Ammual HIV Sentinel Surveillance

Country Report 2008-09

National Institute of Health and Family Welfare Munirka, New Delhi-110067 &

National AIDS Control Organisation (NACO) Ministry of Health & Family Welfare New Delhi-110001



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 $\ensuremath{\mathbb{C}}$ 2011 by the National Institute of Health and family Welfare, New Delhi and National AIDS Control Organization.

Acknowledgements

The Annual Sentinel Surveillance for HIV infection has been conducted in the country each year since 1998. This effort focuses on generating scientific data for ascertaining the status of the epidemic, for programme planning, including inter-vention projects, and for the estimation of the burden of HIV infection in the country. The sentinel surveillance is a joint effort of the National AIDS Control Organization (NACO), National Institute of Health Family Welfare (NIHFW), National Institute of Medical Statistics (NIMS) with the State AIDS Control Societies (SACS), and reputed regional institutes across the country. This report, based on the data of 2008–09, in conjunction with the past data, provides an insight into the epidemiology of HIV in the country.

I would like to express my sincere gratitude to Mr Sayan Chatterjee, Secretary, Department of AIDS Control and Director General, NACO, for reposing his faith in us. I also thank Dr S. Venkatesh, DDG, NACO, and Dr P. Yujwal Raj, Technical Officer, Surveillance, for untiringly facilitating us in all our activities as and when we needed assistance.

My heartfelt thanks go to the members of the regional institutes, central team, State AIDS Control Societies and state surveillance teams for conducting extensive training supervision and monitoring to maintain the quality of the surveillance activities.

I would like to express my gratitude to Dr D.C.S. Reddy, NPO, WHO Country Office, for providing continuous technical guidance and Dr T. Bakkali, Senior Monitoring and Evaluation Adviser, UNAIDS India, for reviewing and giving valuable suggestions during the finalization of the report. I thank Dr Arvind Pandey, Director, NIMS, for his constant support and advice.

I appreciate the assistance provided by Professor Madhulekha Bhattacharya, Head, Department of Community Heath Administration, NIHFW, and her team, consisting of Mr Subhash Chand, ARO, and Ms Rashmi Khandelwal, Project Associ¬ate, Department of Community Heath Administration, in the preparation of the report.

Special thanks are due to all those who have contributed and cooperated with the NIHFW in this mammoth venture.

Prof. Deoki Nandan Director, NIHFW

Abbreviations and Acronyms

AIDS	
ANC	
ASHA	
ART	
AWW	
BSS	
СНС	
Cl	
СМО	
СВО	
FSW	
HSS	
HIV	
HRG	
IBBS	
ICTC	
IDU	
MARP	
МСН	
MSM	
NACO	
NIHFW	
NGO	
РНС	
РРТСТ	
RI	
RCH	
SACS	
SEARO	
SST	
STD	
ТВ	
TC	
TI	
VCTC	
WHO	
CTM	
MRG	
TRK	
EUN	
MP	

Acquired Immuno Deficiency Syndrome Antenatal Clinic Accredited Social Health Activist Anti Retroviral Therapy Anganwadri Worker Behavioural Surveillance Survey **Community Health Centre Confidence Interval** Chief Medical Officer **Community Based Organization** Female Sex Worker **HIV Sentinel Surveillance** Human Immunodeficiency Virus High Risk Group Integrated Biological and Behavioural Surveys Integrated Counseling and Testing Center **Injecting Drug Users** Most At Risk Populations Maternal and Child Health Men who have Sex with Men National AIDS Control Organization National Institute of Health and Family Welfare Non-Government Organization **Primary Health Centre** Prevention of Parent-to-Child Transmission **Regional Institute Reproductive and Child Health** State AIDS Control Society South East Asia Regional Office (of WHO) State Surveillance Teams Sexually Transmitted Disease Tuberculosis **Testing Centre Targeted Intervention** Voluntary Counseling and Testing Centre World Health Organization Central Team Member Migrants Truckers Eunuchs Madhya Pradesh

TN	Tamil Nadu
AP	Andhra Pradesh
UP	Uttar Pradesh
WB	West Bengal
A & N Islands	Andaman & Nicobar Islands
J & K	Jammu & Kashmir
UNAIDS	United Nations Programme on HIV/AIDS
NIMS	National Institute of Medical Statistics
VDRL	Venereal Disease Research Laboratory
ELISA	Enzyme Linked Immuno Sorbent Assay
EQUAS	External Quality Assurance System
DBS	Dried Blood Spots
ICMR	Indian Council of Medical Research
RRL	Regional Reference Laboratories
SPSS	Statistical Package for the Social Sciences
UT	Union Territory

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Executive Summary

The HIV Sentinel Surveillance, conducted annually since 1998, generates data to improve tracking of HIV trends, as well as improves the understanding of the epidemic's characteristics and its level of proliferation across geographical areas. Surveillance data not only guide the planning of programmes for HIV prevention, treatment, care and support and resource allocation in India, but also inform advocacy efforts to mobilize political commitment. For this reason, the surveillance system has been tailored to the pattern of the epidemic in India and aims to concentrate data collection in populations considered vulnerable to HIV. Resources for HIV surveillance are thus concentrated where they will yield information most useful for reducing the spread of HIV and providing care for those affected.

The HIV Sentinel Surveillance is conducted annually by NACO/SACS, together with the National Institute of Health and Family Welfare (NIHFW) and National Institute of Medical Statistics (NIMS), and in collaboration with seven regional institutes (RIs), central team members (CTMs), and state surveillance teams (SSTs). HIV Sentinel Surveillance is implemented with the technical oversight and support of a surveillance working group, which includes representatives from the government organizations mentioned above and the technical partners, WHO and UNAIDS.

This report presents the methodology adopted by the surveillance working group to implement the 2008–09 HIV Sentinel Surveillance—a process which included training, supervisory visits, monitoring, data collection analysis, the writing of reports, and steps for quality assurance—along with the key findings on the epidemic, and recommendations for the next surveillance round.

Methodology

The 2008–09 annual sentinel surveillance was conducted from 1 October 2008 to July 2009 in 35 states and Union Territories of India. The methodology adopted was more or less similar to that utilized during the previous round, although significant revisions were incorporated to overcome the weaknesses noted, as mentioned later.

Sampling frame and methodology

The HIV Sentinel Surveillance was conducted among the following population groups at urban and rural sites: (i), the antenatal clinic (ANC) attendees who were representative of the general population; (ii) the key populations vulnerable to HIV, including men who have sex with men (MSM), transgender (TG), female sex workers (FSWs) and injecting drug users (IDUs) (these groups are collectively categorized as high-risk groups [HRG]); and (iii) population groups likely to act as a bridge for HIV transmission from the HRGs to the general population through unprotected sex or unsafe injecting drug use. The bridge population includes patients attending STI clinics, migrants and truckers.

The sampling frame encompassed all individuals attending the designated sentinel sites during the surveillance period. The sample size for ANC attendees was 400, while that for the HRGs and bridge population was 250. For ensuring sex-disaggregated data for the STI clinic attendees, the total sample size was broken down to 150 males and 100 female patients. The sampling units for ANC attendees, HRGs and the bridge population consisted of people between 15 and 49 years of age.

The unlinked anonymous method of sample collection was utilized at each ANC and STI surveillance site, that is, the sampling units were selected according to the inclusion criteria by consecutive sampling for a period of three months or until the sample size was completed. At the HRG and bridge population sites, the method used



was either random sampling or consecutive sampling. The approach depended on the data available for the HRGs. At selected HRG sites, and wherever line lists were available, the method used was random sampling. Line lists were obtained from non-governmental organizations. This method was adopted at surveillance sites in Gujarat, where the line list of all the registered HRGs was available. In the majority of the remainder of the HRG and bridge population sites in the country, the consecutive sampling method was utilized.

The following background characteristics of the sampling frame were collected from the ANC, HRG and bridge population groups on an individual proforma: age, sex, residence, literacy status, occupation of self and spouse, order of pregnancy, migrant status, and diagnosis of STIs based on a 'syndromic approach'. Additional information on risk behaviours, such as the number of sex partners, needle-sharing behaviour and typology of MSM, and the reasons for attending the targeted intervention (TI) site were also obtained from all.

The process used for venous blood collection and testing at the ANC, STI and HRG sites was as follows. At the ANC and STI clinics, venous blood was collected from the sampling frame. The serum was separated from the whole blood, coded and forwarded to recognized laboratories—ensuring that the temperature was regulated during transportation—for HIV and VDRL testing. At the HRG sites, to overcome the practical problems encountered under the previous surveillance rounds in serum separation, storage and transport of blood samples—particularly for sites in geographically inaccessible areas—the dried blood spot (DBS) method was introduced. In DBS testing, the specimens are collected by applying a few drops of blood, through a finger prick, onto specially manufactured filter papers. With the method of processing specimens via DBS—which includes air drying for several hours, storage in low gas-permeability plastic bags with the addition of desiccant to reduce humidity—the specimen may be kept at ambient temperature, even in tropical climates. The samples have a longer lifespan and the need for refrigeration is reduced. The specimens were collected with informed consent, which was obtained in the case of all TI site-based HRG groups. The process was voluntary but unlinked anonymous, i.e. after the participants' consent was obtained, the identifying information was not included in the DBS cards which were sent to the testing site. The cards mentioned only the age, sex and code. The results of the HIV test were communicated through sample codes.

Under the sentinel surveillance, the samples were tested through two ELISA / rapid tests or a combination of these. ANC and STI attendees' samples were tested at designated laboratories identified by NACO, while the DBS samples of the HRGs were tested at the National Institute of Virology, Pune (Maharashtra).

Surveillance sites

For more comprehensive generation of information on the nature of the HIV epidemic across the country, the number of HIV sentinel surveillance sites was expanded from 1134 in 2007 to 1190 in 2008. Thus, geographical coverage as well as the representation of the various population groups increased. This scale-up was effected in continuation of the sustained initiative over the previous rounds to increase the participation of the states in the surveillance process beyond the six high-prevalence states where sites were previously concentrated, and to achieve adequate representation of the various population groups, particularly those in rural areas and the HRGs.

The number of sites increased particularly in the case of HRGs as new sites were instituted in states that previously had no sites for one or all of the three HRGs. The number of FSW sites increased by 51, from 137 in 2007 to 188 in 2008, while that of MSM sites increased by 29, from 40 in 2007 to 69 in 2008. The number of sites for IDUs increased by 5, from 52 in 2007 to 57 in 2008. As for the bridge populations, an increase was noted only among the migrant sites—8 were instituted in 2008, which was an increase by 5 sites from the previous round. The number of truckers and transgender sites remained at 7 and 1, respectively. The total number of ANC sites (648) was comparable to the number in previous rounds. Of these, 486 were urban ANC sites in the high- and low-prevalence states and 162 were rural sites. Of the latter, 126 were in six high-prevalence states and 36 in the low-prevalence states.

STI sites were considered redundant in certain of the southern high-prevalence states, where TI sites through

NGOs for the HRGs had increased, and were thus closed under the 2008–09 surveillance round. The total number of STI sites under the 2008–09 round was 212.

Despite the fact that the number of sites has increased, it has been recognized that the population and geographical coverage of these sites is not uniform across the states. For example, there are no HRG sites in Meghalaya, Uttarakhand and Chhattisgarh. Rajasthan does not have any MSM or IDU sites, while Goa and Gujarat have no IDU sites. There is only one TG site in the country. The focus of the subsequent surveillance rounds will be on rectifying this state of affairs.

Steps taken to assure quality in the surveillance process

A stringent process was adopted for ensuring quality of the HIV Sentinel Surveillance, and during the stages of planning, implementation and data analysis. The principle steps taken included adherence to the latest WHO / UNAIDS guidelines on HIV sentinel surveillance to guide national policy on strengthened application of surveillance and the technical aspects of the various processes involved in surveillance. Secondly, operational guidelines were developed for the surveillance coordinators, programmers and health professionals involved in the sentinel surveillance to clarify the method and approach for implementing the surveillance activities effectively. The guidelines included recommendations on the identification of the sampling frame, the sampling methodology, blood collection, testing and storage, and the need for quality assurance. Thirdly, all stakeholders supporting the implementation of the HIV Sentinel Surveillance were imparted technical training on the surveillance process following a participatory approach, such as through workshop discussions.

Fourthly, close oversight and monitoring functions were performed by the members of the RIs, central team, SACS and the SSTs. Supervisory visits to the field—to each sentinel site and testing centre—were made to support all programmers and health professionals implementing the surveillance activities. The surveillance working group provided close mentoring to trouble-shoot and address problems or challenges arising in the field. Fifthly, for ensuring the quality of venous testing, the laboratories adhered to internal and external quality control mechanisms (EQAS). They were monitored by the reference laboratories, which provided regular feedback to institute corrective measures as and when required.

Sixthly, data verification was facilitated through corroboration of the data entered by the RIs and SACS. This ensured the correctness and completeness of the data. This task was performed by the NIFHW. Finally, technical guidance was provided by the Task Force on Surveillance, WHO and UNAIDS. These agencies also lent their support for the preparation of this report.

HIV epidemic trends

India's HIV epidemic continues to be concentrated among the high-risk population groups and is not yet well established among the general population. This is confirmed by the 2008–09 HIV Sentinel Surveillance data, which shows that the prevalence of HIV among the HRGs is over 5% and that among ANC attendees is below 1%. Active networks of risk exist within and between sub-populations, particularly via the bridge populations. Whilst this overarching characteristics is translated to sub-national or state level, the trends are clearly not consistent and are changing rapidly, as described below.

HIV prevalence among ANC attendees at national level and across sites

HIV prevalence at the national level is stable to declining among the general population. HIV testing of the 252,650 ANC attendees at 648 ANC sites revealed a national prevalence rate of 0.47% (unadjusted). However, the prevalence was not low in all the Indian states. There were certain high-prevalence states where the prevalence of HIV was over 1%. For example, Andhra Pradesh and Nagaland had a prevalence rate of 1.22% and 1.12%, respectively. The high-prevalence state of Manipur, however, reported an HIV prevalence of less than 1% for the first time since 1998.



In terms of site-wise prevalence, a total of 105 sites—in rural and urban areas—reported a seropositivity rate of between 1% and 1.99%. Whilst the majority of the sites were in the states categorized as high-prevalence states (Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu), a quarter or 27 of the 105 sites were in moderate- to low-prevalence states. Fifteen ANC sites had an HIV prevalence rate of between 2% and 2.99%, while 6 had an HIV seropositivity rate of over 3%. The districts with a prevalence of over 3% included Guntur, Ramanathanpur and Tuensang. HIV prevalence was found to be increasing at ANC sites—particularly in comparison with previous years—in the states categorized as moderate- to low-prevalence states, i.e. Assam, Chhattisgarh, Haryana, Jharkhand and Orissa.

An analysis of increased vulnerability to HIV according to the characteristics of the population makes it evident that women who have had school education are more informed, and thus better able to protect themselves from HIV. This was apparent in Manipur and Nagaland, where educated women comprised a lower proportion of the total number of seropositive ANC attendees than their illiterate counterparts. The surveillance data reflected the susceptibility to HIV of illiterate urban women between the ages of 15 and 49 years. This was particularly the case if they were married to truck drivers, auto drivers and skilled/semi-skilled workers. The highest rate of VDRL positivity in the country was reported among young mothers from the rural areas of Manipur and Nagaland.

HIV prevalence among HRGs at national level and across sites

HIV remained concentrated among the HRGs in India, the prevalence among these groups being over 5%. The prevalence trend, however, was not uniform across all the HRGs, both in India and across the states. A total of 69,276 individuals were tested at 284 HRG sites. Of these sites, 56 reported an HIV prevalence of between 5% and 9.99%, while 44 had an HIV prevalence rate equivalent to 10%.

At the national level, HIV prevalence among FSWs was stable to slightly declining and was at 4.8% in 2008–09. The sentinel surveillance, however, found a slight increase in HIV prevalence among the IDU and MSM population groups (9.86% and 6.9%, respectively).

Considering state prevalence trends, HIV prevalence among the FSWs in Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland was over 10%. It was the highest (14.2%) in Karnataka, followed by Nagaland, Andhra Pradesh and Manipur (14.1%, 11.5% and 10.9%, respectively). Seropositivity increased in 12 of the states with moderate to low prevalence in 2008 in comparison with 2007. Considering site-wise seropositivity, two FSW sites in Maharashtra (Pune and Mumbai) and one in Karnataka (Bagalkot) had a prevalence rate of over 30%. Five sites in Maharashtra and Andhra Pradesh each and two sites in Karantaka and Tamil Nadu each reported a seropositivity rate between 10% and 30%.

Surveillance was conducted among IDUs across 24 states, including Madhya Pradesh and Jharkhand, where IDU sites were instituted under the 2008–09 surveillance round. Forty per cent of the IDU sites reported an HIV prevalence rate of more than or equal to 5%. The sentinel surveillance found that HIV prevalence was increasing among the IDU population—particularly in states with moderate and low prevalence—whilst it was declining in certain -prevalence states, such as Maharashtra and Tamil Nadu. An increasing trajectory was noted predominantly in Punjab, Delhi, Chandigarh, Andhra Pradesh and Assam. Clearly, the epidemic among the IDUs is no longer restricted to the north-eastern states. The prevalence is over 5% in 10 states in India, which are Madhya Pradesh (39.6%), Manipur (28.3%), followed by Punjab, Maharashtra, Delhi, Orissa, West Bengal, Bihar, Assam, and Mizoram with seropositivity rates of 27.6%, 20%, 18.6%, 6.6%, 5.6%, 5.5%, 5.3% and 5.0%, respectively.

HIV surveillance was conducted at MSM sites across 21 states, with new sites instituted in Andhra Pradesh, Bihar, Himachal Pradesh, Jharkhand and Madhya Pradesh. Approximately 35% of the districts and 28 sites in 10 of the 21 states recorded an HIV prevalence of over 5%. HIV prevalence was comparatively higher among MSM than FSWs in Andhra Pradesh, Manipur, Maharashtra and Madhya Pradesh. The prevalence among MSM in these states was 22.1%, 17.2%, 11.9% and 11.6%, respectively. It was reportedly higher among MSM in urban

rather than rural areas of the country, such as in north-east Delhi, Pune, Bangalore, Surat, Rajkot and Kolkata. Regarding the occupation profile, the prevalence of HIV was the highest among MSM in service (government/ private) in urban areas and those working as non-agricultural labourers in rural areas.

Surveillance at the TG site in Mumbai found that the seropositivity rate among this population was over 16%. A trend cannot be established since 2005, although a slight increase was observed from the time of the 2007 surveillance round.

HIV prevalence among bridge population groups

Surveillance was conducted at eight migrant sites in India. There were two sites in Gujarat and Maharashtra each and one each in Mizoram, Orissa, Himachal Pradesh and West Bengal. A total of 1742 migrants were tested for HIV under the 2008–09 sentinel surveillance round. As five of these sites were instituted under the 2008–09 round, establishing a prevalence trend was not possible across all sites. It can, however, be stated that the prevalence of HIV was the highest at the MRG site in Thane, the seropositivity rate among the 250 migrants tested being 5.2%. Thane was one of the newly established sites. The prevalence of HIV was between 1% and 4% at the two sites in Gujarat and one site in Orissa. Whilst the prevalence among MRG declined from the 2007 to the 2008–09 round in the West Bengal site from 9.27% to 2.48%, it increased at the site in Mumbai (Maharashtra).

The prevalence of HIV was stable to declining among the trucker population in the majority of the sites where surveillance was conducted. Of the seven sites in existence for truckers in 2008–09, five were in West Bengal and one each in Kerala and Himachal Pradesh. The HIV prevalence rate for this population declined in five of the seven sites. The rate varied across districts from nil to 2.8% in Burdwan, which recorded the highest seropositivity rate.

HIV and VDRL prevalence among STI clinic attendees

Surveillance was conducted amongst 3005 individuals at valid STI sites in the high-prevalence states and 42,993 individuals at sites in states with moderate and low prevalence. While the seropositivity rate was 11.19% in the high-prevalence states and 1.70% in the moderate and low-prevalence states, the trend at the national level was stable to declining. At the state level, it was increasing slightly, more notably among the states with moderate and low prevalence and one in West Bengal reported a prevalence of over 10%.

VDRL prevalence was 1.08% in the high-prevalence states and 0.70% in the states with moderate to low prevalence.

State-level analysis

As mentioned above, the trend of HIV prevalence was not consistent across states—whether high-prevalence or moderate- to low-prevalence—and across population groups.

HIV prevalence among ANC attendees in the high-prevalence states was stable to declining, considering the moving average of the previous surveillance data. It was, however, stable to increasing among specific age groups—particularly among people between 15 and 19 years of age—in certain high-prevalence states, including Nagaland and Andhra Pradesh. It was also found that HIV prevalence was increasing in rural areas. At surveillance sites in Karnataka, Tamil Nadu and Andhra Pradesh, the prevalence was above 3%. HIV prevalence among the IDU and MSM populations was the highest in Andhra Pradesh and Manipur, where the seropositivity rates were between 10% and 28%. The prevalence of HIV among FSWs and MSM was above 10% and among IDUs, above 20%, in Maharashtra. In Nagaland, the prevalence among FSWs was over 14% and among IDUs, 4%. HIV prevalence among ANC and STI clinic attendees, IDUs and FSWs was stable to increasing in Mizoram.

In Goa and Gujarat, states with moderate to low prevalence, HIV prevalence among ANC attendees was below 1%,

whilst it was above 5% among MSM and FSWs. Due to the absence of any IDU site in the state, determining the prevalence among this population, as well as the trajectory of the epidemic, to guide programme interventions was not possible.

It was not possible to gain a comprehensive understanding of the nature of the epidemic in the northern lowprevalence states, considering the few surveillance sites for HRGs. This was particularly true in the case of Orissa, Mizoram, West Bengal, Delhi, Chandigarh, Kerala, Jharkhand, Haryana, Uttar Pradesh and Assam, where there are known 'hot spots'. Recent evidence coming in following the creation of new surveillance sites for HRGs under the 2008–09 round revealed a high prevalence rate among them. For example, HIV prevalence among IDUs at the new sites in Madhya Pradesh and Punjab was 40% and 28%, respectively. Wherever sites were instituted under the previous surveillance rounds to make a comparative assessment possible, the trend was stable to increasing among the various sub-populations. A slight increase was seen in the prevalence among ANC attendees.

Recommendations for next round of surveillance

We make two overarching recommendations for the next Annual HIV Sentinel Surveillance. Firstly, foreseeable operational challenges must be avoided through timely preparation and secondly, the number of surveillance sites should be expanded to achieve increased geographical and population coverage. These two points are elaborated upon in the following paragraphs.

Smooth implementation of HIV sentinel surveillance is possible if any foreseeable logistical, administrative and procedural delays are avoided prior to the surveillance. All supplies—for example, HIV kits and DBS cards— should be procured and forwarded to the relevant organizations and bodies prior to the set time-line. States should prepare themselves in advance by ensuring the availability of human resources for the implementation of surveillance within the time-line. Ideally, each state should designate an officer in-charge who is to be responsible for overseeing and coordinating the activities in the state.

To gain a comprehensive understanding of the epidemic across all states and population groups, it is necessary to expand the number and type of sites. At least one site for FSWs, MSM and IDUs should be instituted in each of the high-priority districts (A and B category districts in the country, as classified by NACO)—based on mapping data—across all high- and moderate- to low-prevalence states. This is particularly essential for the states that currently do not have any such sites, including Gujarat, Goa, Chhattisgarh, Jharkhand, Madhya Pradesh, Jammu and Kashmir, and Rajasthan, where there is a high level of migration out of and into the state and tourism is flourishing.

There is a need to expand the number of TG sites, particularly in the states with moderate and low prevalence. The creation of additional ANC sites in rural areas and sites for the bridge population at source and destination sites is also recommended. It is essential to set up such sites in Uttar Pradesh, Bihar, Madhya Pradesh, Orissa and Jharkhand, which have a high level of out-migration and where access to healthcare is inequitable.

Conclusion and recommendations for HIV programme

Considering the trajectory and spread of the HIV epidemic in the states and among sub-populations, the following recommendations are made for the national and state programmes:

- It is essential to increase awareness and knowledge among the general population, HRGs and bridge population through IEC, BCC, life skills education in schools and colleges, and counselling. This will empower them to protect not only themselves against HIV, but also their partners and children.
- The access of women and children to HIV treatment and care services should be expanded through increased programmatic referrals and linkages. Also, support must be extended particularly to those belonging to the lower socioeconomic strata.

- There is a need to empower adolescent girls and street children, who are especially vulnerable to HIV.
- Efforts are required to strengthen HIV and STI syndrome management, particularly for syphilis.
- Comprehensive counselling services need to be provided at all STI clinics and gynaecology OPDs for HIV/ AIDS and all STI/reproductive infections.
- Targeted interventions for HRGs should be sustained, and coverage of migrants and truckers must be expanded. More NGOs and CBOs need to be identified and supported for initiating TIs among MSM, IDUs and FSWs. Transgenders deserve a separate intervention strategy.
- There is a need to strengthen strategic information generation—surveillance, data generation, data analysis
 and operations research—by increasing linkages and collaboration between the monitoring and evaluation
 units between SACS and with the NIHFW, NIMS, RIs and Department of Biostatistics. The surveillance unit
 at NACO, together with the Task Force on Surveillance, could play the leading role in the coordination of
 strategic information generation, with technical support from WHO and UNAIDS.
- Partnerships with the private sector and civil society could be forged to strengthen the response to AIDS.
- There should be greater convergence between the National AIDS Control and Prevention Programme and the National Rural Health Mission.



