

HIV

Chairpersons: N Persaud, E Walrond

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Outcome of HIV infected pregnant women and their offspring: A 5-year study

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Objective: To describe the outcome of HIV infected pregnant women and their offspring during a five-year period.

Design and Methods: The medical records of HIV infected pregnant women who delivered between January 2007 and December 2011, and their HIV-exposed infants were reviewed. Demographics, outcome of pregnancy and infants and clinic attendance were analysed. Data were entered on a Microsoft Excel spreadsheet.

Results: One hundred and forty-three women, aged 17–45 years (mean 27.3 years) were included in the study with 143 pregnancies and 142 pregnancy outcomes being recorded. There were 122 live births, 18 (13%) terminations: 13(9%) elective, 5 (4%) spontaneous and 1 stillbirth; 122 (85%) women were unmarried. Women were prescribed highly active anti-retroviral therapy (HAART) for prevention of mother-to-child transmission (PMTCT) from the time of booking, apart from those opting for terminations and those with spontaneous abortions. One had migrated before delivery. For clinic follow-up, 105 (73%) had regular attendance, 30 (21%) defaulted and could not be located despite intense tracking, 1 attended irregularly, 4 (3%) had migrated after delivery and 1 refused to attend. Two (1%) mothers died during the period of study. DNA polymerase chain reaction (PCR) testing done within four months of age did not substantiate any cases of infant infection.

Conclusion: This study revealed that there was a good outcome and compliance for follow-up of HIV infected pregnant women and their offspring.

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10 year national HIV viral load trends in Barbados: Implications for treatment as prevention

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Objectives: The present study describes the 10-year viral load (VL) trends in Barbados, a Caribbean island with a population of 274 000 served by a single, centralized HIV treatment unit.

Design and Methods: The Ladymeade Reference Unit is the national HIV treatment unit for the Barbados Ministry of Health, with VL data extending back to 2002 on a client database (n = 17 612 data points). An ecological analysis was conducted on VL data using a threshold value of < 200 copies/ml to define optimal VL suppression.

Results: Analysis of VL trends showed a statistically significant improvement in VL suppression between 2002 and 2011, from 33.6% of clients achieving the 200 copies/mL threshold in 2002 to 70.3% in 2011 ($p < 0.001$). Taking into account the proportion of clients alive and in care and on anti-retroviral treatment (ART), the known diagnosed HIV population in Barbados and estimates of unknown HIV infections, this translates into an estimated 26.2% VL suppression at a population level at the end of 2010.

Conclusions: We have demonstrated a significant trend toward optimal VL suppression in clients utilizing the services of the national HIV treatment programme in Barbados over a 10-year period. Estimates of VL suppression at a population level are similar to reports in developed countries that applied similar methodologies and imply ART is exerting a public health benefit by attenuating the risk of HIV transmission.

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Nurses' interaction with HIV patients: The influence of social contact, fear, empathy, occupational risk, systemic support and support for mandatory testing

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Objective: To investigate the influence of social contact, fear, empathy, occupational risk, systemic support and support for mandatory testing on nurses' willingness to interact with patients living with HIV.

Design and Methods: A simple random sample of 115 registered nurses from public hospitals and health facilities in Trinidad and Tobago was surveyed. The sample included 107 females and eight males with ages ranging from 21 to 59 years and a mean age of 36 years. Participants responded to questions pertaining to their cognitive, emotional and behavioural reactions to patients living with HIV.

Results: The six measured variables (social contact, fear, empathy, occupational risk, systemic support and support for mandatory testing) in combination significantly predicted nurses' willingness to interact with HIV patients ($R^2 = 0.28, p < 0.001$, with 95% confidence limits for R^2 from 0.12 to 0.38). The size and direction of the relationships suggest that increased willingness to interact with persons living with HIV is greatly influenced by increased social contact with HIV patients ($\beta = 0.20, p < 0.05$) and less fear ($\beta = -4.20, p < 0.001$).

Conclusions: Reduction in fear will significantly enhance practitioner-patient interaction. Nurses' social contact with HIV patients also increases their willingness to interact with patients. Recommendations include emotional regulation and encouraging practitioners to engage in social contact with HIV patients through training workshops and seminars which involve interaction with HIV patients.

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Prevalence of intimate partner violence among HIV positive and HIV negative pregnant women in Trinidad and Tobago

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Objective: To determine the prevalence of intimate partner violence (IPV) among HIV positive and negative pregnant women in Trinidad and Tobago.

Design and Methods: This was a cross-sectional study of 470 pregnant women attending public antenatal clinics from October 2011 to February 2012. Data were analysed using STATA v 11 to generate frequencies, odds ratio and Chi-squared tests for associations.

Results: The prevalence of IPV was higher (39%) among 118 HIV positive women than among 352 HIV negative women (23.6%). HIV positive women had a greater odds of experiencing abuse of any type (OR 2.1, $p = 0.001$), verbal (2.0, $p = 0.0029$), physical (2.6, $p = 0.0007$) and sexual abuse (2.5, $p = 0.0227$) than HIV negative women. Among HIV negative women, the prevalence of IPV was found to be significantly associated with ethnic group ($p = 0.004$), education status ($p = 0.006$), household income ($p < 0.0001$) and living relationship ($p < 0.0001$).

Conclusion: Intimate partner violence was prevalent in both HIV positive and negative pregnant women and is a significant and urgent public health issue. More research is needed to further define risk factors for this problem.

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Prevalence of and risk factors for syphilis among HIV-infected patients attending the outpatient clinics at Princess Margaret Hospital, Nassau, The Bahamas

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Objectives: To determine the prevalence of syphilis co-infection among HIV infected adults and to assess the knowledge, attitudes and practices associated.

Design and Methods: A cross-sectional study was conducted at the outpatient clinics of Princess Margaret Hospital. Syphilis serology results were obtained and interviewer-assisted questionnaires were administered to assess knowledge and attitudes to treatment and risky behavioural practices.

Results: Two hundred and seventy-one participants were studied. Mean age was 43 (± 9.84) years with almost equal proportions of males and females. The syphilis co-infection prevalence was 11.8% (± 1.96) while among males it was 15.2%. Most participants knew the means of syphilis acquisition, and were willing to receive treatment if co-infected. Positive syphilis co-infection was associated with alcohol use (Cramer's V = 0.193; $p = 0.002$), more than one sexual partner in the past year (Cramer's V = 0.163; $p = 0.007$), sexual preferences (Cramer's V = 0.447; $p = 0.001$), sex with commercial sex-workers by males (Cramer's V = 0.183; $p = 0.032$) and females (Cramer's V

= 0.227; $p = 0.009$), and condom use (Cramer's $V = 0.277$, $p < 0.001$). More than sixty per cent of men who have sex with men (MSM) were found to be positive for syphilis. No statistically significant association were noted between syphilis co-infection and use of illegal drugs (marijuana, crack/cocaine).

Conclusion: Risky behavioural practices were found to be significantly associated with syphilis co-infection, with higher rates seen among the males than females.