

ABSTRACT

Little has been reported about the care of discordant couples in programmatic settings. We report on the care of discordant couples in a HIV care and treatment in a discordant couples care and treatment centre in Nairobi, Kenya. Methods: We analysed data from a routine clinical care database of HIV discordant couples enrolled between April 2012 and September 2014 at Kenyatta National Hospital, Nairobi, Kenya. The clinic provides CD4 testing, initiation of antiretroviral therapy (ART) irrespective of CD4 cell count, contraception and other reproductive health services, fertility desire assess Chi square test was used to test for associations and paired comparisons carried out using McNemar's and Wilcoxon matched pair signed rank tests. Results: We enrolled 322 discordant couples. Majority (58%) of positive partners were female. Overall, 4.7% of clients expressed desire to conceive in the next 6 months and desire was higher in HIV negative compared to HIV positive male clients (9.7% vs 0.6% $p < 0.001$) and women (6.0% vs 2.4% $p < 0.001$). After 8,024 person-months of follow up 80% of enrolled clients were still in care with positive partners reporting higher retention compared to HIV negative partners (91% vs 70%, ($p < 0.001$)). Baseline median CD4 of HIV positive partners was 430 cells/ ml (IQR 260, 630) and was higher for women than men (491 vs 384 $p = 0.002$). ART was started for 91.6% positive partners with 41.1% initiating ART at CD4 counts > 500 cells/ml. Median CD4 count increased significantly ($p < 0.001$) to 494 cells/ml. Incidence of sero-conversion in ART experienced individuals was 1.7 per 1,000 person-years Conclusions: Focussed discordant couple care has shown successful aversion of transmission. Sero-negative partners in discordant unions are reported to have higher fertility desires and poorer retention. Challenges in follow up of negative partners should be addressed to prevent reversal of gains made in discordant couple HIV prevention