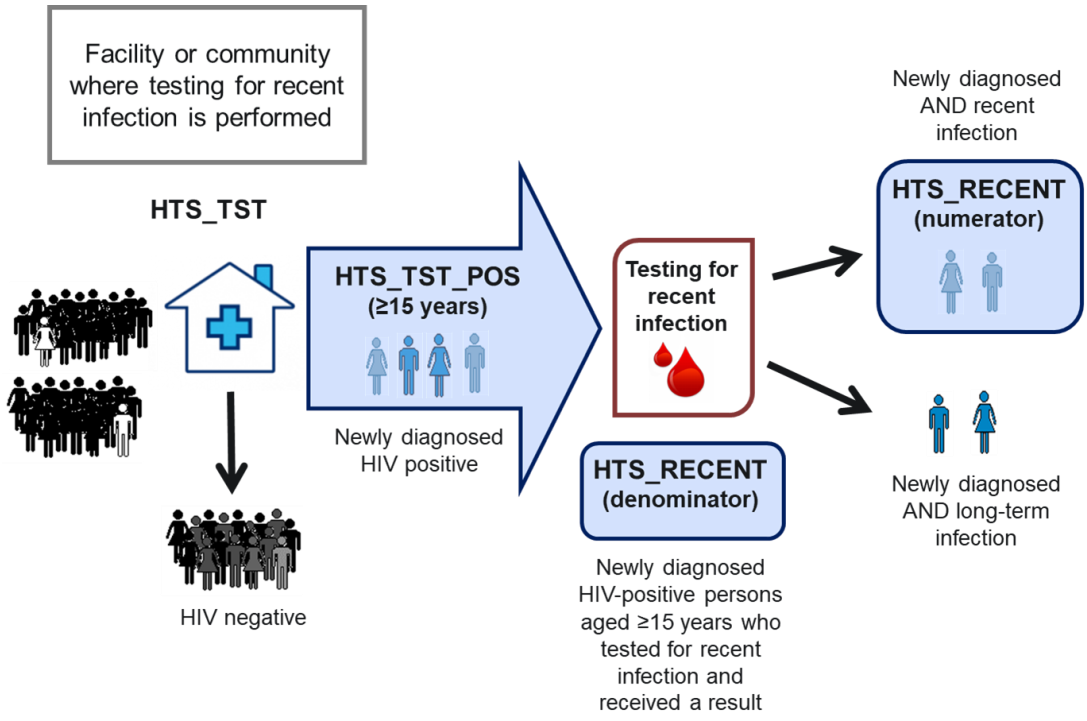
HTS_RECENT

Description:	Percentage of persons aged ≥15 years newly diagnosed with HIV-1 infection who have a test for recent infection result of 'recent infection' during the reporting period	
Numerator:	Number of newly diagnosed HIV-positive persons aged ≥15 years with a test for recent infection result of 'recent infection' during the reporting period	HTS_RECENT should be reported alongside HTS_TST at facilities/communities where tests for recent infection have been incorporated as a supplemental test in addition to the country-approved HIV diagnostic testing algorithm
Denominator:	Number of newly diagnosed HIV-positive persons aged ≥15 years with a test for recent infection result during the reporting period	N/A
Indicator changes (MER 2.0 v2.2 to v2.3):	New indicator	
Reporting level:	Facility & Community	
Reporting frequency:	Quarterly	
How to use:	As countries progress toward epidemic control, surveillance of newly diagnosed persons will ensure that interventions target those at highest risk of acquiring or transmitting HIV infection. One approach is to identify recent HIV infections, defined as those acquired within approximately the last one year. Incorporation of rapid tests for recent HIV-1 infection into routine HIV testing services will enable the establishment of a surveillance system to quickly detect, monitor, characterize, and intervene on recent infections among newly diagnosed HIV cases. Data collected from a recent infection surveillance system can also be used to fine-tune a country's programmatic response through prioritized programming and resource allocation. Recommended use of this indicator is described below. For additional information on recent infection surveillance, please refer to the PEPFAR guidance on recent infection testing, template protocol on establishing recent infection surveillance, and the emerging technology page on pepfarsolutions.org. • **Surveillance**: Determination of the percentage of 'recent infection' among newly diagnosed HIV-positive persons aged ≥15 years will enable the identification of geographic areas and/or demographic categories that may benefit from intensified prevention and testing activities. The percentage of recent infection may also be used to monitor epidemic trends in recent infection over time. • **Programmatic Response:** The number and percentage of 'recent infection' by facility/community can be used to identify areas with ongoing transmission to quickly target education, prevention, and testing resources to increase case finding and interrupt transmission. Disaggregation by age, sex, pregnancy status, and key population (optional) can further identify subpopulations at higher risk to inform program planning and implementation. Changes over time should be monitored to assess program impact. • **Proxy Incidence:** While tests for recent infection that incorporate a rapid test for recent infection among newly diagnosed HIV-positive individuals are not currently being used to estimate population-level incidence, a proxy measure of annual incidence among HTS clients aged ≥15 years may be calculated to assess impact of HIV programs on the epidemic using: HTS_RECENT (Numerator) / [# of persons aged ≥15 years testing negative + HTS_RECENT (Numerator)]. This estimate can be annualized using the assay's mean duration of recent infection. To reflect the population of HTS clients, this proxy measure of incidence should be weighted to account for newly diagnosed HIV-positive persons aged ≥15 years that do not accept recency testing. Once weighted, it may serve as a standardized indicator for monitoring the epidemiological impact of	