Chapter 1 Introduction

IV sentinel surveillance (HSS) is the core focus of India's National AIDS Control Programme (NACP) and response strategy. Since the detection of the first AIDS case at Chennai in 1986, the initial focus of the Government of India was on sero-surveillance. India built its surveillance system on the basis of the early sero-surveillance initiatives undertaken during the epidemic's first decade, coupled with the introduction of standardized and globally accepted methodologies. By 1998, annual HIV sentinel surveillance was initiated in India among the antenatal clinic (ANC) attendees and sexually transmitted infection (STI) clinic attendees.

In the initial years, comprehensive data on high-risk population groups were not available owing to the few sites and limited mapping information on these sub-populations. In the beginning, there were four high-risk group sites each for injecting drug users (IDU) and female sex workers (FSW), while there were none for men who have sex with men (MSM). The concept of targeted intervention (TI) sites under the NACP II and NACP III, however, opened up avenues for increasing surveillance among these groups. Ever since, there is an increased representation of sub-populations and constant efforts are being made to expand it even further.

This introductory chapter highlights the importance accorded by India to HSS. The second chapter deals with the methodology adopted for the implementation of the 2008–09 HSS. Chapter 3 includes a detailed presentation and analysis of the key findings emerging from surveillance according to sub-population and geography. The recommendations for the programme and the next round of annual HSS are presented in Chapter 4. Detailed state-wise surveillance data are presented in the annexures.

Centrality of annual HIV sentinel surveillance for AIDS response

HIV sentinel surveillance has been imperative for generating public response to HIV in India, particularly when the epidemic was in its nascent stage and not visible across country and population groups. In India, national leaders seized the opportunity to formulate a response strategy as soon as the first AIDS case was detected in 1986. This early intervention was followed by more comprehensive and improved policy and strategic interventions to help contain the epidemic in the country, under the NACP II and NACP III.

One of the many factors contributing to India's effective AIDS programme is the use of surveillance data to direct efforts appropriately and thereby enable a slowdown of the spread of HIV. Surveillance data have demonstrated which population group, in which geographical location, is vulnerable to HIV. They have helped to identify sub-populations which must be the target of especially designed interventions. They have also helped in planning interventions for reducing the impact of HIV and AIDS.

Since HIV typically takes many years to develop into symptomatic illness, the impact of the epidemic is not visible for some time, until or after the infection levels begin to rise. Surveillance data provided inputs for models from which national estimates and projection of infections, AIDS-related deaths and treatment needs were derived. National estimates and projections have been useful in India for planning how to mitigate the impact of the epidemic by providing evidence to help direct resources efficiently. HSS data have also been of use in monitoring HIV infection trends over a period of time. Coupled with behaviour surveillance survey data, the data have provided an indication of the impact of national efforts to reduce HIV infection and increase safe behaviour.

Despite having much strength in HSS, there is scope for achieving greater advantage through the surveillance system. A central focus of sentinel surveillance has been tracking HIV by recording infections that have already taken place. The very nature of HSS leads to missed opportunity of providing early warning of the potential for

infection. Early warning systems are based mainly on data that record risk, such as the number of partners, condom use or the use of unsterilized injecting equipment. Such data, however, may come from other sources, including behavioural surveillance survey. Thus, inter-linkage between HSS and behavioural surveillance survey is essential and is being considered by India.

Realizing the need for HSS to provide greater coverage for high-risk population groups, the number and location of surveillance sites were expanded under the 2008–09 round. Sites were introduced in states that were previously without a site for one or all the high-risk populations. This was a significant measure, firstly because of the concentrated nature of the epidemic among key population groups. Secondly, the trends in infection in these populations would not be captured by HSS designed to track infection in the general population. While sufficient coverage for high-risk groups has not been ensured with sites not established across all high-priority districts, the scale-up has nevertheless been notable. More details on the increased surveillance sites introduced under HSS 2008–09 may be found in the second chapter.

Objectives of 2008–09 HIV sentinel surveillance

HSS 2008–09 was conducted on the basis of the realization that HIV infections are not uniformly distributed in a population group. The distribution depends on the prevalence of behavioural and biological factors associated with an increased risk of HIV transmission. There are a number of modes of HIV transmission, which include sexual transmission—through vaginal and anal intercourse, parenteral transmission, motherto-child transmission during pregnancy, birth or breastfeeding, and transmission through contact equipment contaminated by infected blood. HIV infection enters different geographical areas and populations at different times and spreads at different rates.

The objectives of HSS 2008–09 were to firstly, assess the prevalence of HIV among the general population, high-risk groups—FSW, MSM, transgender (TG) and IDU, and bridge population, i.e. migrants and truckers. The second objective was to assess the magnitude of the epidemic at the country and state levels and across sites. The third aim was to monitor trends in HIV prevalence over time and the fourth, to identify behaviours and risk factors for HIV transmission, such as syphilis infection.

The data generated under HSS 2008–09 will assist in public health decision-making and effective and efficient programme planning. More specifically, HSS data will be relevant for advocacy and mobilizing political commitment, targeting and prioritizing prevention and care programmes, monitoring and evaluating prevention and care programmes, resource allocation, programme planning and guiding scientific research. HSS data will be required for making estimates and projections for new and total HIV infections, AIDS cases, AIDS deaths and treatment needs through mathematical modelling and the use of statistical software.

Conclusion

HSS 2008–09 was implemented in India through collective partnership between the staff of sentinel sites—from the site-in-charge to the nurse /counsellor and laboratory technicians—who are responsible for arranging and implementing surveillance activities at the site, along with state surveillance teams, regional institutes, and central team members (CTMs) from National AIDS Control Organization (NACO), National Institute of Health and Family Welfare (NIHFW), National Institute of Medical Statistics (NIMS), WHO and UNAIDS.

The following chapter specifies the methodology adopted for implementing HSS 2008–09.

Chapter 2 Methodology

nnual HSS is a joint effort of NACO, which acts as the central coordinating authority of the National HIV-AIDS Prevention and Control Programme, and the Task Force on Surveillance and Estimation, and the Working Group on Surveillance and Estimation. Their central focus for the 2008–09 round of annual HSS was to define a comprehensive methodology that considered country requirements and the current surveillance system in an effort to overcome previous weaknesses in HSS. Moreover, it aimed to generate surveillance data that were of improved quality.

A significant part of the pre-surveillance phase thus was devoted to planning and preparing for HSS execution. The Task Force and the Working Group on Surveillance and Estimation collaborated closely with national and international experts, starting in mid-2008, to strengthen the surveillance network for increased geographical and population coverage. Remedial measures for addressing the challenges noted during the previous round, such as transportation of blood samples in geographically inaccessible areas, were identified. By reviewing the latest methodologies for conducting HSS and reviewing the application of methodologies under the previous HSS round, the Working Group on Surveillance and Estimation developed the strategy and plan for the execution of HSS 2008–09 at the national, state and district levels.

This chapter focuses on the process and methodology applied for conducting HSS 2008–09 and data analysis. It is divided into three broad sections. The first section highlights the planning process for conducting HSS 2008–09 and the role of national partners in HSS implementation and oversight. The second section details the sample population, sampling frame, sampling methodology and size. Analysis of surveillance data and interpretation is included in section three. The weaknesses noted during the implementation of HSS are also summarized here.

2.1 Planning for 2008–09 HIV sentinel surveillance

HSS is the principal method for collecting information on the geographical, demographic and temporal distribution of HIV in India. It is an expansive technical process, particularly considering the geographical coverage and density of population across the 35 states and Union Territories of the country. It requires, firstly, sufficient infrastructure in terms of manpower, laboratory support and logistics. Secondly, adequate attention must be given to training and supervision at all levels. Thirdly, maintenance of quality assurance procedures is required during data collection and analysis at all levels, including HIV testing.

As stated above, the foremost steps undertaken by NACO and NIHFW for the execution of HSS 2008–09 were to finalize the process and methodology in close consultation with the Task Force and Working Group on Surveillance and Estimates. Rounds of pre-surveillance consultations were conducted to, firstly, review the methodology and process of the previous HSS round, taking into account the weaknesses and best practices. Secondly, the rounds aimed to review the epidemic's pattern on the basis of strategic information and programme data. The third objective was to discuss the type of epidemiological surveillance data needed for planning and monitoring HIV control activities. Fourthly, the rounds aimed to develop a consensus on the methodologies for executing surveillance from sample collection, to testing, analysing surveillance data and reporting. The methodologies were identified considering internationally prescribed norms and country-level requirements. A fifth objective was to agree on the roles and responsibilities of the primary stakeholders responsible for executing HSS or supporting it and the flow of information. Sixthly, requirements for HSS implementation and infrastructure

requirements, including human resources, were identified for the formulation of appropriate directions and recommendations to states. Finally, India's strategy and plan for HSS 2008–2009 were developed with set time-lines.

2.1.1 Role of partners

For the successful execution of HSS, NACO and the Working Group on Surveillance and Estimation focused on multi-level stakeholder ownership through comprehensive partnership coupled with close supportive supervision and mentoring by national, sub-regional and state institutes and organizations. At the helm of the HSS 2008–09 process was the NIHFW, which was given the responsibility by NACO of providing oversight for the overall implementation of HSS. The key responsibilities assigned to the NIHFW included collaborating with NACO and the Working Group on Surveillance and Estimation to finalize the process and methodology for HSS, with a focus on improving the quality of data as well as ensuring timely and complete reporting. Secondly, the NIHFW was to orient members from regional institutes, state AIDS control societies and CTMs on the HSS methodology and process, and guide them on implementation of HSS. Performing coordination functions with stakeholders at the national, state and district levels was another of the responsibilities given to the NIHFW. Further, it was to monitor the implementation of the HSS and troubleshoot emerging problems. It was also made responsible for compiling and reviewing supervisory visit reports received from regional institutes and CTMs for quality. The NIHFW was to update the data entry software, as well as train manpower for data collection and entry, using web-based software. Finally, it was entrusted with the job of preparing the country report on HSS.

Closely supporting the NIHFW in the task of oversight and data quality control functions was the NIMS. The main responsibilities of NIMS included the provision of supportive supervision to HSS sites and the testing centres, as well as mentoring functions. The NIMS analysed surveillance data for estimating the HIV burden at the national and state levels, and also analysed adult HIV prevalence, the number of people living with HIV, the incidence of HIV, AIDS-related deaths and treatment needs for India.

Senior epidemiologists and microbiologists from national medical colleges and national institutes were identified by NACO and the NIHFW to form a central support team (CST). The CST members assisted in supervising the functioning of sentinel sites and testing centres. Their responsibilities included supervisory visits and preparation of reports on the quality of the surveillance activities at sites for review and compilation by the NIHFW. Annexure 1 lists the CTMs .

As soon as the HSS 2008–09 operational guidelines were finalized by NACO and the NIHFW completed the process of HSS orientation, the regional institutes (RIs) had to commence with their functions and responsibilities. The RIs identified new sites to be included under HSS 2008–09. Following the finalization of sites for HSS, together with the state support team, they undertook the responsibility of building up the capacity of the personnel in charge of sentinel sites and testing centres through training workshops. The RIs closely supervised HSS implementation in the states to ensure the quality of activities. These institutes also supported in double data entry—in coordination with NACO, the State AIDS Control Society (SACS) and NIHFW— under HSS 2008–09.

Seven RIs were identified to support HSS 2008–09. Five of them had been engaged in HSS activities since 2005. These were the National Institute of Epidemiology, Chennai; All India Institute of Hygiene and Public Health, Kolkata; Post-Graduate Institute of Medical Education and Research, Chandigarh; National AIDS Research Institute (NARI), Pune; and All India Institute of Medical Sciences, New Delhi. Two new RIs were identified to support surveillance in the north-eastern and eastern states under the 2008–09 round. These were the Regional Institute of Medical Sciences, Imphal and National Institute of Cholera and Enteric Diseases, Kolkata. Box 2.1 provides details of the states falling under each of the RIs' purview.

Box 2.1
Regional Institutes for HIV Sentinel Surveillance 2008

Name of Regional Institutes	States
National Institute of Epidemiology, ICMR, Chennai	Orissa, Andhra Pradesh, Tamil Nadu, Karnataka, Kerala, Pondicherry and Lakshadweep
All India Institute of Hygiene and Public Health, Kolkata	Assam, Arunachal Pradesh, Meghalaya and Nagaland
Post-graduate Institute of Medical Education and Research, Chandigarh	Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab and Chandigarh
National AIDS Research Institute, Pune	Maharashtra, Mumbai, Gujarat, Goa, Madhya Pradesh, Rajasthan, Daman & Diu, and Dadar & Nagar Haveli
All India Institute of Medical Science, New Delhi	Uttar Pradesh, Bihar, Jharkhand, Uttaranchal and Delhi
National Institute of Cholera and Enteric Diseases	West Bengal, Chhattisgarh, Sikkim and Andaman & Nicobar Islands
Regional Institute of Medical Sciences	Manipur, Mizoram and Tripura

The RIs and SACS were closely supported by the state surveillance teams (SSTs) in the supervision of sentinel sites and testing centres, as well as the provision of feedback.

2.1.2 Supportive supervision for HSS implementation

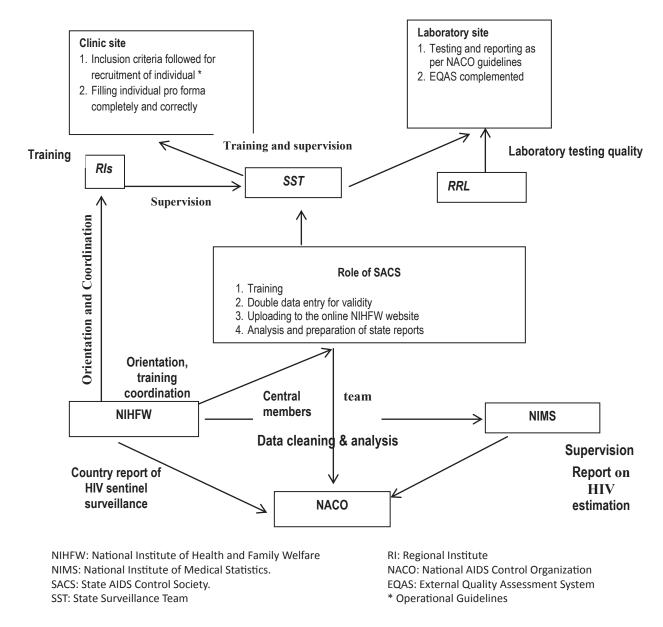
As highlighted in Fig. 2.1, certain mechanisms were employed to improve the quality of the surveillance data generated under the 2008–09 round. Principal among them were the protocols and guidelines that were developed and disseminated. Further, a series of training sessions were conducted to build the capacity of human resource personnel in the technical and operational aspects of HSS. For example, all staff and medical officers engaged in HSS received induction training on HSS, including training on the process, methodology, data entry formats, data reporting and forwarding. Practical training was also provided to medical and technical staff on the dried blood spot (DBS) testing method.

Infrastructure availability was ensured through forwarding of directives and instructions for timely procurement and or supply of equipment necessary for surveillance and testing. This included testing kits and laboratory supplies. The testing laboratories were monitored to ensure adherence to internal quality control and external quality assessment via implementation of External Quality Assessment System (EQAS). The names of external reference laboratories and the states allotted to them for quality control are presented in Box 2.2.

Finally, the multi-tiered supervisory structure instituted across India—and as highlighted earlier—provided oversight and monitoring to HSS implementation. Supervisory teams ensured all units' compliance with HSS guidelines and standard protocols for surveillance and testing. All surveillance sites were visited at least one time—or more depending on the requirement—for constant mentoring and supportive supervision. Supervisory teams ensured that the emergent bottlenecks or practical problems were addressed on the spot through application of corrective measures. A two way communication channel ensured that information flowed both ways.

Data was screened at two levels for quality. The supervisory teams at the RIs and SACS ensured data accuracy, data validity and data completeness prior to its upload to the NIHFW website. (Annexure II) The data was rechecked by NIHFW before analysis and use. Technical inputs from WHO and UNAIDS were consistently sought through HSS implementation; and particularly data analysis for presentation to the other members of Task Force on Surveillance and Estimation.





2.2 Methodology

HIV sentinel surveillance is a core activity of HIV sero-surveillance in India. This section highlights the methodology adopted under the HSS 2008–09 round, including the selection of sentinel populations, sites, the sampling process, method for HIV testing and ensuring reliability of the results of tests, data collection and analysis.

2.2.1 Sentinel population

Under HSS 2008–09, information on prevalence was collected for the general population as well as populations considered to be at higher risk for infection and transmission. Blood specimens were taken consensually from the sample of ANC attendees (as proxy for the general population), STI clinic attendees, FSWs, IDUs, MSM, TGs, migrants and truckers, and screened for HIV. Information on certain demographic characteristics and limited data on risk behaviour were also collected.

Measuring HIV prevalence in ANCs was essential for detecting the bridging of infection to the general population. At the same time, given the concentrated nature of the HIV epidemic, India is increasingly focused on measuring

HIV prevalence among higher risk groups (HRGs) and bridge populations. The number and type of sentinel sites for these sub-populations increased under the HSS 2008–09 round, while the number of ANC sites was stable. Details of the number and type of sites are given in the sub-section below.

Access to HRGs is challenging given that certain behaviours of theirs may be considered illegal or else highly stigmatized. Increased access to them was obtained via the STI facilities and TI. STI clinics are a useful source for accessing these sub-populations as a large number of sexually active adults—male and female—belonging to the HRGs and bridge population seek treatment there. STI clinics provide referrals to HIV care. Moreover, testing can be accomplished on an unlinked, anonymous basis as blood specimens are taken for other purposes, such as syphilis screening. This was a particularly useful method for reaching HRGs in the moderate-to-low prevalence states.

NACO is collaborating with non-governmental organizations (NGOs) for implementing TI projects, and through these, HIV sero-surveillance data on HRGs were collected. The method for surveillance was unlinked anonymous testing for the HRGs attending the drop-in centres and drug de-addiction centres for IDUs. Pregnant women attending ANCs in government and some private sector hospitals were tested for HIV via the unlinked anonymous method.

As HIV is not uniformly distributed among the population, HSS focused on three variables to obtain a more comprehensive measurement of HIV prevalence. These were person variables of the sample population, i.e. their sex and age; the place variable, i.e. the rural and urban population across states; and the time variable, which was necessary for determining a trend. HSS did not involve a single method but instead, a collection of methods based on certain principles for tracking the infection. To monitor trends in HIV infection over person, place and time, HSS was conducted among the same population groups as consistently as possible with previous years and in the same manner, although the methodologies were updated and the number of sites increased. Further, better understanding of behaviours that drive the epidemic was tried to put on analysis for explaining trend and distribution of epidemic in the country.. Finally, there was a focus on sub-populations which are at a higher risk for HIV, including FSWs, MSM, TGs, IDUs, and migrants and truckers.

2.2.2 HIV sentinel surveillance sites

The number of HSS sites under the 2008–09 round was 1190, compared to 1134 in 2007. The sites for HSS 2008– 09 were identified according to a list of selection criteria. The RIs took into consideration the recommendations of the respective SACS and the final decision was made in consultation with NACO, the NIHFW and Technical Resource Group (TRG) members. The factors taken into account included whether the sites provided information on the select sentinel population, whether information on the client make-up of the site was available to achieve the required sample size, whether blood was drawn from patients as part of routine care, whether reliable laboratories were available on site or if a reference laboratory was available at a motorable distance to send specimens, and whether the on-site staff was cooperative and capable of conducting surveillance.

Under the 2008–09 HSS round, composite sites were introduced in select geographical locations where the recommended sample size was not likely to be achieved at a select location because the target population was spread among multiple facilities. Thus, sub-sites were included that together constituted a composite site at a geographical location.

As Table 2.1 shows, it was primarily the number of HRG sites that increased, and the increase in the number of sites for FSWs and MSM was greater than that for IDUs. Specifically, the number of sites for FSWs increased from 137 in 2007 to 188 in 2008–09, while in the case of MSM, it increased from 40 to 69 in the same period. The number of IDU sites increased by 5 (52 in 2007 to 57 in 2008–09). The number of TG sites remained static at 1. Regarding the bridge populations, the number of migrant sites increased by 5 (3 in 2007 to 8 in 2008–09), while the number of trucker sites remained static at 7. As several STI sites were closed in the southern states categorized as high-prevalence states—where TI sites through NGOs for the HRG had increased—the total number stood at 212 under HSS 2008–09.

While HRG sites under the 2008–09 round comprised a near quarter of the total sites, there were certain states that had no HRG sites. These included Uttarakhand, Jammu and Kashmir, the Andaman and Nicobar Islands, Chhattisgarh, Meghalaya and smaller Union Territories. Rajasthan, with its sizable population and large tourist influx, had only one FSW site and no IDU or MSM sites.

Of the six high-prevalence states of Andhra Pradesh, Karnataka, Maharasthra, Manipur, Nagaland and Tamil Nadu, only Maharashtra had sites for truckers and migrants. Andhra Pradesh had 72 sites, of which 12 were FSW sites, 6 MSM sites and 2 IDU sites. The total number of ANC (urban and rural) sites was 52. STI sites were closed down in the state during this HSS. Karnataka, with a total 75 sites, had 6 FSW sites, 3 MSM sites, 1 IDU site and 7 STI sites. The number of ANC (urban and rural) sites in Karnataka was 58. Maharashtra had 98 HSS sites. While there was a total of 6 STI sites, the number of FSW and MSM sites was 16 and 3, respectively. There were no IDU sites in the state. There were 66 ANC (urban and rural) sites in Maharashtra. The number of HSS sites in Manipur was 24, of which 3 were FSW sites, 4 IDU sites and 1 an MSM site. Nagaland had 29 HSS sites. There were 8 IDU sites, 1 FSW site and no MSM site. The number of ANC (urban and rural) sites was 28, 17 and 2, respectively. Most of the remaining sites were ANC (urban and rural) sites. Further state-wise details are given in Annexure II.

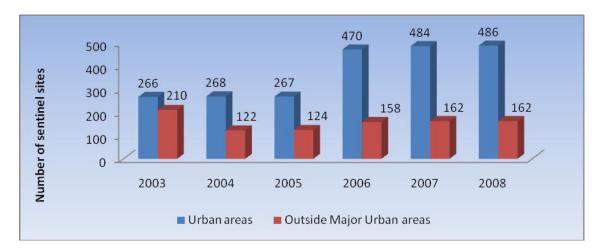
Of the ANC sites under HSS 2008–09, the number of urban sites was 486 and that of rural sites, 162. Certain states in north-east India, Jammu and Kashmir, Himachal Pradesh, Punjab, Uttar Pradesh, Bihar, Madhya Pradesh and Jharkhand had districts with no ANC sites. This was on account of practical challenges, particularly in rural areas without health facilities, with an inadequate client load at ANC clinics or without properly functioning NGOs. The TRG for surveillance recommends that greater population coverage and more nuanced understanding of the epidemic can be achieved with an increase in the number and type of sites—particularly HRG, bridge population and ANC rural sites in states with a low HIV prevalence.

Site type/Year	2003	2004	2005	2006	2007	2008
STD	163	171	175	251	248	212
ANC	266	268	267	470	484	486
ANC(R)	210	122	124	158	162	162
IDU	18	24	30	51	52	57
MSM	9	15	18	31	40	69
FSW	32	42	83	138	137	188
ТВ	-	7	4	-	-	
Migrant	-	-	1	6	3	8
EUN	-	-	1	1	1	1
TRK	-	-	-	15	7	7
Fisher folk	-	-	-	1	-	
Others (seamen)	1	-	-	-	-	
Total	699	649	703	1122	1134	1190

Table 2.1Number of Sentinel Sites by Year and Type from 2003 to 2008, India

Note: The state-wise distribution of sites and site-wise prevalence are given in Annexure II, Fig. 2.2 and Map 2.1.

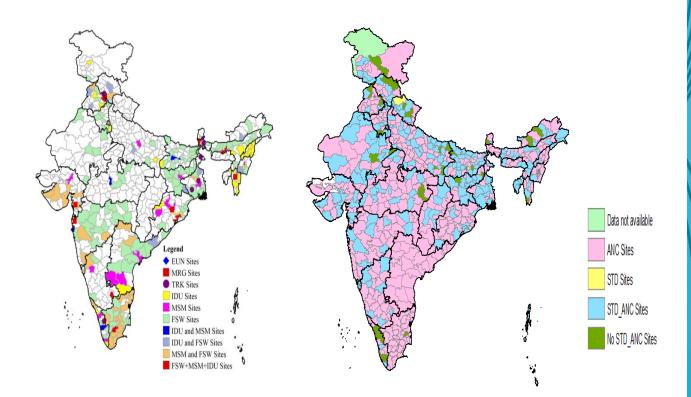
Figure 2.2 Number of Antenatal Sentinel Sites by Location, India, 2003-2008



2.2.3 Sampling

For each HSS site, the sample size (or the number of individuals included in the sample) and the sampling scheme (or procedure for choosing individuals to be included in the sample) were factored in. Each of these is briefly highlighted below.





Sample size and inclusion criteria

The number of individuals included in a sentinel surveillance sample was guided by the need to determine trends in HIV prevalence over time and identify sub-populations at an increased risk of infection. The sample size needed to be large enough to detect the difference between two prevalence estimates—for instance, between two ANC sites or between two surveillance rounds. The sample size was determined using a statistical approach that requires firstly, an estimate of HIV prevalence in the population to be surveyed. The second factor was the margin of error considered acceptable. A reasonable margin of error of $\pm 3\%$ was applied. The third was the level of confidence desired or the confidence intervals desired. A 95% confidence interval would mean that if the survey was conducted 100 times, the prevalence in 95 surveys out of the 100 would fall within the specified margin of error. For HSS 2008–09, a confidence interval of 90% was applied. The sample size was balanced against the technical and financial resources available for survey implementation and data collection.

