

ABSTRACT

Seroprevalence studies are crucial in HIV control programs but too expensive at district level. We evaluated the applicability of pooling sera and how it can reduce cost and affect accuracy at district level. 740 samples collected from antenatal clinic attendants for a sentinel survey in a rural Kenyan district were screened individually and in pools of 10. The seroprevalence when measured individually was 7.30%, while the calculated seroprevalence from pooled testing was 7.49%. Pooling was practicable and reduced costs by 62% for a marginal loss of accuracy. It is a useful tool in increasing the affordability of surveillance at district level. A pool size of 8 would have resulted in optimal cost reduction at minimal loss of accuracy