HIV Testing Policy in INDIA

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VCTC as ICTC: Widening the Umbrella

Voluntary Counseling & Testing Centre



Integrated Counseling & Testing Centre

Prevention of Parent to Child Transmission

Today ICTCs in India – 4905

Over 9 million tested for HIV in year 2008

Under NACP-III, the target is to counsel and test 22 million clients annually by the year 2012. Handriar Arbo Control Organiaation

HIV Testing Strategies

Strategy I

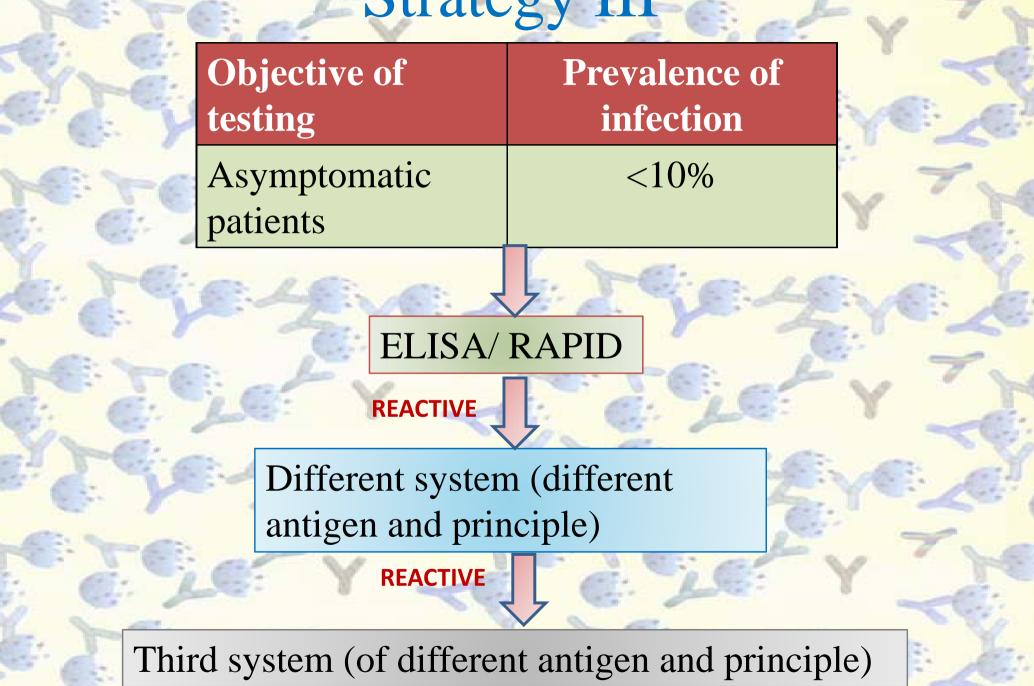
	Objective of testing	Prevalence of infection	
4	Transfusion or donation safety	All prevalence	6
8	Surveillance	>10%	E.
2	ELISA /	RAPID	9

Strategy II

	Objective	Prevalence		
	Surveillance	<10%		
	Symptomatic patients	All prevalence		
	-			
2	Asymptomatic	>10%		
1	patients			
	Le: Y d			
ELISA/ RAPID				
REACTIVE				
	Different sy	vstem		
(different a		ntigen and		
1	principle)	Y 4		

10%

Strategy III



Tests Employed in Our Setup

Each sample tested by 3rd generation ELISA

(Window period 3-4 weeks)

