

ORIGINAL RESEARCH

Study on HIV-positive patients visiting an integrated counselling and testing centre, tertiary care hospital

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ABSTRACT

Background: The human immunodeficiency virus (HIV) is the main cause of acquired immunodeficiency syndrome (AIDS), which has been the biggest threat to humanity for the past thirty years. According to a UNAIDS (2010) Global Report, 33.3 million people are HIV positive globally. The purpose of this study was to determine the prevalence and risk factors of HIV infection by a retrospective analysis. **Materials and Procedures:** A six-month study was conducted in an ICTC, index medical college, and hospital in Indore from January to June of 2023. **Result:** HIV prevalence in this study was determined to be 11% (77/700). 77 of the 700 clients in total had positive HIV tests. **Conclusion:** The high risk groups that have been identified should get targeted interventions as well as intensive information education and communication (IEC) in various settings.

Key words: HIV, ICTC

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INTRODUCTION

The primary cause of acquired immunodeficiency syndrome (AIDS), which has been the greatest threat to humanity for the past thirty years, is the human immunodeficiency virus (HIV). A UNAIDS (2010) Global Report estimates that 33.3 million persons worldwide are HIV positive¹. One-tenth of the world's HIV cases are in India, and South and South East Asia account for 65% of cases overall².

The spread of HIV/AIDS has significant socioeconomic ramifications and is a result of particular behavioural patterns. Raising awareness and altering one's lifestyle are two ways to prevent and control HIV/AIDS. It's important to understand the epidemiology of the disease in a given area in relation to the sociodemographic profile and population's pattern of risk behaviour. The National AIDS Control Programme (NACP)-III designates Integrated Counselling and Testing Centres (ICTCs) as the central location for all HIV-related services.

A person can choose to be tested for HIV and receive counselling at an ICTC, or they can go there on the recommendation of a healthcare professional. The ICTC offers HIV diagnostic testing, disseminates basic knowledge about HIV transmission routes, encourages behavioural modifications to lower

susceptibility, and connects individuals with additional HIV prevention, care, and treatment resources³.

This study was carried out retrospectively to estimate the prevalence of HIV infection and risk factor of HIV infection.

MATERIAL METHOD

A six-month study was conducted in an ICTC, index medical college, and hospital in Indore from January to June of 2023. A total of 700 ICTC-registered clients were included in the study. Pre-test counselling was provided to each and every customer. Using the three rapid test kits that DSACS/NACO provided, the testing was conducted at the HIV Laboratory in accordance with NACO protocols⁴. If the clients so desired, HIV testing was done with their consent. Post-test counselling was provided to all customers upon their return for their results.

RESULT AND DISCUSSION

HIV prevalence in this study was determined to be 11% (77/700). 77 of the 700 clients in total had positive HIV tests. Male clients had the highest percentage of seropositivity than female.

POSITIVITY IN STUDY

Total testing	Positive	Negative
700	77	623

According to the current study, 11% of the clients at this ICTC have seropositivity. This is significantly higher than the seroprevalence of in the overall population⁵.

A major contributing factor to the HIV epidemic in many areas, especially in Asia and Southern Europe, is injection drug use (IDU). Studies conducted in Southeast Asia show that after a year or two following the first positive result from an HIV test, the prevalence of HIV among IDUs increased to 40%. However, in our study, none of case met this criteria, whereas 13 instances were reported by Vyas *et al.* between the years of 2002 and 2007.

While testing and counselling are crucial for HIV/AIDS prevention and control, it is not practical nor desirable to test and counsel every member of the general public. The subpopulation that engages in high-risk behaviours or is susceptible is the target group in ICTC.

In general, the ICTC is a great place to learn about HIV prevention. HIV negative people can use all of the services and interventions available to them to adopt and maintain risk-reduction behaviours, and HIV positive people can use quality protection services to adopt and maintain lifelong protective behaviours and prevent the spread of the virus.

CONCLUSION

The high risk groups that have been identified should get targeted interventions as well as intensive information education and communication (IEC) in various settings. Pre-test counselling, HIV testing, post-test counselling, and coordination with ART centres for the treatment of positive patients are among the services provided by ICTCs.

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