

PROFILE OF CLIENTS ATTENDING INTEGRATED COUNSELING & TESTING CENTRE, IN RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL IN BANGALORE

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ABSTRACT: BACKGROUND: An integrated counseling and testing centre is a place where a person is counseled and tested for HIV, on his own free will or as advised by a medical provider. The main functions of an ICTC include: Early detection of HIV, Provision of basic information on modes of transmission and prevention of HIV/AIDS for promoting behavioral change and reducing vulnerability, link people with other HIV prevention, care and treatment services. **OBJECTIVES:** To estimate the basic Clients statistics of ICTC in Rajarajeswari Medical College & Hospital for the year 2013. **MATERIAL & METHODS:** This study is based on the Record review & Inter - viewing of Patients attending ICTC in Rajarajeswari Medical College & Hospital in Bangalore. Statistical test includes univariate analysis & chi - square test. **RESULTS:** This study depicts the role of ICTC - Integrated Counseling & Testing Centre& its Implementation in a Medical College under Public Private Partnership. The brief details of Clients attending ICTC are reflected here. Among the total patients (7855) in a year, referred to ICTC, 1.3% (100) are HIV Positive. **CONCLUSIONS:** This study shows that Sexual mode of Transmission & Lower Socio - economic Status, Agriculturists, predominate among HIV Positives.

KEYWORDS: ICTC, Medical College, HIV Positives, Agriculturists, Lower Socio - Economic Status.

INTRODUCTION: The spread of HIV in India is primarily restricted to the southern and north-eastern¹ regions of the country and India has also been praised for its extensive anti-AIDS campaign. The estimated prevalence of HIV among adults aged 15-49 years was 0.3% in 2012 in India². India is home to the third largest number of people living with HIV in the world.

The National AIDS Control Programme (NACP) III 2007-2012 has the overall goal of halting and reversing the epidemic in India.³ The HIV prevalence observed among ANC clinic attendees, considered as a proxy for HIV prevalence in the general population, during 2012-13 was 0.35% the three states having the highest ANC prevalence were from the north-eastern region of country with Nagaland recording the highest prevalence (0.88%) followed by Mizoram (0.68%) and Manipur (0.64%).

HIV Prevalence higher than the national average was also recorded in the states of Andhra Pradesh (0.59%), Karnataka (0.53%), Maharashtra (0.40%) and Tamil Nadu (0.36%).⁴ A decreasing trend is also evident in HIV prevalence among the young population of 15-24 years. The estimated number of new annual HIV infections has declined by more than 50% over the past decade.

According to Michel Sidibé, Executive Director of UNAIDS, India's success comes from using an evidence-informed and human rights-based approach that is backed by sustained political leadership and civil society engagement. India must now strive to achieve universal access to HIV prevention, treatment, care and support.⁵

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An integrated counseling and testing Centre is a place where a person is counseled and tested for HIV, on his own free will or as advised by a medical provider. The main functions of an ICTC include: Early detection of HIV; Provision of basic information on modes of transmission and prevention of HIV/AIDS for promoting behavioral change and reducing vulnerability; Link people with other HIV prevention, care and treatment services.

The justification for such a centre is the need for providing medical care to prevent HIV transmission from infected pregnant women to their infants. As TB is the most common co-infection in people with HIV, availability of HIV counselling and testing can help patients to diagnose their status for accessing early treatment.⁶

An individual who is infected with the human immunodeficiency virus (HIV) will not develop the acquired immunodeficiency syndrome (AIDS) immediately. The immune system of the individual will wage a consistent and prolonged war with the virus, right from the day of infection, delaying the onset of AIDS by many years. The time lag between infection and manifestation of signs and symptoms of AIDS is approximately 5–7 years. It is important that an individual who is HIV-infected is aware of his/her status as otherwise he/she could unknowingly transmit the virus to others.

The only way to diagnose the presence of HIV and get timely treatment is through a simple blood test. HIV counseling and testing services were started in India in the year 1997. As of today, only 25–30% of the people who are HIV positive in the country are aware of their HIV status. The challenge before NACO is to make all HIV-infected people in the country aware of their status so that they adopt healthy lifestyles and prevent the transmission of HIV to others, and access life-saving care and treatment.

Thus, counseling and testing services are an important component of prevention and control of HIV/AIDS in the treatment and care of people who are infected with HIV. When availing counseling and testing services, people can access accurate information about HIV prevention and care country. HIV counseling and testing services are a key entry point to prevention of HIV infection, and undergo an HIV test in a supportive and confidential environment.

People who are found HIV-negative are supported with information and counseling to reduce risks and remain HIV-negative. People who are found HIV-positive are provided psychosocial support and linked to treatment and care. Today, more than 75,000 people who are HIV-positive access the antiretroviral therapy (ART) programme and receive free treatment for HIV/AIDS.⁶

Who needs to be tested in an ICTC? Sex workers and their clients, men who have sex with men (MSM), transgender, injecting drug users (IDUs), truckers, migrant workers, spouses and children of men who are prone to risky behavior. HIV prevalence levels are typically higher among these subpopulations than in the general population.

