



ANRS 12299



COMMUNITY SUPPORTED RESPONDENT
DRIVEN SAMPLING AMONG PERSONS
WHO INJECT DRUGS IN HAIPHONG,
VIETNAM: A CASE STUDY WITH
IMPLICATIONS FOR INTERVENTION

Study setting: Hai Phong

- ~ 2 millions inhabitants
- ~ 10,000 PWID, >90% males
- 14 MMT clinics,
- ~ 3500 PWID initiated on methadone since 2008.
- 13 ART outpatient clinics (PEPFAR & Global Fund)
- Community self-support groups: risk reduction, syringes, community detox, income-generating activities



INTRODUCTION

Combined prevention (**NSP, MAT, ART**) has greatly reduced HIV transmission among PWID in many high income settings, e.g. Vancouver, New York City, Western Europe, Taiwan, **to incidence rates > 0.5/100 person-years at risk**

Should be possible to replicate this in low/middle income settings

Initial high investment, but preventing new HIV infections should eventually be cost-saving!

What is needed?

- Provide high coverage of NSP, MAT and ART
- Mechanisms to link PWID to services

Linking High Risk PWID to Services

- 1) engage large numbers of PWID who are not receiving services and who are at high risk for acquiring HIV or transmitting HIV to others (injecting frequently) and
- 2) provide for continuing contact with and assistance in obtaining services.

Linking High Risk PWID to Services

- It also would be desirable to have mechanisms that 3) can be implemented rapidly, as the sooner HIV transmission is reduced, the sooner a cost-savings point would be reached, and
- 4) are relatively inexpensive.

INTRODUCTION

- Respondent Driven Sampling (RDS) has been used in over 200 studies that included persons who inject drugs (PWID) participants

HIV AND RDS: VIETNAM

- HIV epidemic in Vietnam primarily driven by **injection drug use**
- National HIV prevalence among PWID: **13.4%**
- Only **one study to date** conducted in Vietnam utilizing RDS among PWID
- Varying level of **harm reduction coverage in Vietnam** for PWID (needle exchange, medication-assisted treatment)

OBJECTIVE

Assess the contributions of community based peer support groups to a respondent driven sampling (RDS) for recruiting persons who inject drugs in Haiphong Vietnam, and to consider the implications of peer support groups for intervention implementation

METHODS

- Three Peer/Support Groups included
 - Friendship Arms, Virgin Flowers, White Sands
- RDS sampling of PWID in Haiphong in 2014
- Target sample size: 600 PWID
- Nine seeds used for recruitment: Included 3 men who have sex with men PWID and 3 female sex worker PWID

Activities of Peer Support Groups

- 1) Provided expert knowledge of local PWID population
- 2) identified and recruited the seeds, 2
- 3) registered participants, including validating coupons and using a fingerprint reader to prevent multiple participation by a single individual,

Activities of Peer Support Groups

- 4) gave an overview of the study to participants prior to formal informed consent,
- 5) determined eligibility, including examination of skin marks or knowledge of injecting practices and administering the urinalysis,
- 6) paid honoraria, and
- 7) distributed coupons for further recruitment.

RESULTS-RDS AND HOMOPHILY

- RDS recruited 580 subjects in three weeks, additional 23 subjects MSM, CSW recruited by peer support staff
- Up to 50 subjects per day in the second wave
- Low homophily (between HIV +/- HIV- 0.15)
- One to five waves were required to reach equilibrium on key measures (HIV, demographics)

RESULTS-DRUG USE AND SEROSTATUS

- HIV Positive (sample, RDS estimate): 25%, 23%
- HCV Positive (sample, RDS estimate): 67%, 69%
- Males: 91%
- Average age: 37
- Heroin primary drug used, average 2.7 injections/day

