

CLINICAL AUDIT OF CLIENT DATA

An Analytical Report



Assam State AIDS Control Society

December 2013

FOREWARD

Assam is a low HIV Prevalence state in the country with an estimated Prevalence of 0.07% in 2011. However, as per the NACO Technical Report 2012, the annual new HIV infections have been increasing in the state in the last few years. Assam is also a highly vulnerable state for HIV transmission as it shares border with some high prevalence states and also it is the gateway of the Northeastern States. In view of this prevailing HIV Scenario, Additional Secretary, NACO during her visit to the state in 2012 directed the SACS officials to analyze the Programme data to explore and establish the drivers of the HIV Epidemic in the state. This Report is the outcome of the analysis. Hopefully the report will help to understand the HIV epidemic in the HIV Positivity districts of Assam and facilitate the planning of district specific action plans.

Publication of this report would not be possible without the contribution of the officials of M&E and TI divisions of ASACS and NERO who carried out a systematic and detailed analysis of the data and prepared the report. We congratulate the officials for their dedication towards the activity. We are also grateful to TI and M&E Divisions at DAC for their support in carrying out this activity.



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ACRONYMS

NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
ASACS	Assam State AIDS Control Society
DAPCU	District AIDS Prevention and Control Unit
HSS	HIV Sentinel Surveillance
ICTC	Integrated Counseling and Testing Center
VCTC	Voluntary Counseling and Testing Center
PPTCT	Preventing of Parent-to-child transmission
PLHIV	People Living With HIV/AIDS
ART	Anti-Retroviral Therapy
STI/RTI	Sexually transmitted infections/Reproductive Tract infections
FSW	Female Sex Worker
MSM	Men having sex with Men
IDU	Injecting Drug User
TI	Targeted Intervention

INTRODUCTION:

Assam is a low HIV Prevalence state with the latest official estimate of 0.07% which is lower than the national estimate of 0.27% (NACO Technical Report on HIV Estimates 2012). However the HIV Prevalence has increased in the state from 0.04% in 2007 to 0.07% in 2011. The annual new HIV infections has also increased in the state from 1,219 in 2007 to 2,408 in 2011 at a rate which is highest among the northeastern states. Assam is also a vulnerable state being the gateway of northeast. The estimated number of PLHIV in Assam in 2011 was 12,804 whereas our Programme has detected around 8,580 cases till date. The above evidence suggests that there may be many undetected cases in the state. Also, there may be some new population groups or areas which are driving the epidemic in the state.

In view of the prevailing HIV scenario in the state, Additional Secretary, NACO during her visit to the state in July, 2012 directed the ASACS officials to conduct a clinical audit of the ICTC, PPTCT, ART and TI data in the state specifically in the high positivity and high vulnerable districts of the state. As per the directive, Project Director, Assam SACS constituted a committee comprising of NERO and ASACS officials. The committee decided to conduct the audit in eight districts of Assam namely, Kamrup (metro), Kamrup (rural), Cachar, Karimganj, Golaghat, Dibrugarh, Karbi-anglong and Nagaon and that may be extended to other districts, if required. These districts has been selected based on the HIV positivity of last five years and presence of vulnerable factors like migration, proximity to high prevalence state, etc.

METHODOLOGY:

The Clinical Audit analysis consisted of two parts, namely, the retrospective data analysis and the prospective data analysis. The retrospective data consisted of HIV positive cases in the last one year (April, 2011-March, 2012) and it was collected from the NACP facilities in the eight selected districts. The prospective data included both HIV positive and negative cases that were tested in the ICTCs and PPTCTs of the eight selected districts. The prospective data was collected on a monthly basis from July, 2012 up to December, 2012. This data was collected from 37 health facilities (ICTCs, PPTCTs and ARTCs) located in the eight districts of Assam. Data was also collected from the TIs to see the coverage and analyze the geographical distribution of different HRG typologies in the districts.

The ICTC, PPTCT, ART counselors and the TI PMs who were involved in the data collection and compilation process were oriented on the objectives and the process of the clinical audit exercise through a one day training held in August, 2012. A mid-term review was also held in October, 2012 to monitor the progress of the exercise. The state-level team comprising of ASACS and NERO officials also visited some of the NACP facilities to facilitate the data collection and compilation. To maintain the confidentiality of the data, all the reporting facilities were instructed to send the compiled data to a separate email id (audit4assam@gmail.com). The analysis of the retrospective and prospective data was done separately and it has been mentioned separately in this report. The prospective data analysis focused on the four high positivity districts to understand the drivers of the HIV epidemic there with help from the TI data.

RESULTS:

RETROSPECTIVE DATA ANALYSIS:

The analysis of the one year retrospective data from all the eight selected districts has been done to create a profile of the positive cases from both the datasets. During April, 2011 – March, 2012, 884 positive have been detected in the ICTCs and PPTCTs of the eight districts. Similarly, 1131 positive cases have been registered during this period in the 3 ARTCs located within these districts.

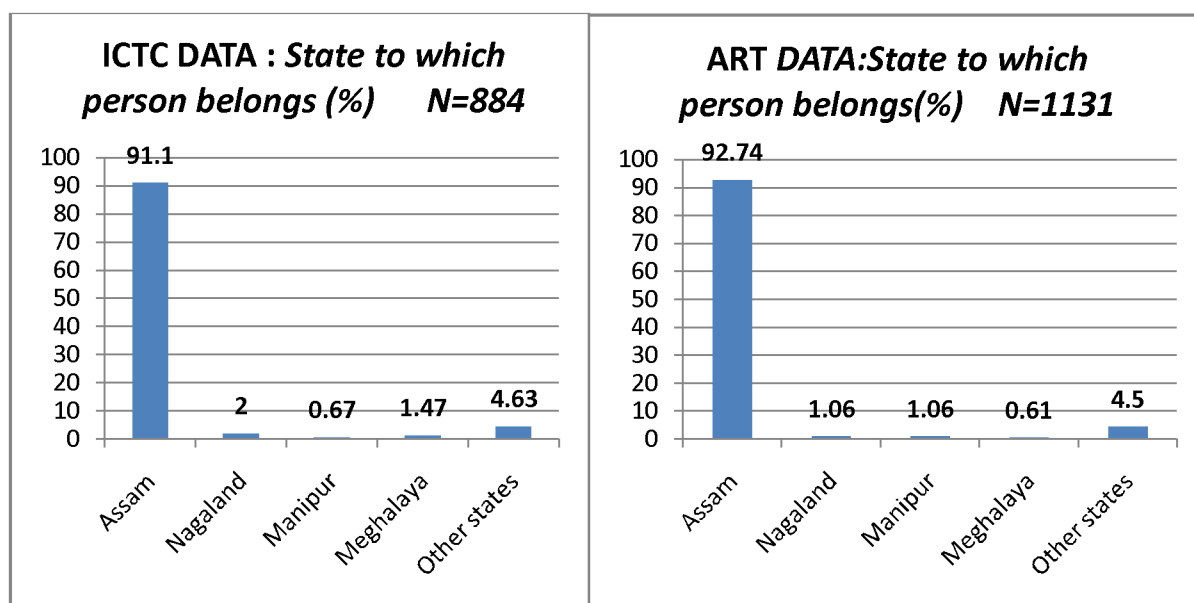


FIGURE.1: State to which person belongs (%)

From Figure.1, it can be seen that in both the datasets, majority of the cases are from Assam while small proportion of cases are from neighboring northeastern states. The other states proportion represents cases from remaining northeastern states like Tripura and Arunachal Pradesh and few cases are from Bihar and UP.

