

COVID-19 IMPACT ON INDEX TESTING SERVICES IN 5 HIGH HIV PREVALENCE INDIAN DISTRICTS

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Authors:

Ajay K. Enugu¹, Jalpa Thakkar¹, Subash Ghosh², Rose Pollard¹, Allison M. McFall³, Canjeevaram K. Vasudevan², Easter Thamburaj², Aditya Singh¹, Shruti H. Mehta³, Sunil S. Solomon¹

Institutions:

¹The Johns Hopkins University School of Medicine, Baltimore, MD, USA, ²YR Gaitonde Center for AIDS Research and Education, Chennai, India, ³The Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

Presenting Author:

Mr Ajay Enugu, MA

Background:

Routine HIV testing for partners and children of PLHIV (e.g., index testing) is a key component of HIV prevention. Anecdotal information suggests that the COVID-19 pandemic's lockdowns and subsequent economic and mobility restrictions have impacted HIV testing programs; however, there is limited empirical data demonstrating this.

Methods:

Beginning in Oct 2019, we initiated index testing services in 5 high HIV prevalence districts in two Indian states (Maharashtra and Andhra Pradesh) at 55 sites (48 facility-based/7 community-based) to elicit and test contacts (spouses, sexual/needle-sharing partners, children) of known PLHIV. To assess the pandemic's impact on index testing outcomes among contacts, we compared outcomes in a pre-pandemic period (Jan-Mar 2020) to two post-pandemic periods: 1) a lockdown period (Apr-June 2020), and 2) a post-lockdown period when restrictions were eased (July-Sept 2020). Specifically, we compared the index testing cascade: number of contacts tested, number of contacts testing HIV+, proportion testing HIV+, and proportion initiating ART, by period and setting (facility vs. community-based).

Results:

In the pre-pandemic period, 3,191 contacts of 2,258 PLHIV were tested, among whom 859 tested HIV+ (27% positivity). By comparison, in the lockdown period, the number of contacts tested decreased by 84% (rate ratio [RR], 0.16; $p < 0.001$) but positivity increased to 40%. Increases in the number tested were seen post-lockdown, but remained below pre-pandemic levels (RR, 0.54, $p < 0.001$; Panel A). Overall, the pandemic's impact was more severe in facility vs. community sites (Panel B). By Sept 2020, the number of contacts testing positive returned to near pre-pandemic levels in community sites but remained $< 50\%$ in facility sites. The proportion of newly diagnosed contacts who initiated treatment increased from 81% pre-pandemic to 88% in the lockdown and post-lockdown periods ($p < 0.01$). The median time from diagnosis to ART initiation was 8 days pre-pandemic and during the lockdown, but reduced to 4 days post-lockdown.

Conclusion:

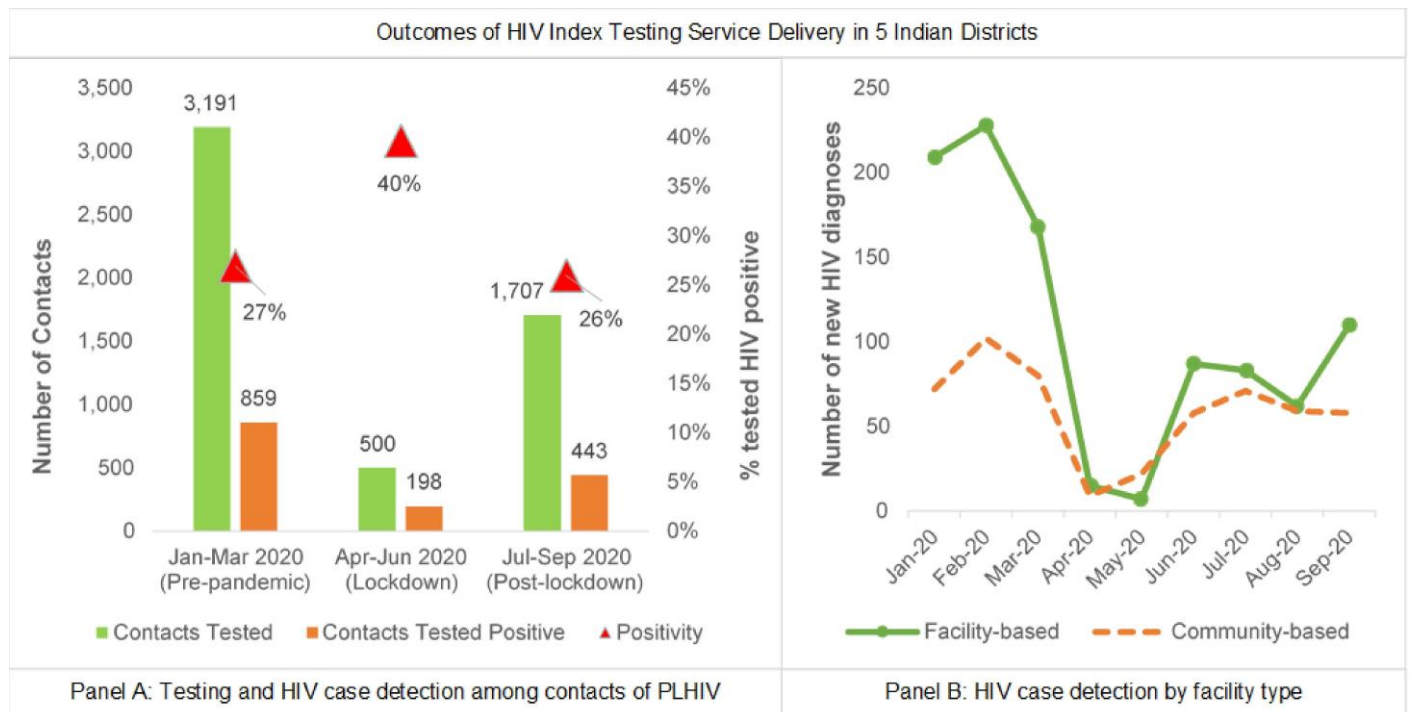
The pandemic resulted in significant declines in the testing of contacts of PLHIV and new HIV diagnoses, however linkage to ART among those newly diagnosed remained high. Our findings suggest that expansion of community-based service sites and/or incorporating strategies such as HIV self-testing may be needed to regain and maintain progress towards UNAIDS 95-95-95 goals, given the ongoing impacts of COVID-19.

Epidemiology/PublicHealth:

(T) HIV Testing in Adults: New Diagnostics, Population Studies, and Scale-Up

Keywords:

- Covid-19 impact
- HIV Testing
- Treatment initiation
- Index testing
- Positivity



(https://files.aievolution.com/prd/cro2101/abstracts/abs_2255/IndextestingoutcomesFigure.png)

Does this abstract include any aspects of research on SARS-CoV-2 or COVID-19?

Yes