A sample size of 400 for ANC sites and 250 for STI sites and HRG (TI) sites was calculated. As the focus was on ensuring adequate representation of women in the sample collected at STI sites, the sample of 250 at the STI sites was completed from two sources. A total of 150 samples were collected from the STI clinic, while 100 were from the gynaecology clinic.

The eligibility criteria for HSS included an age range of 15–49 years to facilitate comparability across sites. It was necessary to ensure that no client, especially an STI client, was sampled more than once. To avoid this, sampling was restricted to their first visit.

The duration of sampling varied according to the type of site. For ANC and STI sites, the period of sampling extended from 1 November 2008 to 31 January 2009. The duration for HRG (TI) sites was 1 May 2009 to 31 July 2009. Individuals meeting the inclusion criteria and attending the HSS sites during these specified time periods were included in the survey using a sampling scheme.

Sampling scheme

Three sampling schemes were utilized for selecting individuals for inclusion in HSS. The sampling scheme varied according to the type of site. The scheme for ANC and STI sites was consecutive sampling. According to this method, all individuals who visited the clinic and who met the inclusion criteria were included in the survey until the required sample size was obtained or the survey period was over. For maintaining the quality of data collection, no more than 20–25 consecutive attendees were included per day at a site. This method was relatively easy to employ. Moreover, it was likely that consecutive sampling would minimize the probability of unintentional manipulation by clinic staff or errors due to confusion.

For the HRG (TI) sites, the proposed scheme for sampling was simple random sampling (Annexure III). Under this, the TI line list of members would be utilized to draw up random numbers to identify the clients to be included in the sample. This method, if executed correctly, would most likely produce a true sample of the total population.

As complete TI line lists of members were available only for the state of Gujarat, the sampling scheme used in the remaining states was voluntary, unlinked anonymous testing with informed consent. The sample was obtained on the basis of consent received from the clients on a consent form. Unlinked anonymous testing with informed consent reduces the probability of participation bias or the degree to which higher or lower risk persons may choose to be tested based on their individual rationale. Under this method, all personal identifying information of clients choosing to be tested is removed from specimen tubes and other records before testing for HIV. The HIV test results thus cannot be linked to an individual person. Data are recorded using codes.

2.2.4 Method for blood sample collection and HIV antibody test

The method for blood sample collection varied according to the type of HSS site.

At the ANC and STI sites, whole venous blood was collected from the sample population, using safe injection practices. The serum was separated from the whole blood and split into two parts. One part, preserved along with

the individual identifiers, was tested for syphilis by VDRL. The test result was communicated to the individual. The second part, without personal identifiers, was coded separately such that it may not be linked back to the individual. This coded specimen, along with filled individual formats for HIV and syphilis, was sent to recognized laboratories under cold conditions for testing for HIV and syphilis. HIV antibodies were tested using two ELISA tests or rapid tests to determine whether the sample was positive or negative. ELISA is a conventional screening test for the enzyme immunoassay (EIA).

Rapid HIV testing differs from ELISA in that the results of the test become available in 5–30 minutes. Under HSS 2008–09, the DBS method for blood sample collection was introduced at the HRG (TI) sites to overcome the practical challenges faced in blood sample collection under the previous rounds. Owing to the limited blood storage facilities, the blood samples had often got spoilt and needed to be discarded. With the DBS method, samples have a longer life span and the need for refrigeration is reduced.

Under the DBS method, blood specimens are collected by applying a few drops of blood—drawn by lancet from the finger, heel or toe—onto specially manufactured absorbent filter paper. Once the blood saturates the paper, it is air-dried for several hours in low gas-permeability plastic bags, with the addition of a desiccant to reduce humidity. DBS specimens also pose less of a biohazard risk to handlers, and are easier to transport or store than liquid blood specimens. There is no scope for cross-contamination.

2.2.5 Ensuring quality of HIV testing

The reliability of ELISA/rapid test results was ensured through quality control and EQAS mechanisms that were put in place at the laboratory level. A quality control method was used to assess the functionality of the laboratory's machinery and check whether the HIV test results obtained from a specimen were correct. For this, positive and negative controls were periodically run on the machines to verify whether the test device was detecting antibodies accurately.

External quality assurance was ensured by regional reference laboratories that monitored the entire HIV testing process. This included the pre-analytical phase, before testing of the specimen; the analytical phase, during the actual testing of the specimen; and the post-analytical phase, after HIV testing.

The laboratories' results for a specific specimen were compared with tests conducted on the specimen at the reference laboratory. All the positive samples and 5% of the negative samples were sent by the laboratories to the regional reference laboratories under appropriate conditions to ensure sample quality. The reference laboratories communicated the results back to the testing laboratories.

The names of the reference laboratories maintaining the quality of ELISA/rapid test results in the states are listed in Box 2.2. DBS samples were tested only at the designated laboratory at the NARI. This was a quality assurance mechanism.

National Reference Centre	States
National Institute of Biologicals, Noida	Uttar Pradesh and Uttaranchal
National Institute of Communicable Diseases, New Delhi	Delhi, Jammu and Kashmir, and Rajasthan
All India Institute of Medical Sciences, New Delhi	Himachal Pradesh, Chandigarh, Punjab
National Institute of Mental Health and Neuro Sciences, Bangalore	Karnataka
National Institute of Haematology, Mumbai	Mumbai, Madhya Pradesh and Chhattisgarh

Box 2.2

List of Reference Laboratories and states allotted to them for testing of samples from ANC and STD sites

Annual HIV Sentinel Surveillance - Country Report 2008-2009

National AIDS Research Institute (NARI), Pune	Maharashtra, Goa, Gujarat, Daman and Diu, D and N Haveli
School of Tropical Medicine, Kolkata	West Bengal, Bihar, Jharkhand and Sikkim
National Institute of Cholera and Enteric Diseases, Kolkata.	Assam, Orissa, Andaman and Nicobar Islands, Meghalaya
Dr. MGR University, Chennai.	Andhra Pradesh
Madras Medical College, Chennai	Tamil Nadu, Pondicherry
Christian Medical College, Vellore	Kerala, Lakshadweep
Regional Institute of Medical Sciences, Manipur	Manipur, Tripura, Arunachal Pradesh, Mizoram, Nagaland

2.2.6 Data management, analysis and interpretation

A comprehensive structure for data entry and management was utilized, with the SSA-SACS overseeing the process at the state level, the RIs overseeing it at the regional level, and the NIHFW and TRG overseeing it at the national level.

Following the collection of demographic data and laboratory testing for HIV of ANC, STI and HRG (TI) site attendees, the results were collected by the respective SACS, using individual pro forma. This pro forma template may be referred to under Annexure V. Following data collation, data entry was done via the web-based data entry system at two levels—by the SACS and RIs—using an offline version. This mechanism was introduced for facilitating accuracy of data entry through cross-validation of uploaded files. The data were subsequently uploaded to the NIHFW website.

The NIHFW was the nodal government institute responsible for data cleaning and verification at the national level. It was also in charge of data analysis of sites achieving at least 75% of the recommended sample size—that is, 300 samples for ANC sites and 187 samples for HRG (TI) and STI sites—and interpretation. The process of data analysis and interpretation was guided by certain pertinent considerations, such as whether HIV prevalence was increasing, decreasing or stable at the national and state levels across and among sub-populations. The HIV prevalence trend across age brackets, particularly among young people of the age of 15–24 years, was also taken into account. An attempt was made to determine the HSS sites with the highest HIV prevalence among sub-populations and examine the trends over time, as well as to determine the HSS sites where HIV prevalence was <1%, >5% and >10%.

Along with HIV prevalence, the per cent positivity proportion for VDRL was calculated for the ANC and STI attendees.

The following tools/computer programmes were utilized to allow for statistical analysis and analysis of the geographical spread of HIV and its presentation on thematic maps: Statistical Package for the Social Sciences / SPSS (Version: 18), MS EXCEL (Version: 2007) and JT Maps (Version: 1.2). The 594 districts identified under the 2001 Census were reflected on JT maps.

Trends

The analysis of the trends in HIV prevalence was done by person, place and time. Trends in HIV prevalence among young people between 15 and 24 years of age were of special significance as they reflect a potential increase or decrease in the number of new HIV cases, given that this age group would have become sexually active in recent years. Trends in the prevalence of HIV among HRGs and the bridge population were also of special significance. This was because of the concentrated nature of the HIV epidemic at the national level, coupled with trends from previous HSS and programme data that reflected an increased number of hotspots in areas previously classified as low-prevalence areas.

Recording the change in HIV prevalence over time is central to understanding whether there is an increasing,

decreasing or stabilized trend. If only absolute prevalence were considered there would be an increased possibility of the surveillance data over- or underestimating the true prevalence of HIV in a population. A three-year moving average was utilized with time series data to smooth out short-term fluctuations and highlight longer-term trends in HIV prevalence.

For analysing HIV prevalence among the urban and rural populations in the states, the country was divided into four zones, as follows:

- High-prevalence southern states (H1 zone): This included Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu, where HIV prevalence among ANC clinic attendees was >1% and the main mode of HIV transmission was heterosexual intercourse.
- High-prevalence north-eastern states (H2 zone): This included Manipur and Nagaland, where HIV prevalence among ANC clinic attendees was >1% and the main mode of HIV transmission was unsafe injecting practices.
- Moderate-prevalence states: This included the three states of Goa, Gujarat and Pondicherry, where HIV is concentrated among HRGs. Thus, while the prevalence among ANC clinic attendees was <1%, that among HRGs was 5%.
- Low-prevalence states: These are the states that are not included in the above three zones and where the HIV prevalence among ANC clinic attendees and HRGs was <1% and <5%, respectively.

Analysis of variables by background characteristics

In addition to analysis by year of survey for each sentinel site, district and state; and age group, sentinel surveillance data were also analysed by each of the variables collected and according to background characteristics. The analysis included HIV prevalence by gender, residence, marital status, demographic characteristics (e.g. education, occupation of spouse) and the presence of STIs.

The results were summarized for the entire sample population at each site level and each sub-group for which information on age and sex was collected.

2.3 Certain factors affecting the pace of HSS implementation

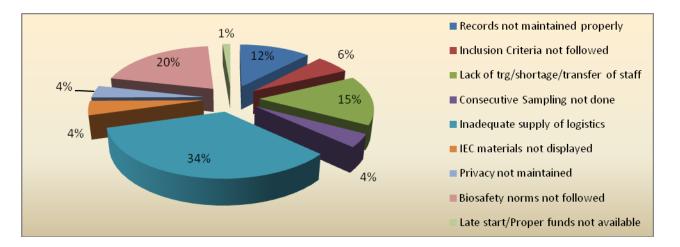
Despite the robust mechanism and new directives issued to ensure that HSS 2008–09 was implemented without bottlenecks, certain factors affecting the pace of HSS implementation were identified during the supervisory visits. These factors have been tabulated so that appropriate remedial measures can be incorporated to overcome them and so that they are not encountered under subsequent surveillance rounds.

As Fig. 2.3 shows, the practical challenges to HSS implementation at ANC / STI clinics include inadequate logistics and supply of consumables, which was noted in 34% of the total sites. Twenty per cent of the sites did not adhere to bio-safety norms and at 15% of the sites, human resources were insufficient due to transfers. Elsewhere, untrained staff was filling the individual pro forma at the sentinel sites or testing laboratories.

Concerns over timely supply of procurement are remnant at HRG sites as well, where 49% reported the late supply of DBS cards. Human resource availability to support HSS execution was noted with 13% reporting inadequately trained staff or shortage of staff. Bio-safety norms were not adhered to at 11% of the total sites.



Figure 2.3 Problems Identified during the Supervisory visit in ANC/STD Clinics, 2008



Chapter 3 **Results**

IV surveillance has been an annual process since 1998. However, in the case of the 2008 round, which started in November, the period of three months spilled over to the next year, i.e. 2009, and got extended further due to delay in the procurement of the consumables for the DBS method introduced for the first time in this round. Hence, the activity was completed in August 2009, leaving no scope for holding another round in 2009.

The pace of the HIV epidemic in India has slowed down and a declining trend has been noted, particularly in the southern high-prevalence states among antenatal women. The epidemic is concentrated in the HRGs, among which the prevalence continues to be >5%, though the antenatal prevalence is low. Thus the country is classified epidemiologically as having a concentrated epidemic.

The impact of the measures taken by the NGOs for FSWs was evident, as there was a decreasing trend in prevalence at the national level and in many states. But the same was not true for the other two core risk groups—MSM and IDUs, among whom there was a rising trend. It is possible that these two new emerging HRGs are hindering the rapid decline in HIV prevalence in the states. A major constraint to the efforts for control is that there are few MSM and IDU sites. The prevalence of HIV among IDUs and MSM in the high-prevalence states of Andhra Pradesh and Manipur was the highest in the country, between 10% and 28%, and may be contributing to the continued prevalence of >1% among antenatal women in these states, though Manipur recorded a prevalence of <1% in ANCs this year.

The prevalence of HIV among antenatal women in Nagaland, another high-prevalence state, was >1%, and that among FSWs and IDUs was 14% and 4%, respectively. The absence of an MSM site was a limitation and no information was available for this group. The perennial prevalence of 3%–4% among antenatal women at the Tuensang site, year after year, needs further exploration. The role of cross-border influx of foreign migrants from Myanmar has to be investigated.

Another state in the North-East which needs attention is Mizoram, where an increasing trend in the prevalence of HIV was observed among IDUs and patients attending STI clinics. The prevalence among FSWs was also high, at 9.2%.

In Maharashtra and Karnataka, the epidemic was yet to be stabilized. Though the antenatal prevalence was <1%, the prevalence among FSWs and MSMs was >10% in these states. The prevalence among IDUs in Maharashtra was very high, at 20%. It was only in Tamil Nadu that the values for each of the HRGs were close to 5%.

In Goa and Gujarat, the prevalence in ANCs was <1%, but it continued to be >5% among the core risk groups of MSM and FSWs. In the absence of any IDU sites, the situation with respect to this group was not clear. This is important, given the fact that there is a large floating population, either in the form of tourists or migrants, in both these states . This situation calls for immediate action, and neglecting intervention activities, including surveillance, for this group may change the trajectory of the epidemic there.

In the northern low-prevalence states, the aggregate prevalence of HIV infection at the state level among the risk groups masks the pockets of "hot spots" existing within each state. It is particularly important to recognize this situation in the case of the northern states, where, due to the low prevalence of HIV, efforts at programme implementation have been maintained at a low level. The result of this course of action is evident, with new

HRG sites or the existing sites reporting an unexpectedly high prevalence of HIV, e.g. 39.6% and 15.2% at the IDU sites of Madhya Pradesh and Punjab, respectively. HIV prevalence among HRGs is becoming high in more and more states with low HIV prevalence. This is particularly true for the states of Orissa, Mizoram, West Bengal and Assam. Prevalence among these groups is also increasing in some sites in several other low-prevalence states, such as Bihar, Uttar Pradesh, Jharkhand, Haryana and Kerala.

Particularly vulnerable were the states of Chhattisgarh, Rajasthan and Uttarakhand, where sites for HRGs were not available. These states need to identify reliable NGOs to start surveillance among HRGs in the next round. The emerging high prevalence among MSM and IDUs calls for improved coverage and for an increase in the number of surveillance sites in all the states.

It was observed that the major population groups coming to the sites and infected with HIV belong to the lower socioeconomic strata. The members of these groups were employed mostly as labourers, truck/vehicle drivers or skilled workers, or were in service. They formed the bulk of the attendees at the IDU and MSM sites, and were the spouses of the infected antenatal women. Due to their risk behaviour of multi-partner/commercial sex, they form a bridge for HIV transmission from HRGs to the general population, e.g. to wives and partners. Unemployed men formed nearly 50% of IDUs and many were into MSM activity. HIV prevalence among them was on the rise.

HIV prevalence was high among the HRGs in the cities of Delhi and Chandigarh. There is a large influx of migrants seeking work as labourers in these cities. New strategies are required to control HIV infection among these hard-to-reach groups.

Overall, evidence from surveillance data indicates that the country has a grip over the HIV epidemic, but the vulnerability of the low-prevalence states raises the risk quotient, which cannot be underestimated as unknown pockets with high prevalence exist for all the risk groups.

This chapter describes the findings of the 2008–09 surveillance round. The chapter is divided into sections to make for better comprehension of the epidemic. The first section describes the situation with respect to the sites and the need for more sites. The second section provides a snapshot of HIV prevalence in the states and the sites. The third section contains details regarding the risk populations, and discusses the current status and trends for the nation, zone-wise and state-wise, as well as with respect to the sites. Annexure II contains state-wise and site-wise details of HIV prevalence from 2003 to 2008–09. The data is further disaggregated to highlight the picture as per the socioeconomic variables for the country and in different zones.

3.1 Status of sites and samples

The 2008–09 Annual Sentinel Surveillance round was conducted from 1 November 2008 to 31 January 2009 at the ANC and STI sites, and from May 2009 to August 2009 at the HRG (TI) sites, in all the states.

3.1.1 Incomplete sample sizes

The number of sites covered in India was 1190, which is the highest number for any country in the world. However, a small number of sites (64) were unable to complete the requisite sample size. Notable among the states in which the sample size could not be completed was Tamil Nadu, where the required sample size could not be completed in one-fourth of the FSW sites (total sites 28) and nearly half of the MSM sites (total sites 17). Similarly, the STI site samples fell short of the required number in four sites each in Maharashtra and Gujarat, and three sites in Karnataka, in spite of the fact that the sites were based in the big city hospitals of these states.

Lack of HRG sites: There was a total absence of sites for HRGs in four states and two Union Territories. The lack of IDU sites in the vulnerable states of Rajasthan, Goa and Chhattisgarh, and the fact that more sites are needed in all the states, restricted the ability of the surveillance system to detect the HIV epidemic in areas or groups, before their entry into the general population. This is true for the low-prevalence states, as the quantum of

infection is likely to be picked up in the HRG population if sites are present and less likely in the ANC. An increase in HRG sites in the high-prevalence states would also help track the epidemic better.

Lack of rural sites: The ANC clinics located in urban hospitals were usually accessed by women in urban areas and those from the surrounding rural areas under surveillance. In the six states with a high HIV prevalence, besides the urban clinics, there were rural clinics for pregnant women located at the block level. In the lowprevalence states, more rural ANC sites are needed, given the inability to open HRG sites in rural areas. There were a few sites (36) in West Bengal, Punjab, Uttar Pradesh and Meghalaya, but these are inadequate to improve representation from remote parts in the rural areas. The number of rural sites has been nearly constant for the past three years (Fig. 2.3).

The state-wise distribution of sites is given in Annexure II.

Clinic	No. of samples tested	Number Found HIV Positive	HIV % prevalence & Confidence Interval 90%
STD	45998	1015	2.21 (2.09 - 2.32)
ANC(Urban clinics)*	190101	898	0.47 (0.45 -0.50)
ANC (Rural clinics)*	62549	301	0.48 (0.44 -0.53)
IDU	12302	1213	9.86 (9.42 - 10.30)
MSM	14825	1021	6.89 (6.54 - 7.23)
FSW	42419	2022	4.77 (4.60 - 4.94)
Truckers	1488	22	1.48 (0.96 -1.99)
Migrants	1742	40	2.30 (1.71 - 2.89)
Transgender	250	41	16.40 (12.55 - 20.25)

Table 3.1 Prevalence of HIV among Different Risk Groups, India 2008-09*

Note: Includes sites with sample size \geq 75%. ANC prevalence on actual data.

3.2 Overview of HIV status

The prevalence of HIV among various risk groups at the country level for 2008–09 (Table 3.1) indicated that the IDU and MSM sub-groups were emerging as the groups that were increasing the intensity of HIV transmission. The only site for TG also repeatedly indicated very high HIV prevalence each year, including in 2008–09, the figure for which was 16.4%.

Site type/ Year	2003	2004	2005	2006	2007	2008
STD	5.68	5.54	5.6	3.73	3.59	2.21
ANC (U)	0.86	0.88	0.87	0.57	0.47	0.47
ANC(R) *		1.08	0.94	0.67	0.52	0.48
IDU	16.73	15.94	10.16	6.9	7.23	9.86
MSM	9.06	10	8.7	6.4	7.4	6.89
FSW	43.72	7.08	8.4	4.8	5.06	4.77
Truckers				2.3	2.51	1.48
Migrant			0	1.6	3.6	2.3
Transgender			43.9	29.6	42.21	16.4

Table 3.1a Trends in HIV percent Prevalence, 2003-2008, India



ANC rural has data from ANC sites in 4 high prevalence southern and two north-eastern states.

Except for the steady declining trend for the STD group, all other groups have stagnating trends since 2006 (Table 3.1a). The predominance of HIV in the urban population tested for various risk groups is notable except for an marginal increase in migrants from rural areas in table 3.1b.

Locality/ Type		Urban		Rural			
	No. of samples tested	amples Found HIV prevalence s		No. of samples tested	Number Found HIV Positive	HIV prevalence	
IDU	9605	999	10.4	2697	214	7.9	
MSM	10088	750	7.43	4737	271	5.7	
FSW	26236	1491	5.68	16183	531	3.3	
Migrants	1268	27	2.13	474	13	2.7	
Transgender	245	41	16.73	5	0	0	
Truckers	272	7	2.57	1216	15	1.23	

Table 3.1b Prevalence of HIV among High Risk Groups by locality, India 2008-09*

Note: The summary for all the risk groups is shown in Maps 3.1 to 3.7 and Boxes 3.1 to 3.5.

Box 3.1 Summary of HIV % prevalence for All Sites "Annual Sentinel Surveillance" 2008-09

Total number of sentinel sites: 1,190*

2, 52,650 women were tested for HIV at 648 ANC sentinel sites**

- 105 ANC sentinel sites with prevalence 1% to 2% HIV seropositivity
- 15 ANC sentinel sites >2 % to < 3% HIV seropositivity
- 6 ANC sentinel sites ≥3% HIV seropositivity
- Rest of the sites had prevalence less than 1% at the ANC sites

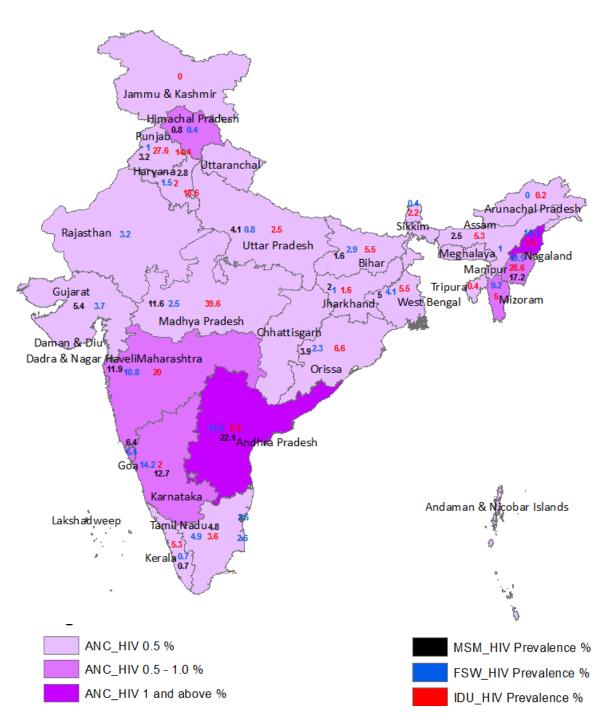
45,998 individuals were tested at 189 STD sentinel sites**

- 16 sites >5% to <10% HIV seropositivity
- 11 sites ≥10% HIV seropositivity

69,546 individuals were tested at 284 core risk group (MSM, FSW, and IDU) sentinel sites**

- 56 sites ≥5% to <10% HIV seropositivity
- 44 sites ≥10% HIV seropositivity
- *Valid sites, with sample size 75% or more, i.e., 300+ at ANC sites and > 187 in other sites 3230 individuals were tested at 13 (TRK, MRG) sentinel sites**
- 6 sites > 1% to 3% HIV seropositivity
- 2 sites > 3% HIV seropositivity

*Valid sites, with a sample size of 75% or more, i.e. 300+ at ANC sites and > 187 in other sites



Map 3.1 State wise HIV % Prevalence in Antenatal Women, IDU, MSM and FSW for 2008-09

Box 3.2

State wise summary of HIV% prevalence in Antenatal Clinic Attendees and HRGs, 2008-09

Antenatal Clinic Attendees

In the four southern states, the HIV prevalence in antenatal women is high, i.e., above 1% in Andhra Pradesh and between 0.5% to 1% in the other states.

In North Eastern States, the HIV prevalence in antenatal women in Nagaland is 1.12%, Mizoram 0.72%, and Manipur is 0.54 %.

In the moderate and low HIV prevalence states the prevalence in antenatal women is less than 1%.

High Risk groups

The states of J&K, Meghalaya, Uttarakhand and Chhattisgarh did not have any surveillance site for the High Risk Groups.

In the three southern states of Andhra Pradesh, Maharashtra and Karnataka, the HIV prevalence in FSW and MSM is above 10%. (It is only in Tamil Nadu that the values in each of these groups are close to 5%.) Maharashtra has very high prevalence among IDUs (20%).

In the North East states, Manipur has high prevalence amongst all the high risk groups ie more than 10% for FSWs &, MSMs and the prevalence is 28% among IDUs. Mizoram and Nagaland have prevalence among IDUs between 3 to 5% but higher figures 9 to 14% prevalence amongst FSWs .No MSM sites are there.