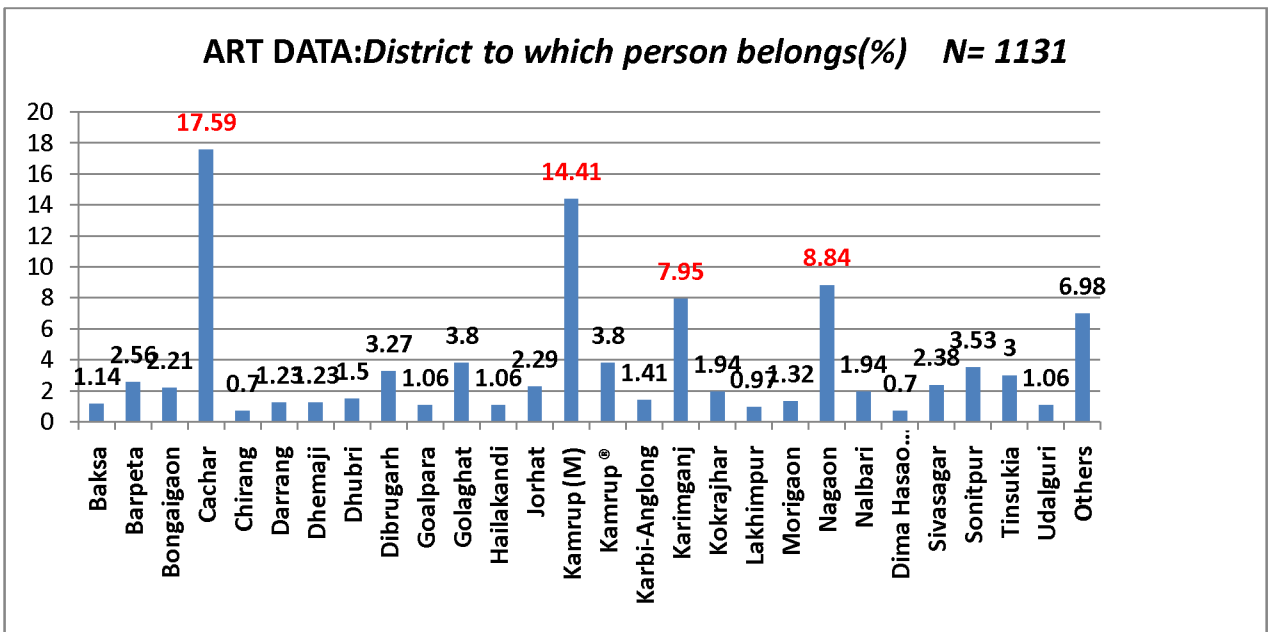
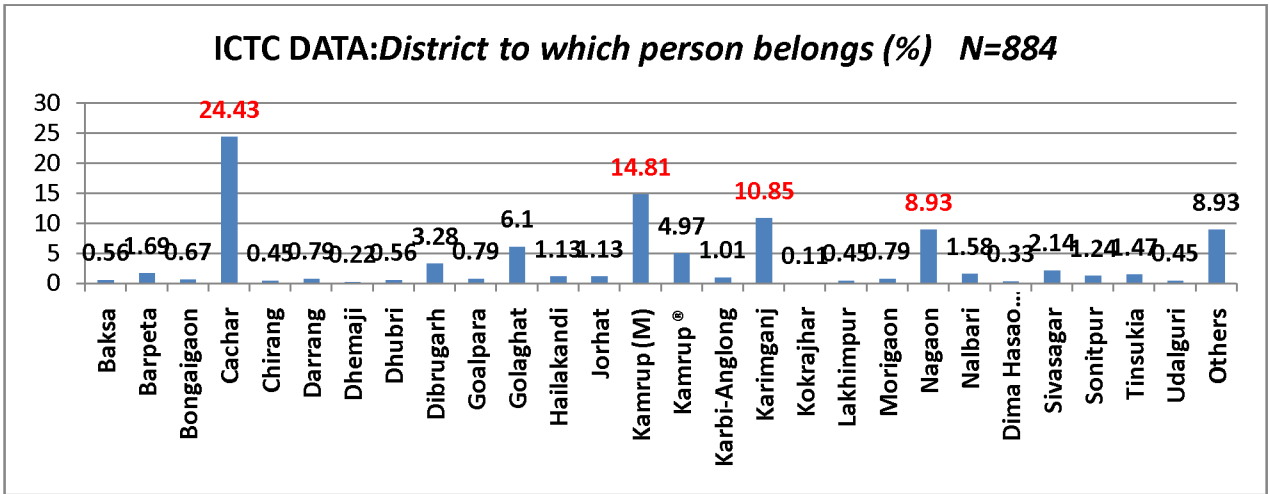


FIGURE. 2: District to which person belongs (%)

Figure. 2 show the district wise distribution of the positive cases in both the datasets. Cachar district has the highest number of positive cases followed by Kamrup (Metro), Karimganj and Nagaon. The HIV-Positivity rate in Nagaon® was generally lower than other vulnerable districts like Golaghat, Dibrugarh, etc, however these datasets shows much higher positivity rate in Nagaon.

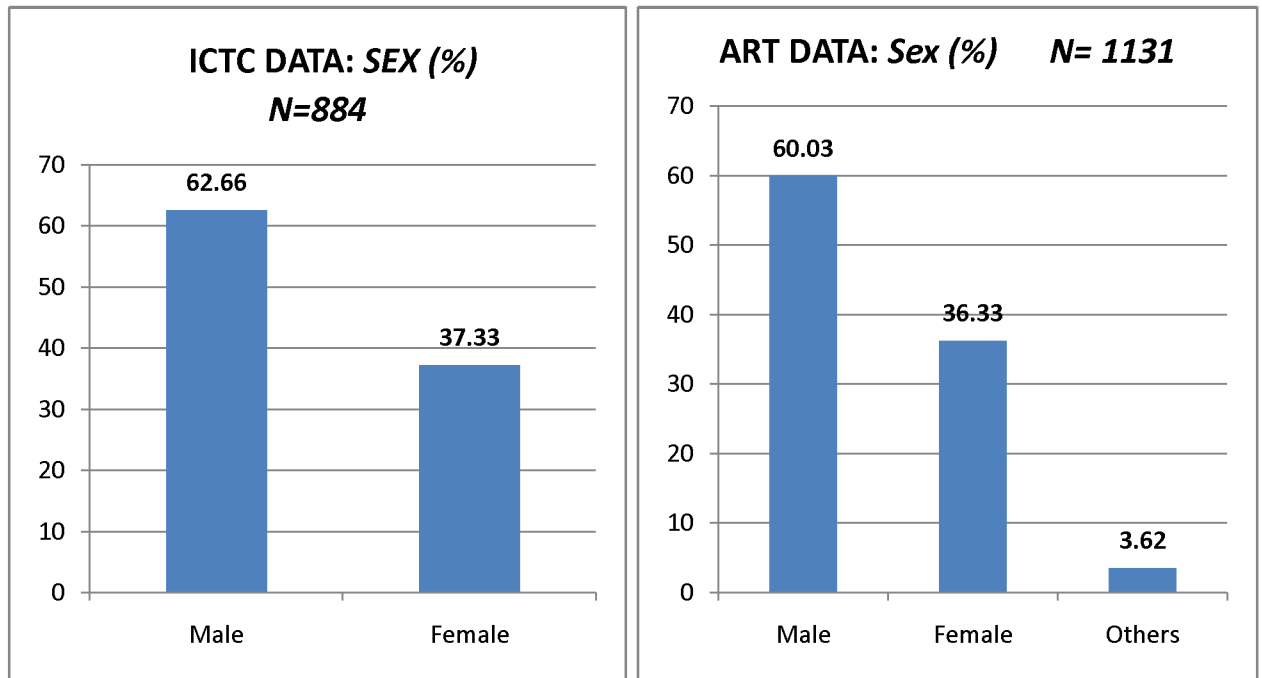


FIGURE.3: Sex (%)

In figure 3, both datasets shows that number of positive females is almost half the number of positive males.

