

STATE HIV FACT SHEET

ASSAM

Assam State AIDS Control Society

2015

HIV/AIDS Epidemic in Assam:

Assam is categorized as a low HIV Prevalence state with an estimated adult HIV Prevalence of 0.07% which is lower than the National Prevalence of 0.27%. However, the adult HIV Prevalence in the state has increased from 0.04% in 2007 to 0.07% in 2011. It is estimated that Assam has 2,408 new HIV infections in 2011. The annual HIV new infections has increased in the state from 1,219 in 2007 to 2,408 in 2011 at an rate of 2.5% (**NACO Technical Report 2012**). The report also states that Assam has an estimated 12,804 people living with HIV (PLHA) in 2011.

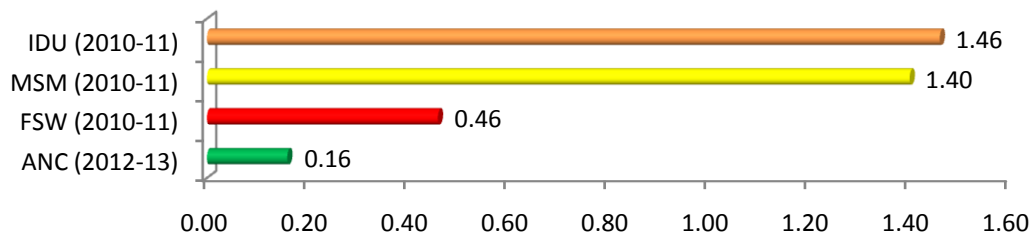
The first case of AIDS in Assam was reported in the month of September 1990. The total number of HIV positive cases detected till 31st March, 2015 is 10426 among which 7350 were registered on ART and 3244 were alive and on ART.

Assam is categorized as a highly vulnerable state for HIV transmission because of the following reasons:

- It is the gate-way of the northeastern states.
- It is surrounded by three high prevalence states of Manipur, Mizoram and Nagaland.
- Large number of young population from the state is also going to large cities for employment and get involves in high-risk behaviour.
- Large number of female migrants from other northeastern states, West Bengal, Nepal who has come to Assam for Employment and education and gets involved in risk behavior favourable for HIV transmission.

Evidence shows that the HIV epidemic in the state is concentrated among the high risk group populations of female sex workers (FSW), Men having sex with men (MSM) and Injecting drug users (IDU). The HIV sentinel surveillance data of the 2010-11 round shows that HIV epidemic in the state is concentrated among high risk groups- IDU (1.46%), MSM (1.40%) and FSW (0.46%) while HIV prevalence among ANC clinic attendees, considered proxy for general population, is in increasing trend at 0.16% in 2012-13. However, as there are no migrant or trucker HIV Sentinel site in Assam, there is no available data from HIV sentinel surveillance on the bridge population and its possible role in the spread of infection from the high risk groups (HRGs) to the general population (Figure 1).

Figure1: HIV Prevalence (%) among different population groups in Assam as per HIV Sentinel Surveillance



A Clinical audit of the programme data done in 2012 to understand the geographical distribution of the HIV epidemic in Assam shows two specific focus of the epidemic in Barak valley and Kamrup areas while Nagaon district has been identified as an emerging district (Figure 2).