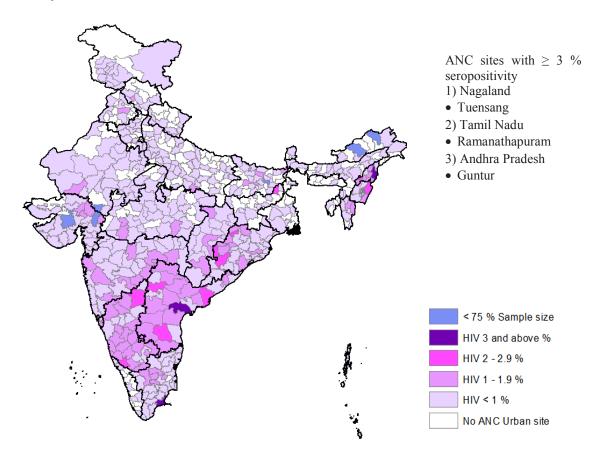
The rest of the states in the country have an increase in HIV prevalence with more than 5% for IDUs seen in states of Punjab, Kerala, Orissa, Madhya Pradesh, Bihar, Mizoram, Assam and West Bengal. HIV % prevalence amongst MSM is more than FSWs and above 5% in Goa, Gujarat, Delhi, Madhya Pradesh and West Bengal.

* The state wise and site wise HIV Prevalence in different risk groups is given in - State Wise and Site Wise Summary Tables-2008 (Annexure-II).

Map 3.2 ANC Sentinel Sites Located in Urban Areas

- Of a total of 486 valid urban ANC sentinel sites, as in urban areas among the 94 sites had HIV seropositivity ≥ 1 % and 3 sites had seropositivity ≥ 3 %
- While majority (67) urban sites with HIV seropositivity ≥ 1% prevalence were in six high HIV prevalence states (Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Nagaland and Manipur), a significant number i.e. 27 out of 94 sites were in other states.

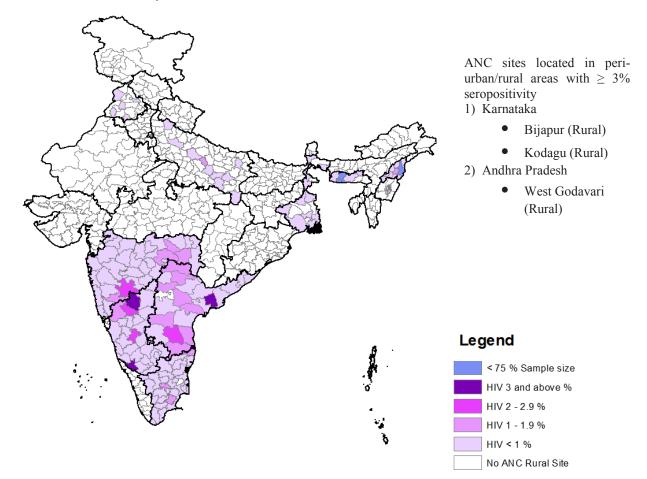
HIV % prevalence among antenatal clinic attendees at sentinel sites located in urban areas, by district, 2008



Map 3.3 ANC Sentinel Sites in Rural Areas

- Out of 648 sites, a total of 162 sites were located in rural areas. At the CHCs such sites are in all the four Southern states (Maharashtra, Andhra Pradesh, Tamil Nadu and Karnataka) and the two states of Northeast (Manipur and Nagaland) with high HIV prevalence. Besides, 33 such rural ANC sites are also located in the four states of West Bengal, Uttar Pradesh, Meghalaya and Punjab.
- Out of 162 sites, 33 valid sites had HIV seropositivity \geq 1 % and at 3 sites \geq 3 %.

HIV % positivity among antenatal clinic attendees at sentinel sites located in periurban/rural areas, by district, 2008–09



Box 3.3

Summary of Results of Sentinel Surveillance in Antenatal Clinics, 2008-09

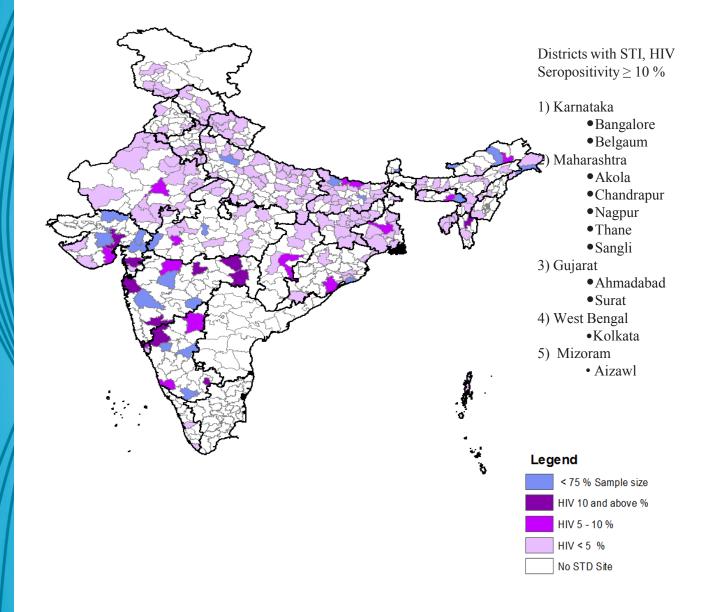
- 2,52,650 women were tested for HIV at 648 (valid) ANC sentinel sites.
- 97,131 antenatal women were tested in four southern high HIV prevalence states.
- 12,344 pregnant women were tested for HIV in North Eastern states
- 1,43,175 women were tested for HIV in Moderate & Low HIV prevalence states.
- Zone wise unadjusted HIV prevalence among ANC attendees in H1 zone (Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu) – 0.74%, H2 zone (Manipur and Nagaland) –0.86%, moderate and low prevalence states – 0.26%.
- Considerable differences continue to exist in the prevalence rates across different geographical regions. Andhra Pradesh and Nagaland have HIV prevalence greater than 1% among ANC attendees and all other states have less than 1%.
- A total of 105 sites, that include both urban and rural sites, have shown HIV prevalence from 1% to 1.99%. One-fourth of these (27) sites are in moderate and low prevalence states, namely Orissa (4 Sites), Madhya Pradesh(4 Sites), Gujarat(2 Sites), Chhattisgarh(4 Sites), Bihar(3 Sites), Mizoram(2 Sites), Uttar Pradesh(2 Sites), Jharkhand 2 sites, and 1 site each in Goa, Himachal Pradesh, Rajasthan and Punjab.
- 15 sites have shown HIV prevalence 2% to 2.99% distributed as 5 sites in Andhra Pradesh, 4 in Karnataka, 2 sites in Nagaland and 1 site each in Maharashtra, Manipur, Jharkhand and Mizoram.
- Six sites have shown a very high prevalence of ≥ 3% among ANC clinic attendees. These are Tuensang in Nagaland, Guntur and West Godavari in Andhra Pradesh, Ramananthapuram in Tamil Nadu, Kodagu & Bijapur in Karnataka.



Map 3.4 HIV Prevalence among STD Patients, All India 2008-09

- Sentinel surveillance among STD patients was conducted at 212 sentinel sites; of these, 16 sentinel sites had ≥ 5 % HIV Prevalence and 11 sites had ≥ 10 % HIV seropositivity and rest had < 5%.
- Ten STD sites with ≥ 5 -10% HIV seropositivity were in low prevalence states and the remaining 6 sites were in the rest of the states.

HIV % Positivity among patients with sexually transmitted diseases, India, 2008-09



Box 3.4 Summary of Findings among STD Patients

- 45,998 individuals were tested at 189 valid sites out of 212 STD sentinel sites.
- The average HIV prevalence percentage in Maharashtra was the highest (11.52%; range -7.05% to 14.05%), Karnataka (10.66%; range 5.62% to 16.74%), Gujarat (7.62 %; range 0% to 22%) and Mizoram (6.4%; range 2.8% to10%).
- 2 sites have shown very high prevalence of greater than 15%. These sites are one each in Gujarat (22%) and Karnataka (16.74%).
- More than 10% HIV prevalence were found in 5 sites in Maharashtra, 2 sites each in Karnataka and Gujarat and 1 site in Mizoram.
- Out of total STD sites participating in surveillance, 27 sites had HIV prevalence greater than 5% among STD clinic attendees. Of these, 13 sites are in moderate and low prevalence states, i.e., 3 sites in Gujarat, 2 sites each in Bihar and West Bengal, and 1 site each in Chhattisgarh, Goa, Meghalaya, Mizoram, Orissa and Rajasthan
- Goa and Manipur show a declining trend while a rising trend was noted for Mizoram and Gujarat from 2003.

Prevalence of HIV was higher amongst those educated till 5th standard, between 25 to 49 years, and in both sexes. HIV infection was more in persons engaged in occupations as Local transport/auto drivers, truck drivers or cleaners, hotel staff and unemployed. However, men in service and Business are also into risk behaviour.

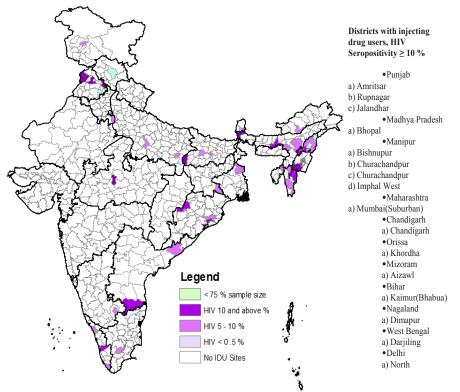
- Sentinel surveillance among injecting drug users was conducted at 57 sentinel sites; of these, 8 sentinel sites had equal or more than 5% but less than 10% HIV seropositivity and 16 sentinel sites had more than 10% HIV seropositivity
- The majority of IDU sites have more than or equal to 5% HIV prevalence, but more than 10% HIV seropositivity was observed in low prevalence states.



Map 3.5 HIV Prevalence among Injecting Drug Users, India

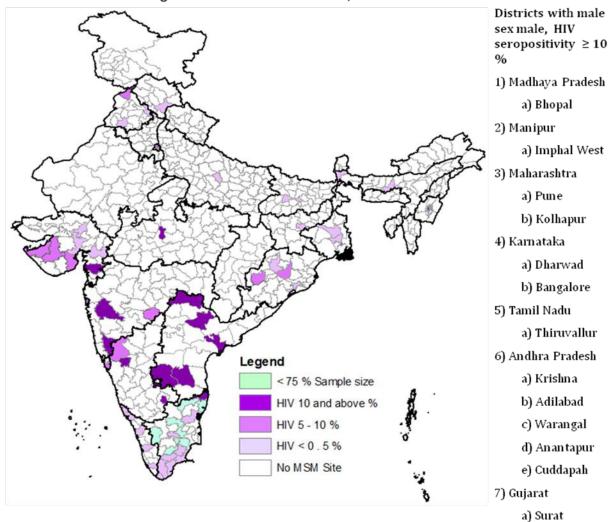
- Sentinel surveillance among injecting drug users was conducted at 57 sentinel sites, of these, 8 sentinel sites had equal or more than 5% but less than 10% HIV seropositivity and 16 sentinel sites had more than 10% HIV seropositivity.
- The majority of IDU sites have more than or equal to 5% HIV prevalence but more than 10% HIV seropositivity was observed in low prevalence states.

HIV % Prevalence among Injecting Drug Users, India 2008

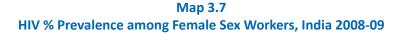


Map 3.6 HIV prevalence among Men who have Sex with Men, India

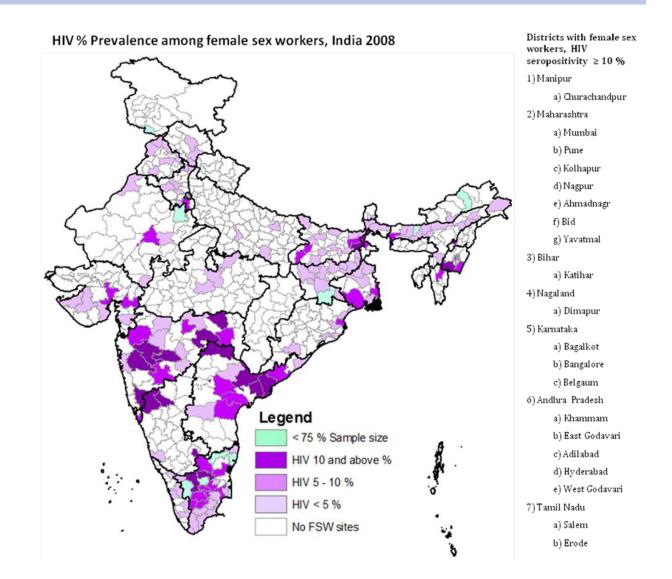
- Sentinel surveillance among men who have sex with men was conducted at 69 sentinel sites of these 60 sites were valid, 15 sentinel sites had more than or equal to 5% HIV seropositivity, and 13 sentinel sites had more than 10 % HIV seropositivity.
- The majority of MSM sites have more than or equal to 5% but less than 10% HIV seropositivity.



HIV %Prevalence among men who have sex with men, India 2008



- Sentinel surveillance among female sex workers was conducted at 188 sentinel sites; of these 173 were valid sites, 36 sentinel sites had ≥ 5 % HIV seropositivity and 20 sentinel sites had ≥ 10 % HIV seropositivity.
- The majority of FSW sites with \geq 5 % HIV seropositivity were in high prevalence states.



Box 3.5 Summary of Findings among HRGs, 2008

IDUs: 12,302 individuals tested at 51 IDU sentinel sites*

- The epidemic among IDUs is spreading from the North-East to more regions of the country. The prevalence of HIV among IDUs was observed to be 39.6% in Madhya Pradesh, 28.7% in Manipur, 27.6% in Punjab, 20% in Maharashtra, 18.6% in Delhi, 6.6% in Orissa, 5.6% in West Bengal, 5.5% in Bihar, 5.3% in Assam and 5% in Mizoram. HIV prevalence among IDUs was found to be > 5% in 40% sites (22 sites).
- HIV prevalence among IDUs increased as compared to the previous year in Manipur, Punjab, Delhi, Chandigarh, Andhra Pradesh and Assam.
- Women comprised 3.7% of the total IDUs tested in the country.
- In consistent sites, in Mizoram and West Bengal, an increase was noted since 2003.

MSM: 14,825 individuals tested at 60 MSM sentinel sites*

- The prevalence of HIV among MSM was high in Andhra Pradesh (22.1%), Manipur (17.2%), Maharashtra (11.9%) and Madhya Pradesh (11.6%).
- The prevalence of HIV was found to be high—>5%—in new MSM sites established in Madhya Pradesh, Maharashtra, West Bengal, Delhi and Gujarat, suggesting that there may be many pockets of high prevalence among MSMs in areas with no sites. These pockets need to be detected.
- In 35% of districts and 28 sites in 10 states, HIV prevalence was found to be >5%.
- The nascent epidemic among MSM is becoming visible and may be termed the hidden driver for the continuing high transmission trend in the already high-prevalence state of Andhra Pradesh (where the HIV positivity figure for MSM is greater than that for FSWs).
- HIV prevalence among MSM is higher than among FSWs in 11 low-prevalence states.

FSWs: 42,419 individuals tested at 173 FSW sentinel sites*

- Nineteen sites in 6 states had a prevalence of >10%. These included the high-prevalence states of Maharashtra (including Mumbai) (7 sites), Andhra Pradesh (5 sites), Karnataka (2 sites), Tamil Nadu (2 sites) and Manipur and Nagaland (1 site each).
- In moderate and low-prevalence states, 18 sites showed an HIV prevalence of >5%. These states are West Bengal (4 sites), Bihar (4 sites), Gujarat (2 sites), Rajasthan (2 sites), and Assam, Delhi, Goa, Haryana, Mizoram and Orissa (1 site each).
- * Includes sites with sample size of \geq 75%.

The state-wise and site-wise HIV prevalence in different risk groups is given in Annexurell.

The following section contains a detailed description for each risk group.

3.3 Antenatal clinic attendees

HIV sentinel surveillance is done among antenatal women as a surrogate marker for the assessment of the magnitude of HIV prevalence in the general population, in the absence of any other suitable group. The surveillance system has helped unmask many antenatal sites with high HIV prevalence in states classified as moderate or low for HIV prevalence. In spite of the expansion in the number of sites, there are still a few districts that do not have any ANC site.

Zones	Age	Urban			Rural			
		Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	
High Prevalence	15 -24	15799	118	0.75	18591	170	0.91	
Southern States (H1)*	25 -49	8032	76	0.95	8374	87	1.04	
High prevalence	15 -24	1556	20	1.29	1531	14	0.91	
(North-eastern States)**	25 -49	2673	41	1.53	2403	21	0.87	
Moderate & Low Prevalence	15 -24	32203	82	0.25	39553	107	0.27	
States***	25 -49	25655	64	0.25	33731	98	0.29	
Total		85918	401	0.46	104183	497	0.477	

Table 3.2 Zone wise HIV Prevalence among Antenatal Clinic Attendees in different Age groups in 2008

Note: Prevalence data in ANCs are unadjusted.

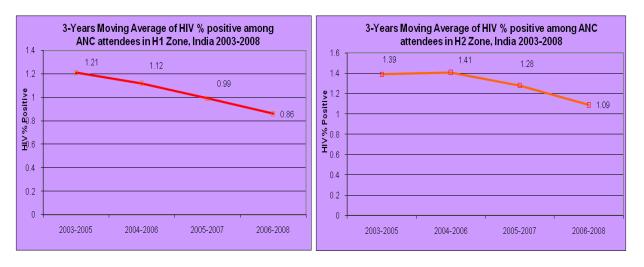
*The states in the H1 zone are Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu.

**The states in the H2 zone are Manipur and Nagaland.

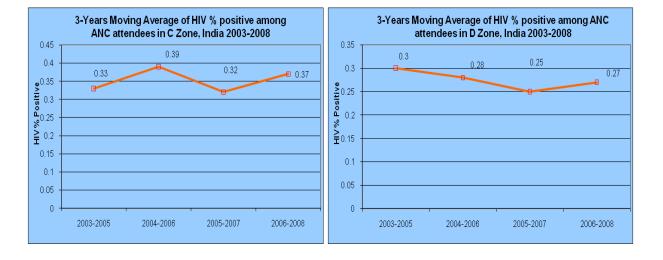
***The states considered to have moderate prevalence are Goa, Gujarat and Pondicherry, and the low-prevalence states are the rest of the states.

The prevalence in the age group of 25–49 years was lower in urban areas than in rural areas in the high-prevalence southern states. In the high-prevalence north-eastern states, the prevalence among both the age groups of 15–24 years and 25–49 years in urban areas was higher than in the rural areas. In the moderate- and low-prevalence states, HIV prevalence was the same for rural and urban areas (Table 3.2). There were few sites in rural areas.

Figure 3.1 Trends in Various Zones according to HIV % Prevalence in Antenatal Clinic Attendees



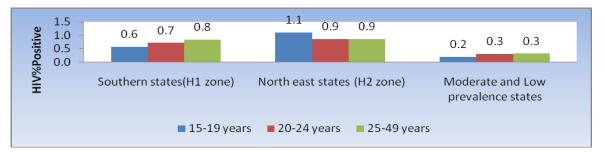
Trends in various zones according to HIV prevalence



The HIV % prevalence for India is 0.47% (unadjusted). The zone-wise analysis of trends for pregnant women coming to ANCs showed a downward trend in the H1 and H2 zones, but the trends in the zone comprising states with moderate and low HIV prevalence have remained the same over time.

The HIV % prevalence figures at the ANC sites were the highest, i.e. >1%, for the age group of 15–19 years in the H2 zone. In the rest of the country, including the H1 zone, the positivity is the lowest in the age group of 15–19 years and nearly the same for the other age groups (Fig. 3.2).

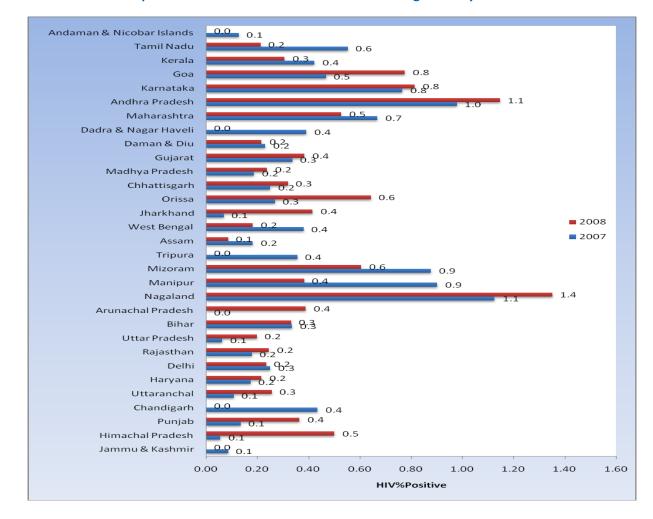
Figure 3.2 Zonewise HIV prevalence among Antenatal Clinic Attendees by AGe Group, 2008-2009



Note: HIV prevalence data are unadjusted.

Figure 3.3

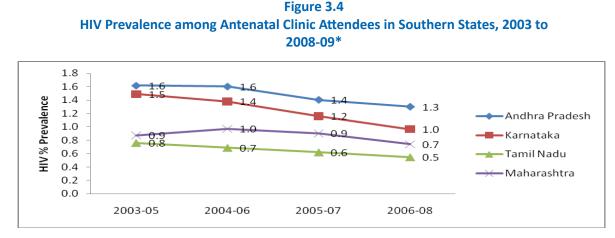
State wise HIV % prevalence in Antenatal Clinic Attendees of age 15-19 years for 2007 and 2008-09



The age of first infection is 15–19 years, and the prevalence of HIV in this age group provides indirect evidence of new infections. Among the southern states, Andhra Pradesh and Karnataka had a higher prevalence in 2008–09 than 2007 (Fig. 3.3). In the north-eastern states, there was an increase in prevalence only in Nagaland, other than Arunachal Pradesh. Other states in which the prevalence of HIV increased in 2008 were Himachal Pradesh, Punjab, Orissa, Goa and Jharkhand.

3.4 Southern High HIV Prevalence States

In the southern states, the main mode of transmission was sexual and the prevalence of HIV among pregnant women was higher than in the moderate- and low-prevalence states. This year (2008-09), 97,131 antenatal women were tested for HIV in Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu. Details of state-wise and site-wise prevalence among different groups can be found in Annexure II.

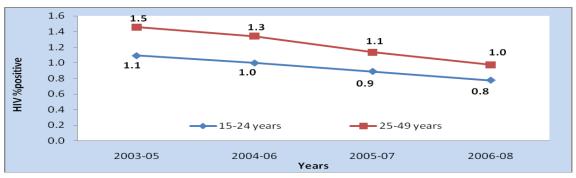


State wise trends for HIV amongst antenatal clinic attendees reflects decline (Fig 3.4)

Note: Number of consistent sites: 219 (Andhra Pradesh=43; Karnataka=54; Maharashtra=70; Tamil Nadu=52) Unadjusted data.

The combined age wise trends for these states show gradual decline since 2003 (Fig 3.5)

Figure 3.5 HIV Prevalence among Antenatal Clinic Attendees in Southern States by Age Group, India, 2003 to 2008-09*



Note: The number of consistent sites is 219 (Andhra Pradesh=43; Karnataka=54; Maharashtra=70; Tamil Nadu=52). Both urban and rural clinics were included.

The combined age-wise trends for these states show a gradual decline in prevalence since 2003 (Fig. 3.5).

More sites in the southern states had an HIV prevalence of 1% or more compared to the rest of the country. Of the 126 sites with an HIV prevalence of 1% or more, 85 were in the southern states. In Andhra Pradesh, the HIV prevalence among ANC attendees in 32 out of 52 sites was >1%. A very high prevalence of \geq 3% was observed among ANC clinic attendees in 5 sites both in the urban and rural areas of the southern states. These sites are in Guntur and West Godavari in Andhra Pradesh, Ramananthapuram in Tamil Nadu, and Kodagu and Bijapur in Karnataka. The past prevalence in these sites, since 2003, is given in Table 3.3. A sudden increase can be noted for 2008–09.

Table 3.3 Trend in Sites with HIV Prevalence ≥ 3% among Antenatal Clinic Attendees from 2003 to 2008-09

State	District	Clinic type	2003	2004	2005	2006	2007	2008-09
Karnataka	Bijapur ,G.H. Indi	ANC Rural	0.75	0.75	0.00	0.73	0.50	3.00
Karnataka	Kodagu ,G.H. Siddapur	ANC Rural	0.25	1.25	0.50	0.50	1.25	3.00
Tamil Nadu	Ramanathapuram							
Govt. Distt. Hq. Hospital	ANC	0.50	0.75	0.00	0.25	1.00	3.25	
Andhra Pradesh	Guntur, Guntur Medical College	ANC	3.75	3.50	3.00	2.25	1.75	3.75
Andhra Pradesh	West Godavari CHC, Bhimavaram	ANC Rural	2.53	2.00	3.00	1.76	1.25	3.75

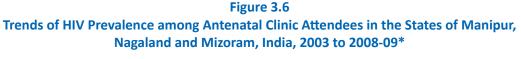
*Samples with <75% of the total have been included.

