

The Outcome of Preoperative HIV Screening for Gynaecological Patients in North Central Nigeria

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ABSTRACT

Background: The incidence of HIV is high in sub-Saharan Africa including Nigeria despite interventions to check the disease. This study aimed to determine the prevalence of HIV among women with gynaecological conditions. **Patients and Methods** A retrospective analysis of women undergoing gynaecological operations between 2008 and 2010. **Results** A total of 109 (42%) patients were screened for HIV pre operatively. Their mean age was 31.6 years. Six (5.5%) of the 109 patients tested positive for HIV. All the patients who tested positive were married. **Conclusion** There appears to be a high prevalence of HIV infection among women with gynaecological conditions in our setting.

Keywords: HIV, prevalence, women, gynaecological operations

Conflict of interest: None declared

INTRODUCTION

Sub Saharan Africa is the world's most hit by HIV/AIDS with up to 67% of all people living with the virus, and 72% of all AIDS related deaths^{1,2}. National figures showed that there are approximately 3million people living with HIV/AIDS³. Till date only a small proportion of HIV infected individuals in sub Saharan Africa are aware of their HIV status⁴. Voluntary counseling and testing has been advocated for reducing the incidence of HIV/AIDS. The opt-out approach employed for PMTCT (Preventing Mother-to-Child Transmission of HIV) has proved to be helpful in significantly reducing mother to child transmission of HIV. Despite the well known advantages of testing, most hospital attendees are not given the opportunity to find out their status thereby denying them access to treatment, care and support in the event they test positive, and counseling, prevention messages and information if they are negative.

This study aimed to determine the

prevalence of HIV among women through preoperative HIV screening in women undergoing elective gynaecological operation.

PATIENTS AND METHODS

The study was a retrospective study of women undergoing elective gynaecological surgeries at Kauna Specialist hospital in Jos, Nigeria, between January 2008 and June 2010. Preoperative screening for HIV was carried out on patients undergoing elective gynaecological surgery, after counseling and informed consent. Rapid testing for HIV was carried out using Determine® Test kit (ABOTT Japan Co. Ltd, Roppongj, First Building 9-9). Positive samples were double tested with Stat-pak™ (Chembio Diagnostic Systems inc. 3661 Horseblock road, Medford, New York, USA) and then sent for Western Blot at the AIDS prevention initiative in Nigeria (APIN) laboratory at the Jos University Teaching Hospital for confirmation. The demographic and clinical data were analyzed for means and percentages using Microsoft Excel 2007.

RESULTS:

A total of 109 (42%) patients were screened for HIV pre operatively. Their mean age was 31.6 years. Eight (7.8%) women were in social class I, 58(56.3%) in social class II, 35(34%) in social

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class III, 2(1.9%) in social class IV; none was in Social class V. Patients in social class II constituted 66.7% of those who tested positive, while patients in social class III accounted for 33.3%.

Six (5.5%) of the 109 patients tested positive for HIV. One of the patients who had initially tested positive by the rapid test was confirmed negative by Western Blot and was excluded from the analysis. All the patients who tested positive were married (Table1). All the patients that tested positive were subsequently referred for further management.

Fig.1. socio-demographic characteristics of the patients

1. Age Distribution		
20 - 29	35(34.0)	2(33.3)
30 - 39	48(46.6)	3(50.0)
40 - 49	18(17.5)	0 (0.0)
50	2(1.9)	1(16.7)
2. Marital status		
Married	83(80.6)	6(100.0)
Single	20(19.4)	0(0.0)
3. Literacy level		
Literate	99(96.1)	6(100.0)
Illiterate	4(4.9)	0(0.0)
4. Social class		
I	8(7.8)	0(0.0)
II	58(56.3)	4(66.7)
III	35(34.0)	2(33.3)
IV	2(1.9)	0(0.0)
V	0(0.0)	0(0.0)

DISCUSSION

A major challenge with regards the HIV/AIDS epidemic in sub Saharan Africa remains the issue of uptake of voluntary counseling and testing in an environment where knowledge about the disease is low⁵⁻⁷. There had been much debate regarding the essence and legality of preoperative screening of patients considering the fact that the surgeon is not obligated to screen⁸⁻¹¹. It is argued that screening could lead to stigmatization and discrimination by healthcare professionals^{12, 13}. The prevalence rate of HIV in this report justified the study, and compares well with reports from the south eastern and south western parts of the country Nigeria.^{13, 14, 15} In 2007 WHO/UNAIDS issued HIV guidelines, Provider Initiated Testing and counseling (PITC), which recommend routine testing during clinical encounters for all

patients¹⁶. This has the benefit of increasing access to timely HIV/AIDS treatment care and support. With the advances made in the management of HIV and improvement in the quality of life now experienced by persons living with HIV/AIDS, it would be desirable if more patients were afforded the opportunity to know their status. The cost implications of screening probably accounted for some patients' refusal to screen.

In view of the present reality of HIV prevalence among patients undergoing elective gynaecologic surgeries, it is recommend that screening be offered to patients in other clinical settings in public health institutions as proposed in the WHO/UNAIDS guidelines. This would go a long way in improving access to HIV/AIDS treatment care and support by prompt detection of patients requiring these services.

The findings in this study, therefore, justify a prospective study which would afford a better opportunity to correct for missing data and other biases associated with retrospective studies.

In conclusion, this study has revealed a hidden, a high prevalence of HIV infection among women undergoing elective gynaecological operations.

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