

Abstract

Individual and sexual partner characteristics may increase the risk of abnormal cervical cytology among women in human immunodeficiency virus (HIV)-discordant relationships. Papanicolaou smears were obtained in a prospective cohort of Kenyan HIV-discordant couples. Of 441 women, 283 (64%) were HIV-infected and 158 (36%) were HIV-uninfected with HIV-infected partners. Overall, 79 (18%) had low-grade and 25 (6%) high-grade cervical abnormalities. Male herpes simplex virus type 2 (HSV-2) seropositivity and lower couple socioeconomic status were associated with cervical abnormalities ($p < 0.05$). HIV-uninfected women with HIV-infected male sex partners ($CD4 > 350$ cells/ μ L) had the lowest prevalence of high-grade cervical lesions. HIV-infected women ($CD4 > 350$ cells/ μ L) and HIV-uninfected women with HIV-infected partners ($CD4 \leq 350$ cells/ μ L) were at similar intermediate risk ($p > 0.05$), and HIV-infected women ($CD4 \leq 350$ cells/ μ L) had significantly higher risk of high-grade cervical abnormalities ($p = 0.05$). Women in HIV-discordant relationships have high rates of cervical lesions and this may be influenced by couple-level factors, including HIV status and CD4 count of the infected partner.