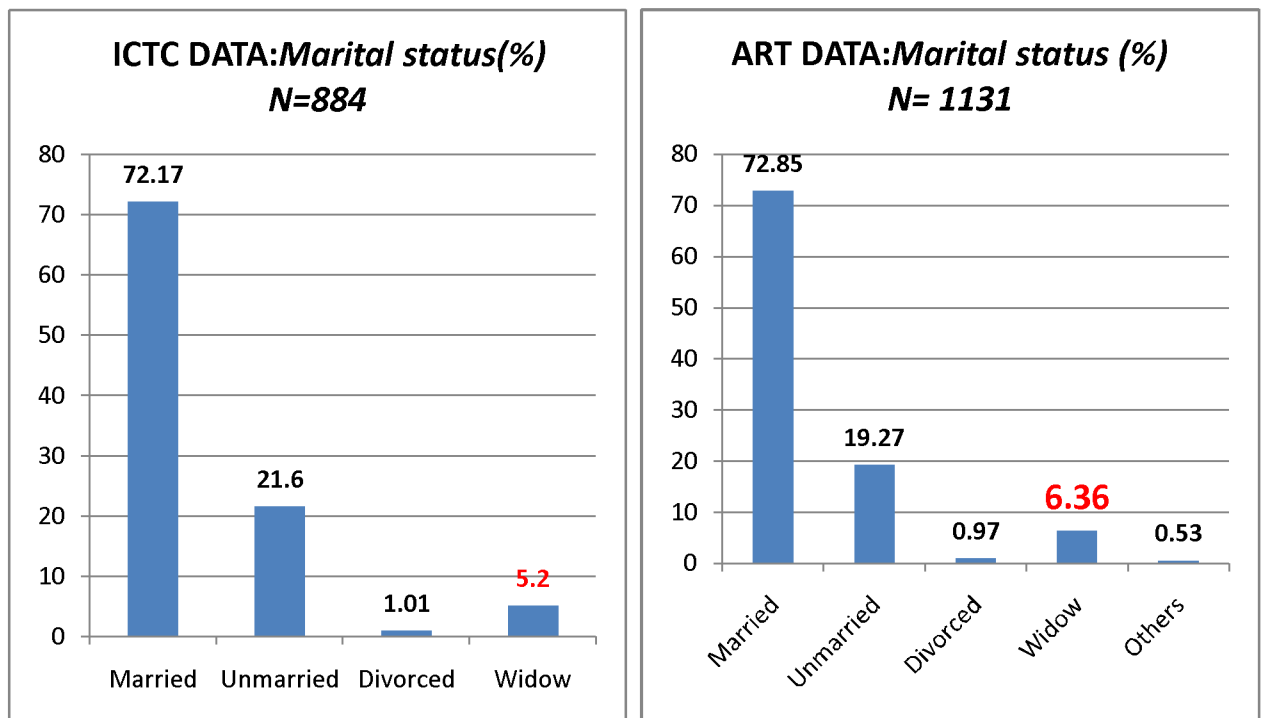


FIGURE.4: Marital Status (%)

Figure.4 shows that majority of the positive cases are married while there is also a significant proportion of widow.

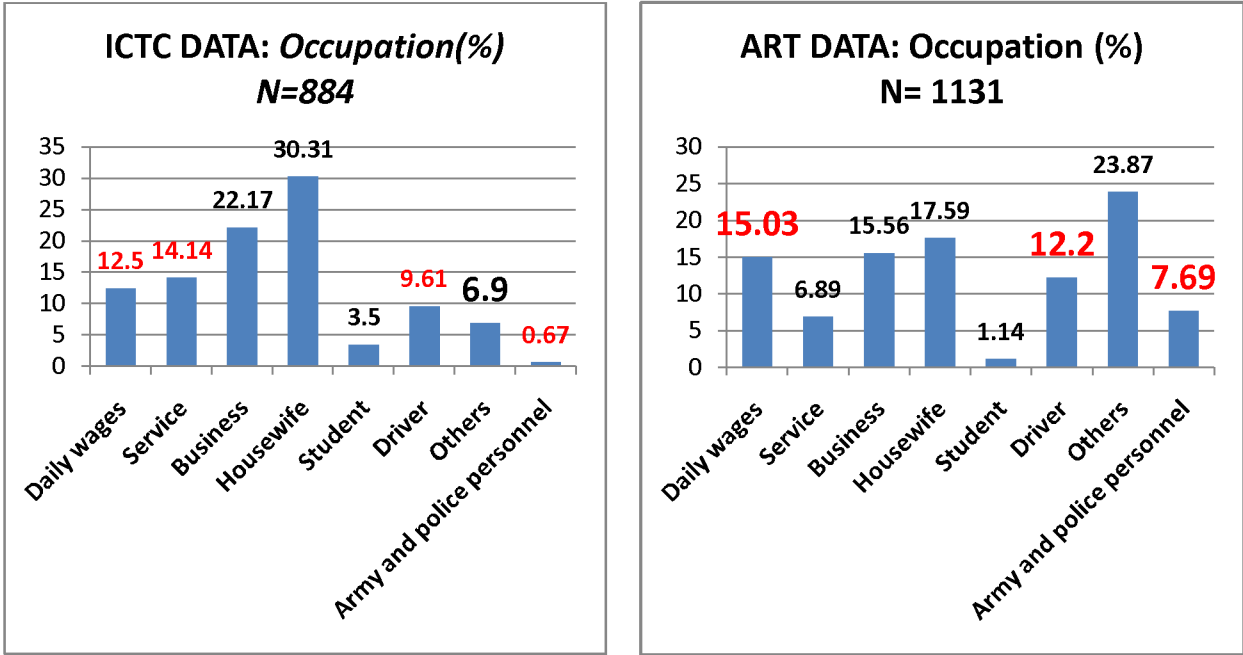


FIGURE. 5: Occupation (%)

Figure.5 shows that significant proportion of positive cases in both datasets reported their occupation as business or as housewife. However, it is also seen that equal proportions of cases have reported their occupations as daily wage laborer, driver and Army & Police personnel who are already established as high risk occupations in view of HIV transmission. It may be mentioned that in the ICTC dataset, many cases of people in uniform may have been captured as Service for occupation as is usually done in the ICTC register.

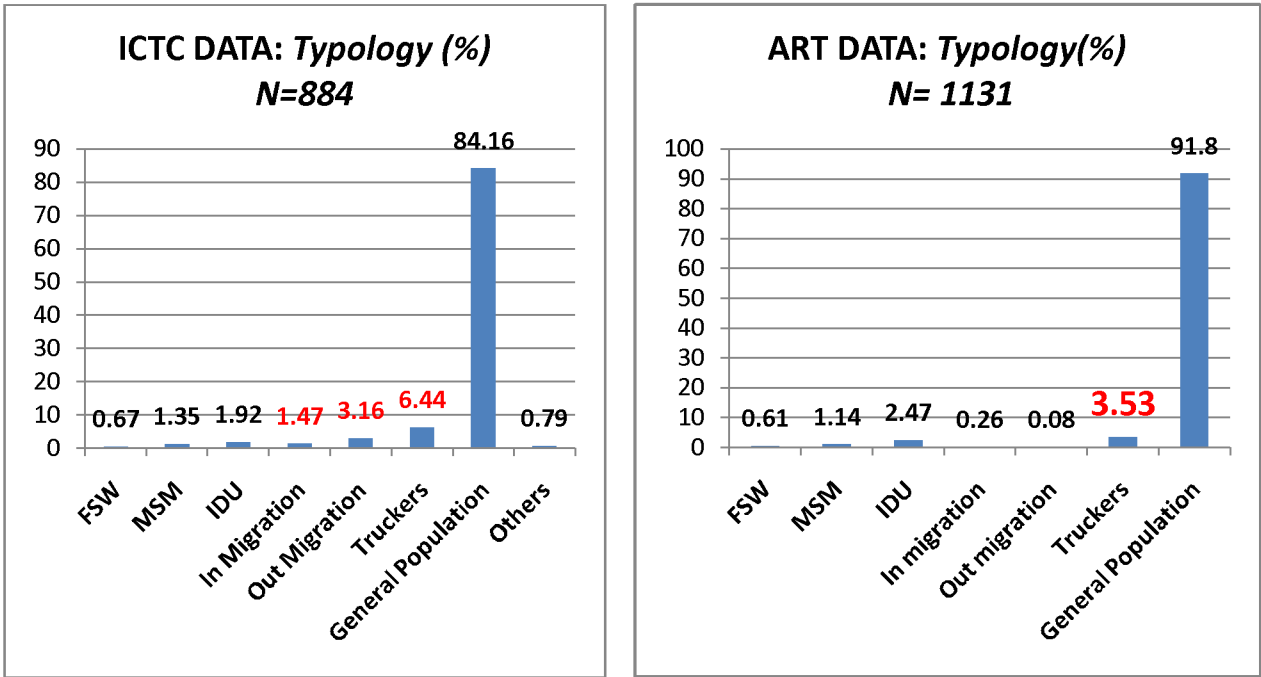


FIGURE.6: Typology (%)

Figure.6 shows that majority of the positive cases belongs to the general population while significant proportion have also reported as truckers. The data on other high risk groups is limited. The ICTC data shows more positive cases among the out-migrants then the in-migrants.