**Figure 2: ICTC DATA: District to which person belongs (%)
N=884**

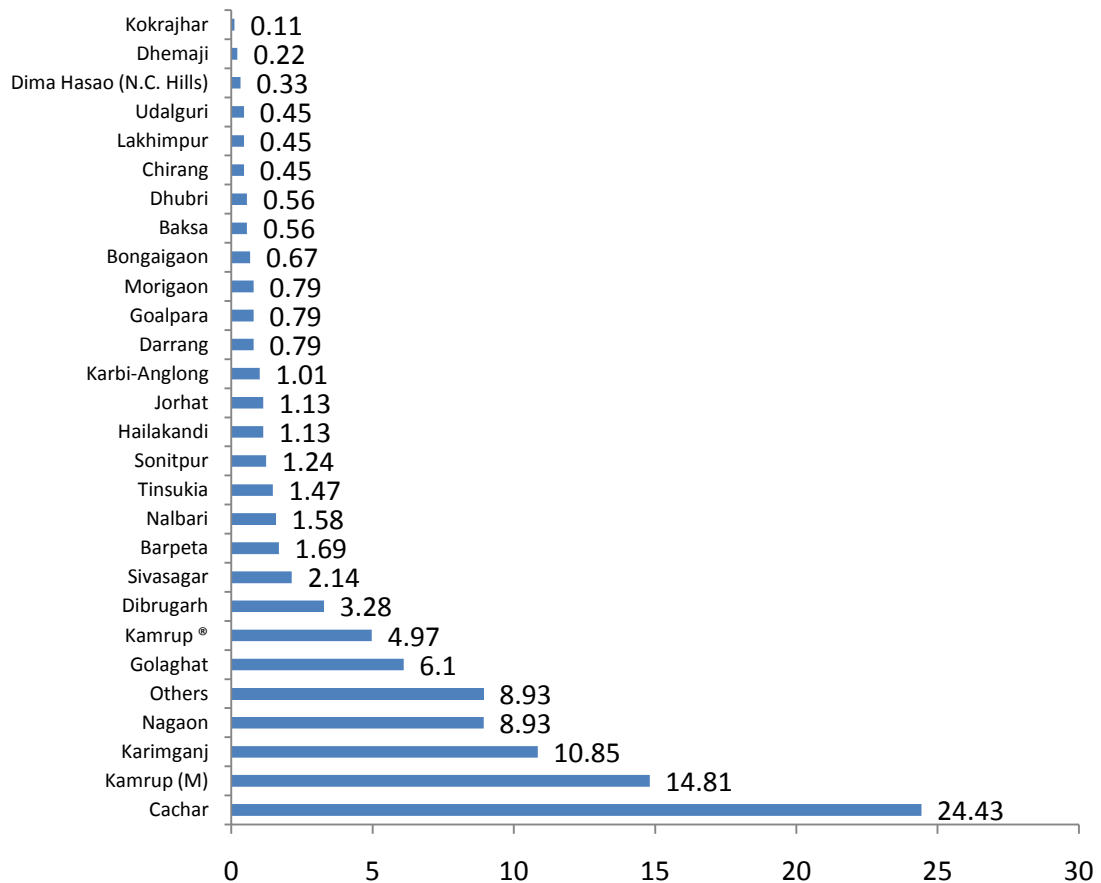
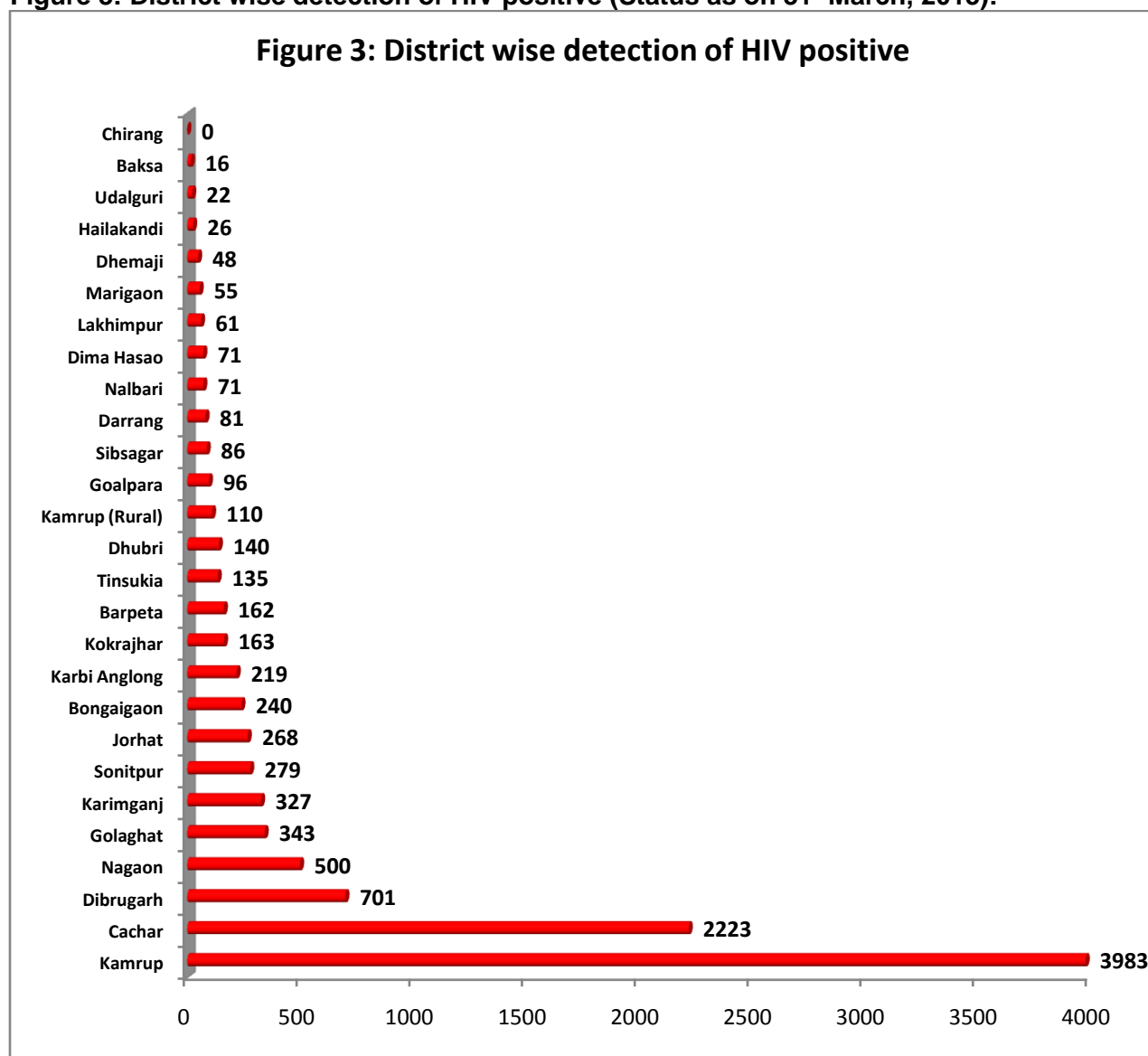


