



Are all fishing communities a most-at-risk population (MARP) for HIV infection?

The case of Amolatar district in Northern Uganda

THPE524

W. Oloya¹, L. Cicciò¹, A.A. Otero¹, K. Beal², A. Fullem²

¹Northern Uganda Malaria, AIDS and Tuberculosis (NUMAT) Programme/John Snow, Inc., Gulu, Uganda,

²JSI Research & Training Institute, Inc., Boston, United States

BACKGROUND AND CHALLENGES TO IMPLEMENTATION

In several African countries, HIV prevalence in fishing communities is higher than the national average. HIV vulnerability seems to originate from the mobility of fishermen, the time they spend away from home, their access to daily cash income and availability of commercial sex in fishing sites.



INTERVENTION OR RESPONSE

Year	Tested for PMTCT	HIV+	HIV prevalence	Odds Ratio (OR)	p-value
2009					
Namasale Health Centre	944	74	7.8%	1.5	< 0.01
Other district facilities	3,972	216	5.4%		
2010					
Namasale Health Centre	500	50	8.9%	2	< 0.0001
Other district facilities	2,931	137	4.7%		
2011					
Namasale Health Centre	1,100	96	8.7%	1.8	< 0.0001
Other district facilities	2,782	138	5.0%		

Amolatar district, located in rural Northern Uganda with a population of 125,000 people, hosts several fishing sites; nearly half of them are located in Namasale sub-county. It is considered to be the busiest trading hub in the district, based on the number of registered members and boats as well as the amount of fish traded.

Since antenatal clinic (ANC) attendance is almost universal in Uganda and the proportion of pregnant mothers tested for HIV is high, this is a useful proxy to monitor the trend of HIV prevalence among the general population. Results from prevention of mother-to-child transmission (PMTCT) activities in Amolatar district were collected for the past three years and their differences across sub-counties were examined.

RESULTS AND LESSONS LEARNT

In 2009, 2010 and 2011 in Namasale Health Center, the recorded prevalence of HIV+ cases among PMTCT clients tested was 7.8%, 8.9% and 8.7%, respectively. During the same period, the HIV+ rate among PMTCT clients in the rest of the facilities in Amolatar District was 5.4%, 4.7% and 5.0% in 2009, 2010 and 2011, respectively. The differences detected were statistically significant, with PMTCT clients at Namasale Health Center having a higher likelihood to test positive for HIV than in the other facilities in the district.



CONCLUSIONS AND KEY RECOMMENDATIONS



It appears that not all fishing communities within the same area share the same risks for HIV infection. Namasale seems to have higher HIV prevalence due to the fact that it is busier and it attracts traders from neighboring districts who are drawn to participate in collateral trades like alcohol selling and commercial sex. In order to best address the transmission routes, effective HIV prevention needs to be based on sound epidemiological evidence that is based on the local dynamics of individual epidemics.

Presenting Author:

Andrew Ocero

Director of Clinical Services

JSI/NUMAT

aocero@numatuganda.org

