Attitudes towards neonatal male circumcision among Hispanic men and women in Miami, Florida

J.G. Castro¹, D. Jones², I. Barradas³, M. Lopez¹, S. Weiss²
¹ University of Miami, Miami Shores, FL, USA
² University of Miami, Miami, FL, USA

Background: Hispanics in the U.S. with the lowest rates of circumcision (MC) and relatively higher rates of heterosexual HIV transmission may benefit with higher rates of MC. Of pregnant women who had attended formal education, reside in urban area, living with their partners and those mentioned ART as PMTCT. Only 27% of pregnant women could decide independently on accepting HIV testing. Male partners, who came to health centers along with their partners for ANC and HIV testing, were only 5.1%. Two third of the study participants (65.5%) have no habit of open discussion on HIV/STI with their male partners. Most women with positive test result do not disclose their test result to their partners. Pregnant women who could get partner support with positive test result were more likely to accept HIV testing than their counterparts.

Results: Acceptance of HIV testing among the interviewed pregnant women was 74.5%. Stigma and discrimination by the community, husband reaction and fear of positive test result were reasons that impede higher acceptance of HIV testing. Acceptance of HIV testing was significantly associated with pregnant women who had attended formal education, reside in urban area, living with their partners and those mentioned ART as PMTCT. Only 27% of pregnant women could decide independently on accepting HIV testing. Male partners, who came to health centers along with their partners for ANC and HIV testing, were only 5.1%. Two third of the study participants (65.5%) have no habit of open discussion on HIV/STI with their male partners. Most women with positive test result do not disclose their test result to their partners. Pregnant women who could get partner support with positive test result were more likely to accept HIV testing than their counterparts.

Conclusion: HIV testing acceptance is encouraging but men’s involvement was found to be low and they appear to be the secret ingredient of PMTCT intervention. Generally, pregnant women need their male partners’ positive attitude and support to accept HIV testing. Hence PMTCT programs should give emphasis on involvement of male partners.

References:

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Patients with newly-diagnosed HIV in 2004 versus 2008: No apparent difference in progression

A. Brown¹, C. Ni Bhuachalla¹, C. de Gascun², R. Hagan³, C. Bergin¹
¹ St. James’s Hospital, Dublin, Ireland
² National Virus Reference Laboratory, Dublin, Ireland
³ National Blood Transfusion & Histocompatibility Service, Dublin, Ireland

Background: Trends have recently been observed suggesting more rapid progression in newly-diagnosed HIV-positive patients. This data is limited by an inability to specifically identify the time of infection. Our HIV-positive cohort displays heterogeneous acquisition risk and significant migration from countries of high prevalence, and is ideal to study changing epidemiology.

Methods: A retrospective cohort study was undertaken comparing newly diagnosed HIV patients attending in the first half of 2004 with those in 2008. Baseline demographics and virological parameters were gathered. Progression was followed for the first year after diagnosis. Patients with known seroconversion were of particular interest – including those certain of time of infection, who recalled significant seroconversion illness and/or a negative test within the preceding 6 months. Others with previous negative tests outside this window were not designated as known seroconverters. Rapid progressors (RPs) were defined as those with documented seroconversion window <2 years prior to presentation, who progressed to CD4 <350 cells/mm³ within first year of follow-up. Results were analysed using GraphPadStat.

Results: Of the 200 charts reviewed, 96 met inclusion criteria. Baseline characteristics are summarized in Table 1. CD4 ≤350 cells/mm³ at first presentation in 2004 and 2008 respectively was seen in 20 (48%) and 31 (57%) p = 0.42. CD4 count ≤350 by end of year 1 was 25 (60%) vs 35 (65%) p = 0.67. Mean change in CD4% from diagnosis to end of year 1 or pre-ART was -2.9 (SD5.1) vs +7.2 (SD 11.0) p > 0.0001 (95%CI, -13.7718 to -6.4882). AIDS-defining illness in first year was seen in 6 (14%) vs 7 (13%) p = 1.0. Of those with CD4 ≥350 cells/mm³ at first presentation, 18 (82%) vs 18 (78%) maintained CD4 ≥350 at end of year 1 untreated. Of those with