Table 1: HIV Positive cases in Assam as on 31st March, 2015:

	General Clients	Pregnant Women	Total
No. of Persons Screened at ICTC	817968	1260411	2078379
Number of Persons detected HIV Positive	9627	799	10426
Rate of positivity (Per thousand)	11.77	0.63	5.02

Figure 3: District wise detection of HIV positive (Status as on 31st March, 2015):



- **Year wise achievement for Disease control/Number of patients treated:**

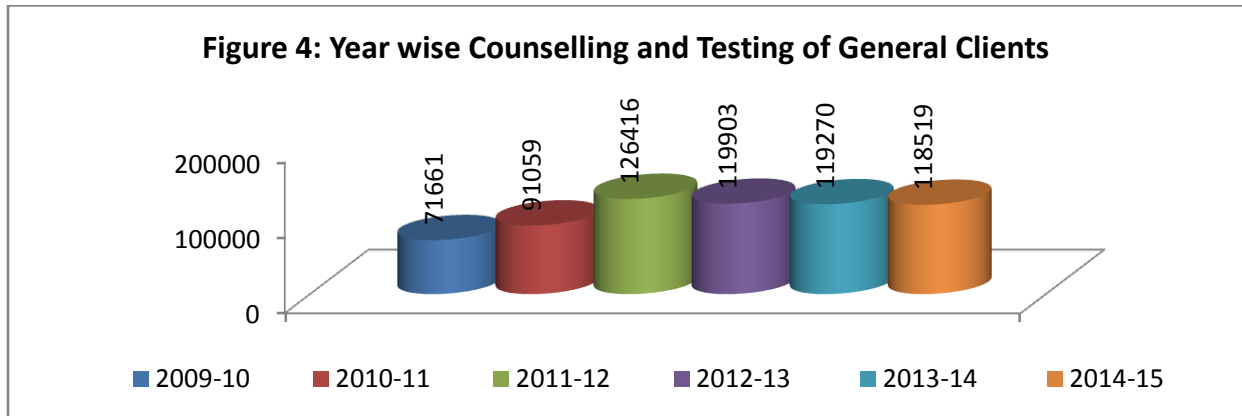
A. Disease Control

ASACS is implementing various services for the prevention and control of HIV in Assam. These services are implemented through mainly through the Medical Colleges and Districts Civil Hospitals in the State. The following are the key indicators on the services for Disease Control:

1. HIV testing among the general population

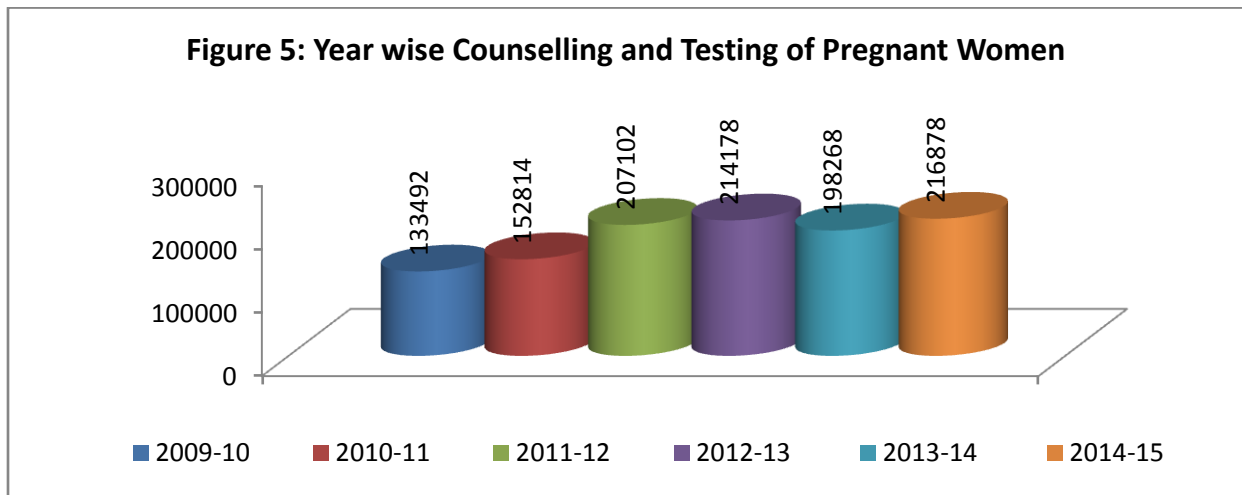
Analysis of the year wise HIV counseling and testing among the general clients shows an increase till 2011-12 followed by a stable trend during FY 2012-13 to 2014-15.