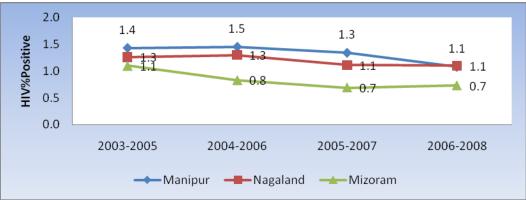
3.5. North-eastern states

HIV prevalence among antenatal clinic attendees in selected north-eastern states (Manipur, Nagaland and Mizoram)

The burden of infection was high among ANC attendees in these three states. Although the mode of transmission was mainly through IDUs, the sexual mode of transmission was also reported. This was observed notably in the eastern border district sites in Manipur and Nagaland, which have international borders with Myanmar, and in Mizoram, to the west of which lies Bangladesh. In Nagaland, the prevalence of HIV was very high in the urban sites in the district of Tuensang—it has been greater than 3% since 2003 (Fig. 3.8). In Manipur, HIV prevalence in the urban ANC sites of Ukhrul district have been >2% year after year (Fig. 3.7). HIV prevalence among ANC attendees was $\geq 1\%$ in 4 sites in Manipur, 9 sites in Nagaland and 3 sites in Mizoram. The prevalence among ANC attendees was >1% in all districts but one in Nagaland.

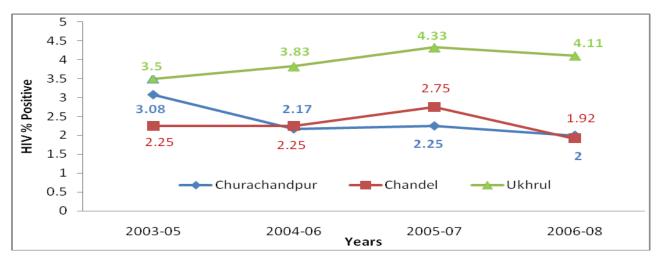
The trend was one of a gradual decline in all three states till the year 2005, but there has been no change since then in Nagaland and Mizoram (Fig. 3.6).





*Three Year moving average, based on consistent site, with 14 sites in Manipur, 5 sites in Nagaland and 4 sites in Mizoram.

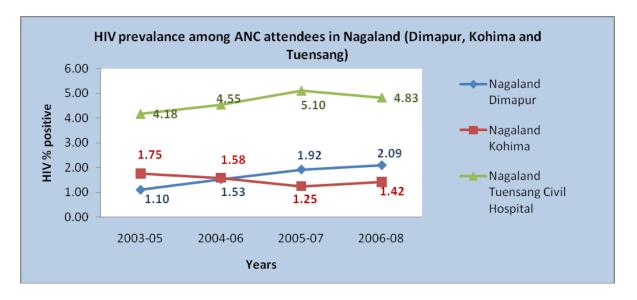
Figure 3.7 HIV Prevalence among Antenatal Clinic Attendees in Selected Sites of Manipur, 2003 to 2008-09



*Three Year moving average.

The ANC sentinel sites situated in the border districts had a high prevalence, but in 2008–09 the prevalence came down. No comments can be made about the decrease in these sites on the basis of one year's data (Fig. 3.8). There has been an increasing trend in the site at Dimapur, where, together with Kohima, the prevalence has constantly been between 1% and 2%. Tuesang had the highest prevalence, of 4.83%, and no change in this trend has been observed.





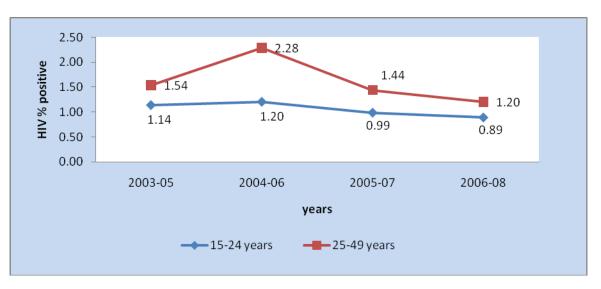
There was a gradual decline in HIV prevalence among both age groups in the twin states of Manipur and Nagaland, and the decline noted in 2008–09 needs to be watched for next 2 rounds of surveillance before interpreting it as a decline in HIV prevalence.

3.6 Moderate- and low-prevalence states

Antenatal clinic attendees in states with moderate and low HIV prevalence



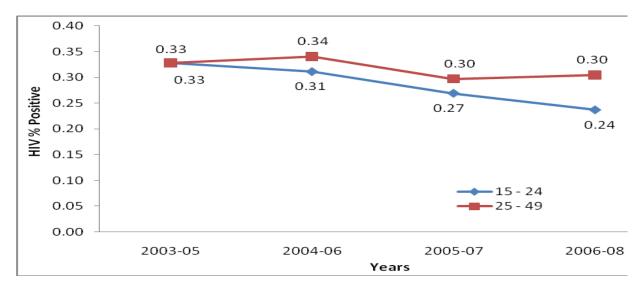
Figure 3.9 HIV Prevalence among Antenatal Clinic Attendees in Manipur and Nagaland (Combined) by Age Group, 2003 to 2008-09*



Note: Based on three year moving average on actual data.

The ANC sentinel surveillance was held in 370 sites, of which 362 could complete 75% of the sample size (valid sites). The data has been analysed for a population numbering 13,142 in urban sites and 12,033 in rural sites. The sentinel sites were distributed in 23 states and 6 Union Territories. The state-wise and site-wise prevalence are given in Maps 3.1 to 3.3, and the detailed table may be found in Annexure II. HIV prevalence was high (>1%) in the new sites in South Goa and Hamirpur in Himachal Pradesh.

Figure 3.10 HIV Prevalence among Antenatal Clinic Attendees in Low Prevalence States by Age Group, India, 2003 to 2008-09*



[Low-prevalence states: Andaman and Nicobar Islands, Assam, Bihar, Chandigarh, Chhattisgarh, Dadra and Nagar Haveli, Daman and Diu, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Kerala, Madhya Pradesh, Meghalaya, Orissa, Punjab, Rajasthan, Sikkim, Tripura, Uttar Pradesh and West Bengal] Note: The number of consistent sites was 86 and included only urban clinics. Sites with a sample size of ≥75% have been included. The trends in HIV prevalence in the antenatal sites in low-prevalence states were analysed by age group. A stable trend was observed for the past three years in the age group of 25–49 years (Fig. 3.10). The extent of positivity was found to be declining in the age group of 15–24 years.



0.3

0.17

0.19

Figure 3.11

Chhattisgarh 0.11 0.05 Haryana 0.06 0 2003-05 2004-06 2005-07 2006-08

0.21

Note: Three year moving average has taken. Only 3 consistent sites have been included from 2003-2008 for each state.

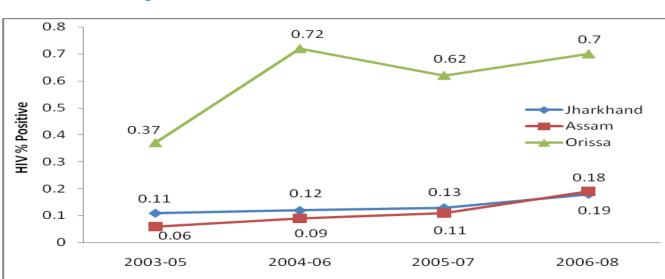


Figure 3.12 HIV Prevalence among Antenatal Clinic Attendees in Orissa, Jharkhand and Assam from 2003 to 2008-09*

Note: Three year moving average has taken. Only 5 consistent sites have been included from 2003 to 2008 for each state.

An increase in prevalence in the year 2008–09 was noted in Chandigarh, Himachal Pradesh, Jharkhand and Uttarakhand. Chandigarh is a Union Territory and the capital of Punjab and Haryana. The increased prevalence there could be explained by the fact that there is an influx of people from these two states into Chandigarh, where many come for testing or seeking medical treatment. The reasons with respect to the other states need to be explored. A marginal upward trend was noted in Gujarat (Annexure II).

0.4 0.35

0.3

0.25

0.2

0.15

0.1

HIV % Positive

No significant change in trend was observed in Bihar, Meghalaya, Mizoram, Pondicherry, Punjab, Rajasthan, Uttar Pradesh, Kerala, Goa and Delhi. The details of state-wise and site-wise prevalence are given in Annexure 11.

The surveillance at the ANC sites in the rural areas showed that HIV prevalence was the highest in Uttar Pradesh (0.29%), whereas in urban clinic sites it was 0.15%. In the rural sites of Punjab, Meghalaya and West Bengal, the prevalence, on an average, was 0.2%.

Differentials of HIV among antenatal clinic attendees

The age-wise HIV prevalence among urban pregnant women was the lowest (0.12%) in the age group of 15–19 years and was, on an average, 0.3% for all the age groups from both urban and rural areas. The HIV prevalence was uniform, at 0.3%, across all levels of literacy and with all orders of pregnancy.

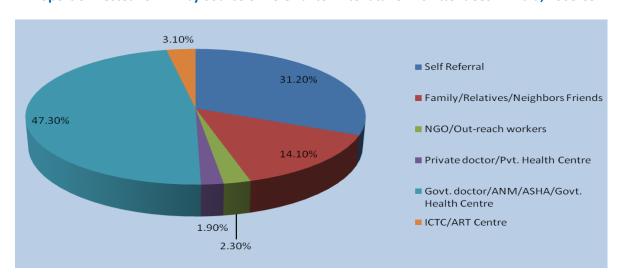


Figure 3.13

Proportion Tested for HIV by Source of Referral to Antenatal Clinic Attendees in India, 2008-09

The source of referral for the ANC attendees tested was mainly government agencies (47%). Forty-five per cent of the ANC attendees had come by themselves or on the advice of friends and relatives (Fig. 3.13). Only 1.9% had been referred by the private sector.

Table 3.4 HIV Prevalence among Antenatal Clinic Attendees by Spouse Occupation, India, 2008

Spouse Occupation		Urban			Rural	
	Number Tested	Number Positive	HIV % Positive	Number Tested	Number Positive	HIV % Positive
Agricultural labourer	8762	45	0.51	43136	197	0.46
Non-agricultural labourer	17686	78	0.44	24779	116	0.47
Domestic servant	1826	10	0.55	1804	15	0.83
Skilled/semiskilled worker	12764	60	0.47	13245	67	0.51
Petty business/small shop	14862	56	0.38	12732	41	0.32
Large business/self-employed	5490	18	0.33	3693	10	0.27
Service (Govt/Pvt.)	22075	97	0.44	16920	69	0.41
Student	820	0	0.00	1206	3	0.25
Truck driver/helper	2816	32	1.14	3927	29	0.74

Spouse Occupation		Urban	•	Rural			
	Number Tested	Number Positive	HIV % Positive	Number Tested	Number Positive	HIV % Positive	
Local transport worker (auto/taxi driver/handcart pullers/rickshow pullers, etc)	8213	42	0.51	7272	57	0.78	
Hotel staff	2238	16	0.71	2045	20	0.98	
Agricultural cultivator/landholder	2630	13	0.49	15558	62	0.40	
Unemployed	2369	17	0.72	3509	21	0.60	
Not applicable (for never married/ widows/widowers)	119	4	3.36	154	4	2.60	

Amongst the ANC clinic attendees in urban areas (102,670), it was the wives of truck drivers/helpers (1.14%), hotel staff and the unemployed who had the highest prevalence. In rural areas (149,980), HIV prevalence was the highest among the wives of hotel staff (0.98%) followed by domestic servants (0.83%). The number of ANC attendees tested for HIV whose spouses were migrants was 660, of which 6 were positive. So, the HIV positivity percentage was 0.9.

	Age-group	Total	VDRL	Unadjusted% Positive	Age adjusted% positive
India	15-19	21776	68	0.31	0.31
	20-24	128921	388	0.30	0.3
	25-49	101953	317	0.31	0.44
	Total	252650	773	0.31	0.39
H1 zone*	15-19	9792	24	0.25	0.25
	20-24	57477	128	0.22	0.22
	25-49	29862	54	0.18	0.39
	Total	97131	206	0.21	0.33
H2 zone**	15-19	982	15	1.53	1.53
	20-24	3550	56	1.58	1.58
	25-49	7812	82	1.05	1.32
	Total	12344	153	1.24	1.41
Moderate &	15-19	11002	29	0.26	0.26
Low Prevalence	20-24	67894	204	0.30	0.30
states***	25-49	64279	181	0.28	0.22
	Total	143175	414	0.29	0.24

Table 3.5 VDRL*% Prevalence amongst Antenatal Clinic Attendees by Age group

Note: Sites with a sample size of \geq 75% have been included.

* Andhra Pradesh, Maharashtra, Tamil Nadu, Karnataka

**Manipur, Nagaland

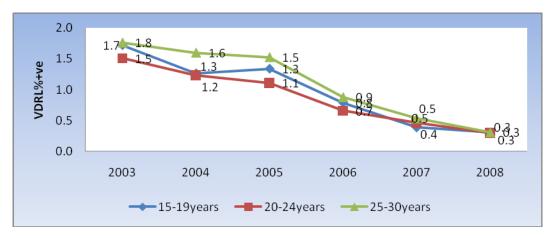
***Moderate: Goa, Gujarat, Pondicherry

Low: Other states

The age-adjusted positivity rate for VDRL at the all-India level was 0.39%. The H2 zone had the highest value (1.41%) and also, the value for this zone was higher for all ages compared to the other zones (Table 3.5). There was a significant decline in VDRL positivity in all age groups at the all-India level (Fig. 3.14).



Figure 3.14 Trend in VDRL positivity age wise among Antenatal Clinic Attendees in India, 2003 to 2008-09



3.7 STI clinic attendees

STI sentinel sites were opened in all states from 1998 onwards to find the level of HIV prevalence among populations engaged in multi-partner sex, e.g. the clients of sex workers. There were very few sites for HRG groups, such as FSWs, MSM and IDUs, in the initial years of surveillance, till 2006, and these sites were mainly for IDUs in the north-eastern states and FSWs in some states like Mumbai and Goa. STI sites were needed all the more because in the moderate- and low-prevalence states, HIV positivity among antenatal women was very low and nearly undetectable, and only other group, in which surveillance could be done, were the attendees at clinic-based STI sites. However, with the inclusion of TI sites (through NGOs) for the HRG populations under surveillance, the number of HRG sites increased. Given this, the STI sites were considered redundant by some of the southern states, such as Andhra Pradesh and Tamil Nadu, and no surveillance was conducted in the year 2008–09.

 Table 3.6

 Zone Wise HIV Prevalence of STD Patients for Sentinel Surveillance 2008-09

Zones	Total	Positive	%+ve
High HIV Prevalence southern States(H1 zone)*	2314	259	11.19
High HIV Prevalence north east States(H2 zone)**	691	21	3.04
Moderate and Low Prevalence States***	42993	735	1.70

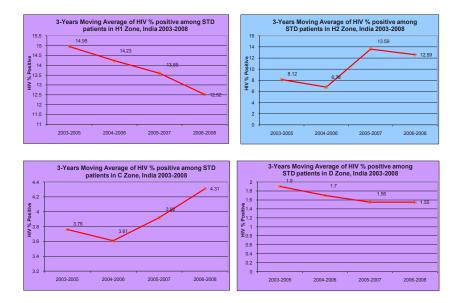
Table 3.7 Zone Wise VDRL Prevalence of STD Patients for Sentinel Surveillance 2008-09

Zones	Total	VDRL	%+ve
High HIV Prevalence southern States(H1 zone)*	2314	25	1.08
High HIV Prevalence north east States(H2 zone)**	691	12	1.74
Moderate and Low HIV Prevalence States***	42993	303	0.70

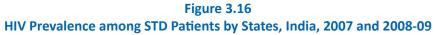
The HIV prevalence does not tally with the prevalence of VDRL—in the H1 zone, the former is 11%, compared to a VDRL prevalence of 1%. VDRL prevalence is the highest in the north-eastern states, at 1.74%, while HIV prevalence is lower (Tables 3.6 and 3.7).

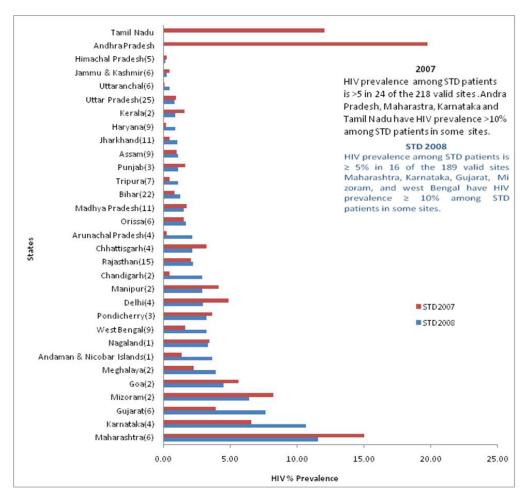
HIV Prevalence trends in various Zones

Figure 3.15 Trends in Patients with Sexually Transmitted Diseases in Various Zones



There was a declining trend in HIV prevalence in the H1 zone, but prevalence in the H2 zone and in zone C, consisting of Goa, Gujarat and Pondicherry, increased. There was no change in the trend in the low-prevalence states (Fig. 3.15).

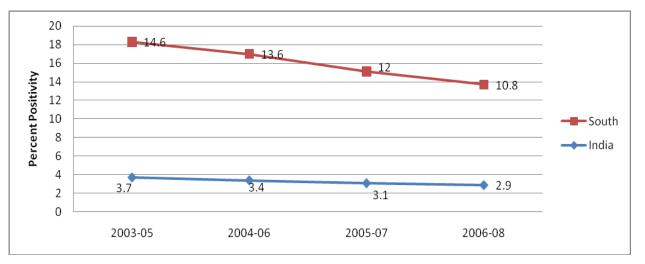




In the absence of STI sites in Andhra Pradesh and Tamil Nadu, the percentage of sites with an HIV prevalence of >5% decreased from 12% in 2007 to 8% in 2008–09, but the majority of the increases in prevalence in sites were in the states with moderate and low HIV prevalence (Fig. 3.16). An increase occurred in 11 states, though many states had values below 5%.

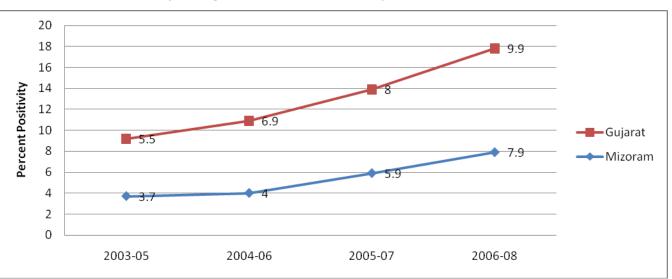
Trends among STI clinic attendees





Note: A three-year moving average has been used, based on consistent sites—India: 91 sites; south: 10 sites (Karnataka: 3, Maharashtra: 7).

HIV prevalence in STI sites at the country level showed a gradually declining trend from 2003 to 2008–09 (Fig. 3.17), with a significant decline in the two southern states. Though there was a downward trend in prevalence in STI sites in Maharashtra and Karnataka, the values were still high, being 14.05% (range: 7.05%–14.05%) in the former and 16.74% (range: 5.62%–16.74%) in the latter.





Note: A three-year moving average has been used. Only consistent sites have been included—3 in Gujarat and 1 in Mizoram. Samples with <75% of the total have been excluded.

In Gujarat and Mizoram, states with moderate to low HIV prevalence, a marked increase was noted (Fig. 3.18). There was no significant increasing trend in the rest of the states (Table 3.8). A consistently declining trend was observed in Goa and Manipur (Fig. 3.19), something which was not noted in the other states.

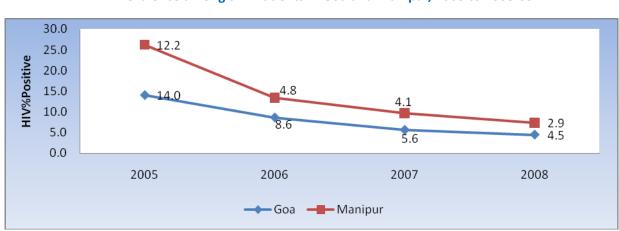


Figure 3.19 HIV Prevalence among STD Patients in Goa and Manipur, 2005 to 2008-09

Note: Only consistent sites have been included—Manipur: 2 sites; Goa: 2 sites. Samples with <75% of the total have been excluded.

States in the moderate and low prevalence category have shown an increasing trend and have sites with an HIV prevalence of >10%. Examples are Gujarat, Mizoram and West Bengal (Table 3.8).

State	District	2003		2004		2005		2006		2007		2008	
		Total	%+ve										
Gujarat	Ahmadabad	243	5.76	250	4.80	250	4.80	250	18.00	NA	NA	250	22.00
Gujarat	Surat	243	n/a	185	8.11	229	11.79	250	8.80	250	8.00	242	13.22
Karnataka	Bangalore	250	10.40	250	12.00	250	13.20	250	5.60	250	1.60	221	16.74
Karnataka	Belgaum	250	27.20	250	29.60	250	23.60	250	3.60	250	10.80	210	14.76
Maharashtra	Akola	250	8.80	250	8.80	250	10.00	250	9.20	250	13.20	227	11.01
Maharashtra	Chandrapur	250	8.80	250	11.20	250	15.20	250	8.40	250	16.80	244	11.89
Maharashtra	Nagpur	250	22.00	250	18.80	250	20.40	250	20.40	250	13.60	244	13.11
Maharashtra	Sangli	250	15.60	250	32.80	250	25.20	250	28.40	250	30.00	242	14.05
Maharashtra	Thane	250	14.40	250	4.00	250	8.00	250	6.00	250	7.20	248	11.69
Mizoram	Aizawl	250	6.00	250	1.20	250	4.00	250	6.80	250	6.80	250	10.00
West Bengal	Kolkata	250	9.60	233	19.74	250	4.80	250	3.60	222	4.95	188	11.17

Table 3.8 STD Sites with HIV Prevalence ≥ 10% from 2003 to 2008-09

Differentials for HIV prevalence among STI patients

The age-related HIV prevalence was the highest beyond the age of 25 years among both sexes. No significant difference was observed between the sexes among those attending STI clinics (Table 3.9) for the ages of 20–24 years, but prevalence was higher among males in the age group of 25–49 years. In the age group of 15–19 years, prevalence among females was double that among males.

Table 3.9HIV Prevalence by Age and Sex among Patients Attending STD Clinics, India 2008

Age	Sex							
	Male			Female				
	Total	HIV	%+ve	Total	HIV	%+ve		
15-19	1844	13	0.7	1136	17	1.5		
20-24	4414	69	1.6	5803	79	1.4		
25-49	15834	478	3.0	16967	359	2.1		
Total	22092	560	2.5	23906	455	1.9		

Note: Only valid sites have been included.

Those who were illiterate or literate till the 5th standard and were from urban areas had higher HIV infection rates. The rates of infection declined with an increase in the literacy status in both urban and rural areas (Table 3.10).

Table 3.10HIV Prevalence among STD Patients by Locality and Literacy Status, India, 2008

Education	Locality							
	Urban(Municipal Corporation/Council/ Cantonment)			Rural				
	Total	HIV	%+ve	Total	HIV	%+ve		
Illiterate	3630	94	2.6	7218	150	2.1		
Literate and till 5th standard	5870	165	2.8	7706	176	2.3		
Till 12th standard	7735	185	2.4	7133	132	1.9		
Till Graduation	3397	62	1.8	1708	28	1.6		
Graduate and above	1122	17	1.5	479	6	1.3		
Total	21754	523	2.4	24244	492	2.0		

Note: Only valid sites have been included.

The prevalence of HIV in the urban areas was the highest among those working as local transport workers, nonagricultural labourers or hotel staff, or those who were unemployed. In the rural areas, it was high among truck drivers and local transporters (Table 3.11). Skilled and semi-skilled workers from urban and rural areas were equally at risk. HIV rates among housewives were the same (1.6%) in both rural and urban areas.

Table 3.11

HIV Prevalence among STD Patients (both Male and Female) by Locality and Occupation, India, 2008

Self Occupation		Locality							
	Urban(Mun	icipal Corporat Cantonment)	ion/Council/	Rural(Peri urban)					
	Total	Positive	%+ve	Total	Positive	%+ve			
Agricultural labourer	581	8	1.4	3915	87	2.2			
Non-agricultural labourer	1188	57	4.8	1700	41	2.4			
Domestic servant	458	11	2.4	477	7	1.5			
Skilled/semiskilled worker	1528	65	4.3	954	43	4.5			
Petty business/small shop	1625	45	2.8	1011	24	2.4			

Large business/self employed	491	9	1.8	316	9	2.8
Service (Govt/Pvt.)	3625	88	2.4	1692	25	1.5
Student	2231	25	1.1	1548	14	0.9
Truck driver/helper	334	12	3.6	476	28	5.9
Local transport worker (auto/ taxi driver/handcart pullers/ rickshow pullers etc)	634	33	5.2	416	24	5.8
Hotel staff	354	17	4.8	292	8	2.7
Agricultural cultivator/ landholder	126	2	1.6	756	9	1.2
Unemployed	548	24	4.4	589	16	2.7
Housewife	8031	127	1.6	10102	157	1.6
Total	21754	523	2.4	24244	492	2.0

Note: Only valid sites have been included.

Table 3.12

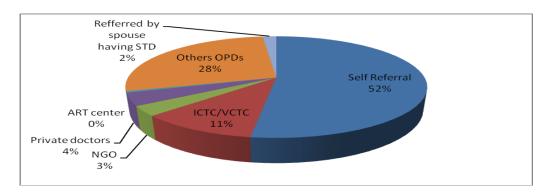
HIV Prevalence among Patients with Sexually Transmitted Diseases by Type of Sexually Transmitted Diseases and Gender, India, 2008

Type of sexually transmitted	Sex								
diseases	Male			Female			Total		
	Total	HIV	%+ve	Total	HIV	%+ve	Total	HIV	%+ve
Ano-genital Ulcer	6853	232	3.4	1527	59	3.86	8380	291	3.5
Urethral/Cervical Discharge	9196	166	1.8	17103	263	1.54	26299	429	1.6
Both (Genital-Urethral Discharge)/Cervical discharge	3710	83	2.2	4270	97	2.27	7980	180	2.3
Ano-genital Warts	2089	75	3.6	759	32	4.22	2848	107	4
Total	21848	556	3	23659	451	2	45507	1007	2.2

Note: Only valid sites have been included.