The personnel at ICTCs need to make concerted efforts to identify at-risk/vulnerable populations and ensure access for them to HIV counseling and testing services. Medical providers also refer patients who have a history of risky behavior or have signs and symptoms suggestive of HIV/AIDS for counseling and testing to an ICTC.⁶

Where can an ICTC be located? An ICTC may be located in health facilities owned by the government, in the private/not for-profit sector, in public sector organizations/other government departments such as the Railways, Employees' State Insurance Department (ESID), etc. and in sectors where nongovernmental organizations (NGOs) have a presence. ICTCs should ideally be located such that they provide maximum access to at-risk/vulnerable populations.⁶

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PRIVATE/NOT-FOR-PROFIT SECTOR: ICTCs can be set up in the private/not-for-profit sector in a facility which meets any of the criteria given below: Maternity homes/hospitals with >50 deliveries in a month in “A” and “B” category districts and >100 deliveries in a month in “C” and “D” category districts; Hospitals/clinics which treat >100 TB patients in a month.

Hospitals/clinics which have a case load of >100 sexually transmitted infections (STIs) in a month; Diagnostic laboratories which perform >150 diagnostic HIV tests in a month; Industrial zones that employ a large number of people, particularly migrants/casual labor on an informal/contractual basis⁶. The present study provides an estimate of the basic Clients statistics of ICTC in Rajarajeswari Medical College & Hospital in Bangalore, for the year 2013.

MATERIALS & METHODS: This study is based on the Record review & Inter – viewing of Clients attending ICTC in Rajarajeswari Medical College & Hospital in Bangalore. The Clients attending ICTC are those referred from Out-patient & In-patient department.

The type of Clients referred are: All Ante – natal mothers, all Patients with clinical signs & symptoms of Sexually transmitted diseases, all Patients with high risk behavior, all Tuberculosis patients, some of the Patients taken up for minor or major surgeries as per the Physician’s/ Surgeon’s request.

The Clients are classified for their Socio- economic status as per Modified Kuppuswamy Socio – economic Scale⁷: Updating income Ranges for the year 2012.

STATISTICAL ANALYSIS: Data is expressed as frequency & percentage. Statistical test includes univariate analysis & chi – square test.

RESULTS: Out of the 7855 tested attendees, 4618 (58.79%) were males & 3237 (41.20%) were females. Total ANC (Antenatal cases) tested for HIV are 2516 (32%). Of the total tested 100 (1.3%) are HIV positive. Of the total HIV positives 52 (52%) were males & 48 (48%) were females. 2 (0.08%) of the total ANC tested were HIV positive. (Table 1)

Total referral from ICTC to DOTS centre - RNTCP (Revised National TB Control Programme) unit is – 429 (5.5%), referral from DOTS centre - RNTCP unit (Revised National TB Control Programme) to ICTC is 484 (6.2%). (Table 1)

Occupations of HIV Positive Patients: 50% were Agriculturists, 25% Truck /Taxi/Auto-Drivers, 10% Garment Workers/Factory Workers, 10% Construction Workers/Migrants, Others-05%. (Graph 2). In the present study Sexual mode of Transmission & Lower Socio – economic Status predominates among 95% of HIV Positives.

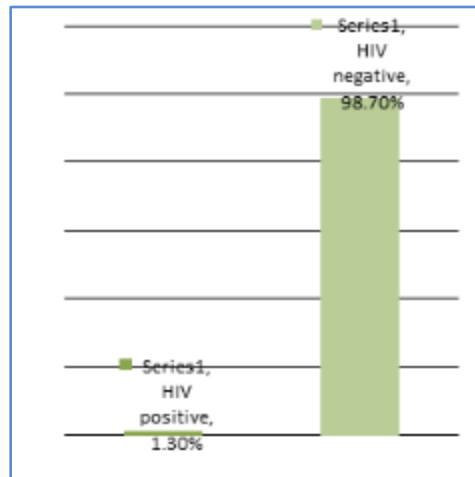
MONTH	MALE	FEMALE	TOTAL	MALE POSITIVE	FEMALE POSITIVE	TOTAL POSITIVE	TOTAL ANC	ANC POSITIVE	ICTC to RNTCP M F T			RNTCP to ICTC M F T		
JAN	183	125	308	07	07	14	187	01	13	15	28	17	09	26
FEB	318	168	486	08	06	14	244	00	14	12	26	12	11	23
MAR	282	335	617	04	03	07	129	00	07	08	15	15	25	40
APR	260	277	537	03	03	06	130	01	07	07	14	16	16	32
MAY	295	385	680	01	02	03	195	00	09	08	17	23	19	42
JUN	375	245	620	03	02	05	238	00	22	16	38	15	06	21
JUL	377	259	636	03	04	07	308	00	16	11	27	23	08	31
AUG	675	158	833	03	03	06	173	00	40	45	85	40	45	85