[Figure:4]



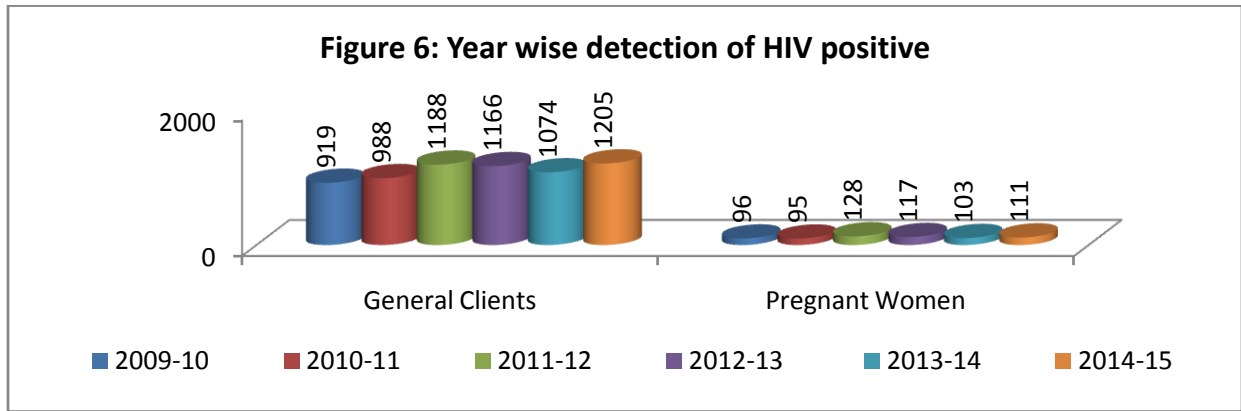
2. HIV testing among the Pregnant women

Analysis of the year wise HIV counseling and testing among the Pregnant Women shows an increasing trend till 2012-13 followed by a decline in the last two financial years. [Figure: 5]



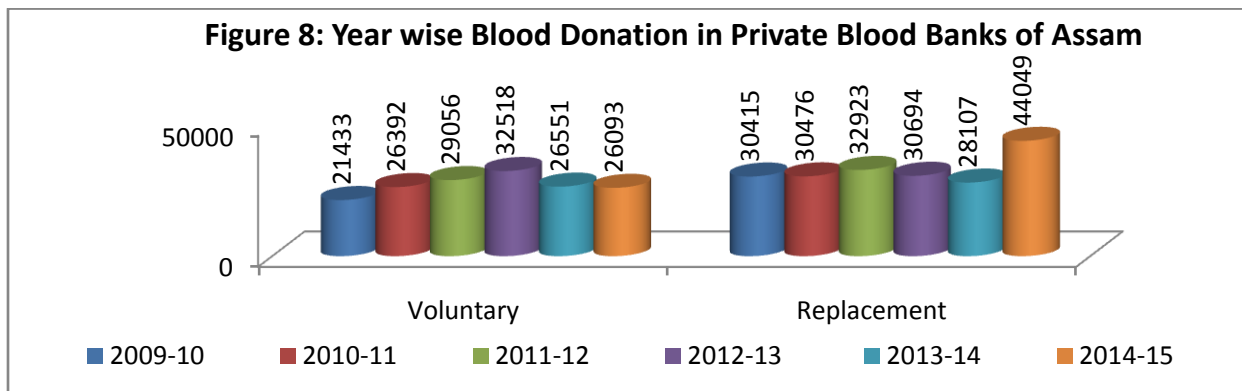
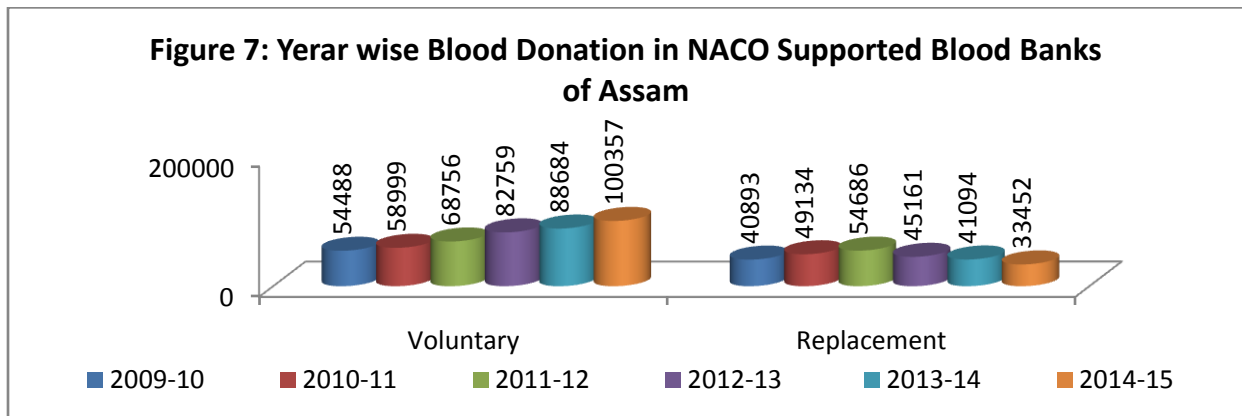
3. Detection of HIV positive cases

