Factors associated with disclosure of known HIV-positive status in a facility-based index testing program in Telangana, India

Parthasarathy Mugundu¹ (mpartha1@jhmi.edu), Padum Narayan¹, Devanga Ashok¹, Anthony Reddy¹, Allison M. McFall², Jade Bell¹, Maria Salvat¹, Ajay K. Enugu¹, Shruti H. Mehta², Viswanathan Arumugam³, Aditya Singh¹, Sunil Solomon¹

¹ The Johns Hopkins University School of Medicine, Baltimore, MD, USA

²The Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA ³YR Gaitonde Centre for AIDS Research and Education, Chennai, India

Presented at IAS 2023, the 12th IAS Conference on HIV Science

BACKGROUND

 India has the 2nd highest number of people living with HIV (PLHIV) globally. The state of Telangana has a substantial HIV burden within the country



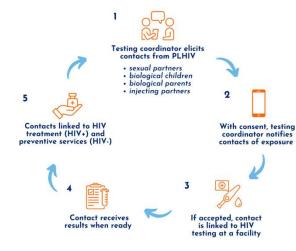
- Disclosure of HIV-positive status is important to rapidly identify those infected with HIV, link them to care, and prevent onward transmission
- Fear of discrimination, blame, and disruption of family relationships can make disclosure a difficult decision for PLHIV
- We characterize factors associated with disclosure of known HIV-positive status by contacts to index clients

METHODS

- Index testing is a WHO-endorsed form of contact tracing. The exposed contacts (sexual partners, spouse, children, needle-sharing partners) of an HIV-positive person are elicited and offered HIV testing
- It is an effective approach to identify contacts of PLHIV and initiate new HIV diagnosis on antiretroviral therapy
- From July 2020 to September 2022, project ACCELERATE implemented index testing in 50 HIV testing and treatment facilities in Telangana
- Contacts with previous HIV diagnosis were categorized by if the index client was aware of their HIV status
- Associations between disclosure of HIV-positive status and contact characteristics were evaluated using logistic regression

Disclosure of HIV-positive status to index clients is more common among women, spouses, and less common for older contacts

Figure 1: Index testing process flow



RESULTS

- We identified 25,883 contacts. 792 contacts self-reported their HIV-positive status to the counsellors, who were elicited from 714 indexes
- The mean age among contacts who reported their HIVpositive status to a counsellors was 31.89, and 60% were female
- Overall, 84% were reported as HIV-positive by the index client
- 85% were married to the index client, 6% were nonspousal sexual partners, and 9% were biological children

Table 1: Characteristics of HIV-positive contacts

	All	Disclosed	Not Disclosed
HIV-positive status	792	665 (84%)	127 (16%)
Age			
Mean		33	28
Sex			
Male	321 (41%)	253 (79%)	68 (21%)
Female	471 (59%)	412 (87%)	59 (13%)
Contact type			
Children	74 (9%)	32 (43%)	42 (57%)
Sexual partner	46 (6%)	33 (72%)	13 (28%)
Spouse	672 (85%)	600 (89%)	72 (11%)

- Among adult contacts, disclosure was significantly more common for spouses [AOR vs. sexual partners: 3.03], and women [AOR vs. male clients: 1.48]; and less common for older contacts [AOR per 5 years, 0.88; p<0.05 for all]
- Of the 792 HIV-positive contacts, 74% were on ART at the time of elicitation, 15% were linked to ART after counseling, and 11% have not yet been linked to ART

CONCLUSIONS

- Although the index testing program showed high levels of disclosure, we discovered certain areas where gaps exist
- Index clients were less likely to be aware of the HIV positive status of older and non-spousal contacts
- Male partners were more likely to withhold disclosure from partners indicating a need to better understand what motivates males to share or withhold their status from their partners
- HIV disclosure plays a vital role in HIV prevention. Counseling should address the fear of disclosure and potential negative consequences such as stigma and discrimination

ACKNOWLEDGEMENTS

- This work is supported by USAID India - Cooperative Agreement 72038619CA00001
- We also thank the National AIDS Control Organization, PEPFAR/USAID India, and the ACCELERATE team

















