HIV Testing Uptake among Household Contacts of MDR-TB Index Cases in Eight Countries

Valarie Opollo, 1 Xingye Wu, 2 Richard Lando, 1 Susan Swindells, 1 Anita Gupta, 1 Anneke Hesselings, 2 Rodney Dawson, 6 Michael Hughes, 2 N. Sarita Shah 1 on behalf of the A5300/I2003 Study Team
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ABSTRACT

BACKGROUND: HIV co-infection rates among MDR-TB cases vary globally, and is associated with higher mortality and morbidity. Household contacts (HHC) of MDR-TB cases are at high risk for both HIV and TB infection. The testing uptake of HIV testing among HHC is understudied. As part of a cross-country feasibility study (a randomized trial of preventive therapy for HIV), in 8 countries (IC), we evaluated factors associated with HIV test uptake among HHC.

METHODS: A total of at least one HHC were eligible. HIV was defined as having the same dwelling and sharing housekeeping arrangements with an IC in the past 5 months before the IC started MDR-TB treatment. All adult and child HHC were offered HIV testing if never tested or last tested HIV-negative > year prior to study entry. HIV testing was done using standardized algorithms. Logistic regression for clustered data was used to evaluate associations.

RESULTS: From 10/2015-03/2016, 579 HHC of 284 IC were enrolled from 8 IC in 8 countries (Botswana-1, Brazil-1, India-1, Indonesia-1, Kenya-1, Peru-2, South Africa-7 and Thailand-1). Among the 284 IC, 102 (36%) were HIV infected. In 158 (56%) HHC were HIV uninfected, and 26 (9%) had unknown status. Stigma/fear of disclosure was the most common barriers to HIV testing (77%). HIV testing uptake varied considerably among sites and in-age groups. HIV testing uptake varied among children and adults.

CONCLUSIONS: HIV testing uptake varied considerably among sites and was lower in children and adolescents compared to infants and adults. Among all participants, HIV testing uptake was lower in children compared to adolescents among HHC of HIV-positive IC given their higher risk of HIV infection.

OBJECTIVES

• To determine the proportion of the household contacts with unknown HIV status who were willing to be tested for HIV.
• To identify sociodemographic, clinical and site-related factors associated with unwillingness to test for HIV.

RESULTS

90% of the 225 HIV+ IC had taken 2 antiretrovirals, and 38% were already on ART. Testing Uptake varied considerably among sites and in-age groups. HIV testing uptake varied among children and adults. HIV testing uptake was lower in children compared to adolescents among HHC of HIV-positive IC given their higher risk of HIV infection.

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