

The Current Scenario of HIV/AIDS in India

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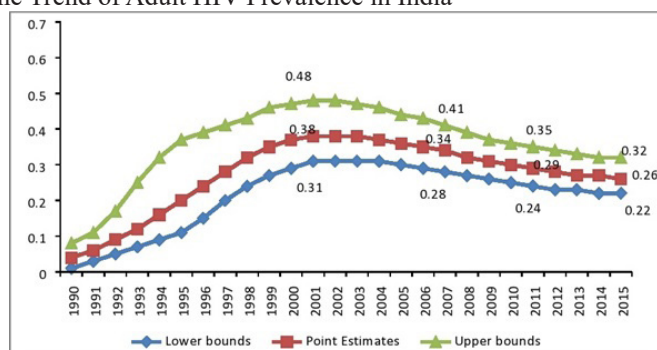
HIV is a threat for India since its detection in the year 1986 in Chennai. The current status shows that an estimated 2.1 million population in India is living with HIV infection by the year 2015. The estimated adult HIV prevalence in India is 0.26% (0.22%-0.32%). The adult HIV prevalence is estimated at 0.30% among males and at 0.22% among Females.

Some important facts states that Children (< 15 years) account for 6.54% of infections. While 83% are in the age group of 15-49 years and two fifth (40.5%) of total HIV infections are among females. The current trend shows that 86 thousand new HIV infections occurred in 2015 showing 67% decline from the year 2000 while the global decline remains at 34%.

In 2015 an estimated 67.6 [46.4-106.0] thousand people died of AIDS-related causes. The annual number of AIDS related deaths has declined by 54% in 2015. This decline is consistent with the rapid expansion of access to HAART in the country.

The dreadful infection which was detected in the country in the year 1986 was gradually increasing and reached its peak by the year 2000 to 2001 when the prevalence became 0.38%. From the year 2002 the prevalence started to show steady decline and reached at the level of 0.26% by the year 2015.

The Trend of Adult HIV Prevalence in India



Most encouraging is that the decline is evident among the young age group (15-24) at the national level both among male and female.

Categorization of the States

The different states in India has been categorised based on some criteria;

- High Prevalent States - Prevalence among antenatal women > 1%
- Moderate Prevalent States - Prevalence in antenatal women < 1% and prevalence in STD Clinic attenders and other HRG >5%
- Low Prevalent States - Prevalence in antenatal women < 1% and prevalence in STD Clinic attenders and other HRG < 5%

The High Prevalent States

- Manipur (1.15%)
- Mizoram (0.80%)
- Nagaland (0.78%)
- Andhra Pradesh & Telangana (0.66%)
- Karnataka (0.45%)
- Gujarat (0.42%) and Goa (0.40%)

(Source: NACO 2015)

The Moderate Prevalent States

Maharashtra, Chandigarh, Tripura and Tamil Nadu have shown estimated adult HIV prevalence greater than the national prevalence (0.26%).

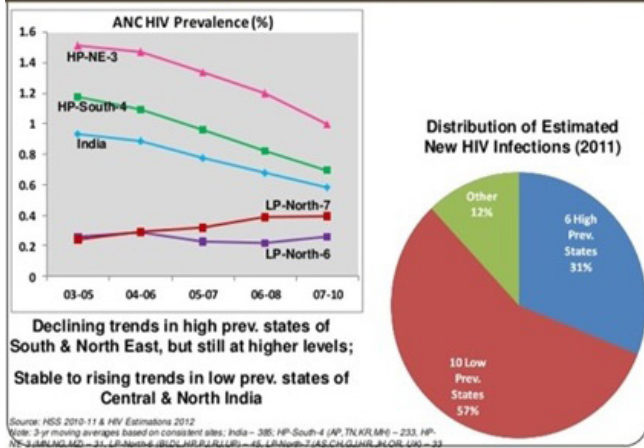
The Low Prevalent States

Odisha, Bihar, West Bengal, Sikkim, Delhi and Rajasthan have shown an estimated adult HIV prevalence in the range of 0.21-0.25%. All other States/UTs have levels of adult HIV prevalence below 0.20%.

While most of the high prevalent states are showing declining trends it is quite surprising to see the increasing trend of prevalence

in some of the low prevalence states like Assam, Chandigarh, Delhi, Jharkhand, Punjab, Tripura and Uttarakhand.

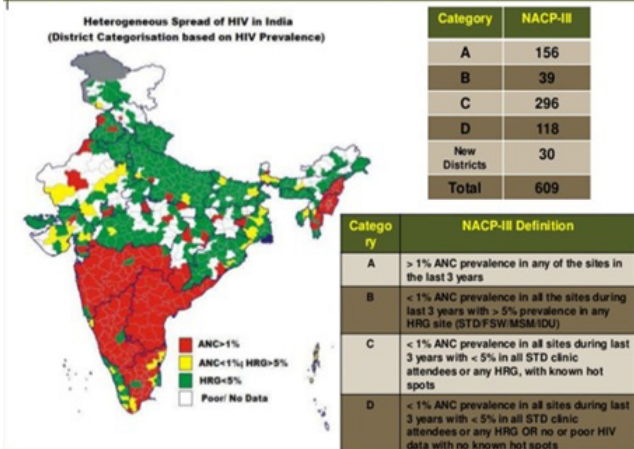
However, Regional Variations Exist...