	programs over time. Note that incidence among HTS clients may not be generalizable to the broader population given that the population of undiagnosed PLHIV are not reflected. • **Implementation:** The denominator of this indicator may be used to monitor the rollout of testing for recent infection. In addition, a crude estimate of testing coverage may be calculated using: HTS_RECENT (Denominator)/HTS_TST_POS (≥15 years). Tests for recent infection should be performed as a supplementary test for persons who are confirmed positive for HIV-1 through the national HIV testing algorithm. While the results of tests for recent infection may be provided to patients along with counseling messages, results are not intended to affect clinical management. Please see the diagram below that describes the HTS_RECENT data flow in more detail. 
How to collect:	Data for this indicator are reported at both the facility and community levels. HTS_RECENT should be reported alongside HTS_TST at facilities/communities where tests for recent infection have been incorporated as a supplemental test in addition to the country-approved HIV diagnostic testing algorithm. If the facility/community implementing partner (IP) refers specimens to a laboratory or hub facility for testing for recent infection, the indicator should be reported by the facility/community IP where the specimen was collected. Similarly, if the facility/community IP refers specimens for viral load testing as part of a RITA, the indicator should be reported by the facility/community IP where the specimen for the test for recent infection was collected. Electronic case-based surveillance systems that incorporate test for recent infection results should be used to collect and report data for this indicator. Where those systems do not exist or do not include test for recent infection results, existing HTS registers, log books and reporting forms that have been modified to incorporate test for recent infection results may be used. If neither case-based surveillance systems nor existing HTS tools are options, registers, log books, and reporting forms specifically designed for test for recent infection results should be used to collect and report data. If guidelines specify that viral load testing be conducted alongside the test for recent infection as part of a recent infection testing algorithm (RITA), the RITA result must be used. Viral load testing should be incorporated at facilities/communities with ready access to viral load testing or sample referral networks but is not required at facilities/communities that do not have this infrastructure in place to avoid delay in the rollout of rapid testing for recent infection.

<table>
<tr><td></td><td>NOTE: Country guidelines may vary in reference to the time point and setting at which testing for recent infection is conducted. HTS is recommended, but other service delivery points may be considered if the test for recent infection is conducted within a short period of initial HIV diagnosis. Ideally, the test for recent infection should be conducted on the same time as diagnosis.

Data for this indicator are collected and reported regardless of whether or not test results have been returned to the patient.

NOTE: If country guidelines indicate that test for recent infection results are to be returned to the patient, it is the responsibility of the implementing partner to do so in a timely manner and in-line with country guidelines.

Key Populations:
Information on tests for recent infection and test for recent infection results should be reported by key population (PWID, MSM, TG, FSW, and people in prison or other closed settings). Importantly, reporting on this disaggregate is optional.

See Appendix A: Key Population Classification Document, to inform identification of key populations at HTS service delivery. However, reporting of key population disaggregation should be consistent with what is described under the KP_PREV “How to review for data quality” section on mutual exclusivity of an individual who falls under multiple key population categories (e.g., FSW who injects drugs). In such instances, the individual should only be reported in ONE key population disaggregation category to avoid double-counting.

