Purpose: Stop onward/new HIV transmission by identifying and closing the leaks in the HIV testing, treatment, and prevention cascades.

Approach:

The response teams (at the national and sub-national levels) convene meetings with local HIV implementers, partners and stakeholders (CBO, KP networks/communities, local authorities and funders) to review the preliminary findings and recommended initial corrective actions generated from Step 3, discuss, define and take concrete actions. The response team should optimize existing forum such as Group of Champions (GOC) and Regional Network Meeting.

Provincial AIDS and STI Program (PASP):

- Takes prompt actions, setting up a response team comprised of PASP, ART, VCCT, CBOs and KP communities.
- The above response team reviews the preliminary findings and recommended corrective actions (generated from Step 3), discusses, develops and implements their

specific response action plan to address service gaps identified at sites and in communities.

This step could involve providing additional programmatic support that goes beyond an identified hotspot, a local area, sub-population, and/or the existing standard of care services. This could include addressing service delivery gaps identified across multiple potential hot spots (e.g., multiple sites in a district, region, or province), or introducing/expanding new initiatives. The response will depend on the nature of the local epidemic, magnitude of the gaps identified, available resources, and may require consultation and coordination with donors, implementing partners, national focal persons, and/or international technical experts.

A testing facility and community, under the coordination and leadership of ART team lead and PASP,

- Works with their site staff, local stakeholders, and community to implement quality improvements recommended by PASP and address service gaps.

NCHADS, under the coordination and leadership of the NCHADS AIDS Care Unit,

- Works with stakeholders, convening a Core Group meeting to address programmatic needs identified through the completed PHR activities (Steps 3 and 4).
- Provides technical support to sub-national response teams when needed.
- Provides specific guidance, review/update policy, guidance and allocate required resources to improve HIV program interventions and outcomes.

Step 5: Ongoing Surveillance

Purpose: Determine if the service delivery gaps (identified in Step 3 and Step 4) have been closed (or at least decreased) and if there is a need for further interventions.

Approach:

PDMO and PASP:

- Continuously review new site-level, aggregated program data to monitor key HIV outcome indicators over time (in Annex 4.2).
- Share and discuss findings and next steps (key challenges/issues and priorities), using appropriate available fora, including, but not limited to GOC and regional network meetings, with relevant partners and stakeholders for further actions if required.

NCHADS and stakeholders:

- Consider statistical modelling of routine data to approximate the change in outcomes due to the response interventions.

4. Monitoring and evaluation:

The national program, NCHADS, and the response teams at national and sub-national levels ensure the routine monitoring and evaluation of program data, recency surveillance data and the public health response need by measuring the following key indicators.

Key Indicators and relevant data sources:

Recency elements (VCCT Database)

1. # of RITA-recent among all clients with RITA results by sex, age, type of clients, site, and province
2. # of OD that meet threshold of PHR quarterly

Prevention Indicators (NPD Database)

3. # of KP reached (by modality) - receiving other prevention services (e.g., education, condom, lub, etc.)
1. # of KP tested for HIV at community
2. # of KP tested positive
3. # of newly HIV positive enrolled on ART

PrEP Indicators (NPD Database)

1. # of individual tested HIV negative referred to PrEP
2. # of individual tested HIV negative receive PrEP (M0)

HTS Indicators (VCCT Database)

1. # of individual tested for HIV (by type of clients)
2. # of individual tested HIV positive (by type of clients)

Care and Treatment Indicators (ART Database)

1. # of new PLHIV initiated on ART
2. # of new PLHIV who have initiated ART on the same day
3. # of new ART patients prescribed TLD
4. # of ART patients on ART LTFU (28 days)
5. # of ART patients receiving at least one VL test in the past 12 months
6. % of ART patients receiving ART who have suppressed VL at the last test

PNTT Indicators (ART Database)

1. % of index accept PNTT service and share their partner's contact
2. % of partner tested for HIV
3. % of partner tested HIV positive

Note: every OD (after identifying the trigger) is not required to use all of the above indicators to measure the performance and outcomes of the PHR implementation. Each response team at sub-national level can pick and use some of indicators from the list that are most relevant to the identified program gaps and interventions undertaken.