

HIV without borders:

A study of results of 22 months of HIV testing at Danané General Hospital, Danané District, Côte d'Ivoire

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Executive Summary

The data used in this study comes from routine-data collection from several departments offering in-service HIV testing in Danané Hospital. Data was entered from the HIV "counsellor's registers" into an epidemiological database, EpiData, and transferred to Stata, Version 8 for subsequent analysis. The departments included in this study are the following: the Voluntary Counselling and Testing Centre (VCT), the Diagnostic Counselling and Testing Unit (DCT), the Centre for the the Treatment of Tuberculosis (CDT¹), and the VCT located in the department for the Prevention of Mother-To-Child Transmission (PMTCT). The data is disaggregated by sex, age and serotype. Data was collected and entered from the beginning of the HIV programme in November 2005 until end of August 2007.

During this timeperiod of 22 months, 15418 men, women and children were tested for HIV. With 6955 and 8010 tests respectively, the VCT and the PMTCT received the most clients. The DCT with 245 and the CDT with 208 clients tested are far less frequented as they include only HIV testing done on symptomatic patients – either hospitalized patients or those having been diagnosed with Tuberculosis (TB).

In total 1640 clients, or 10.6%, were tested seropositive for the HIV virus. 94% of these clients were tested seropositive for the HIV-1 virus alone, 4% for HIV-2 alone and a final 1.8% was tested positive for HIV-1 and HIV-2². In addition to those testing seropositive, 3.9% were tested indeterminate and have not yet returned for further testing until a definite result could be found. The remaining 85.4% were declared seronegative.

In the CDT and the DCT, 30.7% and 32% of all clients who accepted an HIV test, were tested seropositive respectively. This study suggests that offering an HIV test on a health careprovider initiated basis, is necessary to save lives and healthcare ressources both on the side of the client and on the side of the health structure.

¹ CDT in French is an acronym for „Centre de Dépistage Tuberculose" (in English literally „Center for Tuberculosis Testing"). As the CDT offers not only testing, but treatment, in this paper the CDT will be translated as „Center for the Treatment of Tuberculosis".

² In this study, an infection with „HIV1 and HIV2" is often referred to as „HIVdual"

In the PMTCT, 3.8% of all pregnant women tested were seropositive. This prevalence rate is similar in all age groups. 59% of those pregnant women tested are under 25. The high percentage of young pregnant women may be indicative of a high exposition rate of young women and girls to HIV.

In total, of all clients tested, almost 80% were women and 20% men (children included). This study concludes that men are not sufficiently frequenting in-service testing centres due to a lack of exposure to "testing opportunities": This means that women are more exposed to HIV sensitisation within the hospital and have more opportunities of being proposed an HIV test.

According to the results of the study, women are not only more frequent clients of the testing centres, but their rate of infection is higher in all services³ and in all age groups with exception only of the children under 15. This discrepancy is largest in the age group of 15–24 year olds: Results show a huge ratio gap of 6 women infected for 1 man in the data from the VCT. In most countries of Sub-Saharan Africa prevalence rates amongst young women are higher than amongst young men and a similar trend may be observed in the results of this study. This paper will argue that women and men must be equally targeted in HIV programming and the community could benefit from male role models as a positive influence on boys and young men.

³ In this case „all the services“ relates to all services where men and women are tested (VCT, DCT, CDT). Only women are included in the data from the PMTCT.