Case example: assisted partner services for people who inject drugs in Kenya to identify partners living with HIV and hepatitis C

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People who inject drugs (PWID) are at increased risk of both HIV and hepatitis C virus (HCV) compared with those who do not inject drugs. In Kenya, the prevalence of HCV infection is estimated to be between 0.2% and 4% nationally, but 13-22% among PWID. PWID experience barriers to diagnosis of both HIV and HCV infections and linkage to treatment services (including antiretroviral therapy (ART) and HCV direct-acting antiviral therapy). We conducted a prospective cohort study from 2018-2022 to determine whether assisted partner services could be used to locate and offer HIV and HCV testing to partners of PWID living with HIV.

All procedures were conducted in collaboration with organizations offering harm reduction services, including needle and syringe programs and sites for opioid agonist maintenance treatment, in Nairobi and the north coastal region. Index participants – people living with HIV who injected drugs in the last year – provided information about sexual and injection partners. The study health advisors worked with site clinicians to identify indexes. Community-based peer educators then contacted partners, either over the phone or in person. The peer educator program is a pre-existing program that trains former PWID to conduct outreach and provide harm reduction services for PWID communities. To protect the index identity, peer educators were not told which index was linked to which partner. Peer educators informed partners that they had been mentioned by someone as a possible participant in a research study, and that they could present to a research site to participate. If the partner was not interested in participating in the study, the health advisor would then communicate the HIV exposure to the partner and urge the partner to get tested for HIV and HCV. All index participants and any partner who tested positive for either HIV or HCV antibodies completed a 6-month follow-up visit.

Index participants mentioned 4.74 partners on average for a total of 4705 partners, 4588 (97%) of whom were located; 100% of those located accepted HIV and HCV testing. Median time from getting a partner's contact information to providing testing was 8 days for injecting partners and 15 days for sexual partners. A total of 597 (18.0%) partners were positive for HIV and of these, 85.2% already knew their status, while 14.7% were newly diagnosed. Of those with a known HIV-positive status, 89.4% reported currently taking ART, and of those 78.7% were virally suppressed.

A total of 393 (12%) partners were positive for HCV antibodies, of which 104 (23%) were already aware of their HCV antibody status and 213 (54%) were viremic, all of whom were referred for treatment. Of those aware of their HCV antibody status, only 4 (4%) reported previously undergoing treatment for HCV.

A total of 871 partners were positive for either HIV or HCV antibodies, making them eligible for 6-month follow-up visits. Among 331 index and partner participants who were not taking ART at enrollment, 238 (71.9%) reported being on ART at 6-month follow-up visits and 87.4% of participants who were taking ART at enrollment were confirmed to be on ART at 6-month follow-up.

When used among PWID, assisted partner services for people living with HIV effectively identifies partners living with both HIV and HCV. Many partners were aware of their HIV status but not engaged in care, but far fewer were aware of their HCV status. Assisted partner services was able to increase ART uptake for both index participants and partners over a 6-month period.

Study publication: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00051-2/fulltext