

Editorial

Unanswered Questions on Serodiscordance amongst Human Immunodeficiency Virus Infected Couples in Sub-Saharan Africa

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In sub-Saharan Africa, serodiscordance is driving HIV-transmissions amongst heterosexual couples [1,2]. Serodiscordance is used to describe a situation where the known HIV result of one member of an intimate couple is positive while the known result of his/her partner is negative. Seroconcordance refers to a situation when the known HIV results of both are positive.

Preventing intra-couple transmission could therefore stall the epidemic. Proper barrier protection during sexual intercourse and early ARV initiation for the HIV positive partner are known to limit transmission among serodiscordant couples. However, in Nigeria, clinicians frequently have to work with the known results of one partner, usually pregnant women who are offered quasi mandatory testing and counseling. It is also not plausible that couples in long term partnership would be adherent completely to condom use [3].

Findings from a recently published study, co-authored by this writer, conducted among 544 HIV positive pregnant enrollees of prevention of mother to child transmission services in 62 comprehensive facilities across Nigeria points to the scale of the problem and unanswered questions [4].

Significant findings showed that Serodiscordant prevalence rate was 52% of study population, and this mirrored the Nigerian national HIV sero-prevalence survey rates. Most clients in concordant HIV positive relationships also had more severe WHO clinical stage classification on baseline clinical assessments.

Based on these findings, it appears there are unanswered questions requiring urgent attention which can help unravel the dynamics of HIV transmission among couples in Sub-Saharan Africa. Some of these questions include:

1. Would results differ if study involved men who were positive and their spouses negative?
2. Would results correlate these findings if study population was men who have sex with men?
3. Do frequency, duration and route of coitus affect transmission in serodiscordant relationships?
4. How do viral load, gestational age, nutritional status, genetics and parity influence serodiscordance?

Designing and implementing studies to answer these questions will allow the adaptation and adoption of relevant interventions to understand this growing phenomenon, thereby improving global efforts for HIV prevention and control.

References

1. Matovu JK. Preventing HIV transmission in married and cohabiting HIV-discordant couples in sub-Saharan Africa through combination prevention. *Curr HIV Res.* 2010; 8: 430-440.
2. Curran K, Baeten JM, Coates TJ, Kurth A, Mugo NR, Celum C. HIV-1 prevention for HIV-1 serodiscordant couples. *Curr HIV/AIDS Rep.* 2012; 9: 160-170.
3. Brubaker SG, Bukusi EA, Odoyo J, Achando J, Okumu A, Cohen CR. Pregnancy and HIV transmission among HIV-discordant couples in a clinical trial in Kisumu, Kenya. *HIV Med.* 2011; 12: 316-321.
4. Onovo AA, Nta IE, Onah AA, Okolo CA, Aliyu A, Dakum P. Partner HIV serostatus disclosure and determinants of serodiscordance among prevention of mother to child transmission clients in Nigeria. *BMC Public Health.* 2015; 15: 827.