

Uptake of Cervical Cancer Screening among Women with Advanced HIV Disease in Southern Nigeria

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Background

Women living with HIV are at an increased risk of developing cervical cancer due to their compromised immune systems¹.

Aim

This study compared the uptake of cervical cancer screening among women with symptomatic and non-symptomatic advanced HIV disease (AHD), and identified factors associated with screening uptake in Southern Nigeria.

Methods

This retrospective cohort study analyzed data of women (15–65 years) diagnosed with AHD between October 2022 and March 2024 across 216 health facilities in Akwa Ibom and Cross River States. AHD was diagnosed using CD4 tests (<200 cells/mm³) and WHO clinical staging (Stages 3 and 4). Data was extracted from the electronic medical records including age, facility type (primary, secondary, tertiary), and duration on ART. Individuals with AHD were further categorized based on clinical staging into symptomatic (stages 3&4) and non-symptomatic (stages 1&2). Cervical cancer screening was done using visual inspection with acetic acid (VIA). The proportion of women screened for cervical cancer as of September 2024 was compared between the two AHD categories using the chi-square test. Logistic regression was used to assess factors associated with cervical cancer screening, with a significance threshold of $p < 0.05$.

Results

A total of 1,887 women with AHD were analyzed, with a median age of 35 years (IQR: 28–42). Of these, 89.7% (1,692) had non-symptomatic AHD and median duration on ART was 10 months (7–15). Overall, 57.3% (1,081) of women were screened for cervical cancer and the median duration on ART prior to screening was 3 months (0–6). Screening uptake was significantly higher among women with asymptomatic AHD compared to symptomatic AHD (59.8% [1,012/1,692] vs. 35.4% [69/195], $p < 0.001$). The likelihood of screening decreased with increasing age (OR= .986, CI:0.978, 0.994) but increased with longer duration on ART (OR=1.113, CI:1.091, 1.135).

Acknowledgments

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References

1. World Health Organization. Global strategy to accelerate the elimination of cervical cancer as a public health problem. World Health Organization [Internet]. 2020 [cited 2024 Sep 15];1–56. Available from: <https://www.who.int/publications/i/item/9789240014107>

Screening Uptake = 59.8%

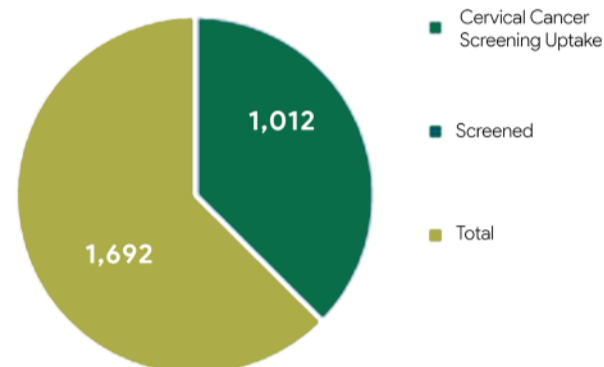


Figure 1: Cervical Cancer Screening Uptake among Women with non-symptomatic AHD

Screening Uptake = 35.4%

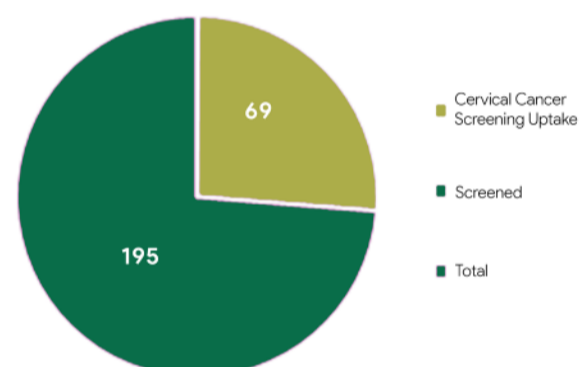


Figure 2: Cervical Cancer Screening Uptake among Women with symptomatic AHD

Women with symptomatic AHD were less likely to be screened, despite their higher risk.

Conclusions and recommendations

The uptake of cervical cancer screening remains suboptimal among women with symptomatic AHD. Strategies to improve screening should target improved integration of cervical cancer screening with HIV care services.