At the country level, HIV infection rates were high among both sexes and the highest among those with genital warts and anal or genital ulcer. They were the lowest among those with urethral or cervical discharge. Females with genital ulcer were more likely than males to be HIV-positive (Table 3.12).



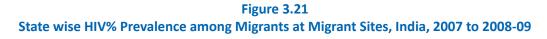


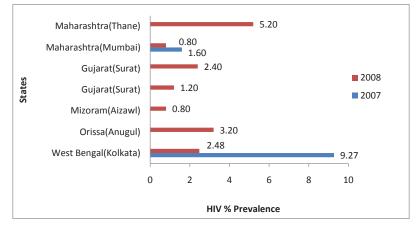
Self-referral accounted for the majority (52%) of patients. Twenty-eight per cent of patients were referred from other OPDs, indicating that these patients were unaware of their disease. NGO referral was low, at only 3%.

3.8 Migrants and truckers (bridge population)

Migrants

There were 7 sites for migrants in India—2 each in Gujarat and Maharashtra, and 1 each in Mizoram, Orissa and West Bengal. In the sentinel surveillance programme of 2008–09, 1742 migrants were tested for HIV.





Note: In 2008, all the migrant sites, except the West Bengal (Kolkata) and Maharashtra (Mumbai) sites, were new sites.

The HIV prevalence rate among the 250 migrants tested in the newly established site at Thane was as high as 5.2%, while the site at Mumbai showed a decrease in prevalence from 1.6% in 2007 to 0.8% in 2008–09. The prevalence in Kolkata was very high (9.27%) in 2007, and decreased to 2.48% in 2008–09. In the rest of the sites, HIV prevalence was below 5% (Fig. 3.21).



Figure 3.22 Proportion of Migrants tested by age and education in selected sites India, 2008-09

Very few migrated in their teens. The majority (70%) of migrants were above the age of 25 years. The majority (44%) were educated till Standard 12. Skilled and semi-skilled migrants constituted the biggest group among the migrants. As for the occupational profile of the migrants in different states, 76% were agricultural labourers in Kolkata, 56% and 70% were skilled/semi-skilled workers in Maharashtra and Mizoram, respectively, and 71% were employed in petty business in Orissa.

In Mizoram, Orissa and Maharashtra, the majority of migrants were educated till the secondary level. In West Bengal, 43% had studied till the primary level. It was difficult to access the migrants as none of them had come to the service point for the treatment of STIs and very few had come for other medical reasons.

Truckers

There were 7 sites for truckers in 2008–09. Of these, 5 were in West Bengal and 1 each in Kerala and Madhya Pradesh (Fig. 3.23). The HIV prevalence rate among truckers dropped in 5 out of 7 sites from 2007 to 2008–09 (Fig. 3.23). It varied from 0 in the site in Kolkata to 2.8% at Bardhaman, with the values for the other sites falling in between. The majority of the truckers were above 25 years of age and educated up to the 12th standard. Out of the total of 1488 who were tested, only 208 had come for treatment of STIs and these had the highest prevalence. About the same number had come for other medical reasons.

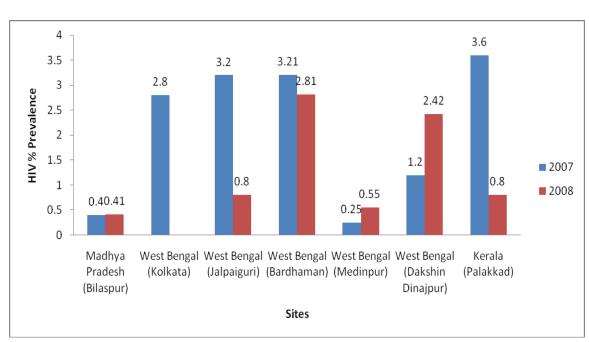


Figure 3.23 HIV Prevalence among Trucker sites for India, 2007 to 2008-09

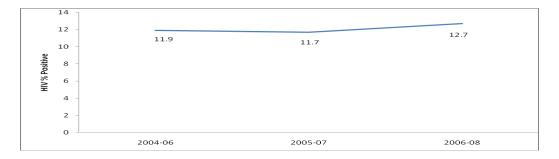
3.9 High-risk groups (IDUs, MSM and FSWs)

The epidemic in an area is driven by three groups—IDUs, MSM and FSWs. The epidemic in India was initially attributed to commercial sex work by FSWs. However, now the IDUs and MSM have also been included in the ambit of populations requiring intervention to prevent the spread of HIV.

HIV prevalence among injecting drug users

The prevalence of HIV among IDUs at the country level is 9.9%. The trend for consistent sites at the all-India level has been stationary since 2004, with a gradual increase between 2006 and 2008 (Fig. 3.24). At the all-India level, 3.7% of the IDUs tested for HIV were women. The figure was 4.9% in the high-prevalence states of the North-East, 2.7% in the states with moderate and low prevalence, and only 1.2% in the southern high-prevalence states. The majority of those tested across the country were between the ages of 25 and 49 years.

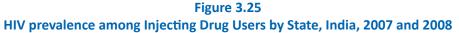
Figure 3.24 HIV Prevalence among Injecting Drug Users in India, 2004 to 2008-09*

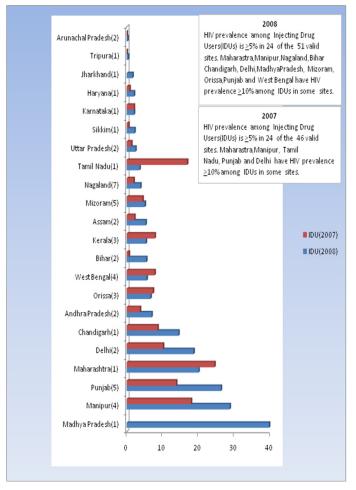


Note: A three-year moving average has been taken and 13 consistent sites have been included from 2004–2008—Nagaland: 5; Manipur: 3; Mizoram: 1; Maharashtra: 1; Delhi: 1; West Bengal: 1; and Chandigarh: 1.

HIV prevalence among IDUs in the states

HIV prevalence among IDUs was >5% at nearly 50% of the sites in 2008 (Fig. 3.25). The same trend was observed in 2007.



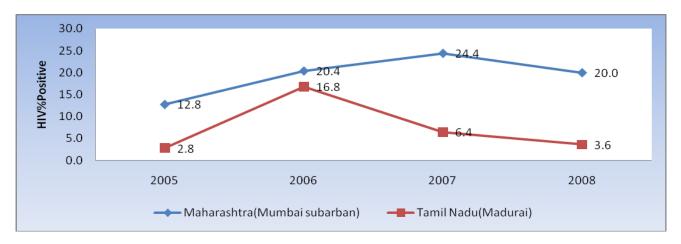


Note: The values in parentheses are the number of sentinel sites for each state. Sites with a sample size of \geq 75% are included.

Southern states with high HIV prevalence

The IDUs in the four southern high-prevalence states continued to be a problem. Positivity was the highest (20%) among them in Maharashtra. In Tamil Nadu and Karnataka, the prevalence of HIV among IDUs was <5%, but in Andhra Pradesh, there was an increasing trend and the prevalence had doubled compared to the previous year, crossing 5%. The increase could be observed particularly in the site at Chitoor. In Tamil Nadu there was a declining trend (Fig. 3.26). Consistent sites with an adequate sample size are not available for Andhra Pradesh and Karnataka to draw the trend lines.





Note: Only those sites from which there was consistent data available from 2005 to 2008 have been included. Two consistent sites each for Maharashtra and Tamil Nadu are included.

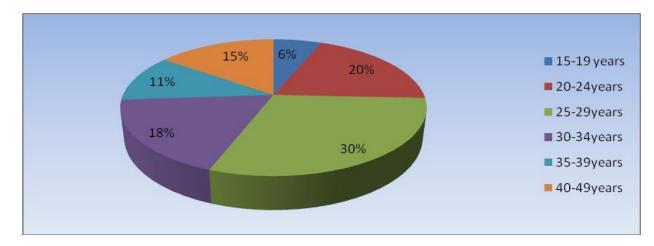
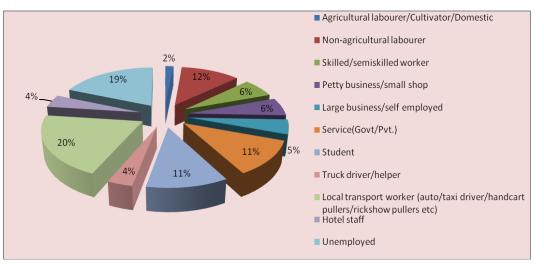


Figure 3.27 Age-Wise Persons Tested for HIV in Southern States among Injecting Drug Users, 2008

The IDUs belong predominantly to the age group of 20–29 years. Only 6% of those tested were below 19 years of age (Fig. 3.27). Most people tested were illiterate and a majority were injecting two to three times a week.

Figure 3.28 Proportion Tested for HIV by Occupation in Southern States among Injecting Drug Users, 2008

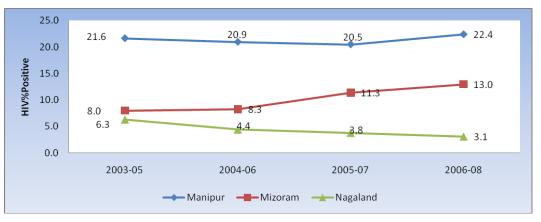


Of the total population of IDUs tested at these centres, 50% comprised local transport drivers or rickshaw pullers, labourers and unemployed people. Other segments, like those in service and students, who constituted 22% of the population tested, were also taking drugs (Fig. 3.28). The de-addiction or drop-in centres were utilized by this population mainly for the needle exchange programme or substitution therapy, and very few came for treatment of STIs or for other facilities.

North-eastern region

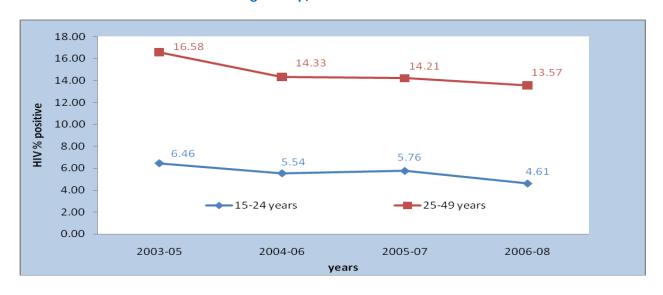
The prevalence of HIV among IDUs in Manipur was much higher than that in Nagaland and Mizoram (Fig. 3.29). The trend of increase in prevalence was the most marked in Manipur. There was a rising trend in Mizoram and a gradual decline was observed in Nagaland (Fig. 3.29). The problem of HIV continues to be one of considerable magnitude in the North-East, with 4 sites in Manipur showing a range of prevalence of 17%–34% and prevalence at the new site in Bishnupur being 34% (Table 3.13). Two sites in Nagaland had an HIV prevalence of >5% (range 5%–10%) and the rate had not decreased since 2004 (Table 3.13). There was no decline (to <5%) in the Mizoram sites of Aizwal and Champhai (Table 3.13).





Note: A three-year moving average was taken. Only consistent sites were included from 2003 to 2008—Manipur: 2 sites; Mizoram:1 site; and Nagaland: 4 sites.

Figure 3.30 HIV Prevalence among Injecting Drug Users in the States of Manipur, Mizoram and Nagaland (Combined) by Age Group, 2003 to 2008-09*



Note: A three-year moving average was taken. Only consistent sites were included from 2003 to 2008—Manipur: 2 sites; Mizoram: 1site; and Nagaland: 4 sites.

There has been no significant change in the trend in HIV prevalence among IDUs in the age groups of 15–24 years and 25–49 years since 2004 (Fig. 3.30) in the north-eastern states.

Table 3.13Site-wise Table of Injecting Drug Users with HIV Prevalence more than 5% in Manipur, Nagaland and
Mizoram from 2003 to 2008- 09

State	District / Site name		2003		2004		2005		2006		2007		2008	
		Total	%+ve											
Manipur	Churachandpur DDAC, SHALOM	249	32.9	250	29.2	250	20	250	24	250	28	244	28.3	
Manipur	Churachandpur DDAC, LLRC	N/A	N/A	250	29.2	250	33.6	250	17.2	250	18	235	34	
Manipur	Bishnupur ESEWOSA, Moirang [New 08]											248	34.3	
Manipur	Imphal West (DDAC),	249	18.1	250	14.8	250	14.8	250	22.8	250	13.2	240	17.9	
Mizoram	Aizawl Aizwal, SHALOM	250	8.8	250	6.8	250	8.4	250	9.6	249	16.1	249	13.3	
Mizoram	(TNT) Champhai / RTCT, Champhai	N/A	N/A	250	6.8	N/A	N/A	250	4.8	250	14.4	250	8.4	
Nagaland	(Kirpa) Kohima	N/A	N/A	250	4	250	4	250	6	250	2	232	5.6	
Nagaland	Dimapur Dimapur Civil Hospital	249	10.4	245	4.5	250	8.4	250	3.2	250	5.2	236	10.2	

In Manipur, Nagaland and Mizoram, unemployed persons (44%), people in service (13%) and students (12%) formed the bulk of those accessing the drop-in centres, though other groups were also involved in injecting drugs (Fig. 3.31).

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Figure 3.31 Proportion % of IDUs Tested for HIV by Occupation (Manipur, Nagaland and Mizoram), 2008-09

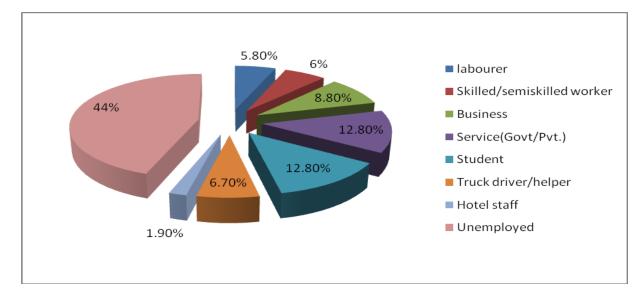


Table 3.14 HIV Prevalence among Injecting Drug Users by Literacy and Residence (Manipur & Nagaland), 2008-09

Literacy		Urban			Rural		
	Total	HIV	%+ve	Total	HIV	%+ve	
Illiterate	47	11	23.4	23	4	17.4	
Literate and till 5th standard	795	85	10.7	396	41	10.4	
Till 12th standard	1375	155	11.3	469	37	7.9	
Till Graduation	289	36	12.5	76	7	9.2	
Graduate and above	99	12	12.1	23	4	17.4	
Total	2605	299	11.5	987	93	9.4	

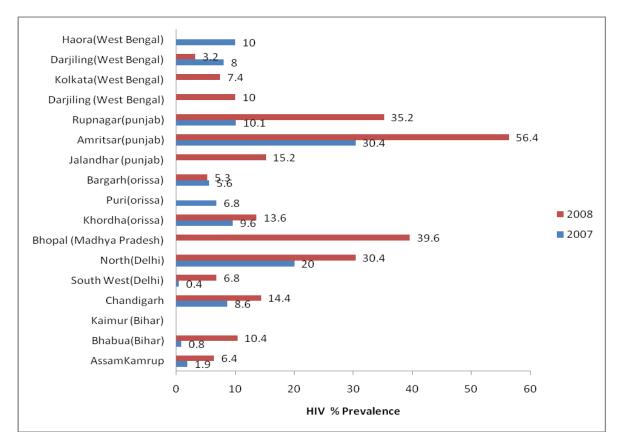
The majority of the population coming to the centres was either literate or educated up to the 12th standard and the range of HIV positivity among those both from an urban and rural background in this population was 8%–11% (Table 3.14). Very few illiterate people came to the centres.

States with moderate and low HIV prevalence

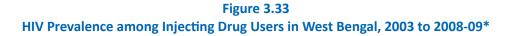
Sixteen states in this category conducted surveillance among IDUs and of them, Madhya Pradesh and Jharkhand did it for the first time. Very high prevalence (39%) was noted in Madhya Pradesh at the site in Bhopal. There was an increase in prevalence in 10 of the states with moderate and low prevalence, the values being higher than in 2007. In Punjab, HIV positivity was 13% in 2007 and this doubled to 27% in 2008, there being an alarming increase at the sites in Amritsar (56%) and Rupnagar/Ropar (35%). Prevalence was >5% in 10 sites.

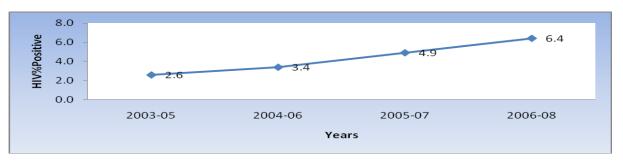
In West Bengal, a significant linear increase was seen in HIV prevalence amongst IDUs since 2003, with HIV prevalence above 5% in one consistent site (Fig 3.33). Consistent sites were not available from 2003 for other states in this region. Details of site wise prevalence given in Annexure II.

Figure 3.32 Sites with ≥ 5% HIV Prevalence among Injecting Drug Users in Low Prevalence States, 2007 and 2008-09



In West Bengal, there has been a significant linear increase in HIV prevalence among IDUs since 2003, with the prevalence being >5% in one consistent site (Fig. 3.33). Consistent sites were not available from 2003 for other states in this category.





Note: A three-year moving average has been taken. Only 1 consistent site has been included from 2003 to 2008 (1 site in West Bengal).

Differentials at the all-India level

The IDUs visiting NGOs were usually unemployed and formed 25% of the total number of those visiting these sites. Others coming to the sites were labourers, truckers and local transporters, who formed nearly 16% of the total, followed by those in business (14%).

At the country level, the majority of the IDUs attending intervention centres were unemployed persons, local transport workers, non-agricultural labourers or those in service from urban areas (Table 3.15). The prevalence of HIV was high among the unemployed (12%) and labourers (13%), but it was the highest among skilled and semi-skilled workers from both the urban (18.81%) and rural areas (11.43%). Prevalence was lower among those from the rural areas, except among those in business (petty and large business).

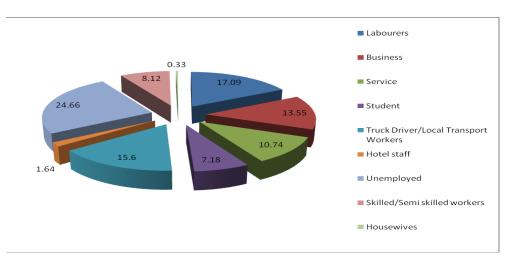


Figure 3.34 Proportion % of IDUs Tested for HIV by Occupation, India 2008-09

Table 3.15HIV Prevalence among Injecting Drug Users by Occupation and Residence, India, 2008-09

		Urban		Rural			
Self Occupation	Number Tested	Number Positive	HIV % Positive	Number Tested	Number Positive	HIV % Positive	
Agricultural labourer	145	15	10.34	253	26	10.28	
Non-agricultural labourer	1189	156	13.12	285	34	11.93	
Domestic servant	52	2	3.85	29	0	0	
Skilled/semiskilled worker	808	152	18.81	175	20	11.43	
Petty business/small shop	828	89	10.75	238	16	6.72	
Large business/self employed	448	21	4.69	127	13	10.24	
Service (Govt/Pvt.)	1034	93	8.99	267	20	7.49	
Student	709	4	0.56	161	2	1.24	
Truck driver/helper	224	15	6.7	66	5	7.58	
Local transport worker (auto/ taxi driver/handcart pullers/ rickshaw pullers etc)	1454	137	9.42	145	8	5.52	
Hotel staff	184	11	5.98	15	1	6.67	
Agricultural cultivator/ landholder	31	2	6.45	166	7	4.22	
Unemployed	2414	295	12.22	572	48	8.39	
Housewife	40	1	2.5	1	0	0	
Unknown	27	5	18.52	16	0	0	
Total	9587	998	10.4	2516	200	7.95	

HIV prevalence among MSM

There were MSM sites in 21 states. The sites may not give an adequate picture of the epidemic in this group across the country, but they are suffice to draw attention for the intervention (unclear). HIV among MSM has added to the HIV burden in nearly all the states of the country (Fig. 3.35). It may be noted that HIV was detected among the population at all the new sites started, e.g. in Andhra Pradesh, Madhya Pradesh, Bihar, Himachal Pradesh and Jharkhand.

The prevalence of HIV increased in 7 states compared to the 2007 values. Nearly half the sites had a prevalence of >5% and of these, 11 had a prevalence of \geq 10% (Fig. 3.35).

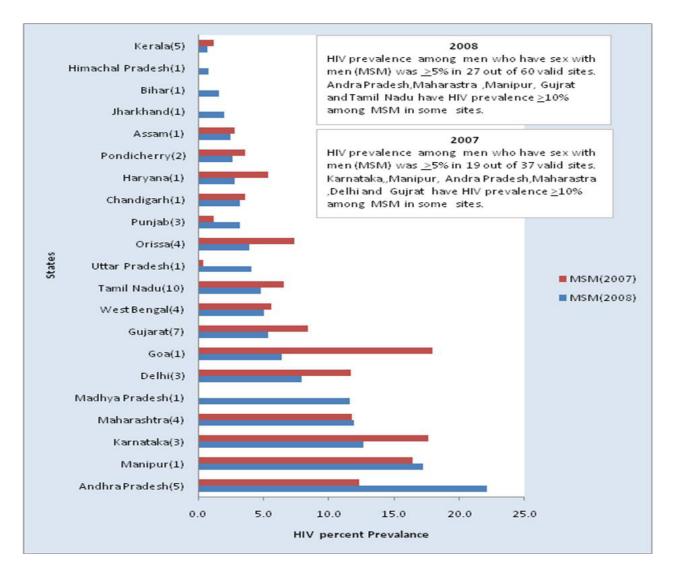
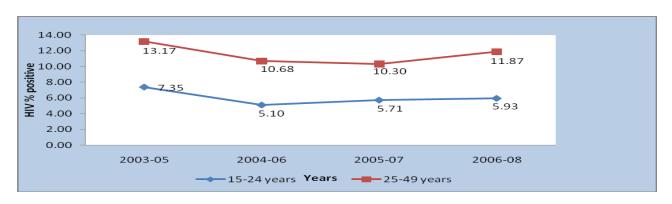


Figure 3.35 HIV prevalence among Men having sex with Men by States, 2007 and 2008-09

Note: The values in parentheses are the number of sentinel sites for each state. Sites with a sample size of ≥75% have been included.

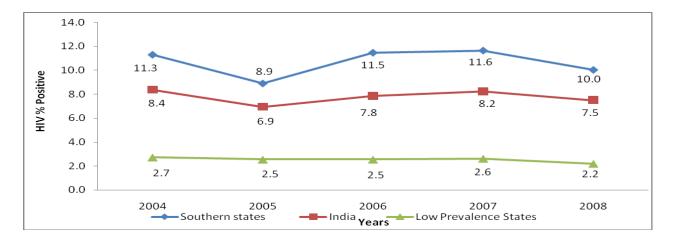
At the all-India level, there was no significant change in the trend of HIV infection among MSM, even by age differentiation (Fig. 3.36). The trend has been the same for the four southern states and the low-prevalence states since 2004 (Fig. 3.37). HIV prevalence has not declined since 2004 among MSM in the consistent sites of the high-prevalence southern states and the low-prevalence states.







HIV Prevalence among Men Having Sex with Men in India, Southern States and Low Prevalence States, 2004 to 2008-09

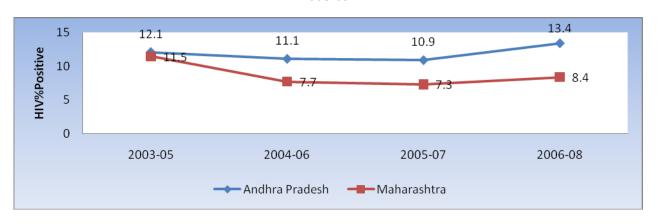


- Sites in India: Tamil Nadu 1, Manipur 1, Andhra Pradesh 1, Maharashtra 2, Chandigarh 1, Bihar 1, Gujarat 1, Pondicherry 1
- Sites in southern states: Tamil Nadu 1, Andhra Pradesh 1, Maharashtra 2
- Sites in low-prevalence states: Chandigarh 1, Bihar 1
- Karnataka had a sample size of <75% and Nagaland did not have any sites.

Maharashtra, Tamil Nadu, Andhra Pradesh and Karnataka

MSM are emerging as an important group in Andhra Pradesh, with the prevalence of HIV among them almost doubling (22%). There was a significant increase in prevalence at three sites—Adilabad, Ananatpur and Kadapa— in 2008 compared to 2007, and the trend of HIV prevalence continued to be high in consistent sites since 2005 (Fig. 3.37). In both Karnataka and Maharashtra, the prevalence was >10%. Only Tamil Nadu had a prevalence of <10%, though it was >5%.

Figure 3.38 Trend in HIV Prevalence among Men Having Sex with Men in Andhra Pradesh and Maharashtra, 2003 to 2008-09*



Note: A three-year moving average has been taken and only consistent sites have been included from 2003-2008-1 each in Andhra Pradesh and Maharashtra. Sites with a sample size of \geq 75% have been included.

Andhra Pradesh and Maharashtra show gradual increase since 2004 trend (Fig 3.38).