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SEP	520	432	952	03	02	05	283	00	49	17	66	35	13	48
OCT	402	266	668	04	04	08	154	00	33	21	54	34	22	56
NOV	409	277	687	04	05	09	186	00	10	20	30	26	16	42
DEC	522	310	832	09	07	16	289	00	18	11	29	31	07	38
TOTAL	4618	3237	7855	52	48	100	2516	02	238	191	429	287	197	484

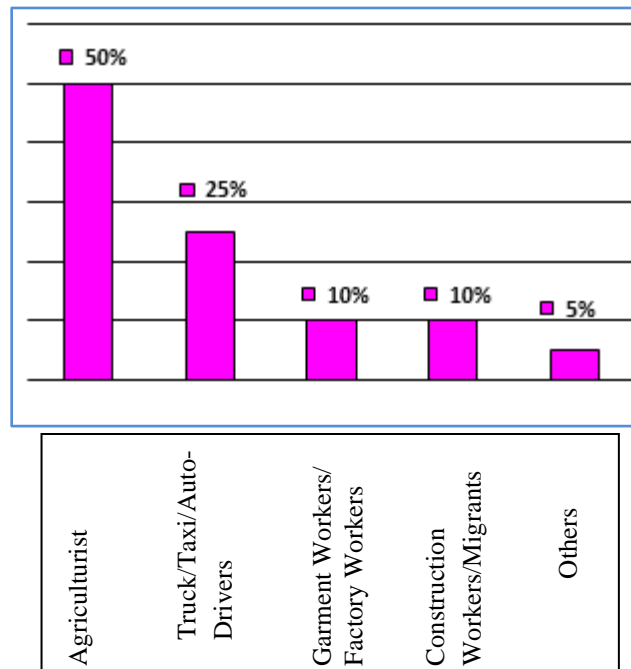
Table 1: ICTC Client Data; Year: 2013

Graph 1: Medical College Hospital Based Data: ICTC: HIV Positive/HIV Negative



Graph 1

Graph 2: OCCUPATIONS of HIV Positive Patients



Graph 2

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SEX	HIV POSITIVE No. (%)	HIV NEGATIVE No. (%)	TOTAL No. (%)
MALE	52 (52)	4566 (48)	4618 (58.8)
FEMALE	48 (48)	3189 (52)	3237 (41.2)
TOTAL	100 (100)	7755 (100)	7855 (100)

Table 2: ICTC Clients: SEX RATIO & HIV STATUS

$$\chi^2 = 2.051 \text{ } p > 0.05.$$

The above table depicts that among the total HIV positives - 100/7855 – 1.3%, total number of males (58/100– 58%) are more than females (42/100 – 42%) but the difference is NOT statistically significant.

DISCUSSION: In the present study males (52%) accessed the services more than females. The prevalence of HIV among ICTC clients in the present study was noted to be 1.3%, which is lower than that reported from a study conducted in Udupi, southern Karnataka (9.6%) in 2007⁸ and also from study in Ahmedabad (4.8%).⁹

In the present study percentage of male attendees to ICTC for testing is higher (58.79%) compared to females. (41.2%) This is similar to that in the study in Udupi, Southern Karnataka with 64.7% males and 35.3% females.⁸

This study also shows the existence of HIV-TB collaboration, with 484 subjects (6.2%) being referred from the DOTS centers- RNTCP to ICTC for HIV testing. The vast majority of HIV infections in India occur through sexual transmission (85.6 per cent)³. In this present study sexual mode of transmission was predominant.

Implementation of ICTC – Integrated Counseling & Testing Centre under PPP – Public Private Partnership, under the guidance of NACO – National AIDS Control Organization, India at all the Private Hospitals, especially in the Department of Dermatology, (in coordination with other Departments) having high risk patients (with sexually transmitted diseases) contributes a lot towards HIV/AIDS Control & further de-link the dynamics of HIV/AIDS transmission.

CONCLUSION: The present study depicts that Hospital based prevalence of HIV/AIDS is about 1.3%. Among the total patients (7855) in a year, referred to ICTC, 1.3% (100) are Positive. This study shows that Sexual mode of Transmission & Lower Socio – economic Status, Predominates among 95% of HIV positives.

This study also shows that among HIV Positives, Agriculturists predominate being about 50%, followed by Drivers -truck, taxi, auto, being about 25%, Factory & Garment workers being about 10%, Construction & Migrant workers, being about 10%, Others being about 5%. Thus, IEC – Information, Education, Communication on HIV/AIDS & its Prevention needs to be intensified on a regular basis, including Safe sex Promotion & Implementing HIV/AIDS & TB Policy at work place.

RECOMMENDATIONS: IEC– Information, Education, Communication on HIV/AIDS & its Prevention needs to be intensified among rural people who are having minimal awareness, do not practice safe

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sex (issues like condoms usage & its disposal), stigma attached to sexually transmitted diseases, & wrong management of sexually transmitted diseases, etc.

Gram Panchayats of Villages, Shri Shakthi groups, Co-operative Societies, etc., could be utilized for spreading awareness & involving the rural people to take part in Health Education Activities on Prevention of HIV/AIDS.

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