The year wise detection of HIV cases has increased steadily till 2012-13 among general clients and pregnant women. This is followed by a decline which may be due to decline in the number tested. [Figure: 6]



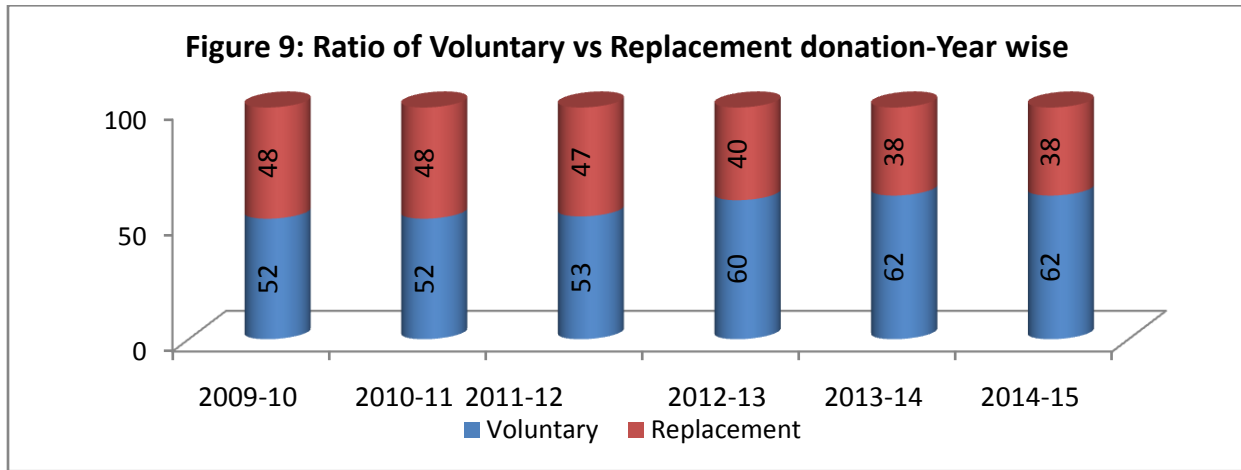
4. Blood Donation in NACO supported blood bank and private blood banks

There was steady increase in Blood donation in both NACO supported and private blood banks during 2009-10 to 2014-15. This increase is mainly due to the increase in voluntary blood donation in the state. [Figure: 7 and Figure: 8]



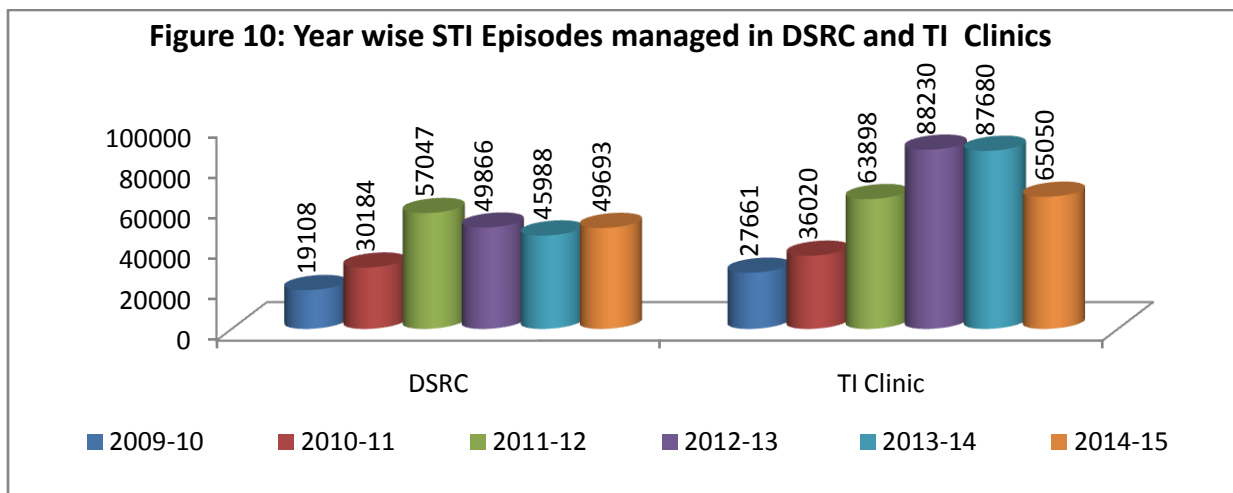
5. Ratio of Voluntary and replacement Blood Donation

During 2009-10 to 2014-15, there was a steady increase in the proportion of voluntary blood donation compared to replacement donation. [Figure: 9]