Positive samples undergo ELISA using different principle and

Tridot which can differentiate HIV1 and HIV2

Dry Blood Testing- done for screening FSW and MSM

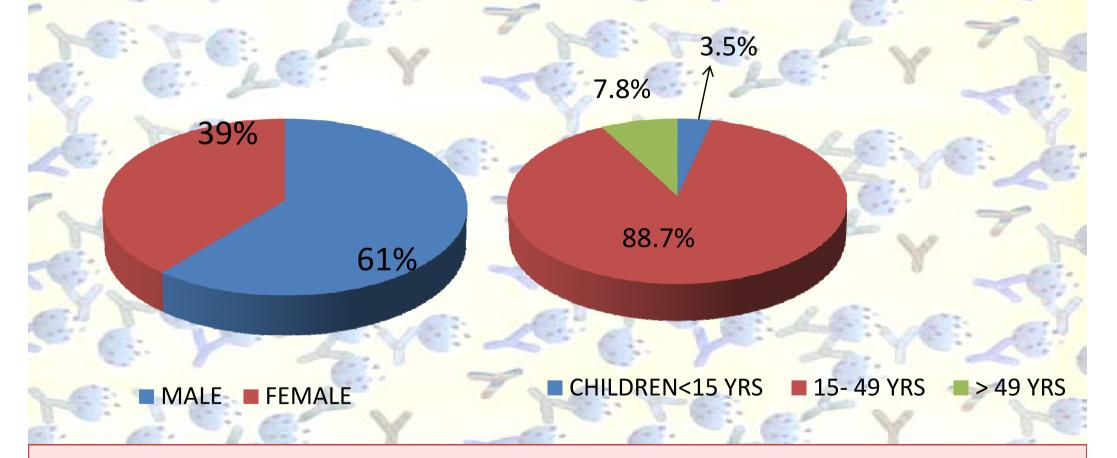
Western Blot- available only at few apex institutes

Fillional Arbo Control Organiaation

Indian Scenario

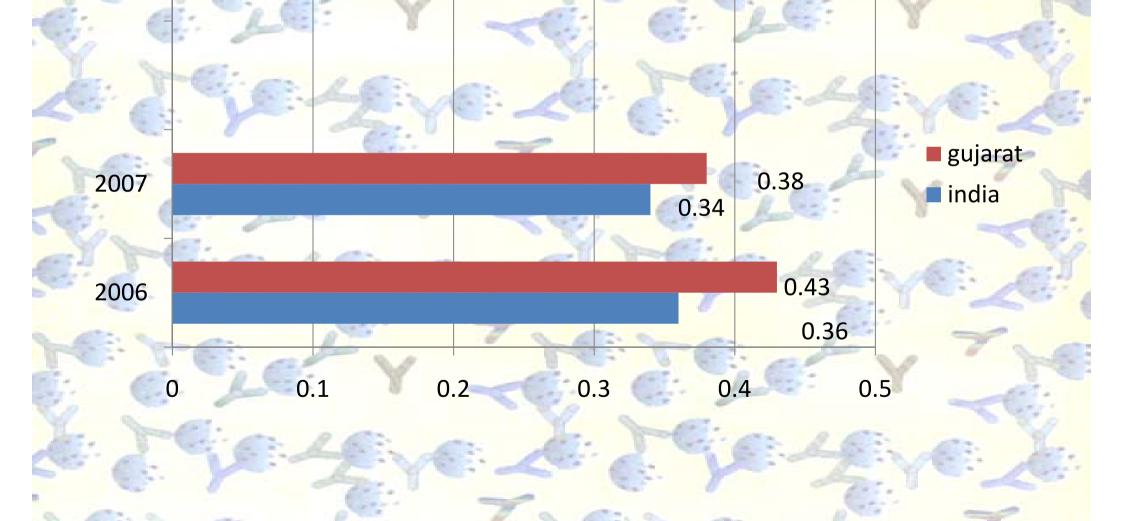
Estimates of HIV burden in India (2007)