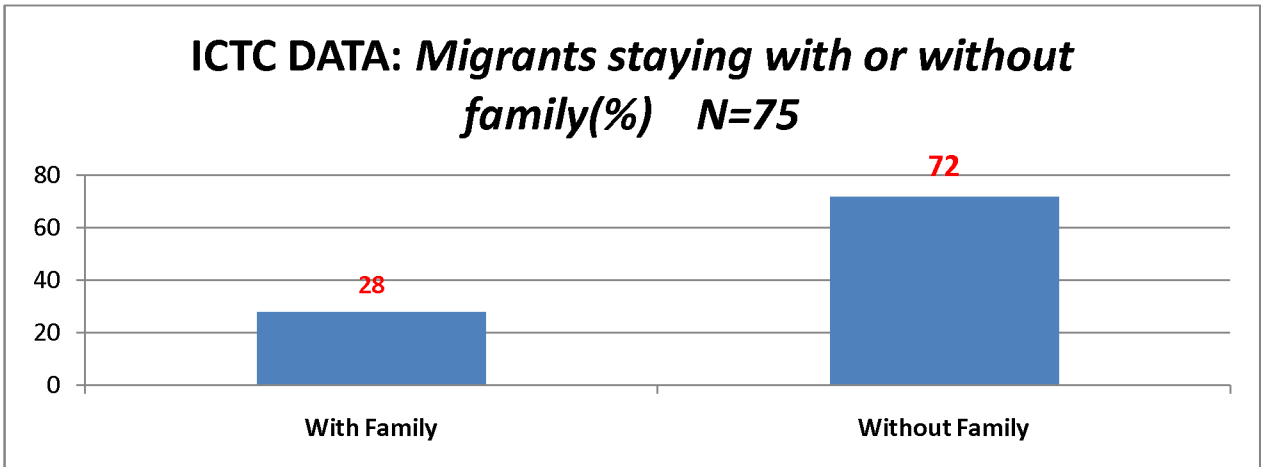


FIGURE.7: Migrants staying with or without family (%)

As seen in Figure.7, although migration history was available for few positive cases, majority of them reported staying without family which is a known and established risk factor for high risk behaviour and HIV transmission.

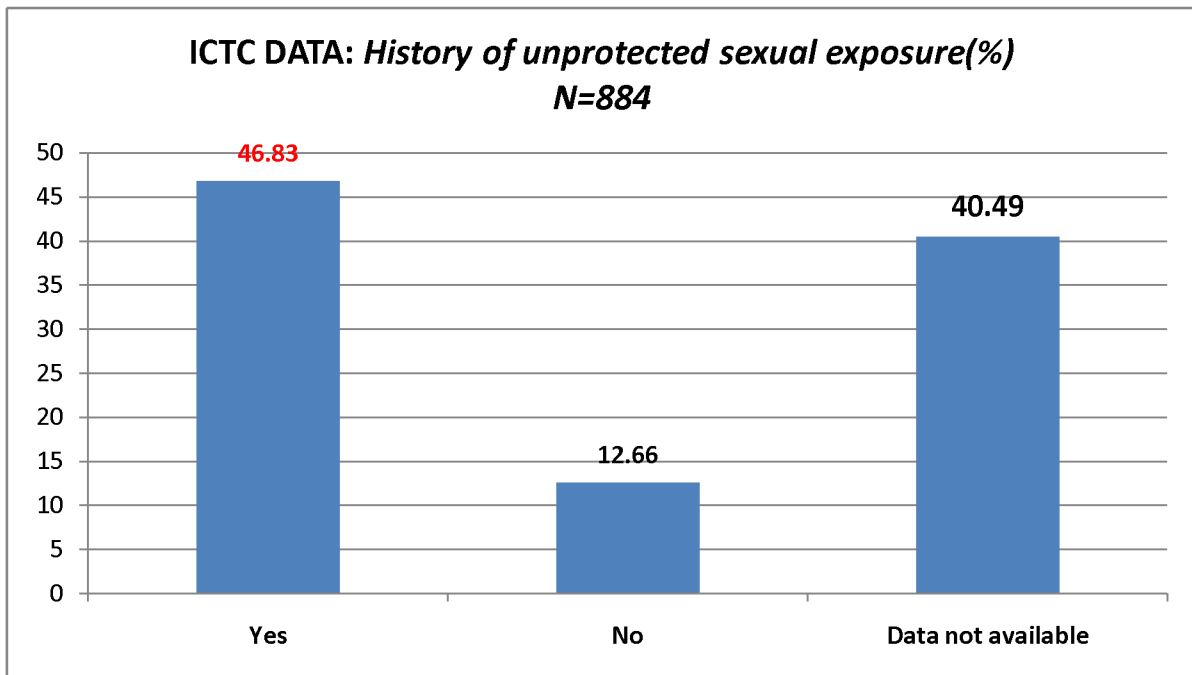


FIGURE.8: History of unprotected sexual exposure (%)

From figure.8, it can be seen that almost half of the positive cases had history of unprotected sexual exposure and since the data was not available for a significant proportion, the percentage of cases with history of unprotected sexual exposure is expected to be even higher.