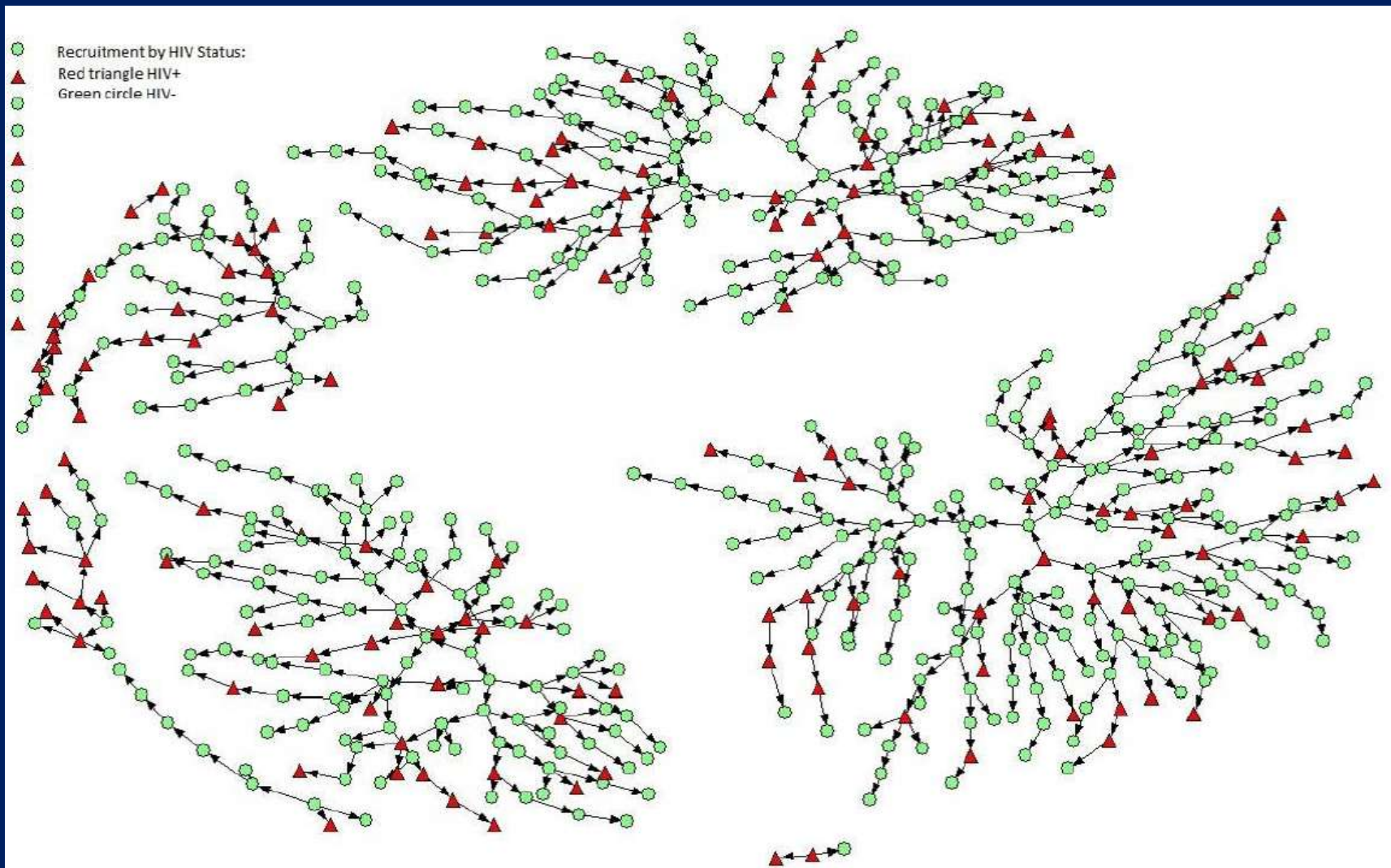
RESULTS-DRUG USE AND SEROSTATUS

- **HIV Prevalence** among non-MSM male “new injectors” (persons injecting for < 2 years): **1%**
- Assuming all non-MSM male new injectors were HIV seronegative when they began injecting, **HIV incidence: 1/100 person-years**
- **HIV prevalence higher among female and MSM-PWID likely due to sexual transmission**

RESULTS-COMBINED PREVENTION AND CARE

- NSP Coverage: 80%+ using pharmacies
- OST/Methadone: 4500 positions for 10,000 PWID
- HIV viral load testing: 40% of HIV seropositives were at viral suppression
- Possibility of “Ending the Epidemic”

NETWORK DIAGRAM RDS HAIPHONG



Integration of RDS and Peer Support

- 1. Speed of identifying high risk PWID
- 2. Both RDS and peer support staff are Inexpensive
- Cohort Study
- 3. Continuing contact?
- 4. Successful linkage to services?

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