Total no of people with PLHA- 2.5 million

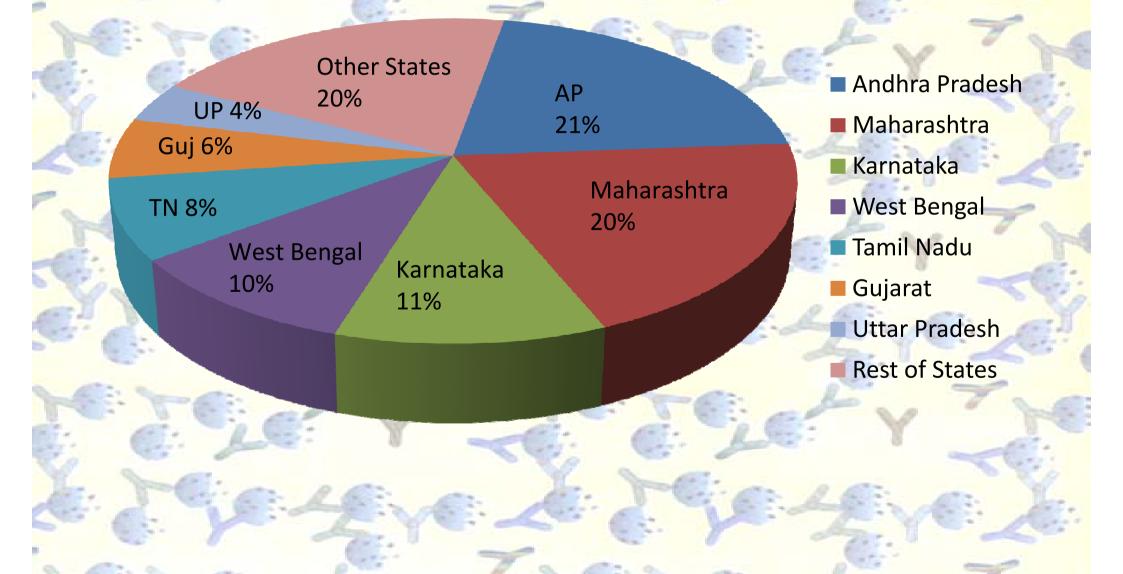


Adolescents make up 25% of country's population but they account for 31% of AIDS burden

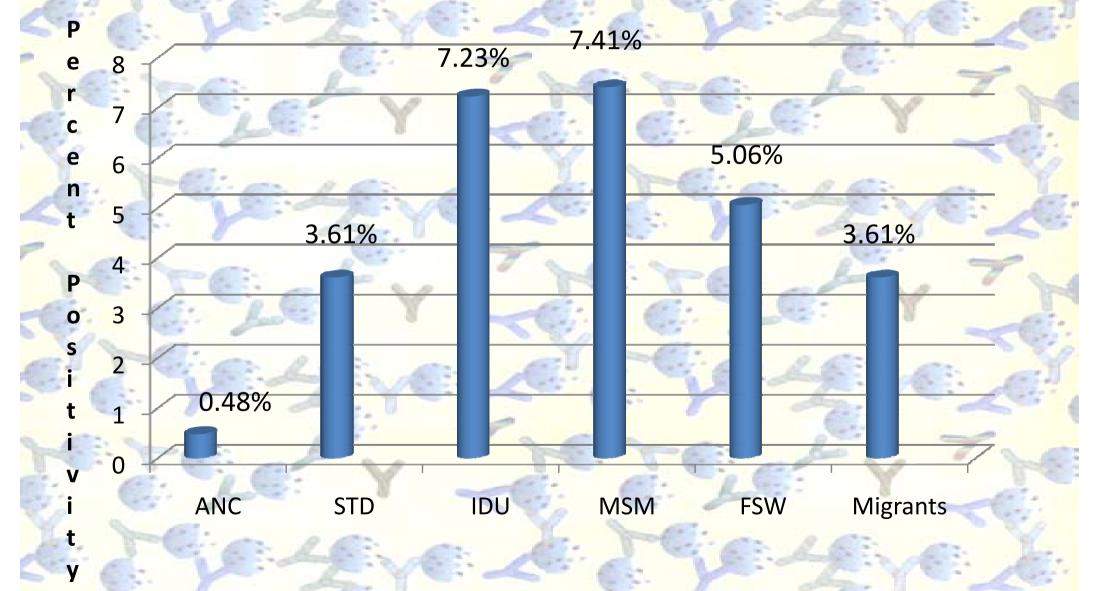
Adult HIV prevalence, 2006-2007



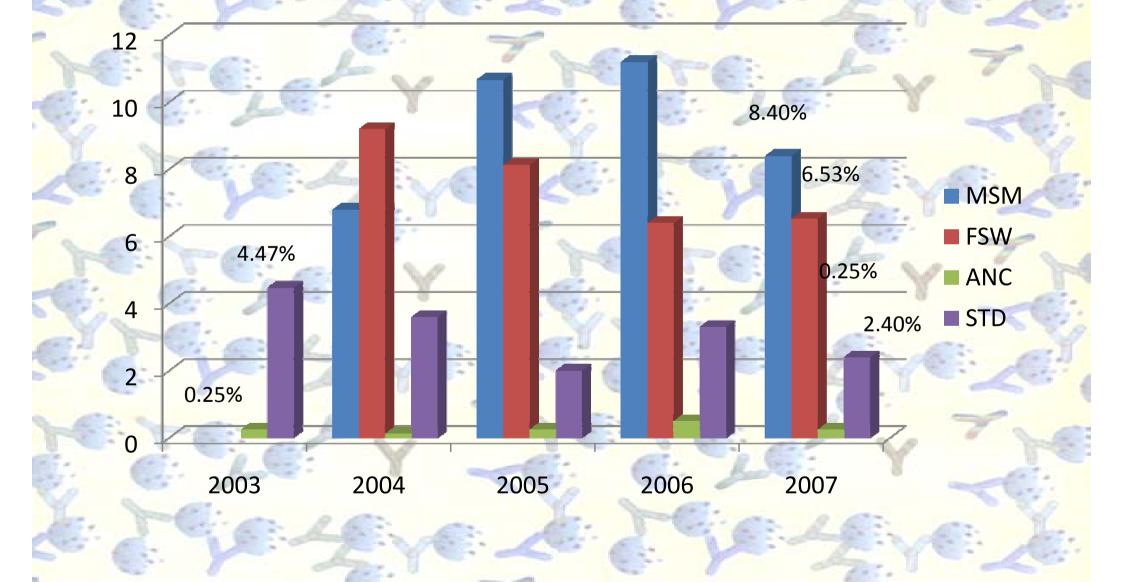
Distribution of PLHA among high burden states 2007