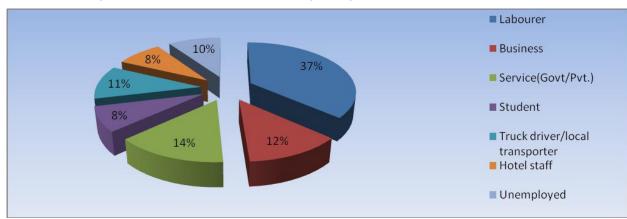


Figure 3.39 Proportion % of MSM tested for HIV by Occupation in Southern States 2008-09

The occupations of the population coming for testing were varied, but the biggest group comprised labourers and those in business or service (Fig. 3.39). HIV prevalence among this population ranged from 8% to14%. Most of the MSM were kothis. Though the unemployed formed only 10% of those tested, HIV positivity was the highest among them (16%).

North-eastern states

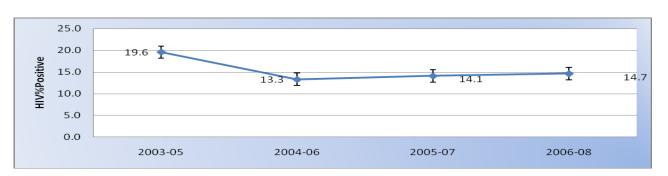
The only site in Manipur registered a slow increase in prevalence (Fig. 3.40) and in 2008–09, the figure stood at 17% (Annexure II).

MSM in states with moderate and low prevalence

Surveillance for MSM was held in sites situated in 14 states with moderate and low prevalence. In 2008–09, no state except Punjab and Bihar had crossed the prevalence level of 2007. A new site in Bhopal, Madhya Pradesh, registered a prevalence of 11%, while prevalence was 2% at the new site in Jharkhand. The presence of sites with an HIV prevalence of >5% (Fig. 3.40) indicates that MSM are gradually emerging as a problem, especially in

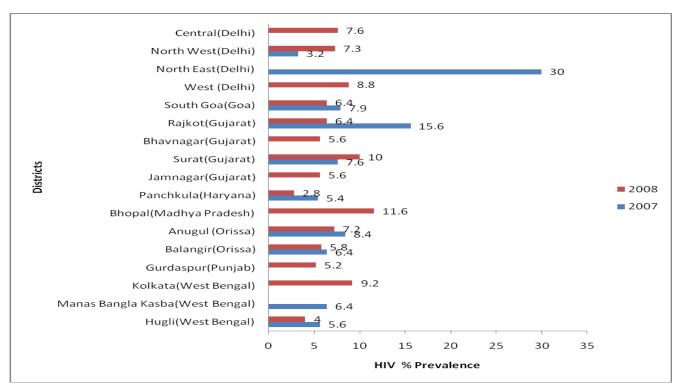
Gujarat, Delhi and Orissa, with pockets of high prevalence in Punjab and Goa.

Figure 3.40 Trend in HIV Prevalence among Men Having Sex with Men in Manipur, 2003 to 2008-09*



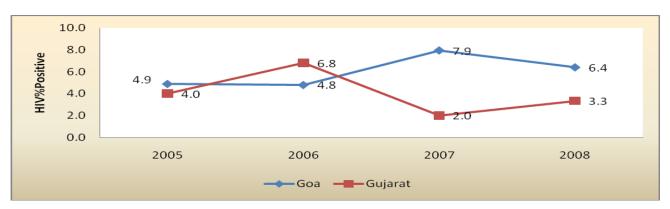
Note: Three-year moving average is taken and only 1 consistent site have been included from 2003-2008. Includes sites with sample size of \geq 75%.

Figure 3.41 Districts with ≥ 5% HIV Prevalence among Men Having Sex with Men in Northern states, Moderate and Low Prevalence States, 2008

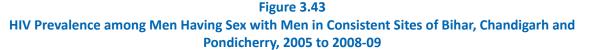


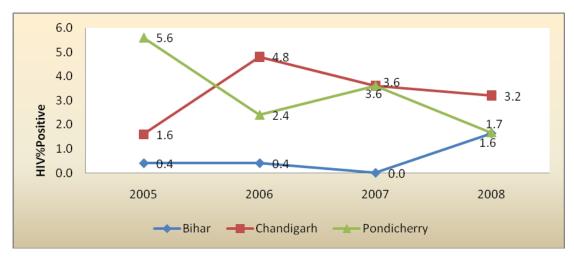
In the states of Gujarat and Goa, with concentrated epidemic, the trends have yet to take a definite direction (Fig. 3.42). Similarly, in the three low prevalence states the trends do not suggest a definite decline (Fig. 3.43).

Figure 3.42 HIV prevalence among Men Having Sex with Men in consistent sites of Goa & Gujarat, 2005 to 2008-09



Note:*Includes only those sites from which there was consistent data available from 2005 to 2008. 4 consistent sites were included, 3 sites in Gujarat & 1 site in Goa.





Note:*Includes Consistent sites, 1 site each in Bihar, Chandigarh and Pondicherry.

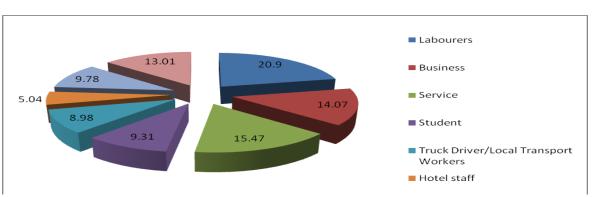


Figure 3.44 Proportion % of MSM Tested for HIV by Occupation in India, 2008-09

Table 3.16
HIV Prevalence among Men having Sex with Men by Occupation, 2008-09, in India

Self Occupation	Urban			Rural			
	Number Tested	Number Positive	HIV Positive	Number Tested	Number Positive	HIV Positive	
Agricultural labourer	241	24	9.96	633	41	6.48	
Non-agricultural labourer	1256	82	6.53	756	39	5.16	
Domestic servant	307	15	4.89	168	9	5.36	
Skilled/semiskilled worker	1413	100	7.08	461	18	3.9	
Petty business/small shop	1262	101	8	414	25	6.04	
Large business/self employed	233	17	7.3	117	4	3.42	
Service (Govt/Pvt.)	1925	162	8.42	303	31	10.23	
Student	912	46	5.04	429	12	2.8	
Truck driver/helper	245	13	5.31	112	5	4.46	
Local transport worker (auto/taxi driver/handcart pullers/rickshaw pullers, etc)	728	40	5.49	208	9	4.33	
Hotel staff	492	36	7.32	235	8	3.4	
Agricultural cultivator/landholder	28	2	7.14	96	2	2.08	
Unemployed	1030	110	10.68	379	27	7.12	
Not applicable(for never married/ widows/widowers)	13	1	7.69	1	0	0	
Total	10085	749	7.4	4312	230	5.33	

In urban areas the prevalence among MSMs is observed to be higher (all above 5%) in various groups than in those from the rural areas. The highest number of attendees belongs to service class in urban areas and non agricultural labourer in rural areas. High prevalence is observed amongst unemployed (10.7%) in urban areas and the service class in rural areas.

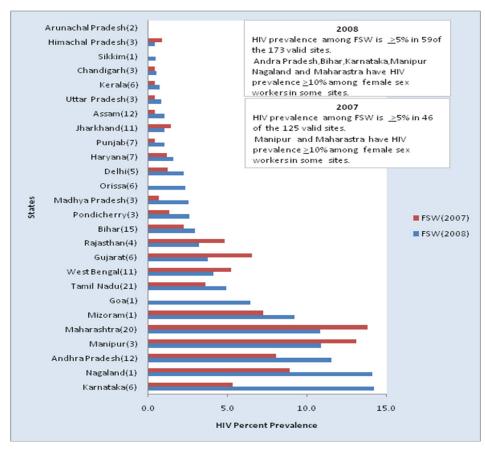
Transgender: The HIV prevalence among eunuchs in Mumbai is showing a significant increase since last year, but no clear trend is seen since 2005. This group, amongst MSM, has a very high HIV prevalence (nearly 16.40 %) but do not attract attention for extensive intervention though they indulge in commercial sex.

HIV Prevalence among Female Sex Workers

FSW sites are maximum in number amongst the high risk group (188) but majority of the sites are distributed in states of Maharashtra, Tamil Nadu, Bihar, Assam, Andhra Pradesh, Jharkhand, Kerala, Orissa and West Bengal. In 2008 -09, HIV prevalence among FSWs was highest in Karnataka (14.2%) and Nagaland (14.1%), followed by Andhra Pradesh (11.5%), Manipur (10.9%) and Maharashtra (10.8%) (Fig 3.45).

There has been no change in the percentage of sites with HIV prevalence more than 5% compared to last year (36% in 2007 and 34% in 2008). Karnataka, Andhra Pradesh, Nagaland and Tamil Nadu have exceeded the 2007 HIV prevalence values and have HIV prevalence above 12% in 2008-09. Twelve states with moderate and low HIV prevalence have registered an increase in 2008-09 compared to 2007 (Fig 3.45). Details of state wise and site wise prevalence given in Annexure II.

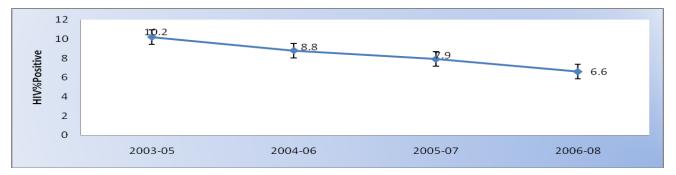




Note: Values in parentheses are the number of sentinel sites for each state. Includes sites with sample size of \geq 75%.

Figure 3.46

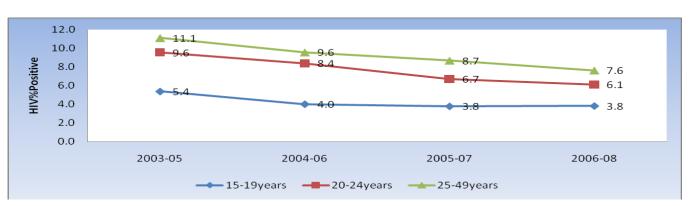
Trend in HIV Prevalence in Consistent Sites among Female Sex Workers in India 2003 to 2008-09



Note: A three-year moving average has been taken and 18 consistent sites have been included from 2003 to 2008—6 sites in West Bengal, 4 in Andhra Pradesh, 2 in Chandigarh, and 1 each in Bihar, Delhi, Himachal Pradesh, Manipur, Nagaland and Uttar Pradesh.

At the country level, the trend of HIV infection amongst FSWs has a declining trend at the consistent sites existing since 2003 for all the age groups (Fig 3.47) but the maximum decline has occurred in those above 25 years and least amongst 15-19 years.

Figure 3.47 Age-wise trend in HIV Prevalence in Consistent Sites among Female Sex Workers in India, 2003 to 2008-09



Note: A three-year moving average has been taken and 18 consistent sites have been included from 2003 to 2008—6 sites in West Bengal, 4 in Andhra Pradesh, 2 in Chandigarh, and 1 each in Bihar, Delhi, Himachal Pradesh, Manipur, Nagaland and Uttar Pradesh.

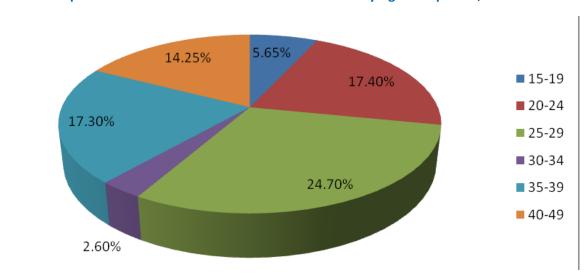


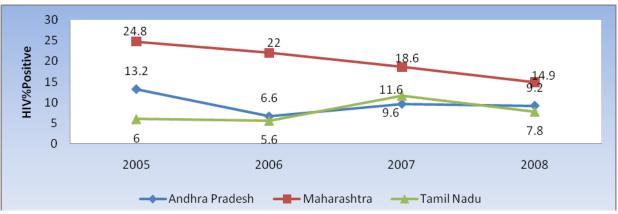
Figure 3.48 Proportion % of Female Sex Workers tested for HIV by Age Group India, 2008

The majority (25%) of FSWs getting tested belonged to the age group of 25–29 years; 17.4% were in the age group of 20–24 years and only 5.7% were <19 years old.

FSWs in Maharashtra, Tamil Nadu, Andhra Pradesh and Karnataka

The FSWs were the risk group which was considered as the conduit for the spread of HIV in the country and they were the first among whom TIs were started in Tamil Nadu and Maharashtra. Given this, the HIV prevalence in these two states decreased and a distinct decline can be noted in the case of Maharashtra, though the intensity of HIV prevalence is higher than that in Tamil Nadu and Andhra Pradesh. However, no declining trend was noted for the latter two states (Fig. 3.49).

Figure 3.49 HIV prevalence Trends among Female Sex Workers in southern states, 2005-08*



Note:*Includes only those sites from which there was consistent data available from 2005 to 2008. Consistent sites included 9 sites in Maharashtra, 5 sites in Andhra Pradesh & 2 sites in Tamil Nadu. No consistent sites found in Karnataka.

State	District	Site name	Total	HIV	%+ve
Maharashtra	Pune	Pune Saheli NGO	250	102	40.80
Karnataka	Bagalkot	Mudhol (New 08)	232	79	34.05
Maharashtra	Mumbai	Gaurabai CHCU	250	75	30.00
Andhra Pradesh	Khammam	JAGRUTI (New 07)	247	66	26.72
Maharashtra	Kolhapur	Muslim Samaj Probodhan Va Shikshan Sanstha	250	65	26.00
Karnataka	Bangalore	Avalahalli (New 08)	250	46	18.40
Andhra Pradesh	East Godavari	East Godawari/ CHANGES, Kakinada	244	44	18.03
Maharashtra	Nagpur	Nagpur (New 08)	250	43	17.20
Andhra Pradesh	Adilabad	AIRTDS, Mancherial (New 07)	248	42	16.94
Karnataka	Belgaum	BIRDS, NGO, Belgaum (New08)	251	41	16.33
Andhra Pradesh	Hyderabad	Chaitanya Mahila Mandali/ Hyderabad	249	37	14.86
Maharashtra	Ahmadnagar	Snehalaya Project	250	37	14.80
Maharashtra	Yavatmal	Yawatmal (New 08)	250	36	14.40
Andhra Pradesh	West Godavari	Action for Development, Bhimavaram (New 07)	247	35	14.17
Tamil Nadu	Salem	Village Reconstruction and Dev. Project (New08)	249	33	13.25
Tamil Nadu	Erode	Centre For Action & Rural Edu.,CARE TAI (New 08)	247	30	12.15
Maharashtra	Bid	Beed-Ambejogai (New 08)	250	29	11.60

Table 3.17Site-wise Table with HIV Prevalence more than 10% among Female Sex Workers in 2008-09

Note: Only those sites from which consistent data were available from 2005 to 2008 have been included. The consistent sites included 9 sites in Maharashtra, 5 in Andhra Pradesh and 2 in Tamil Nadu. No consistent sites were found in Karnataka.

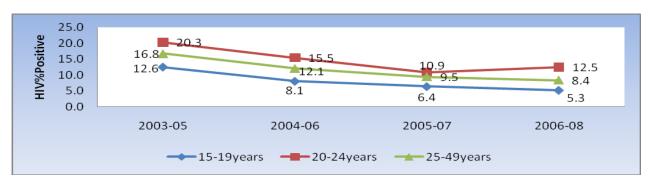
Seventeen sites had an HIV prevalence of >10%. Of these, 7 were in Maharashtra and 5 in Andhra Pradesh. All these sites were situated in the high-prevalence states. In Maharashtra, the prevalence of HIV decreased

significantly in Jalgaon, Pune, Chandrapur, Parbhani and Akola, while there was an increase in Ahmednagar and Kolhapur compared to 2007. Pockets of high prevalence persist in Pune, and even after a decrease, the prevalence is 41%. In Mumbai, (Gaurabai Hospital), it is 30% (see Table 3.17 and Annexure II). In Tamil Nadu, Salem and Theni witnessed a significant increase and the prevalence was higher than in 2007.

The state of Karnataka introduced 5 new sites in 2008. Of these, 3 FSW sites in Bangalore were replaced with NGO sites and the HIV positivity at these sites rose three-fold, with the prevalence among the Bagalkot FSWs being 30%. No trend could be elicited due to change in sites. It is difficult to comment on one year's data, but definitely there is a high prevalence of HIV among this group in Bangalore.

Andhra Pradesh has yet to get a grip over the spread of HIV among FSWs, with an increase in prevalence compared to 2007. An analysis of the trends indicated that HIV prevalence among FSWs was exhibiting a gradual downward trend, especially in the consistent sites of Andhra Pradesh with the maximum number of sites for FSWs.

Figure 3.50 Age-wise trend in HIV Prevalence in Consistent Sites among Female Sex Workers in Andhra Pradesh, 2003 to 2008-09*

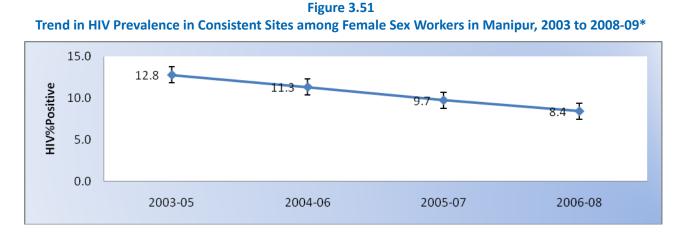


Note: A three-year moving average has been taken and 4 consistent sites have been included from 2003 to 2008.

In Andhra Pradesh, an increase in HIV prevalence was observed among FSWs in the age group of 20–24 years in 2006–08. However, there was a gradually decreasing trend for other age groups.

North-eastern states

There was a significant downward trend in HIV prevalence among FSWs in Manipur (Fig. 3.51). Nagaland exhibited a consistent upward trend (Fig. 3.52). HIV prevalence of >10% was noted at 1 site each in Manipur and Nagaland.



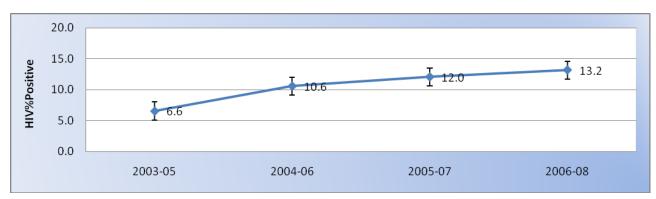
Note: Three year moving average is taken and 1 consistent site have been included from 2003 to 2008-09.



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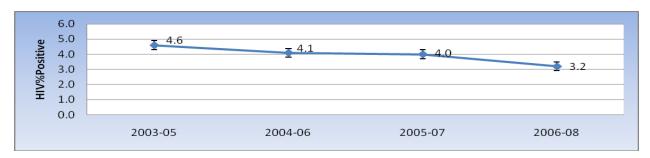
Figure 3.52





Note: A three-year moving average has been taken and 1 consistent site has been included from 2003 to 2008–09.

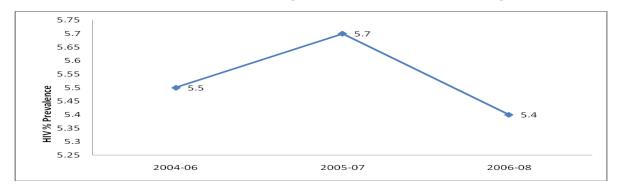
Figure 3.53 Trend in HIV Prevalence in Consistent Sites among Female Sex Workers in Low Prevalence states, 2003 to 2008-09*



Note: Three year moving average is taken and 12 consistent site have been included from 2003 to 2008-09. West Bengal-6 sites Chandigarh-2 sites, 1 site each in Delhi, Uttar Pradesh, Bihar and Himachal Pradesh.

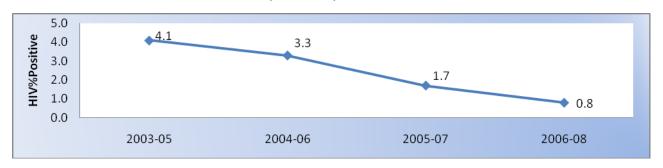
Figure 3.54





Note: Three year moving average is taken and 7 consistent sites have been included from 2004 to 2008-09.

Figure 3.55 Trend in HIV Prevalence in Consistent Sites among Female Sex Workers in Chandigarh, Delhi and Uttar Pradesh (combined) 2003 to 2008-09*

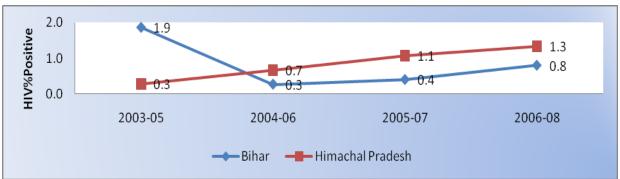


Note: Three year moving average is taken and only consistent sites have been included from 2003-2008. Chandigarh-2 sites, 1 site each in Delhi and Uttar Pradesh.

States with moderate and low HIV prevalence

Assam, Delhi, Bihar, Madhya Pradesh and Punjab experienced an increase in HIV prevalence compared to 2007, though prevalence among FSWs showed a downward trend (Fig. 3.53) in 2008–09. A strict watch must be kept to prevent HIV infection rates from flaring up, especially in states with a prevalence of >5%, e.g. in West Bengal, Gujarat and Bihar. A significant downward trend in prevalence was observed for the combined consistent sites of Chandigarh, Delhi and Uttar Pradesh (Fig. 3.55), whereas an upward trend was noted in Bihar and Himachal Pradesh (Fig. 3.56).





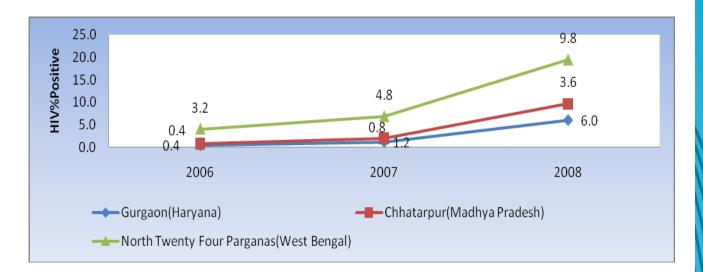
Note: A three-year moving average has been taken and only consistent sites have been included from 2003–2008–1 site each in Bihar and Himachal Pradesh.

HIV prevalence among FSWs in the three districts of Bihar showed an increasing trend from 2006–08. These were pockets of high prevalence, with prevalence being >5% in 16 sites.

Figure 3.56

Figure 3.57

Trend in HIV Prevalence among Female Sex Workers for those sites which have increasing trend 2006-08 in Low HIV Prevalence States





Chapter 4 Conclusion

Surveillance is the tool to determine the extent of the HIV/AIDS epidemic in India and to track the changes or trends over time. The data generated by the Annual Sentinel Surveillance for HIV identify the risk groups with their risk behaviours and their area of location. This, in turn, guides programme planning and acts as a surrogate measure for the evaluation of programme responses at various levels.

The Annual Sentinel Surveillance for HIV held in 2008–09 was similar to the one held in the previous year. Active steps were taken to improve the quality to meet international standards. The activity extended from 2008 to 2009; hence, it was not possible to hold another round of surveillance in 2009 and the next round was shifted to 2010.

In 2007, an international journal conducted an assessment of the HIV surveillance systems across the world, and India's system was described as a 'fully implemented surveillance system'. This signifies that according to their criteria, India's HIV surveillance system is of good quality.

HSS in India is well institutionalized and has been consistent over the years. It is flexible enough to accommodate an evolving epidemic and incorporate new surveillance technologies. The following are the key strengths of the system.

- The sentinel surveillance system is self-sufficient, both technically and financially.
- A task force of national and international experts on HIV surveillance is in place.
- Documented guidelines for site selection, client sampling, blood collection and other operations have been prepared and disseminated by NACO. A supportive network of technical partners from national institutes has been identified and their roles have also been identified.
- Site coverage has expanded over time to represent various risk groups.
- The concept of composite sites with fixed samples to complete the sample sizes is being implement.
- All site managers and testing personnel, including NGOs and laboratory personnel, receive extensive presurveillance training.
- There is internal and external quality assurance in HIV testing laboratories.
- The DBS method of blood collection has been introduced at NGO sites.
- 'Unlinked anonymous' testing is being carried out, whereby the persons sampled are not aware that they are being tested for HIV and the surveillance staff cannot identify them. The advantage of this is that it prevents selection and participation biases.
- Web based data double entry.
- Multi-layered supervision is conducted so that immediate corrective action can be taken.
- On-job training is conducted.
- There is regular monitoring of activities.
- A budget has been identified for all the partners.

However, a few constraints remain, such as the lack of trained staff at a few sites, delay in the delivery of supplies and choosing participants not based on eligibility criteria in STI clinics. Some of the sites were unable to complete the sample size, but but these comprise only 5% of the total sample of the 1190 sites.

HIV surveillance has provided an evidence base for HIV infections at the country, state and site levels. A clear picture has emerged of the current prevalence, together with the profile of the groups that are the most

vulnerable and their geographical distribution. The extent of HIV infection is not uniform and varies not only from state to state, but also within a state between districts and between talukas, depending on the type of risk groups and the risk behaviour networks. The pattern of the epidemic is of a concentrated nature, with pockets of high prevalence among HRGs and/or pregnant women in the districts of many states. The prevalence among pregnant women in some districts is not commensurate with the intensity of infection among the HRGs, and this needs to be explored.

Tamil Nadu and Maharashtra may be taken off the list of southern high-prevalence states as the prevalence in ANCs was noted to be <1% among antenatal women from 2006 to 2009. Thus they do not fulfil the qualifying criteria of >1% prevalence in the ANCs. They can be placed in a separate category of a waning epidemic, and the successful strategies employed in these states should be identified for replication in the moderate- and low-prevalence states to stop the progression of the epidemic.