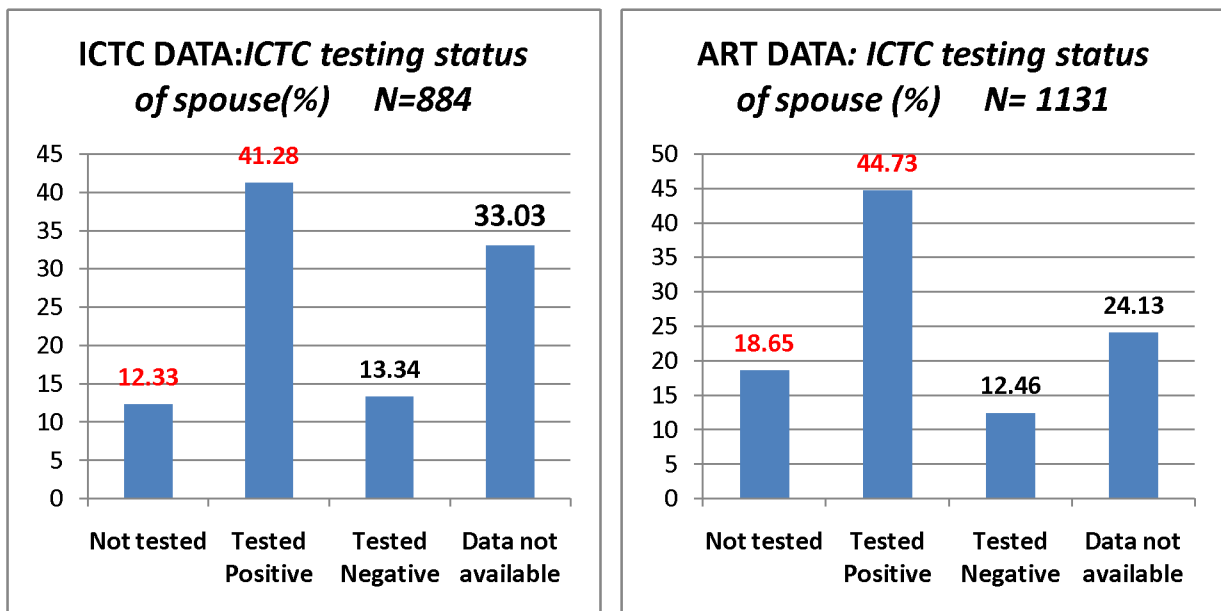


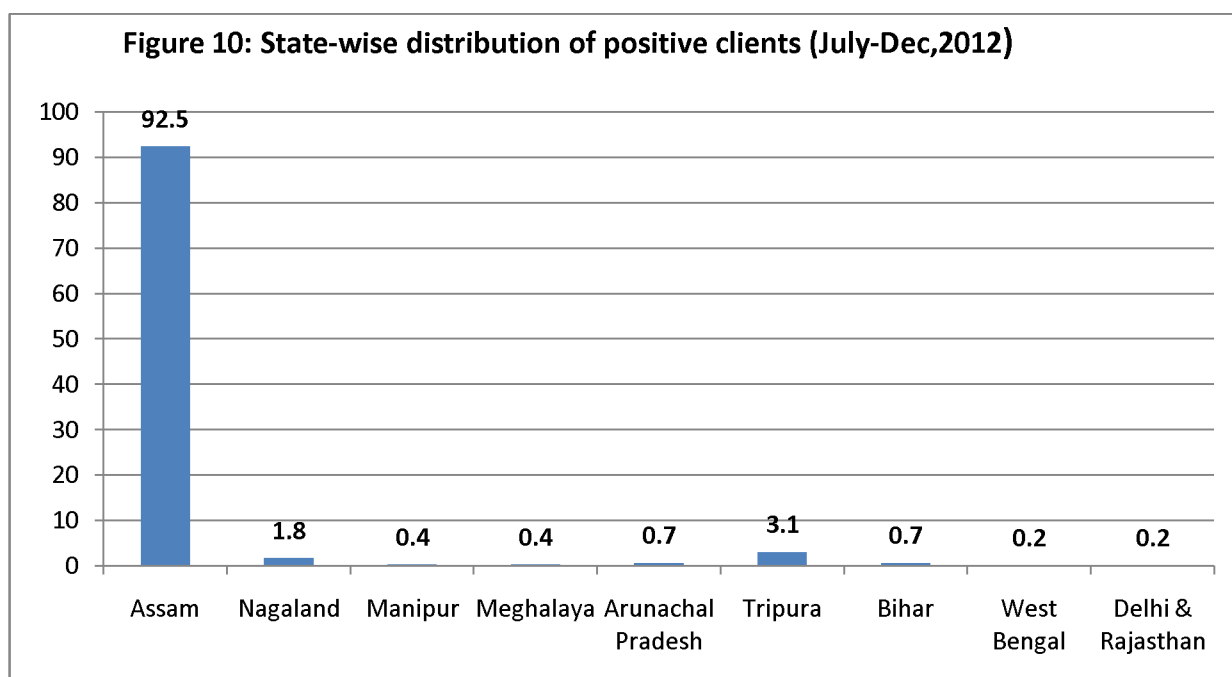
FIGURE.9: ICTC testing status of spouse (%)

Figure.9 shows that almost half of the spouses of positive cases have been tested positive, however here also data is not available for a significant proportion of cases. Also the proportion of spouses not tested is significant.

PROSPECTIVE DATA ANALYSIS:

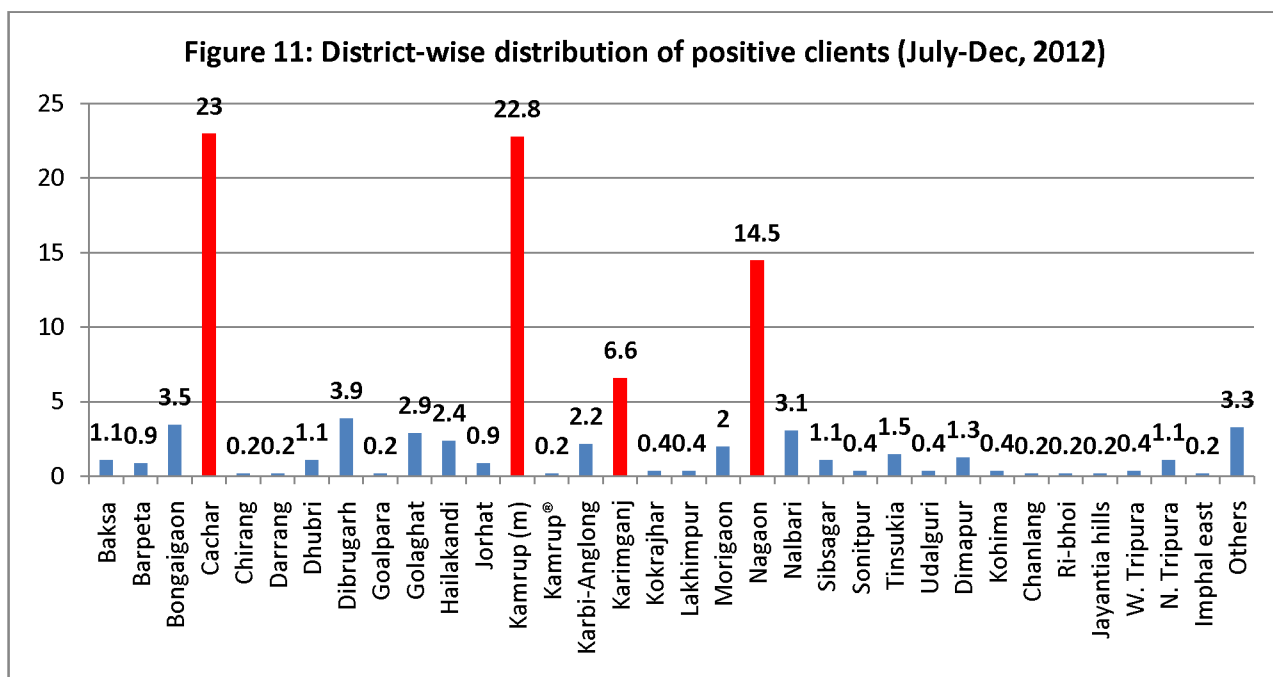
State-wise distribution of the positive clients:

The findings are similar to the retrospective positive data analysis where majority of the clients are from Assam (92.5%). Other significant proportion of positive clients was from Tripura (3.1%) and Nagaland (1.8%). [Figure-10]



District –wise distribution of the positive clients:

At the district level, the HIV epidemic shows two focused areas in Barak valley (Cachar & Karimganj) and Kamrup districts. Other districts which had significant proportion of positive clients (>2.5%) include Nagaon (14.5%), Dibrugarh (3.9%), Bongaigaon (3.5%), Nalbari (3.1%) and Golaghat (2.9%) [Figure-11].



Distribution of clients by demographic characteristics:

From table.1, it is seen that HIV positivity rate was high among males (3.78%) and unmarried (3.24%). Age-wise the positivity rate was highest in the > 35 years age-group (3.74%), however it was also > 1% among 25-29 years (1.05%) and 30-34 years (2.65%) age-group.

Table 1: HIV Positivity by demographic characteristics of the clients

Demographic characteristics		HIV Status of the client		
		Number tested	Number Positive	%HIV positive
SEX	Male	7764	294	3.78
	Female	24350	161	0.66
	Transgender	2	1	50
AGE GROUP	<15	364	26	7.14
	15-19	2450	11	0.44
	20-24	12441	64	0.51
	25-29	8232	87	1.05
	30-34	3422	91	2.65
	>35	4646	174	3.74
MARITAL STATUS	Married/live-in	28625	323	1.12
	Unmarried	3205	104	3.24
	Divorced/separated	52	9	17.30
	Widow	234	20	8.54

Distribution of clients by socio- behavioral characteristics:

Among the Occupation of the clients tested, high HIV Positivity (%) was recorded among service holders (4.75%), drivers (7.70%), army & police personnel (16.4%) and unemployed clients (8.80%). The unemployed client includes those who are not students and also not in any occupation including housewife (unmarried females). Among the high-risk groups (HRG), the highest positivity is noted among MSM (5.06%). This is in contrary to the HSS data, where positivity rate is higher among IDUs. Among the bridge population, the positivity rate was much higher than the HRG population with 12% among out-migrants and 11% among truckers.

