

# Community-based testing and treatment program linked with improved viral suppression among HIV-positive

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Among individuals with human immunodeficiency virus (HIV) in rural Kenya and Uganda, implementation of community-based testing and treatment was associated with an increased proportion of HIV-positive adults who achieved viral suppression, along with increased HIV diagnosis and initiation of antiretroviral therapy, according to a study published by *JAMA*.

Early [antiretroviral therapy](#) (ART) improves the health of individuals with HIV and reduces HIV transmission. Models and observational analyses suggest that an intensive global investment to expand ART coverage could alter the epidemic trajectory and improve longevity and health.

However, realizing this potential requires diagnosing HIV, initiating ART, and suppressing viral replication in most HIV-positive persons. Maya Petersen, M.D., Ph.D., of the University of California, Berkeley, and colleagues examined changes following implementation of a community-based HIV testing and treatment program in 16 rural Kenyan (n = 6) and Ugandan (n = 10) intervention communities. HIV status and plasma HIV RNA level were measured annually at health campaigns, followed by home-based testing for nonattendees. All HIV-positive individuals were offered ART using a streamlined delivery model designed to reduce structural barriers, improve patient-clinician relationships, and enhance patient knowledge and attitudes about HIV.

Among 77,774 residents (male, 45 percent), HIV prevalence at study entry was 10 percent. The proportion of HIV-positive individuals with HIV viral suppression at study entry was 45 percent and after two years of intervention was 80 percent. Also after two years, 96 percent of HIV-positive individuals had been previously diagnosed (prior to baseline or during the 2-year program); 93 percent of those previously diagnosed had received ART; and 90 percent of those treated had achieved HIV viral suppression.

Several limitations of the study are noted in the article, including that the primary analysis focused on baseline stable community residents due to their full exposure to the intervention; however, these individuals may be easier to test, treat, and suppress than more mobile populations.

**More information:** *JAMA* (2017). [jamanetwork.com/journals/jama/.../1001/jama.2017.5705](https://jamanetwork.com/journals/jama/.../1001/jama.2017.5705)

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