Linkage to HIV Care Among Men Who Have Sex With Men and Drug Users in India: Getting to 90

Sunil S Solomon, Allison M McFall, Aylur K Srikrishnan, Gregory M Lucas, Canjeevaram K Vasudevan, David D Celentano, Muniratnam Chandigarh, Suniti Solomon, Shruti H Mehta,

Johns Hopkins University School of Medicine, MD; Johns Hopkins Bloomberg School of Public Health, USA; 31st HIV Care: Getting to 90: A New Consensus on Ending the AIDS epidemic in India, IAAC 2020

ABSTRACT (revised)

Background: UNAIDS has set an ambitious target of 90/90/90 by 2020: at least 90% of those infected will know their status, 90% of those aware of their status will be on antiretroviral therapy (ART) and 90% of those on ART will be virally suppressed. Modifiable factors can help achieve this goal. Although the momentum against HIV/AIDS has been positive in India, a significant proportion of diagnosed HIV-positive persons are not linked to care or linked to care but are not on ART. This is particularly the case in the north-eastern states such as Nagaland, Arunachal Pradesh, and Manipur. We identified three modifiable factors around the time of diagnosis that could substantially facilitate linkage to care: (1) having someone else facilitate disclosure of HIV status to another person; (2) receiving information and counseling on care and treatment of HIV; and (3) receiving assistance with HIV-related medical care. These factors predicted linkage with higher accuracy than demographic variables alone.

Methods: Three HIV-positive persons were aware of their negative status: (a) HIV-positive persons aware of their positive status who were on ART were more likely to be linked to care; (b) overall population characteristics were estimated using a composite including the pragmatic number of diagnosed HIV-positive persons in each district derived from state-level data; and (c) characteristics of linkage were explored using multi-level logistic regression models with median-robust for site to account for clustering facilitating integrated AIDS-related care. We included 26,503 individuals (MSM=12,022 and PWID=14,481) were recruited using respondent-driven sampling (RDS) with goal of 1000 per site and the relative population size (number of MSM/PWID in each city) derived from state-level data. Models’ predictive ability were compared using the ROC Area. Data were analyzed through the Johns Hopkins Center for AIDS Research (1P30AI094189), without whom this research would not have been possible. This work was supported by the Johns Hopkins F31AI113500.

RESULTS

Univariate analysis of factors associated with linkage to care:

- Achieving three targets in hard-to-reach populations such as MSM and PWID will be critical to the realization of the UNAIDS vision.

Figure 1. Proportion of HIV-infected MSM and PWID linked to care by site.

Table 1. Characteristics of HIV-infected MSM and PWID across their 26 sites in India (n=1726).

Table 2. Multivariable prediction models for linkage to care among HIV-infected persons.

CONCLUSIONS

- Linkage to care varies greatly by region of India.
- In MSM communities, linkage was better in the northern states compared to the south.
- All newly diagnosed HIV-infected persons are supposed to be notified to the health authorities. Together, these represent the minimal bounds of care that all newly diagnosed HIV-infected persons should be offered.

REFERENCES


ACKNOWLEDGMENTS

- This research has been supported by the National Institutes of Health (U54 AI107605, K23 AI121865, and T32 AI100627). The work was supported by the Johns Hopkins Center for AIDS Research (1P30AI094189). ClinicalTrials.gov identifier: NCT0184670.