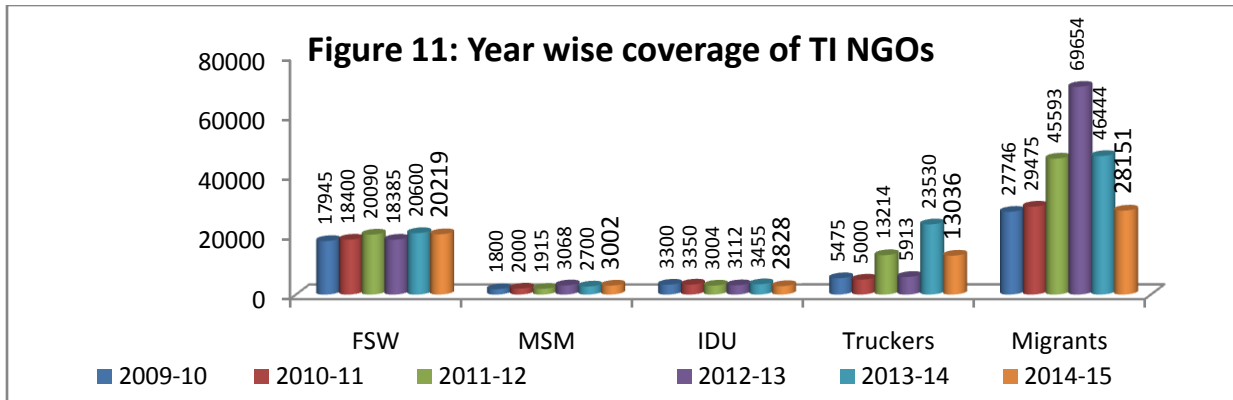
6. Treatment of STI/RTI episodes at DSRC and TI NGOs

The treatment of episodes of sexually transmitted infections/ reproductive tract infections (STI/RTI) has increased each year till 2012-13 in the designated STI/RTI Clinics located in the Medical Colleges and District Civil Hospitals. Similarly, number of episodes of STI/RTI treated in the STI Clinic located in the TI NGOs has increased till 2013-14. [Figure: 10]



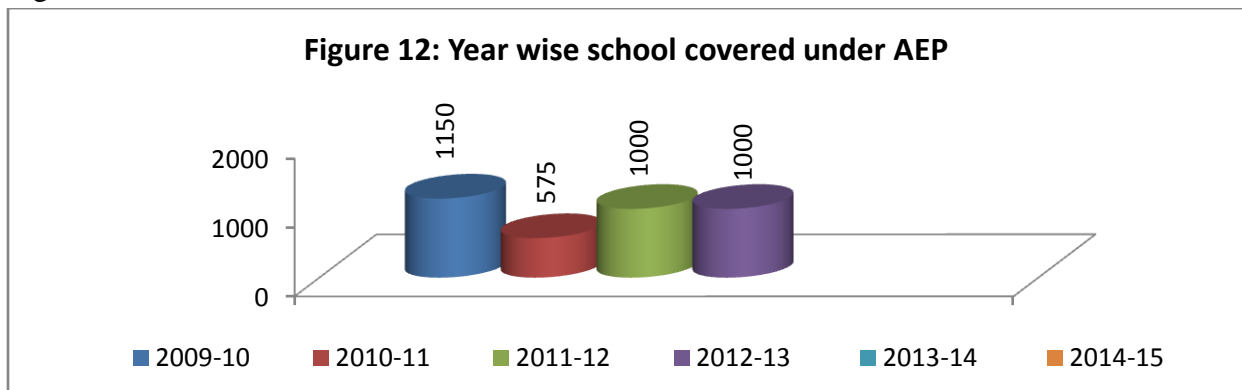
7. Coverage of HRG/Bridge population by TI NGOs

Analysis of the coverage data of the high risk groups i.e. Female Sex Workers (FSW), Men Having Sex with Men (MSM) and Injecting Drug Users (IDU) shows an increase in the coverage of the population by the TI NGOs till 2014-15. However, among the bridge populations i.e. Truckers and Migrants, the coverage by the TI NGOs has been variable every year. [Figure: 11]



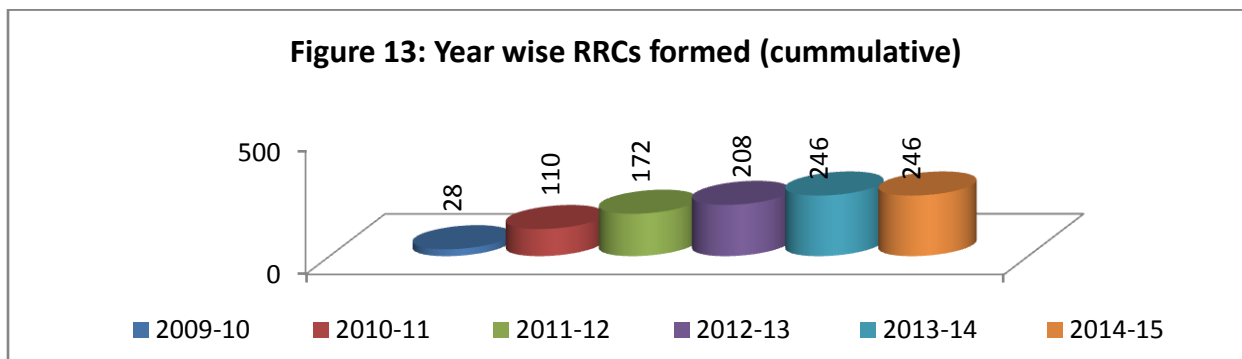
8. Adolescent Education Programme (AEP)

