

Expanding Test and Treat for HIV Prevention in MSM in Kisumu, Kenya. The Anza Mapema Study: Baseline Participant Characteristics and Risk Behaviours

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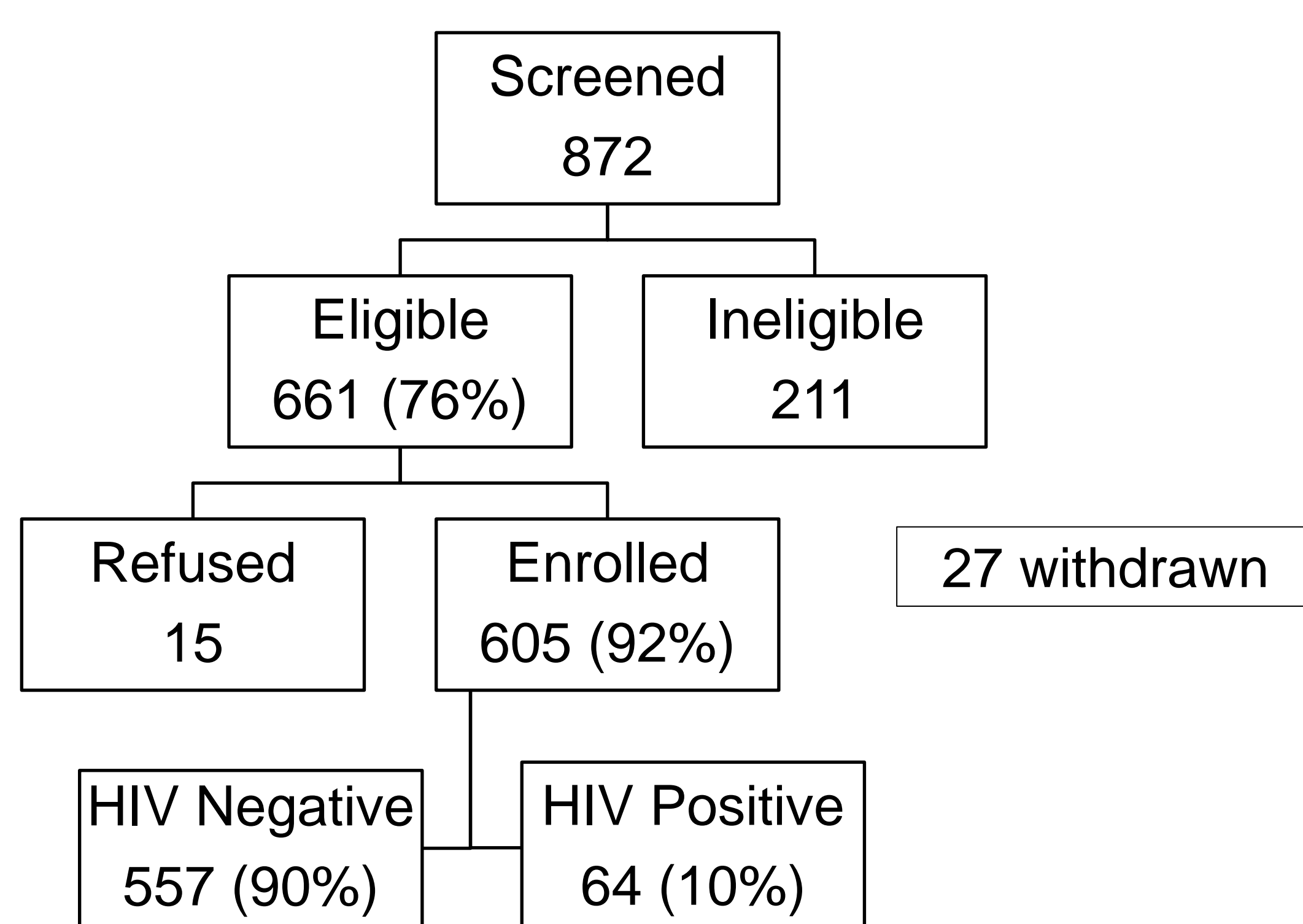
Background

HIV testing and treatment are among the most effective HIV prevention interventions to date and programs that specifically target individuals at increased risk of HIV, including men who have sex with men (MSM), are critical if we are to impact HIV transmission and acquisition. The Anza Mapema Study is targeting 700 MSM to be offered a comprehensive HIV prevention and care package designed to improve diagnosis, reduce treatment initiation delays, and retain patients on treatment. The purpose of this analysis is to present interim baseline characteristics and risk behaviours of a high-risk, vulnerable population in Kisumu, Kenya.