Table 2: HIV Positivity (%) by socio-behavioral characteristics of clients

Socio-behavioral characteristics		HIV status of client		
		Number tested	Number Positive	%HIV positive
OCCUPATION	Daily wages	2895	64	2.21
	Service	1808	86	4.75
	Business	2540	64	2.51
	Housewife	22060	96	0.43
	Student	1242	25	2.01
	Driver	688	53	7.70
	Army & Police personnel	73	12	16.43
	Unemployed	568	50	8.80
	Others	220	6	2.72
TYOLOGY	FSW	519	4	0.77
	MSM	158	8	5.06
	IDU	431	10	2.32
	In migration	26	3	11.53
	Out migration	255	31	12.15
	Trucker	322	37	11.49
	General Population	30397	357	1.17
HISTORY OF UNPROTECTED SEXUAL EXPOSURE	Yes	4458	175	3.92
	No	20141	172	0.85
	Data not available	7517	109	1.45

ANALYSIS OF THE FOUR HIGH POSITIVITY DISTRICTS:

KAMRUP (METRO)

The facilities from the district reported 6876 clients tested and 104 HIV positive with positivity rate of 1.51%. The geographical distribution of the positive clients in the district was mainly concentrated in the Guwahati Municipal Corp. area (86%) followed by Bezera block (7%) and Chandrapur block (2%).

Demographic characteristics:

In Kamrup district, HIV Positivity is higher among married male (6.45%) and unmarried female (4.20%) as seen in table 4. The positivity was <1% in 15-29 years group, whereas it is higher among > 30 years (table.3).

Table 3: HIV Positivity (%) by demographic characteristics, Kamrup district

Demographic characteristics		HIV Status of the client		
		Number tested	Number Positive	% HIV positive
SEX	Male	1111	62	5.58
	Female	5765	42	0.72
AGE GROUP	<15	39	5	12.82
	15-19	531	3	0.56
	20-24	2703	19	0.70
	25-29	2040	15	0.73
	30-34	762	23	3.01
	>35	797	38	4.76

Among males, high positivity was recorded among service holders (7.34%), students (8.23%), driver (5.6%) and people in uniform (14.7%). Among females, positivity was high among service holders (2.41%), students (4.25%) and unemployed clients (19.4%).

Table 4: HIV Positivity (%) among male & female clients by marital status and occupation, Kamrup district

	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
Marital status	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Married	728	47	6.45	5598	30	0.53
Unmarried	379	14	3.69	119	5	4.20
Divorced/separated	3	1	33.3	14	1	7.14
Widow	1	0	0	34	6	17.64

	MALE			FEMALE		
Occupation	HIV Status of the client			HIV Status of the client		
	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Daily wages	234	11	4.70	127	1	0.78
Service	286	21	7.34	124	3	2.41
Business	311	11	3.53	131	1	0.76
Housewife	0	0	0	5290	28	0.52
Student	85	7	8.23	47	2	4.25
Driver	106	6	5.66	1	0	0
Army & police personnel	34	5	14.70	0	0	0
Unemployed	37	1	2.70	36	7	19.4
Others	3	0	0	9	0	0

Typology-wise, among male clients the HIV Positivity was higher in the general population (5.61%), truckers (12.5%) and the out-migrants (28%) in comparison to the high risk groups. Among the HRGs, MSM (4.85%) showed higher positivity than IDU (3.38%). Among female clients, positivity was <1% in the general population and 1.33% among FSW.

Table 5: HIV Positivity (%) among male & female clients by typology, Kamrup district

TYPOLOGY	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
FSW	0	0	0	150	2	1.33
MSM	103	5	4.85	0	0	0
IDU	177	6	3.38	7	0	0
In migration	1	0	0	0	0	0
Out migration	14	4	28.57	1	0	0
Trucker	8	1	12.5	0	0	0
General Population	801	45	5.61	5600	41	0.73

Key Points for Kamrup district:

- Majority of the positive clients were from Guwahati municipal corporation (GMC) area.
- High positivity among married male (6.45%) and unmarried female (4.20%).
- High positivity is noted among both male (8.23%) and female (4.25%) students.
- High positivity is also noted among driver (5.6%) and people in uniform (14.7%).
- Among the HRGs, high positivity is noted among MSM (4.85%) but positivity was higher among the bridge population i.e. out-migrants and truckers. The out-migration is mainly reported Azara and Sonapur areas.

HRG Coverage in Kamrup (metro) district:

As per HSS 2010-11 report, the HIV prevalence among HRGs was highest in Kamrup district. It was 2.80 % among FSWS, 2.0% among IDUs and 2.02% among MSMs.³ There are five TIs in the district which are covering all the high risk and bridge populations. As per information shared by the ICTC, PPTCT, ART counselors, there is no TI uncovered area in the district.

CACHAR

The facilities from the district reported 1471 clients tested and 105 HIV positive with a positivity rate of 7.13% which is much higher than the state level (1.41%). In Cachar district, positivity was highest in the 30-34 year group (10.4%) followed by 20-24 year group (6.03%). In this < 15 group the positivity was high, however the denominator was small.

Table 6: HIV Positivity (%) by demographic characteristics, Cachar district

Demographic characteristics		HIV Status of the client		
		Number tested	Number positive	% HIV positive
SEX	Male	878	78	8.88
	Female	593	27	4.55
AGE GROUP	<15	58	8	13.79
	15-19	96	2	2.08
	20-24	232	14	6.03
	25-29	288	17	5.90
	30-34	210	22	10.47
	>35	587	42	7.15

Among male clients, positivity rate was high among both married (9.40%) and unmarried (7.12%). Among female clients, positivity was high among married (4.85%) and widow (10%). Among males, the positivity was highest among driver (17.6%) followed by service holder (13%), unemployed (8%) and students (5.5%). Among female clients, high positivity was recorded by unemployed (11%), service holders (10.5%) and students (2.94%).

Table 7: HIV Positivity (%) among male & female clients by marital status & occupation, Cachar district

	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
Marital status	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Married	521	49	9.40	412	20	4.85
Unmarried	351	25	7.12	121	1	0.82
Divorced/separated	2	1	50	5	0	0
Widow	4	3	75	55	6	10.90
	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
OCCUPATION	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Daily wages	306	15	4.90	31	0	0
Service	115	15	13.04	19	2	10.52
Business	184	17	9.23	7	0	0
Housewife	0	0	0	366	9	2.45
Student	72	4	5.55	34	1	2.94
Driver	113	20	17.69	1	0	0
Army & police personnel	0	0	0	0	0	0
Unemployed	87	7	8.04	133	15	11.27
Others	1	0	0	2	0	0

Typology-wise, high positivity was recorded among truckers (48%). All other denominators are too small to comment. Among the general population, male had higher positivity (6.69%) compared to female clients (4.71%).

Table 8: HIV Positivity (%) among male & female clients by typology, Cachar district

TYPOLOGY	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
FSW	0	0	0	20	0	0
MSM	0	0	0	0	0	0
IDU	3	3	100	0	0	0
In migration	2	1	50	0	0	0
Out migration	2	1	50	0	0	0
Trucker	35	17	48.57	0	0	0
General Population	836	56	6.69	573	27	4.71

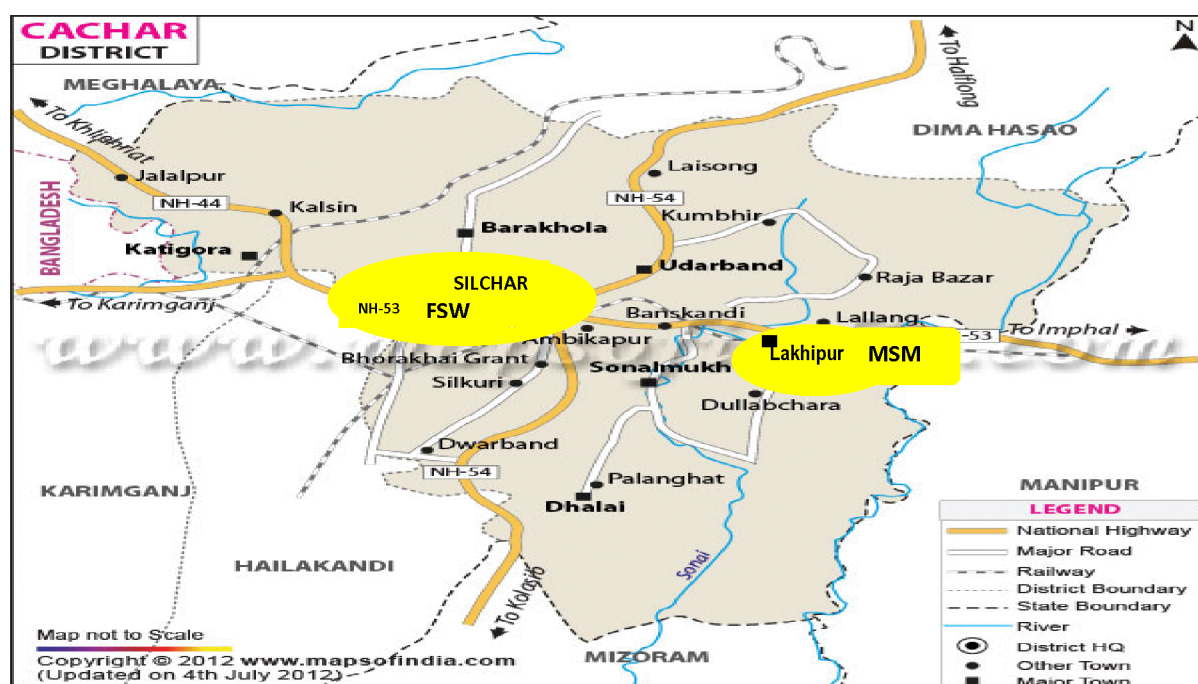
Key points for Cachar district:

