0901

Persistently high HIV incidence despite a spatially targeted person-centered clinic

Aylur K Srikrishnan[1], Raman Swathy Vaman[1], Mary Rodgers[2], Shruti Mehta[3], Shoba Mohapatra[1], Gregory Lucas[4], Gavin Cloherty[2], **Sunil Solomon[4]**

[1]YRGCARE, Chennai, India; [2]Abbott Laboratories, Abbott Park, IL; [3]Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD; [4]Johns Hopkins University School of Medicine, Baltimore, MD

BACKGROUND

- Prior cohort data suggested that one particular location in New Delhi accounted for ~70% of all new HIV infections among PWID in the city
- Anecdotal data suggested that access to basic necessities such as food, toilets, showers was a critical need of the communities in and around this location
- As part of a multi-sectoral collaboration between academia, industry, government and non-profit organizations, we established a "person-centered facility" – *"The Blue Shed"* – in October 2023

OBJECTIVE

- To evaluate the impact of "*The Blue Shed"* on HIV outcomes among PWID in New Delhi

METHODS



Figure 1. Conceptual model of "*The Blue Shed*"



Figure 2. Images from *"The Blue Shed"*

A spatially targeted person-centered facility identified people with high disease burden; novel tools (e.g., LA ARVs) are needed to close the gap and end these epidemics

- Between October 2023 and August 2025, 1,276 clients registered for services at the facility
- All services were voluntary and available free-of-charge; there was no compensation for service use
- Clients were offered repeat testing every six months, as applicable
- 229 out of the 884 clients who were eligible for a repeat HIV test underwent a repeat test during the analyses period and are included in these data
- We characterize the burden of HIV, HBsAg and HCV using service utilization data

RESULTS

- Median age was 27 years and 98.3% were assigned male sex at birth; 88% were unemployed/daily wage earners
- 87% reported injecting drugs in the prior month and ~60% had a history of sharing injection paraphernalia
- Baseline HIV, HCV and HBsAg prevalence among the clients screened were **45.2%** (564/1248), **74.1%** (932/1259) and **7.5%** (95/1259), respectively

	Univariable model, IRR (95% CI)	Multivariable model 1, AIRR (95% CI)	Multivariable model 2, AIRR (95% CI)	Multivariable model 3, AIRR (95% CI)
Age group (Ref: <25 years)				
25–34 years	0.52 (0.34 – 0.80)	0.54 (0.35 – 0.85)	0.54 (0.34 – 0.85)	0.61 (0.391 – 0.949)
35–44 years	0.37 (0.18 – 0.76)	0.30 (0.13 – 0.69)	0.30 (0.13– 0.69)	0.35 (0.157 – 0.774)
Female sex assigned at birth (Ref: male)	0.4 (0.17 – 0.92)	0.73 (0.26 – 2.03)	0.73 (0.26 – 2.03)	0.74 (0.320 – 1.724)
Education (Ref: high school and above)				
Primary (1-5)	1.13 (0.17 – 7.34)	0.89 (0.50 – 1.60)	0.89 (0.50 – 1.60)	0.84 (0.482 – 1.471)
No schooling	2.20 (0.36 –13.6)	1.13 (0.72 – 1.80)	1.14 (0.72 – 1.80)	0.98 (0.626 – 1.544)
Unmarried (Ref: Married)	0.87 (0.35 – 2.10)	1.05 (0.62 – 1.77)	1.05 (0.62 – 1.77)	1.02 (0.611 – 1.703)
Last time injected drugs (Ref: >6 months)				
≤6 months	11.4 (1.64 – 79.9)	6.13 (0.77 – 48.6)	6.14 (0.77 – 48.9)	4.74 (0.656 – 34.313)
Last time shared needles (Ref: Never)				
>6 months	0.39 (0.10 – 1.52)	0.97 (0.52 – 1.81)	0.96 (0.51 – 1.81)	0.99 (0.54 – 1.82)
≤6 months	2.19 (1.45 – 3.30)	1.52 (1.00 – 2.37)	1.52 (0.97 – 2.23)	1.5 (0.96 – 2.31)
Per 10 MOUD visits	0.98 (0.97 – 0.99)	-	-	-
Per 10 nutrition services	0.98 (0.96 – 1.01)	-	-	-
Per 10 hygiene services	0.98 (0.96 – 1.01)	-	-	-
Per visit to Blue Shed facility	1.00 (0.99 – 1.00)	1.00 (0.99 – 1.01)	-	-
Per service used cumulatively	1.00 (0.99 – 1.00)	-	1.00 (0.99 – 1.01)	-
Per service used at each visit	0.31 (0.20 – 0.42)	-	-	0.43 (0.28 – 0.67)

Table 1. Correlates of HIV infection among clients at the Blue Shed (n=229)

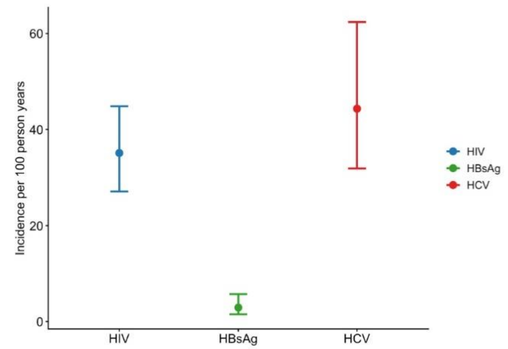


Figure 3. Incidence of HIV (n=229) and other co-infections among clients at "*The Blue Shed*"

LIMITATIONS

- Service utilization data and hence, inherent biases on who returns for a visit or gets re-tested

CONCLUSIONS

- Most people visited the facility for food, showers and harm reductions services
- We observed a very high incidence of HIV and HCV
- More time spent at the facility was associated with reduced incidence of HIV
- Novel approaches will be needed to ensure that treatment and prevention outcomes are optimized

ACKNOWLEDGEMENTS

- Clients at the Blue Shed
- Delhi State AIDS Control Society
- Abbott Pandemic Defense Coalition

PLAIN LANGUAGE SUMMARY

A spatially targeted person-centered facility that integrated basic necessities with health care was well utilized by a highly vulnerable population. However, we may need new interventions (e.g., LA ARVs,) to overcome challenges such as homelessness to really improve the lives of this disenfranchised population