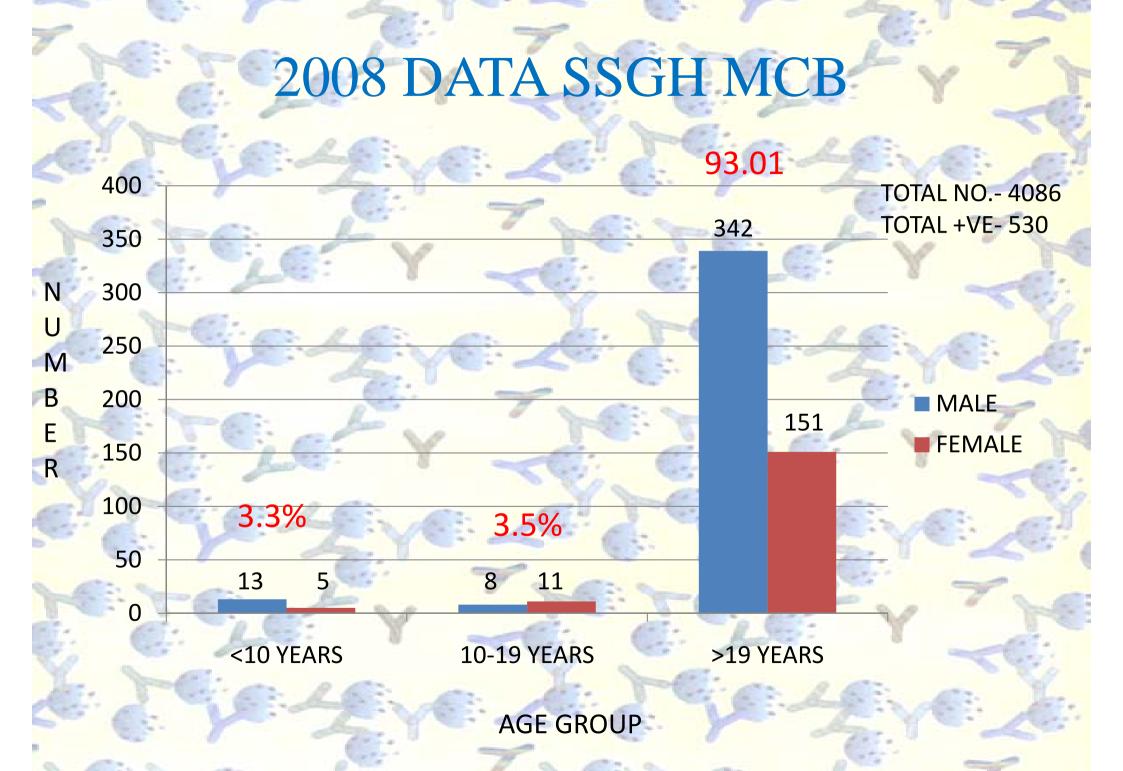


HIV prevalence among different population groups in India(2007)



HIV prevalence in different groups in Gujarat





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Testing Issues

HIV TESTING AS A PREVENTIVE TOOL

USA -25% of HIV positive cases are not aware about their positivity

-40% are tested late (testing within 1 year prior to death)
India-Only 13-25% of HIV +ve cases are knowing their status
-People are tested late and less

Message

Encourage early testing

Referral to VCTC

Early testing means an opportunity for prevention and treatment

"Take Test, Take Control" Delayed Diagnosis: Missed Opportunity

When and why of HIV testing in adolescents Reasons for testing (n=31)