- High positivity rate in the 20-24 year age group (6.03%) and highest positivity among 30-34 year age group (10.4%).
- High positivity among both married (9.4%) and unmarried (7.1%) males. Among females, higher positivity among married (4.8%) and widow (10.9%).
- High positivity among driver (17.6%). Among both male & female clients, high positivity was recorded among service holders, students and unemployed. There is a possibility that among male service holders, people in uniform were captured as they are not mentioned in army and police personnel.

HRG Coverage in Cachar district:

There are four functional TI programmes in the district covering the different HRG and bridge populations. As per information collected from the ICTC, PPTCT and ART counselors in the district, there are some TI uncovered areas with HRG presence in the district. They are Nagapatty, Ghoniala, Premtola, Nagatilla, some areas in Jiribam road like Rangpur, Lakhipur, etc where there is reported presence of substantial FSW population. Similarly, Lakhipur area is also reported to have MSM presence.

FIGURE: Map showing TI un-covered areas, Cachar district



NAGAON:

The facilities from the district reported 3324 clients tested and 66 HIV positive with a positivity rate of 1.98%. HIV positivity was high among males (8.6%) compared to females (1.1%). Highest positivity was recorded among > 35 year group (7.2%) followed by 25-34 year group (2.2%).

Table 9: HIV Positivity (%) by demographic characteristics, Nagaon district

Demographic characteristics		HIV Status of the client		
		Number tested	Number positive	% HIV positive
SEX	Male	383	33	8.61
	Female	2941	33	1.12
AGE GROUP	<15	19	5	26.31
	15-19	427	3	0.70
	20-24	1338	10	0.74
	25-29	973	18	1.84
	30-34	290	9	3.10
	>35	276	20	7.24

In Nagaon district, HIV positivity was high among both unmarried males (11.1%) and unmarried females (7.69%). Among males, high positivity was recorded among service holder (18.1%), students (13.6%) and businessman (8.2%). Among females, high positivity was noted among unemployed (9%) and students (3.2%).

Table 10: HIV Positivity (%) among male & female clients by marital status & Occupation, Nagaon district

	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
Marital status	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Married	282	20	7.09	2881	26	0.90
Unmarried	99	11	11.11	52	4	7.69
Divorced/separated	2	2	100	5	1	20
Widow	0	0	0	2	1	50
	HIV Status of the client			HIV Status of the client		
OCCUPATION	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Daily wages	106	3	2.83	12	2	16.66
Service	44	8	18.18	15	3	20
Business	121	10	8.26	8	0	0
Housewife	0	0	0	2836	22	0.77
Student	22	3	13.63	31	1	3.22
Driver	25	7	28	1	0	0
Army & police personnel	1	0	0	0	0	0
Unemployed	52	2	3.84	33	3	9.09
Others	5	0	0	4	1	25

Among males, high positivity was noted among out-migrants (32.3%) and truckers (30.7%), however the denominators are small and hence should be interpreted with caution.

Table 11. HIV Positivity (%) among male & female clients by typology, Nagaon district

TYPOLOGY	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
FSW	0	0	0	11	1	9.09
MSM	4	0	0	0	0	0
IDU	1	0	0	0	0	0
In migration	0	0	0	0	0	0
Out migration	34	11	32.35	5	0	0
Trucker	13	4	30.76	0	0	0
General Population	331	18	5.43	2919	26	0.89

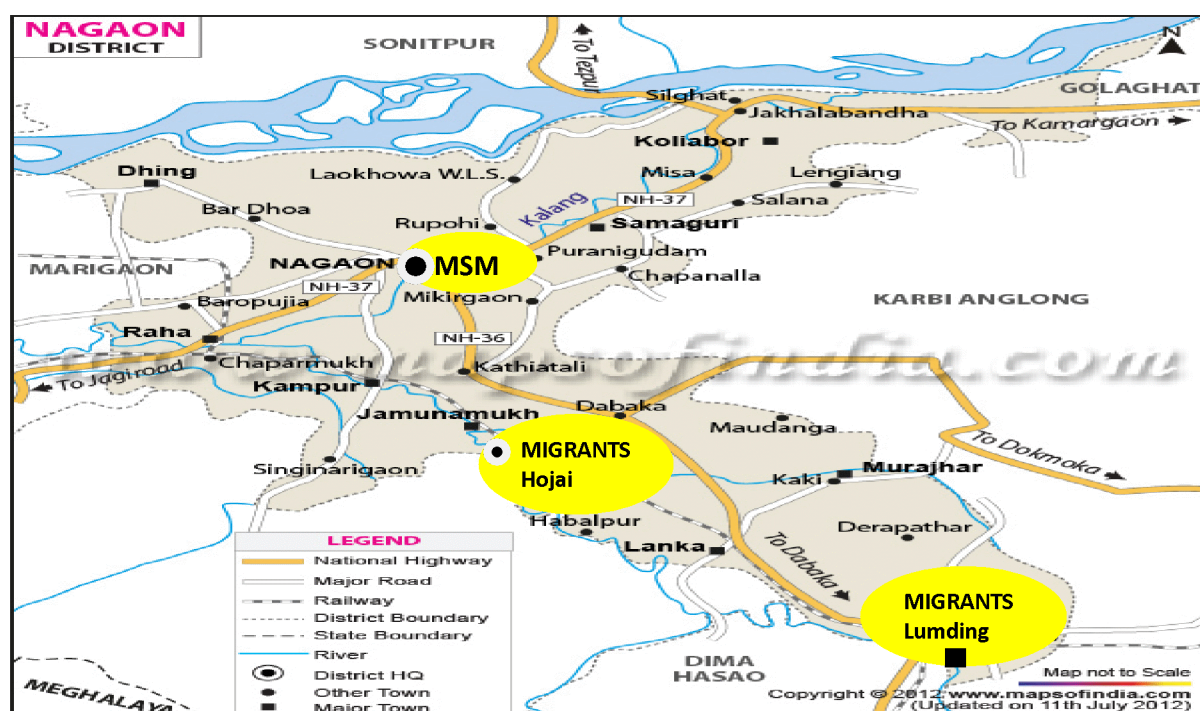
Key points for Nagaon district:

- **High positivity among unmarried males (11.1%) and females (7.6%) compared to their married counterpart.**
- **Among males, high positivity among service holders (18.1%) and businessman (8.2%). Here also, service holders may include people in uniform as they are not captured in army and police personnel.**
- **High positivity among male (13.6%) and female (3.2%) students.**
- **High-positivity among out-migrants (32.3%) and truckers (30.7%). The majority of out-migration is recorded from Jugijan block, Hojai (66.7%) followed by Lanka, Rupohi and Doboka.**

HRG Coverage in Nagaon district:

There are three TI in the district covering FSWs and IDU populations. However, as per information collected from the ICTC, PPTCT counselors in the district, there may be some areas in the district with presence of HRG and bridge populations. There is reported presence of IDUs in Dhing, Moirabari and Panikhaiti. Similarly there is reported presence of MSM in Nagaon town and migrants in Lumding which were not covered by the TIs.