Methods

MSM underwent screening for eligibility followed by HIV testing, behavioural interviews as well as medical examination with collection of blood, urine and rectal swab specimen. Testing was conducted for hepatitis, gonorrhoea (NG), chlamydia (CT), syphilis and HSV-2. HIV positive participants already on ART were excluded. Additionally, CD4, viral load, haematology and biochemistry was done for all HIV positive participants. All HIV positive participants were started on ART regardless of viral load and/or CD4. Data were collected using ACASI (behavioural) and CAPI (Medical) and analysed using STATA version 13.1.

Figure 1. Screening, Eligibility and Enrolment



Results

Of the 872 participants screened, 605 were enrolled. Median age was 23 (21-28), with 78% having more than primary education and 39% currently living with a male sex partner. Bisexuals were 28% while homosexuals were 71%. Those reporting transactional sex were 66% and 39% always used condoms during anal intercourse (AI). 10% of enrollees were HIV positive of whom 56% were newly diagnosed and 78% were in WHO stage 1. Mean viral load was 37,811 copies/mL (95% CI: 12,466-63,157) and median CD4 538 (95% CI: 469.2 - 641.2) with 6 individuals having undetectable viral loads and 87% of all HIV positive participants reporting being ART naïve. Mean creatinine was 55.1 (95% CI: 45.8 - 64.4 and mean ALT was 44.7 (96% CI: 35.5 - 53.9). STI prevalence were; HSV-2 – 31%, Syphilis – 0.7%, CT – 10.1% and NG – 4.9%. Overall NG or CT prevalence was 13.4% (20.8% among HIV positives and 12.7% among HIV negatives). Prevalence for Hepatitis B was 11.9% and Hepatitis C 2.3% (7.3% among HIV positive vs 1.6 among HIV negative).

Table 1: Baseline Demographic Characteristics

Variable	N	Percent
Age (median, IQR)	23 (21-28)	
Ethnicity: Luo	515	82.9
Education: Primary or below	138	22.2
Education: Secondary	316	50.9
Education: Tertiary	167	26.9
Occupation: Sex worker	70	11.3
Ever married to female	160	25.8
Currently married to female	64	10.3
Currently living with a male sex partner	244	39.3
Uncertain financial status	461	74.8

Table 2: Baseline Risk Behaviours

Variable	N	Percent
Had sex for money in last 3 months	408	65.8
Ever used condoms for AI last 3 months	538	86.6
Always used condoms for AI in last 3 months	244	39.3
Ever treated for STI	79	12.7
Ever tested for HIV before study	517	83.4
Ever forced to have sex with a man	147	23.7
Hazardous/harmful alcohol consumption	311	50.2
Ever injected drugs in past year	40	6.4
Shared needle in past year	25	4.1

Table 3: Characteristics of HIV Positive Men

Characteristic	N	(%)
WHO Stage 1	50	78
WHO Stage 2	11	17
WHO Stage 3	3	5
Newly diagnosed with HIV	36	56
Median CD4 (IQR)	538	(344-1192)
Mean Viral Load (95% CI)	37,811	(12,466-63,157)
Ever taken ARVs	8	13
Currently taking ARVs	6	9

Conclusion

The Anza Mapema cohort is the largest ongoing MSM cohort in Kenya. Participants are at high risk for HIV given high rates of transactional sex and STIs. Most HIV positive participants were newly diagnosed and enrolled in test and treat. Future plans are to add PrEP for HIV negatives

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