The AEP is implemented to create awareness among students on HIV/AIDS in the schools and colleges. During 2013-14 and 2014-15, it was not implemented due to some financial issues. [Figure:12]



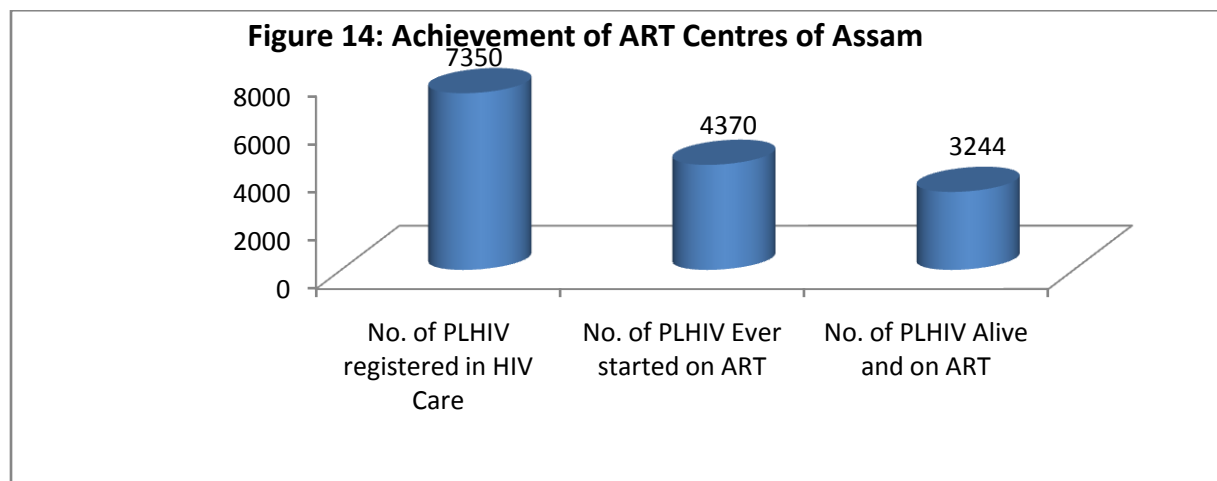
9. Red Ribbon Clubs (RRC)

RRC is implemented to create awareness among students and youths on HIV/AIDS in the colleges.



B. Care, Support and Treatment of the PLHIV(People Living with HIV/AIDS)

ASACS is implementing a comprehensive package of services for the treatment and care of the People living with HIV/AIDS. Since the beginning of the ART programme in Assam since 2005, 7350 PLHIV has been registered in the ART centers among which 3244 PLHIV are alive and on Antiretroviral Therapy (ART). [Figure: 14]



- **Infrastructure and Outcome**

Assam SACS has scaled up all its services for prevention and treatment during the National AIDS Control Programme, Phase-III (2007-12). The details of division wise scale up and outcome is mentioned below:

1. Infrastructure for HIV Counseling and testing

The number of ICTCs has increased in Assam from 130 in 2009-10 to 217 in 2014-15. Among the 217 ICTCs in 2014-15, 93 are NACO supported stand-alone ICTCs, 93 Facility integrated ICTC (which includes 15 in boat clinics and 8 in MMUs), 2 Mobile ICTCs and 29 ICTCs in Public Private Mode. [Table: 2]

Table 2: Number of ICTCs in the State

Indicator	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
No. of ICTCs (cumulative)	130	153	167	186	203	215
No. of Mobile ICTCs (cumulative)	-	1	2	2	2	2

This scale up in the number of ICTCs in all the districts of Assam has increased the number of HIV counseling and testing and ultimately the number of HIV case detection during this period as already highlighted in Figure: 4, 5 and 6.

2. Infrastructure for Blood Transfusion Services

The number of NACO supported Blood banks has increased from 25 in 2009-10 to 26 in 2014-15. Also, 1 Blood Mobile Van and 6 Blood Transportation vans are functioning since 2010-11.

The increase in the infrastructure has improved the blood donation in the state particularly the Voluntary Blood donation as highlighted in Figure 9. The number of voluntary blood donation camps has increased in the state from 202 in 2009-10 to 391 in 2014-15.

3. Infrastructure for Prevention and Control of STI/RTIs

The number of designated STI/RTI clinics has increased from 27 in 2009-10 to 28 in 2014-15. Also, 54 TI STI Clinics located in the TI NGOs are also providing the STI/RTI services to the HRGs and bridge populations in 2014-15.

This increase in the STI/RTI service facilities have resulted in treatment of more STI/RTI episodes as highlighted in Figure: 10.