Note: Both key population-specific and clinical partners have the option to complete these disaggregations, but only if it is safe to maintain these files and report. Age and sex data on key populations receiving tests for recent infection will not be reported. Please refer to the KP_PREV indicator reference sheets for more information on working with KPs.

The first priority of data collection and reporting of HTS among key populations must be to do no harm. These data must be managed confidentially to ensure the identities of individuals are protected and to prevent further stigma and discrimination of key populations.</td></tr>
<tr><td>How to review for data quality:</td><td>• HTS_TST_POS (≥15 years) ≥ HTS_RECENT (Denominator); The number of persons aged ≥15 years who received HIV testing services and received a positive result should be greater than or equal to the number of persons aged ≥15 years with a test for recent infection result.
• HTS_RECENT (Denominator) ≥ HTS_RECENT (Numerator): The number of persons aged ≥15 years with a test for recent infection result should be greater than or equal to the number of persons aged ≥15 years with a result of ‘recent infection’.
• HTS_RECENT (Denominator) = subtotal of each disaggregate group: The number of persons aged ≥15 years with a test for recent infection result should be equal to the sum of each individual disaggregation group (Age/Sex/Indication).</td></tr>
<tr><td>How to calculate annual total:</td><td>Sum results across quarters for both the numerator and denominator.</td></tr>
<tr><td>Disaggregations:</td><td>
<table>
<tr><th colspan="2">Numerator Disaggregations:</th></tr>
<tr><th>Disaggregate Groups</th><th>Disaggregates</th></tr>
<tr><td>Indication by Age/Sex [Required]</td><td>• Assay: 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M
• RITA: 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M
• Not Documented: 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</td></tr>
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	Indication by Pregnancy Status [Required]	• Pregnant Assay • Pregnant RITA • Pregnant Not Documented
	Key Population Type [Optional]	• People who inject drugs (PWID) • Men who have sex with men (MSM) • Transgender people (TG) • Female sex workers (FSW) • People in prison and other closed settings
	Denominator Disaggregations:	
	Disaggregate Groups	**Disaggregates**
	Indication by Age/Sex [Required]	• Assay: 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M • RITA: 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M • Not Documented: 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M
	Indication by Pregnancy Status [Required]	• Pregnant Assay • Pregnant RITA • Pregnant Not Documented
	Key Population Type [Optional]	• People who inject drugs (PWID) • Men who have sex with men (MSM) • Transgender people (TG) • Female sex workers (FSW) • People in prison and other closed settings
Disaggregate descriptions & definitions:	**Indication:** • Assay: Refers to a test for recent infection result based solely on a rapid test for recent infection. • RITA: Refers to a test for recent infection result based on a recent infection testing algorithm. The specific RITA is defined by country guidelines and may include a viral load test. • Not Documented: Indication of test result (assay or RITA) was not documented in the data source used for reporting. **Pregnant:** • Pregnancy status is defined as the status at the time when the test for recent infection was conducted, not at the time of reporting. **Age:** • Age is defined as the age at the time when the test for recent infection was conducted, not at the time of reporting.	
PEPFAR-support definition:	Standard definitions of DSD and TA-SDI apply. <u>For HTS services, direct service delivery includes</u>: ongoing procurement of critical HTS related commodities such as rapid HIV test kits or requisite materials (lancets, capillary tubes), samples and materials for proficiency testing, other HIV diagnostic commodities, or funding for salaries of HIV testing service providers including counselors, laboratory technicians, program managers, and/or community health workers. Staff who are responsible for the completeness and quality of routine patient records (paper or electronic) can be counted here; however, staff who exclusively fulfill MOH and donor reporting requirements cannot be counted. <u>For HTS services, ongoing support for service delivery improvement includes</u>: clinical mentoring/supportive supervision, HTS training, HTS guidance development, routine support of HTS M&E and reporting, or HIV test kits consumption forecasting and supply management.	
Guiding narrative questions:	1. For countries electing to use a RITA with viral load testing, please explain if HTS_RECENT (denominator) does not reflect the implementation of tests for recent	

	infection (e.g., pending RITA result due to turnaround time for viral load testing). What proportion of POCT are using RITA? 2. If HTS_RECENT (denominator) does NOT equal HTS_TST_POS (≥15 years), please explain why. Note that newly diagnosed PLHIV infected with HIV-2 who are not co-infected with HIV-1 should not be tested for recent infection.
Data Visualization & Use Examples:	**HIV Recency Testing Cascade:**