Effective, High-Yield HIV Testing for Partners of Newly Diagnosed Persons in Tanzania

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Background

An estimated 46% of people living with HIV infection do not know their status (World Health Organization 2015). To reach the "first 90%" of UNAIDS’s 90-90-90 strategy, high-yield approaches to HTV testing are crucial. Partner notification (sexually active partners of HIV-diagnosed clients) is effective in identifying persons with undiagnosed HIV infections. A Malawi study (Brown et al.) found a 64% infection rate among partners of index clients. In a Cameroon study (Henley et al.), 50.1% were pre-enrolled in HIV care and treatment. Although partner notification has been highly utilized in the United States and Europe, it is an underutilized approach in sub-Saharan Africa (SSA).

Methods

Cross-sectional, hospital-based, mixed-methods study conducted in 3 hospitals from June to September 2015 in Tanzania’s highest HIV prevalence region (Pemba; adult prevalence, 14.4% [THMS 2012]). Newly HIV-diagnosed men and women (via provider-initiated HIV testing and counseling [PTC] or voluntary counseling and testing [VCT]) enrolled as index clients, and a offered choice of referral methods.

Eligibility criteria:
- 18 years of age, had sexual partner within last 24 months.
- Non-pregnant, willing to list partner(s) for referral.
- Index clients were requested to list all partners within past 12/24 months.
- Intimate partner violence (IPV) screening at two stages: during initial interview with index and at partner listing.

Study Objective

In a Cameroon study (Henley et al.), 50.1% were pre-enrolled in HIV care and treatment. A Malawi study (Brown et al.) found a 64% infection rate among partners of index clients. In a Cameroon study (Henley et al.), 50.1% were pre-enrolled in HIV care and treatment. Although partner notification has been highly utilized in the United States and Europe, it is an underutilized approach in sub-Saharan Africa (SSA).

Conclusion

This study demonstrated feasibility, acceptability and effectiveness of partner notification/referral in the context of facility-based HTS in Tanzania. Notification and referral were primarily passive and tended toward a single partner, generally a spouse. The findings present strong evidence for integrating partner notification and testing into facility-based HTC services in Tanzania and similar settings in SSA.

Table: Types of Sexual Partner Listed According to Index Client

<table>
<thead>
<tr>
<th>Type of Sexual Partner</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband/Boyfriend</td>
<td>147 (36%)</td>
</tr>
<tr>
<td>Wife/Girlfriend</td>
<td>57 (59)</td>
</tr>
<tr>
<td>Same sex partner</td>
<td>2 (0.5)</td>
</tr>
<tr>
<td>Boyfriend/Girlfriend</td>
<td>5 (1.2)</td>
</tr>
<tr>
<td>Brother/Sister</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>Father/Mother</td>
<td>1 (0.2)</td>
</tr>
</tbody>
</table>

Results

Index clients (n = 390):
- 46.9% males and 53.1% females
- Average age = 33 (range 18–71)
- 76.2% married
- Enrolled from VCT (51%) and PTC (49%)
- Leading reason for non-enrollment in the study: no sexual partner within the last 12–24 months (n=157)
- 3 potential index clients successfully screened out for IPV

Results (cont.)

- Average: 1.01 partner listed per index client (range 1–4)
- 12 index clients successfully referred more than 1 sexual partner

Referral Outcomes Overview

- 147 (61.8%) found to be HIV positive
- 238 (95.9%) enrolled in HIV care and treatment
- 15 (16.1%) tested for HIV
- 91 (38.2%) tested and not known HIV status
- 93 (63.3%) enrolled in CT

Conclusions

- Study demonstrated feasibility, acceptability and effectiveness of partner notification/referral in the context of facility-based HTS in Tanzania.
- Notification and referral were primarily passive and tended toward a single partner, generally a spouse.
- The findings present strong evidence for integrating partner notification and testing into facility-based HTC services in Tanzania and similar settings in SSA.
- Should partner notification/referral be rolled out with enhanced enrollment into care, treatment and prevention for sero-discordant couples.

References