Classification of districts

- Districts are classified into four categories A to D
- Category A:**
 - More than 1% ANC prevalence in district in any of the sites in the last 3 years.
- Category B:**
 - Less than 1% ANC prevalence in all the sites during last 3 years with more than 5% prevalence in any HRG site (STD/FSW/MSM/IDU)
- Category C:**
 - Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG sites, with known hot spots (Migrants, truckers, large aggregation of factory workers, tourist etc.,)
- Category D:**
 - Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG sites with no known hot spots OR no or poor HIV data

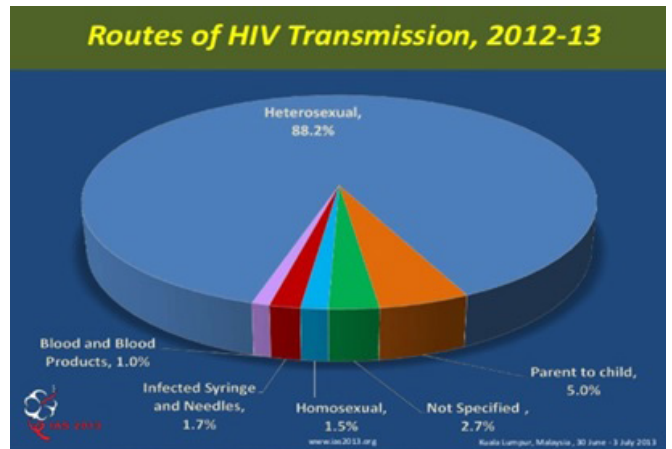
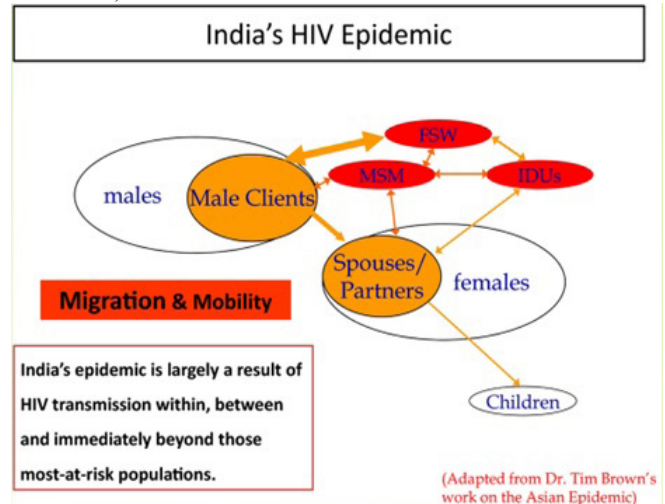
District-wise Scenario of HIV/AIDS



The main characteristics of the epidemic in India

- The Indian epidemic is characterized by low levels in the general population and elevated concentrations among high-risk groups.
- FSW, MSM, Transgenders and IDUs form the core of the epidemic.
- Male clients of FSWs and partners of MSM, IDUs, migrants and truckers are potentially the bridge population.

- At first the epidemic was confined to the FSW and their clients but later it started to spread to the general population through the bridge population. As the epidemic has matured women account for a growing proportion of people living with HIV infection, especially in the rural areas.
- In one of the earlier studies among STD clinic attendees, it was observed that women married to men having high-risk behaviour were at a greater risk of infection, even though they do not have risky behaviour on their own (Gangakhedkar et al. 1997).



The Prevalence of HIV Infection (%) among Antenatal Clinic Clients (2012-2013) and in High Risk Behaviour Groups (2010-2011) in India.

Antenatal clinic attendees (2012-2013)	0.35%
Migrants	0.99%
Truckers	2.59%
Female Sex worker	2.67%
MSM	4.43%
IDU	7.14%
Transgender	8.82%

Source: ICMR

During last few years it has been noted that the different population

groups including FSW and MSM are showing declining trend while an increasing trend is being found among the IDU who are considered to be the population group having the highest prevalence which is about 9%. The maximum number of IDU is found in Manipur where the prevalence is as high as 13%.

The risk factors are:

- **Unprotected sexual activity** - It has been found that unprotected heterosexual activity is responsible for 88% HIV transmission in India. The prevalence of HIV infection among the FSW is highest in Mizoram (27%) and it is also high in Maharashtra and Karnataka.
- **MSM** - It is found that unprotected anal sex is the commonest method of HIV transmission among the MSM. HIV infection among the MSM is highest in Nagaland (15%) and it is also high in Maharashtra and Chhattisgarh. In many studies it is seen that the knowledge of HIV transmission is significantly poor among them.
- **IDU** - Injecting drug users are rising in our country, especially in the north eastern states like Manipur. At present the current no of IDU in India is 2 lakhs. The prevalence of HIV is quite high among the IDUs in Manipur, Mizoram and Delhi where the prevalence remains more than 10%.
- **Migration** - Migration for work take people away from their family which can introduce risky behaviour among them. And once they become infected with HIV infection, they are likely to transmit the infection to their spouses.
- **Less empowerment of women** - The HIV infection rate has been increasing among the women and their infants as it is transmitted by the bridge population. Low level of literacy and economic dependence make women less empowered. So they cannot negotiate safe sex and become more vulnerable

for the infection.

- **Social Stigma** - The stigma associated with the disease makes unnecessary delay in diagnosis and treatment. Sometimes due to this factor the patients suffering from this infection are deprived from their basic rights.

The National AIDS Control Programme was launched in the year 1992 and we are going through the fourth phase of the NACP.

India has made significant progress to fight against HIV\ AIDS since its inception. We need a better preventive programme, protection against discrimination and social stigma, strong leadership and advocacy and a better access to routine screening and treatment facilities to achieve the zero level of new infections by the year 2030 [1-11].

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