FIGURE: Map showing TI uncovered areas, Nagaon district



KARIMGANJ:

The facilities from the district reported 2530 clients tested and 30 HIV positive with a positivity rate of 1.18%. HIV positivity was high among males (4%) and > 35 year group (4.2%). Positivity in the 20-29 year age group was < 1% (0.7%).

Table 12: HIV Positivity (%) by demographic characteristics, Karimganj district

Demographic characteristics		HIV Status of the client		
		Number tested	Number positive	% HIV positive
SEX	Male	471	19	4.03
	Female	2059	11	0.53
AGE GROUP	<15	17	1	5.88
	15-19	256	0	0
	20-24	924	6	0.64
	25-29	681	6	0.88
	30-34	370	5	1.35
	>35	282	12	4.25

HIV positivity was higher among married male (4.3%) and unmarried female (2.3%). Among males, service holders (8.6%), driver (6.4%) and businessman (4.7%) had high positivity. Among female clients, positivity was high among unemployed (35%), although the denominator was small.

Table 13: HIV Positivity (%) among male & female clients by marital status & occupation, Karimganj district

	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
Marital status	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Married	346	15	4.33	2008	10	0.49
Unmarried	125	4	3.2	42	1	2.38
Divorced/separated	0	0	0	1	0	0
Widow	0	0	0	8	0	0
	HIV Status of the client			HIV Status of the client		
OCCUPATION	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
Daily wages	193	5	2.59	4	0	0
Service	58	5	8.62	10	0	0
Business	147	7	4.76	1	0	0
Housewife	0	0	0	2026	6	0.29
Student	21	0	0	0	0	0
Driver	31	2	6.45	0	0	0
Army & police personnel	0	0	0	0	0	0
Unemployed	21	0	0	14	5	35.71
Others	0	0	0	0	0	0

Limited data on typology was available for the district, however all out-migrants (6) were tested positive.

Table 14: HIV Positivity (%) among male & female clients by typology, Karimganj district

TYPOLOGY	MALE			FEMALE		
	HIV Status of the client			HIV Status of the client		
	Number tested	Number Positive	% HIV positive	Number tested	Number Positive	% HIV positive
FSW	0	0	0	0	0	0
MSM	0	0	0	0	0	0
IDU	0	0	0	0	0	0
In migration	0	0	0	0	0	0
Out migration	6	6	100	0	0	0
Trucker	2	2	100	0	0	0
General Population	463	11	2.37	2059	11	0.53

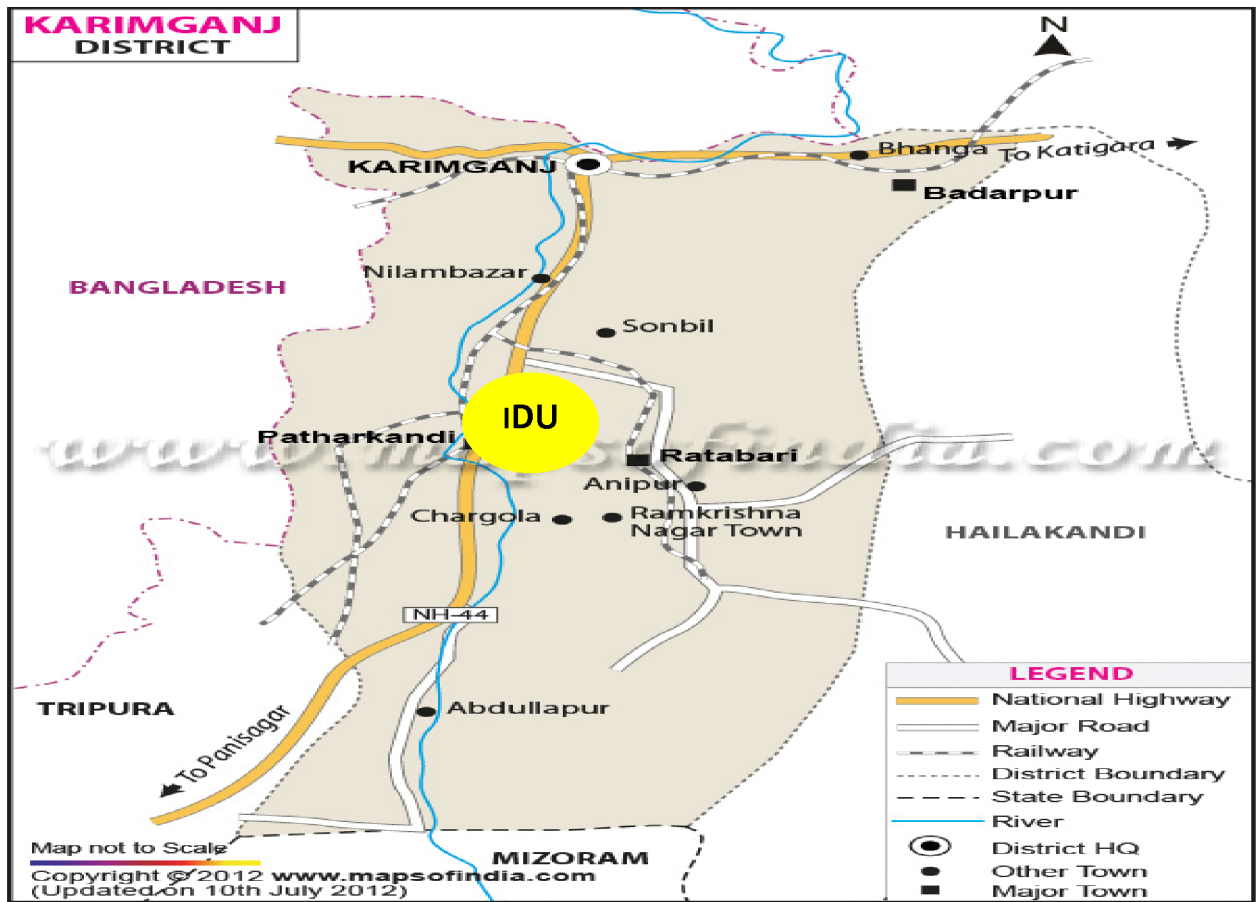
Key Points for Karimganj district:

- HIV positivity was high among males (4%) and > 35 year group (4.2%). Positivity in the 20-29 year age group was < 1% (0.7%).
- HIV positivity was higher among married male (4.3%) and unmarried female (2.3%).
- High positivity among male service holders (8.6%) and it is possible that people in uniform may have been captured here as they are not mentioned in army and police personnel. Also high positivity among drivers (6.4%) although denominator was small.
- Among females, high positivity among unemployed (35%). This unemployed group has reported high positivity in many districts among both male & female and further exploration is needed into the details of this group and the possible interventions to target them.

HRG Coverage in Karimganj district:

There is one TI functional in the district covering FSW population. However, as per information collected from the ICTC and PPTCT counselors, there are few areas like Patharkandi, Silchar road and Luairpua where there is reported presence of FSW and IDU populations.

FIGURE: Map showing TI uncovered areas, Karimganj district



CONCLUSION:

The clinical audit of client data was conducted to document the geographical distribution and drivers of the HIV epidemic in the high positivity districts of Assam. The findings of the retrospective and prospective data analysis showed two focus of the HIV epidemic in the state in Barak valley and Kamrup districts while Nagaon has newly emerged as a high positivity district. The analysis also showed that majority of the HIV positive clients detected during the study period belong to Assam. The retrospective positive data showed substantial proportion of positive cases are involved in high-risk occupations such as daily wages laborer, drivers and army & police personnel, etc. The ICTC data showed more out migration (3.16%) than in migration (1.47%) and majority of the migrants are staying without family which is an established risk factor. The prospective data analysis showed low levels of HIV positivity among HRGs and high positivity rates among the bridge population. This evidence along with rising trends in HIV positivity among ANC population⁴ indicates the possible role of migration as a driver of the HIV epidemic in the state. This highlights the importance increased focus in programme activities in the identified areas and among the specific population groups for the prevention and control of the HIV epidemic in the state.



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