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Out-of-Care PLH in
St. Petersburg,
Russia Can Be
Located and
Successfully
Reached in the
Community Through
Their Social Network
Connections

Introduction

- The number of officially recorded HIV cases in Russia is over 880,000, and the estimated true number is over a million cases;
- One-third of PLH in the US are not in care; in Russia, about a half of PLH are not in care;
- In Russia, ART is normally prescribed at CD4 count 350 and less;
- Only 23% of PLH in Russia are on ART;
- Only 19% of PLH have achieved viral suppression (Pokrovskaya, 2014)

Introduction

- Out-of-care PLH in Russia include those who never entered, dropped out, or became lost to care.
- For treatment-as-prevention to achieve its full impact on a public health scale, the large pool of out-of-care PLH hidden in the community must be reached to engage in medical treatment.

Introduction

- A variety of reasons are associated with why PLH in Russia are out of care. In a recent study, many PLH reported care system-related and infrastructural barriers to care.
- These included:
 - Limited care access;
 - Poor treatment by providers;
 - Fear that providers will break confidentiality
 - Stigma

Introduction

- However, a significant proportion of PLH are out of care for reasons including:
 - having care-related misconceptions;
 - not fully understanding care benefits;
 - Placing a low priority on health; and
 - having other practical barriers related to attending care appointments.

Introduction

- The current study was carried out in St. Petersburg, the second largest city of Russia with the population of approximately 4.5 million.
- Approximately half of HIV infections are among persons who inject drugs, and a majority of new infections were transmitted heterosexually.
- The number of new HIV infections in Russia and St. Petersburg increases by approximately 10% per year.

Introduction

- Ways to link newly-diagnosed PLH into care are well established. But, few approaches have been studied for reaching out-of-care PLH in the community.
- The current study aimed to utilize a social network recruitment strategy to examine whether out-of-care PLH could be successfully recruited in St. Petersburg PLH community and then linked to HIV care.

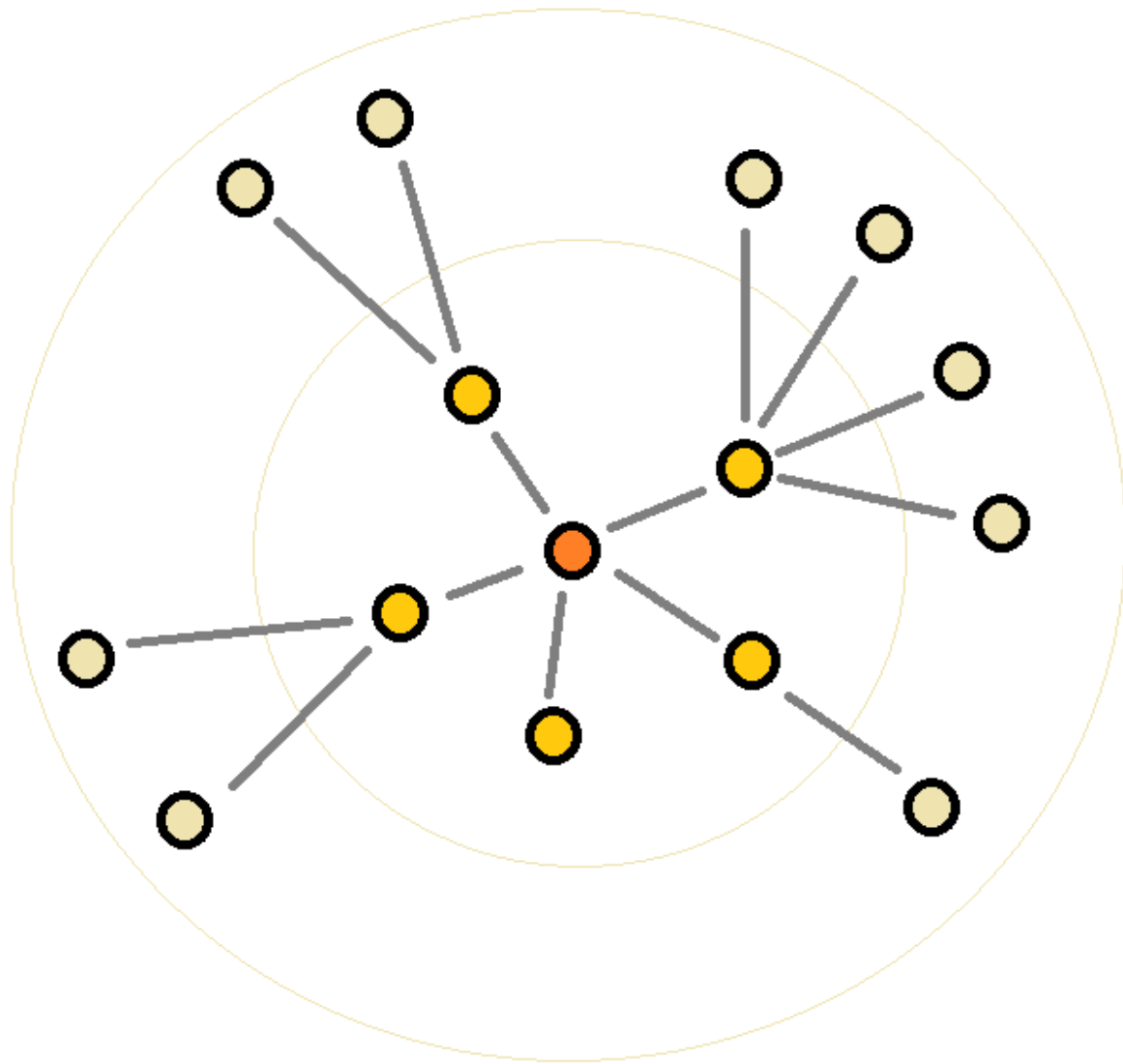
Methods

- Recruitment of each network was initiated with an HIV+ “seed” recruited in a venue or online. Seeds were eligible if they were not in care or reported suboptimal (<90%) ART adherence.
- At enrollment, each seed invited his or her HIV+ friends into the study, who—when recruited—in turn were asked to invite their own PLH friends.
- This strategy established 2-ring sociocentric networks of PLH.

Results

- N=25 networks that included n=223 individual participants were enrolled. Enrollment rate was 54%.
- Enrolled networks sized from 2 to 44 members (mean=9.04; median=4.0).

Social Networks of PLH



Results

- 26% of PLH network members were not in care.
- Among 165 participants in care, 31% were not on ART (for a half, no ART was offered by a doctor; others either not yet started, refused, or stopped treatment).
- 32% of participants on ART reported suboptimal ART adherence.

Results

- Only 35% of participants in the sample (n=78) recruited through networks in the community reported being on ART and highly adhering to the therapy.
- The HIV care needs of the remaining two-thirds of the sample were not met.

Conclusions

- New and nonconventional methods are needed to access hard-to-reach PLH to link them to HIV care.
- Social networks—accessed and recruited from PLH community—may help identify and reach a large percentage of persons not in care, not in therapy, or non-adherent to therapy.

Conclusions

- Interventions with the focus on PLH in their social networks and that aimed to link them to care and boost social support are very promising.
- Social network intervention holds great promise for delivering intervention to increase PLH care engagement, re-engagement, and adherence.

Conclusions

- Once reached, examples of interventions with PLH networks to encourage care engagement include:
- Helping all members of a network to provide one another with mutual social support for care and adherence; and
- Identifying, invigorating, and training network leaders to gain skills to support friends' care and adherence.

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