Antiretroviral Therapy (ART) Treatment-as-prevention Will Have Large Public Health Impact Only If Out-of-care HIV+ Persons Are Reached in the Community and Enter Medical Care

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Background/Objective

Early ART initiation suppresses HIV viral load, reduces onward disease transmission, and is therefore a potentially powerful HIV prevention strategy. However, approximately half of persons diagnosed as HIV+ in most countries are not in medical care because they dropped out or never began treatment. The public health benefits of treatment-as-prevention can only be realized if out-of-care persons living with HIV (PLH) in the community are reached and engaged into medical care. Little is known about why many PLH are not in care or how to reach them.

Method

In-depth interviews were conducted with 50 PLH recruited in Milwaukee (USA) and St. Petersburg (Russia), none of whom had recent medical care. Interview transcripts were qualitatively analyzed to identify key themes underlying their reasons for not being in care. We also assessed the potential to reach out-of-care PLH in the community through their interconnections with other HIV+ persons.

Result

In both countries, reasons reported for not being in care were beliefs that HIV medical care is needed only after illness develops, outdated beliefs about ART efficacy, stigma, absence of social supports for care, and interference of substance abuse. PLH in Russia often cited medical infrastructure barriers and poor treatment by providers. HIV+ persons are linked in their social networks with other PLH. Participants had a mean of 5 HIV+ friends, the majority of whom were either also out of care or treatment nonadherent. Thus, it is possible to employ social network methods to reach HIV+ persons, even those who are hidden in the community, through their social network connections with other PLH.

Conclusion

Successful prevention of HIV transmission through early and widescale ART requires that a high proportion of PLH in the community be reached and engaged into medical care. Social network methods can be used to reach and address treatment concerns of out-of-care PLH.