4. Infrastructure for Targeted Intervention among HRG and Bridge population

The number of TI NGOs has been streamlined as per the coverage of the HRG and Bridge population in the state. In 2014-15, there are 54 TI NGO among which 31 are FSW TI, 6 IDU TI, 2 MSM TI, 2 Migrant TI, 2 Truckers TI and 11 Core Composite TIs covering more than one type of population. [Table: 3]

Table 3: TI NGOs functioning in Assam

Category	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
FSW	38	38	38	35	32	31
MSM	4	5	5	5	5	2
IDU	9	8	8	9	7	6
Truckers	3	1	1	3	3	2
Migrants	6	6	6	6	5	2
Core Comp	-	2	2	4	8	11

This has resulted in the increase in coverage of the HRG and Bridge populations over the years as highlighted in Figure. 11.

5. Infrastructure for Care, Support and Treatment

In 2014-15, 5 ART centers are functional in the state in GMCH, AMCH, SMCH, FAAMCH and JMCH. Among them 2 ART centers has been upgraded as ART Plus center where first line alternative and second line treatment is available. Besides this, 1 facility-integrated ART (FI-ART) center has been made functional at Nagaon Civil Hospital. Also, for easy availability of Medicine and to promote drug adherence, 11 Link ART centers are functional in the District Civil Hospitals.

Since the beginning of ART programme in 2005, 7350 PLHIV has been registered in the ART centers among which 3244 PLHIV are alive and on Antiretroviral Therapy (ART).[Details on Figure: 14]

• Special Schemes

Besides the above National AIDs & STD Control Programme implemented by Assam State AIDS Control Society ,the Govt of Assam provided fund to AIDS Control Society to implementing the following Social Protection Schemes for PLHIVs:

1. Establishment and functioning of Special Care Home for HIV-affected/infected orphans under budget support from Govt of Assam. At present 15 children are residing in the Special Care Home.
2. Financial Assistance grant of Rs .1.00(L) each to the Widow of AIDS Victim under the budget provision of Govt. of Assam. Total 249 Widow received the grant till date.
3. Improvement of infrastructure at ART centers of Assam. Till date, the infrastructure of the ARTC at AMCH, SMCH and FAAMCH has been upgraded using this fund. Currently the up gradation work is being implemented for ARTC JMCH.

ANNEXURE :District wise services of Assam State AIDS Control Society

District wise services of Assam State AIDS Control Society															
Sl. No	Name of the District	TI NGO	OST	ICTC						BB		STI		ART	LAC
				Stand Alone	FICTC	Boat Clinic	MMU	Mobile ICTC	PPPs	NACO Support	Private	DSRC	TI		
1	Baksa	1	0	1	1	0	0	0	1	0	0	1	1	0	0
2	Barpeta	3	0	4	5	2	0	0	0	1	0	1	3	1	0
3	Bongaigaon	2	0	3	2	1	0	0	0	1	2	1	2	0	1***
4	Cachar	4	1	4	5	0	0	0	1	2	1	1	4	1*	0
5	Chirang	1	0	1	2	0	0	0	0	0	0	1	1	0	0
6	Darrang	2	0	3	1	0	0	0	0	1	0	1	2	0	0
7	Dhemaji	0	0	4	1	1	0	0	0	1	0	1	0	0	0
8	Dhubri	2	0	3	5	2	0	0	0	1	0	1	2	0	1
9	Dibrugarh	2	1	3	2	1	0	0	0	1	4	1	2	1	1
10	Dima Hasao	2	0	2	1	0	0	0	0	1	0	1	2	0	0
11	Goalpara	2	0	3	6	1	0	0	0	1	1	1	2	0	0
12	Golaghat	3	0	4	2	0	1	1	3	1	1	1	3	0	1
13	Hailakandi	1	0	2	0	0	0	0	0	1	0	1	1	0	0
14	Jorhat	2	0	5	2	1	1	0	0	1	2	1	2	1	0
15	Kamrup (M)	6	1	4	3	0	0	1	14	3	14	2	6	1*	1
16	Kamrup ®	1	0	8	12	1	5	0	0	0	2	1	1	0	0
17	KarbiAnglong	3	1	4	3	0	0	0	0	1	0	1	3	0	1
18	Karimganj	1	0	2	1	0	0	0	1	1	0	1	1	0	0
19	Kokrajhar	1	0	3	0	0	0	0	0	1	0	1	1	0	1
20	Lakhimpur	1	0	3	2	1	0	0	0	1	0	1	1	0	1
21	Morigaon	1	0	2	2	1	1	0	0	1	0	1	1	0	0
22	Nagaon	3	0	5	6	0	0	0	0	1	3	1	3	1**	0
23	Nalbari	3	0	3	0	1	0	0	1	1	1	1	3	0	0
24	Sivasagar	2	0	4	2	0	0	0	2	1	2	1	2	0	1
25	Sonitpur	2	0	7	2	1	1	0	1	1	3	1	2	0	1***
26	Tinsukia	2	0	5	1	1	0	0	5	1	4	1	2	0	1
27	Udalguri	1	0	1	1	0	0	0	0	0	0	1	1	0	0
Total		54	4	93	70	15	8	2	29	26	40	28	56	6	11
*ART Plus Center, ** FI-ART Center, ***LAC Plus Center															

