

PC40 Do we need secondary HIV prevention in microbicide trials?

Elysha Mawji, Sinead Delany, J Moyes, Charlotte Watts

ABSTRACT TEXT

Objective:

To identify demographic, socio-economic, and sexual behavioural factors associated with HIV infection in women in Soweto, South Africa.

Methods:

A total of 1095 sexually active women, aged 18-35, who consented to screening procedures in a microbicide feasibility study conducted in Soweto, were included in this analysis. Participants were interviewed using a short structured questionnaire determine eligibility. Counseling and testing for HIV was performed using two HIV rapid tests in parallel. Demographic, socio-economic and sexual behaviour factors were evaluated by multivariate logistic regression to determine whether particular factors were associated with HIV infection.

Results:

HIV prevalence was 24%. Women aged 24-29 years (OR=2.1, $p<0.001$), who had not completed higher than grade 9 (OR=3.7, $p=0.001$), who had completed more than grade 9 but less than grade 12 (OR=2.5, $p=0.011$), who had one past pregnancy (OR=1.9, $p=0.002$), who had two past pregnancies (OR=1.8, $p=0.022$), who had 3 or more past pregnancies (OR=1.9, $p=0.05$) were more likely to be HIV positive. Those that reported being unsure of their HIV status (OR=2.8, $p=0.016$), and those who perceived themselves to be HIV positive (OR=2.0, $p<0.001$) were more likely to be HIV positive, while ever having tested for HIV was strongly associated with being HIV negative (OR=0.47, $p<0.001$).

Conclusions:

Women in this population are at high risk for HIV, and show similar risk factors for HIV that have been observed in other populations. Previous voluntary counseling and testing (VCT) was associated with HIV negative status, suggesting that VCT may be working as a prevention strategy in this population. It is essential that as large numbers of women are counseled and tested prior to entry into Phase III trials, that a comprehensive package of care is available for HIV positive women, which in addition to treatment and care, includes access to education on secondary HIV prevention.

Ms Elysha Mawji: London School Of Hygiene And Tropical Medicine, e.mawji@utoronto.ca, tel 011+44+416-301-3171, 118 Crawford Street, TORONTO, M6J 2V4, CANADA