Reasons for testing	No. of cases (n=31)
Fever / cough/ diarrhea	14 (45.1%)
Parents positive	07 (22.6%)
Spouse positive	01 (3.2%)
Tuberculosis (TB)	04 (12.9%)
Herpes zoster	04 (12.9%)
Other infections	01 (3.2%)

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Late Testing: Loss of opportunity

Clinical Stage at Time of Presentation

Clinical stage	No. of cases (n=31)
Asymptomatic	04 (12.9%)
Symptomatic	08 (25.8%)
AIDS	19 (61.2%)

Early diagnosis and intervention may help to prevent

developmental delay

Treatment seeking behavior of the cases need to be

modified

Early Diagnosis: Opportunity to intervene

REASONS FOR HIV TESTING IN WOMEN

In 51% cases, testing was carried out because of

unexplained illness, suggesting late testing.

 49% were subjected to testing because either their spouse or child were positive / as a part of antenatal or as a preoperative workup.

• Usually females are tested less and late.

AGE - WISE DISTRIBUTION (n=357)

Age Group (years)	No. of Females	%
0-15	20	5.6
16-30	164	45.9
31-45	141	39.5
>45	32	9.0
Total	357	100

46 % females were in the age group of 16-30 years.

All these females were having potential for conception and

thereby vertical transmission.

MARITAL STATUS OF HIV POSITIVE WOMEN

-	Marital status	Present study	%	
1	Married	277	77.5	
	Widow	44	12.3	
	Divorce	13	3.7	1
	Unmarried	23	6.5	
	Total	357	100	

The potential of intramarital HIV transmission is very high taking into account unprotected sexual activity in married couples and high-risk behaviour of male spouses.

The commonest mode of HIV transmission in our country is marital sex

DETAILS OF SEXUAL ACTIVITY AFTER KNOWING HIV STATUS

Sexual activity	No. of females	Present study % age	RN Gupta et al % age	21
Stopped intercourse	31	37	43	1.0
Continued with condom	25	30	35	110
Continued without condom	27	32	22	Luis .
Total Females	83	100	100	

"Behind most females with AIDS there is a

male without condom"

AN EPIDEMIOLOGICAL STUDY OF HIV SEROCONCORDANT Vs SERODISCORDANT COUPLES (A FEMAL BASED STUDY) Sharma Archana*, Marfatia Y S**

- 105 HIV positive married females were enrolled
- Their spouses were tested for HIV
- Seroconcordance i.e. seropositivity in both partners was observed in 60%.
- 53% of females and 36% of males in the seroconcordant group had
 STDs that was significantly high (P<0.0001, C.I.=95%) compared to STD
 rate in the serodiscordant group.
- In serodiscordant group, circumcision was observed in more number of cases (37%), than seroconcordant group (6.50%).

Prevention of Parent to Child Transmission (PPTCT)

Indian Scenario

- 27 million new pregnancies per year
- 97,000 in HIV +ve mothers (prevalence- 0.36%)
- 30,000 HIV infected babies (25-30% transmission rate)
- < 5% of all pregnant women receive HIV testing and counseling</p>
- < 5% of HIV +ve pregnant women received ART

ISSUES RELATED TO PPTCT IN INDIA CASE STUDY - 1

F/24, pregnant, tested +ve by ELISA, Husband -ve

As there was no risk factor and no evidence of STD in couple

Repeat ELISA in different lab. +ve

Western Blot -ve

Suggestive of false +ve ELISA due to pregnancy

Confirmation of HIV status is a must before starting ART

Blood safety

One / 5000-10,000 bottles may be collected in window

period.

Presently >50% blood collected through replacement donor
 As per a study HIV, HBV & Syphilis seropositivity is more
 from this group as compared to voluntarily donated blood

 Only 1% of healthy population of the country donates blood but according to WHO atleast 5% of healthy population must donate blood.

No Transfusion is the Best Transfusion

Blood safety in SSG Hospital, Vadodara

			NUMBER OF HIV POSITIVES
Ű	2681	48.32%	5

• All samples tested with 3rd generation ELISA and Rapid Test

•Single positive test- blood discarded

•HIV +ve in year 2008 among blood donors in SSG Hospital- 15

Miles to go...

Widening the umbrella- testing and reporting

Reducing the window period- advanced techniques