The report on the global AIDS epidemic by UNAIDS in 2008 states that several modes of HIV transmission make Asia's epidemic one of the world's most diverse. Among the many risk factors, injecting drug use is a major risk factor in the epidemics of several Asian countries (Slightly, 2006). These observations match the findings of this report, which has noted that prevalence among IDUs continues unabated in India, starting from Manipur, Mizoram and Assam in the north-east, and extending to West Bengal and Orissa in the east, Punjab, Chandigarh and Delhi in the north, Jharkhand and Madhya Pradesh in central India, and Maharashtra and Kerala in the south. The presence of IDUs with HIV is also being reported from other states. The UNAIDS report has further underlined the threat due to overlap of injecting drug use and sex work. This applies particularly to Manipur, Maharashtra, Mizoram and Nagaland, where the rate of sexual transmission of HIV is increasing parallel to a high rate of infection among IDUs.

MSM may also be driving the HIV epidemic as the prevalence rates among them are high not only in many conventional high-prevalence states of southern India, such as Andhra Pradesh and Maharashtra, and Manipur in the north-east, but also in states with moderate and low prevalence, such as Delhi, Gujarat, Goa, Orissa and Madhya Pradesh. There are similar concerns regarding MSM in most other regions in Asia, where unprotected anal sex between men and between men and female partners is a potentially significant factor in driving the HIV epidemic, though adequate research has not been carried out in this area (UNAIDS 2008).

Moving from place to place for work increases the risk of exposure to HIV in several ways. Individuals move from areas of low prevalence to areas of higher prevalence, increasing the risk of contracting HIV. An example is the migrants of Uttar Pradesh, Bihar and Orissa who go to higher-prevalence states, such as Maharashtra, Andhra Pradesh, Tamil Nadu and Gujarat, in search of work. Cut off from their families or social support networks and with limited access to prevention services, they engage in high levels of risk behaviour. The high prevalence in migrants has also been observed by White (2003) and Khan et al. (2007). Frequent movement away from the home provides opportunities to indulge in risky behaviour, as has been observed in the case of truckers and those in business. Unemployment has also emerged as an important factor that predisposes people to indulge in risky behaviour and needs to be addressed urgently. Many of the unemployed are into injecting drug use or are MSM. HIV is gradually becoming entrenched in the local population and the high prevalence among those in service provides evidence. The UN report suggests that the strategy in countries with low-level and concentrated HIV/ AIDS epidemics should be to have a central prevention focus on populations at the greatest risk. To reduce the likelihood of a low-level or concentrated epidemic becoming generalized, prevention programmes should also focus on potential epidemiological bridges, such as the sexual partners of IDUs or MSM, with FSW and other female partners. These observations are very much relevant for India in the light of this report, which highlights that the magnitude of HIV infection among populations at the greatest risk (core risk groups) is >5%, and among the population visiting STI clinics in the states with moderate and low prevalence, too, it is >5% in 14 sites.

Prevention programmes will not be optimally effective unless they are supported by initiatives to address the social factors that increase risk and vulnerability. Societal factors that affect the risk of and vulnerability to HIV are gender inequality and lack of empowerment of women and girls. The data collected under the surveillance round strongly highlight a high level of positivity among the wives of labourers and skilled workers, transporters

like truckers or auto-rickshaw drivers, and men in government or private service, besides others. These poor women, though mainly monogamous, are contracting the infection and have no social support to take care of their needs in the future. Long-term success in responding to the HIV epidemic will require sustained progress in addressing gender inequality, stigma and discrimination, especially in the case of women from the lower socioeconomic strata.

Efforts should be more strategically focused and based on the evidence generated by surveillance. Indications are that workplace intervention strategies are important for HIV prevention services (including HIV testing). Truck drivers, local transport workers and those in service may be approached through their professional associations. The unorganized labour sector is the most vulnerable, and intensive IEC and BCC are urgently required in the case of this population to close gaps in the utilization of the critical prevention services. Not to be overlooked is the mass of unemployed men testing positive, as they are not easily accessible and thus pose a challenge to the programme.

Key findings

1) Number and type of sites

- Surveillance was held in 1190 sites, the largest number in the world. Only 162 ANC (R) sites were included, mostly in six high-prevalence southern and north-eastern states. There were only 36 such sites in other states.
- Many first-time ANC sites in the low-prevalence states yielded an HIV prevalence of >1%, indicating the need for more sites.
- The HRG sites comprised 26% of the total sites.
- There were few sites for populations like truckers and migrants, who act as a bridge between the HRGs and the population with a low risk.
- More sites are needed for transgenders as the prevalence among them was consistently high (16%) in the 2008–09 round.

2) Surveillance process

- During supervisory visits to the surveillance sites and testing centres, it was observed that late supply of consumables was the major issue (34%), followed by procedural issues, such as consecutive sampling not being done, trained staff not doing surveillance work and staff being transferred (11%) during surveillance.
- There were delays in the procurement of DBS cards by NACO for sample collection through the DBS method, resulting in a delay in the commencement of surveillance at the HRG sites.
- Lack of coordination between NACO, SACS and the Indian Postal Service resulted in delays in the transfer of the samples of DBS cards from the HRG sentinel sites to the testing centres.
- In each state, there were some sites which were experiencing problems in the implementation of surveillance.
- Officers were not deputed by SACS for the supervision of surveillance activities.

3) HIV status

- The HIV epidemic in India is a concentrated epidemic, with prevalence being low among ANC (<1%) but >5% among HRGs.
- The changing pattern of the epidemic is different in different states. HIV prevalence among ANC has fallen to <1% in Karnataka, Maharashtra and Manipur, but pockets of high prevalence are still present.
- Prevalence among IDUs and MSM is increasing. A decline was observed only in the case of FSWs.
- Hot spots for all risk groups exist in the low-prevalence northern and eastern states. For example, HIV prevalence at the new sites was >1% among ANC at Hamirpur (Himachal Pradesh) and West Nimar (Madhya Pradesh), and 39% among IDUs in Bhopal in Madhya Pradesh.
- There was a declining trend in HIV prevalence in the ANCs in six high-prevalence states, but the trends remained static in the states with low and moderate prevalence.
- Significantly low levels of HIV prevalence were noted consistently among all groups in Tamil Nadu.

3.1) HIV prevalence among antenatal clinic attendees

- 252,650 women were tested for HIV at 639 (valid) ANC sentinel sites.
- There were downward trends in prevalence in six high-prevalence states, but the trends were static in the states with low and moderate prevalence.
- HIV prevalence was the highest in the age group of 15–19 years in Manipur and Nagaland, but not in the other states.
- HIV prevalence ranged from 1% to 1.99% in 105 sites, including both urban and rural sites. One-fourth of these (27) were in the states with moderate and low prevalence.
- HIV prevalence among antenatal women was 0.47% at the all-India level (unadjusted). It was the highest in Andhra Pradesh (1.22%) and Nagaland (1.12%). Tuensang, Ramanathpuram and Guntur had a prevalence of >3%.
- Prevalence in ANCs in the district of Tuensang in Nagaland has been >3% for the past 5 years. There is a need to explore cross-border HIV transmission from Myanmar.
- A significant increasing trend has been observed for the past three years in Haryana, Chhattisgarh, Assam, Jharkhand and Orissa.
- Urban illiterate women between the ages of 15 and 49 years were more vulnerable than their rural counterparts. Education of women in the north-eastern states plays a protective role as the prevalence of HIV was the lowest among graduate women.
- The prevalence of HIV was the lowest in the age group of 15–24 years in all parts of India. This trend is more apparent in urban than rural areas.
- The wives of truck drivers, auto drivers, etc., skilled/unskilled workers/labourers and hotel staff were particularly vulnerable.
- HIV prevalence was very high among the wives of the unemployed.
- VDRL positivity was higher among young mothers in the North-East than in the rest of the country.

3.2) HIV prevalence among STI clinic attendees

- The prevalence of HIV among STI patients was 2.21% at the all-India level.
- HIV prevalence among STI patients was the highest (>10%) in the south Indian states of Maharashtra and Karnataka (Tamil Nadu and Andhra Pradesh did not conduct STI surveillance), followed by Mizoram and Gujarat.
- Rising trends were observed in Gujarat and Mizoram.
- At the district level, 27 sites had an HIV prevalence of more than or equal to 5% among STI clinic attendees. Thirteen of these sites were in states with moderate and low prevalence.
- The prevalence of HIV was the highest among those with ano-genital ulcer and warts.
- Housewives formed the bulk of the attendees and the prevalence among them was >1%.
- Those in service and students also came to the clinics in large numbers and were observed to be HIV-positive, though the prevalence among them was lower than that among labourers, skilled workers, truckers, hotel staff, etc.

3.3) Truckers and migrants sites

- The HIV prevalence rates among truckers at these sites were found to be decreasing compared to 2007. The prevalence ranged between 0% and 3%.
- The HIV prevalence rate among 250 migrants tested in the newly established site at Thane was as high as 5.2%.
- HIV prevalence among migrants in Kolkata was very high (9.27%) in 2007, but the value fell to 2.48% in 2008–09. The rest of the sites had a prevalence of <5%.
- The majority of truckers and migrants were above 25 years of age and their level of education varied from primary to secondary.

3.4) Injecting drug users

- The HIV prevalence among IDUs was 9.86%—the highest among all HRGs at the all-India level. The trend has been stationary since 2003.
- The situation in 2008–09 had not improved over the previous year. The HIV prevalence among IDUs in

nearly 50% of the sites was >5%. The same was observed in 2007.

- A significant increase in prevalence was observed in Maharashtra, Manipur, Madhya Pradesh and Punjab. High prevalence persists among IDUs in Chandigarh, Delhi, Orissa, Kerala and West Bengal. There is a rising trend among IDUs in states with low and moderate prevalence.
- Women IDUs form 3.7% of the total IDUs tested at the country level.
- The trend in Manipur has been stable and that in Mizoram rising since 2003.
- Most of the IDUs are labourers, persons in service, students and unemployed persons, but HIV prevalence is the highest among labourers, skilled/semi-skilled workers and truckers.

3.5) HIV prevalence among MSM

- The HIV prevalence among MSM was 6.9% at the all-India level, with the prevalence in 11 states being >5%.
- There was evidence of HIV infection among MSM in new sites in Andhra Pradesh, Madhya Pradesh, Bihar, Himachal Pradesh and Jharkhand. There may be hidden pockets in each state.
- The trends across all zones have been stationary since 2004.
- Urban areas in the country, such as north-east Delhi, Pune, Bangalore, Surat, Rajkot and Kolkata, recorded very high HIV prevalence rates among MSM in 2008–09.
- HIV prevalence among this group and other HRGs was high in Andhra Pradesh and Maharashtra. MSM are potential transmitters to wives and female partners.
- The majority of MSM were labourers, in business or in service.

3.6) HIV prevalence among FSWs

- The trend of HIV infection among FSWs has been one of gradual decline at the all-India level.
- HIV prevalence among FSWs at the all-India level was 4.8% lower than the rate for MSM. Five high-prevalence states had a prevalence of >10%. Tamil Nadu was an exception. The range of HIV prevalence in 4 sites in Andhra Pradesh (Khamann), Maharashtra (Pune, Kolhapur), Mumbai (Gaurabai CHCU) and Karnataka (Bagalkot) was 20%–40%.
- The trend in the low-prevalence states was stationary.
- There was no change in the percentage of sites with a prevalence of >5% in 2008–09 compared to 2007.

Recommendations for the surveillance strategy

- Continue with the strategy employed in the 2008–09 round, with improvements in implementation.
- Problems with logistics and staff may be reduced by starting activities during a fixed time period so that states are prepared for the surveillance on time and can arrange for the trained staff to conduct the activities.
- Participatory planning by NACO and SACS is recommended so as to iron out the gaps in communication regarding funds, HIV kits and the number of sites.
- An officer should be designated for surveillance activities. He should be responsible for overseeing and coordinating the activities in each state. Absence of supervision and ad hoc arrangements created problems in the 2008–09 round.
- The procurement process at NACO for HIV kits and DBS cards can be planned for execution in time.
- The number of HRG sites should be increased and all states should have sites for all the HRGs.
- Many more sites for transgenders are required in the low-prevalence states as they indulge in commercial sex at low rates.
- More sites for vulnerable population groups, like migrants, may be considered for surveillance so that TIs for these groups can be prioritized in the programme on a wider scale.

Recommendations for programme based on evidence from surveillance

For women

Specific strategies are needed to address housewives with a low socioeconomic status, especially those
whose husbands are migrants. Steps should be taken to empower them with knowledge and negotiation
skills

- o Stronger convergence with the NRHM programme is required to improve antenatal care and increase PPTCT coverage. Multipurpose female workers may be trained jointly to refer women to ICTCs.
- Comprehensive counselling services should be made available at all STI clinics and gynaecology OPDs for not only HIV/AIDS but also reproductive health, to enhance attendance of both males and females.
- Measures should be taken for the social rehabilitation of FSWs.

For high-risk groups

- The prevention programme for IDUs should be strengthened across the country.
- Focused attention should be given to women IDUs and the partners of MSM.
- There is a need to identify NGOs and CBOs to undertake TI among MSM and IDUs, and to support their efforts.
- TI sites should be increased to enhance the access to and effectiveness of prevention programmes for MSM.
- Transgenders deserve a separate intervention strategy because of their unique customs and because so many of them are providers of commercial sex.
- The interventions for FSWs should be sustained in all states to help bring down the prevalence further.
- The mass media should be involved to spread messages that would help to reduce stigma and create an enabling environment for people living with HIV/AIDS (PLHA). Such efforts would encourage voluntary testing among those indulging in high-risk behaviour.
- There is a need to strengthen partner testing, as well as the treatment of HIV-positive people and those with STIs.
- The sustainability of surveillance activities should be ensured by fostering ownership and commitment at all levels—national, state and district—and identifying synergies with integrated disease surveillance systems.

Recommendations for research

- The Task Force on Surveillance should review the status, and all the organizations involved in surveillance, such as the NIHFW, NIMS and RIs, may be allotted different states to track the HIV epidemic and recommend research in accordance with their observations. The surveillance unit at NACO can coordinate and the external members of the Task Force may advise. WHO/UNAIDS may facilitate this process technically.
- More behavioural research is required to assess the transmission of HIV by bisexual MSM and by transgenders.
- Research is required on cultural factors, sexual networks and HIV.

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Annexure I

Annual Sentinel Surveillance for HIV Infection-2008 List of Members for the Central Surveillance Team-2008

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1	Prof. Deoki Nandan Director National Institute of Health & Family Welfare, New Mehrauli Road, Munirka, New Delhi-110067	Problem sites in any state	9971104666 91-11-26165959, 26166441 Ext. 302 (Fax): 011-26101623 dnandan51@yahoo.com
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State-wise summary tables, 2008–09

TABLE SS 1a

Andaman and Nicobar Islands (2008 summary)

*HIV prevalence among antenatal attendees		g antenatal attendees	Trends in ANC, 2003–08
Group	Number tested	HIV % positive (90% Cl)	9 0.40 0.20 - 0.21 0.21 0.26
All women Urban	1593	0.06 (-0.040.17)	2003-2005 2004-2006 2005-2007 2006-2008
women	1593	0.06 (-0.040.17)	€ Years
Rural women			

* HIV prevalence is given for valid sites (≥75% sample size).

Andaman an	Andaman and Nicobar Islands									
	ANC attendees									
District	Site name	Population group	2003	2004	2005	2006	2007	2008		
Andamans	Diglipur, Port Blair (R)	ANC	0.00	n/a	n/a	n/a	n/a	n/a		
Andamans	Port Blair, GB Pant Hospital	ANC	0.50	0.00	0.00	0.50	0.50	0.00		
Andamans	Rangat (R)	ANC	0.50	n/a	n/a	n/a	n/a	0.00		
Andamans	Rangat CHC Hospital	ANC	0.50	n/a	n/a	0.00	0.00	0.00		
Andamans	PHC Garacharma, Port Blair (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0.00		
Nicobar	Car Nicobar BJR Hospital	ANC	0.75	0.00	0.00	0.00	0.25	0.25		

TABLE SS 1b

Andaman and Nicobar Islands (2008 summary)

*HIV prevalence among populations with high-risk behaviours								
Group	Number tested	HIV % positive (90% Cl)	Remarks					
All STI patients	249	3.61 (1.67–5.56)	Total number of sentinel sites 1 0 sites (≥75% sample size) had prevalence ≥5% 0 sites (≥75% sample size) had prevalence ≥10%					
* HIV prevalence is given for val	id sites (≥75% sa							

R

Populations with high-risk behaviours									
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008	
Andamans	NGO SEEDS, Port Blair	FSW	n/a	n/a	0.50	0.40	n/a	n/a	
Andamans	Haddo	MSM	1.25	n/a	n/a	n/a	n/a	n/a	
Andamans	Port Blair, GB Pant Hospital	STI	0.00	1.20	0.40	0.80	1.60	3.61	
Andamans	Port Blair district jail	STI	3.60	2.00	0.40	0.80	1.00	n/a	

TABLE SS 2a

Andhra Pradesh (2008 summary)

	*HIV preval attendees	ence among antenatal			
	attenuees		-		Trends in ANC, 2003–08
			Ň	sitive	2.00 1.62 1.60 1.40 1.30 0.00 1.30
Group	Number	HIV % positive (90% CI)	_	2	2003-2005 2004-2006 2005-2007 2006-2008
	tested		1	I%VIH	Years
All women	20,800	1.22 (1.10-1.35)			
Urban					
women	10,400	1.37 (1.18–1.55)			
Rural					
women	10,400	1.08 (0.91-1.24)			
* HIV prevale	nce is given fo	r valid sites (≥75% sample			

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees	ANC attendees								
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008	
Adilabad	Adilabad District Headquarters Hospital	ANC	0.75	0.75	1.75	0.50	1.50	1.75	
Adilabad	Area hospital, Mancherial	ANC (R)	1.50	0.25	1.00	0.25	1.75	1	
Anantapur	Ananthapur Medical College	ANC	1.25	1.75	1.75	2.25	1.75	1.5	
Anantapur	Area hospital, Guntakal	ANC (R)	0.75	1.25	1.00	0.50	0.25	0.25	
Chittoor	Chittoor District Headquarters Hospital	ANC	0.00	1.25	1.25	0.25	1.00	1.5	
Chittoor	Area hospital, Srikalahasti	ANC (R)	1.50	2.00	2.00	0.50	0.25	1.75	
Cuddapah	Cuddapah DH	ANC	2.50	2.75	0.75	1.50	1.25	2	
Cuddapah	Area hospital, Rajampeta	ANC (R)	1.25	1.25	0.50	1.75	0.50	2.5	
East Godavari	Kakinada Rangaraya Medical College	ANC	2.50	3.00	2.75	1.25	2.00	2.5	
East Godavari	Area hospital, Ramachandrapuram	ANC (R)	3.75	1.75	2.25	2.25	1.75	0.5	
Guntur	PHCs Guntur (New 07)	ANC - PHC	n/a	n/a	n/a	n/a	1.52	n/a	
Guntur	Guntur Medical College	ANC	3.75	3.50	3.00	2.25	1.75	3.75	
Guntur	Area hospital,	ANC (R)	2.76	1.50	2.50	1.25	2.25	2.5	



ANC attendees								
	Narsorapet							
Guntur	PHC, Pedanandipadu (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	1.25
Hyderabad	St Theresa Hospital (New 07)	ANC - Pvt.	n/a	n/a	n/a	n/a	1.00	1.5
Hyderabad	Hyderabad Gandhi Medical College	ANC	1.00	0.75	2.00	2.00	1.50	0.75
Karimnagar	Karimnagar DH	ANC	2.00	3.50	2.25	0.50	1.00	1.5
Karimnagar	Area hospital, Jagitial	ANC (R)	2.01	1.50	0.57	1.50	2.00	1.5
Khammam	Area hospital, Kothagudem	ANC	1.50	2.00	3.50	2.75	2.25	1.5
Khammam	Area hospital, Bhadrachalam	ANC (R)	1.50	2.00	3.50	2.75	0.25	1
Khammam	PHCs Khammam (New 07)	ANC - PHC	n/a	n/a	n/a	n/a	0.00	n/a
Khammam	PHC, Julurupadu (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	0.75
Krishna	Machilipatnam DH	ANC	1.75	2.25	2.00	1.75	2.25	1.25
Krishna	Area hospital, Nuzividu	ANC (R)	1.00	1.50	1.50	1.27	3.50	0.5
Krishna	St.Ann's Hospital/ American Hospital (New 07)	ANC - Pvt.	n/a	n/a	n/a	n/a	0.00	0.25
Kurnool	Kurnool Medical College	ANC	0.50	0.75	1.50	0.75	1.00	1.5
Kurnool	Women and Child Hospital, Adoni	ANC (R)	0.25	0.25	0.00	1.00	0.00	1
Mahbubnagar	Mehboobnagar DH	ANC	0.25	0.75	0.25	3.02	0.75	1.75
Mahbubnagar	Area hospital, Gadwal	ANC (R)	0.50	0.75	0.25	0.75	0.00	0.5
Medak	Sangareddy DH	ANC	0.50	1.00	2.00	2.00	0.25	2.25
Medak	CHC, Narsapur	ANC (R)	0.00	0.50	0.72	1.50	1.50	1
Nalgonda	Nalgonda DH	ANC	1.50	2.25	2.75	2.00	0.75	1.5
Nalgonda	Area hospital, Bhongir	ANC (R)	0.75	0.75	1.00	1.00	1.00	1.25
Nellore	Nellore GMH Hospital	ANC	2.50	2.75	1.50	2.00	2.25	0.5
Nellore	Area hospital, Kavali	ANC (R)	0.50	2.25	0.75	1.50	0.75	1.5
Nizamabad	PHCs Nizamabad (New 07)	ANC - PHC	n/a	n/a	n/a	n/a	0.25	n/a
Nizamabad	Nizamabad DH	ANC	1.00	2.25	0.75	0.50	0.75	0.25
Nizamabad	Area hospital, Kamareddy	ANC (R)	1.00	1.75	2.50	3.00	1.26	0.75
Nizamabad	CHC, Madnoor (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	0.5
Prakasam	PHCs Prakasam (New 07)	ANC - PHC	n/a	n/a	n/a	n/a	1.00	n/a
Prakasam	Ongole Maternal and Child Health Hospital	ANC	3.00	4.00	2.50	3.02	1.75	1.5
Prakasam	Area hospital, Chirala	ANC (R)	2.50	1.75	3.25	2.25	1.25	1
Prakasam	PHC, Santhanuthalapadu (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	0.75
Rangareddi	Rangareddy DH	ANC	0.50	0.50	1.75	1.25	0.50	0.5

R

ANC attendees								
Srikakulam	Srikakulam DH	ANC	1.00	4.00	1.50	1.75	0.25	0.75
Srikakulam	CHC, Tekkali	ANC (R)	0.75	1.00	0.25	1.02	0.25	0
Visakhapatnam	Apurva Hospital, Seetaampeta (New 07)	ANC - Pvt.	n/a	n/a	n/a	n/a	0.39	0.25
Visakhapatnam	Ankapalli DH	ANC	1.00	1.50	2.50	0.50	0.25	1
Visakhapatnam	CHC, Aganampudi	ANC (R)	2.25	0.75	0.50	0.25	0.50	0.5
Vizianagaram	Vizianagaram DH	ANC	1.25	1.75	1.25	1.25	1.00	1.25
Vizianagaram	Area hospital, Parvathipuram	ANC (R)	1.00	0.50	2.00	0.50	0.25	0.5
Warangal	GMH, Hanumakonda	ANC	1.50	2.50	2.50	0.75	0.50	1
Warangal	Area hospital, Jangaon	ANC (R)	1.00	1.25	0.75	0.25	0.25	0.75
West Godavari	PHCs West Godavari (New 07)	ANC - PHC	n/a	n/a	n/a	n/a	2.25	n/a
West Godavari	Eluru DH	ANC	1.00	1.25	0.75	0.25	2.01	1.75
West Godavari	CHC, Bhimavaram	ANC (R)	2.53	2.00	3.00	1.76	1.25	3.75
West Godavari	PHC, Ganapavaram (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	0.75

TABLE SS 2b

Andhra Pradesh (2008 summary)

	*HIV preval with high-ris		
Group	Number	HIV % positive (90% CI)	Remarks
	tested		
			Total number of sentinel sites 20
Female sex workers	2938	11.47 (10.50–12.44)	5 sites (≥75% sample size) had prevalence ≥5%
Injecting drug users	492	6.91 (5.03 - 8.79)	11 sites (≥75% sample size) had prevalence ≥10%
Men who have sex with men	1240	22.10 (20.16–24.03)	

* HIV prevalence is given for valid sites (≥75% sample size).

Andhra Pradesh									
Populations with high-risk behaviours									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
Adilabad	AIRTDS, Mancherial (New 07)	FSW	n/a	n/a	n/a	n/a	4.60	16.94	
East Godavari	East Godavari	FSW	45.2	40.8	26.8	9.2	15.60	17.96	
Guntur	Needs Society, Chilakaluripet, Guntur	FSW	n/a	14.4	13.2	6	12.80	8.05	
Hyderabad	Hyderabad	FSW	16	10	12	9.6	7.23	14.81	
Khammam	JAGRUTI (New 07)	FSW	n/a	n/a	n/a	n/a	15.60	26.72	
Kurnool	Parameswari, Kurnool	FSW	8.8	10	3.2	2.41	3.61	4.82	
Nalgonda	ANKITA (New 07)	FSW	n/a	n/a	n/a	n/a	10.00	8.68	
Prakasam	Lakshmi Development Society, Ongle, Prakasam	FSW	24.4	10.8	7.2	4.4	7.20	6.88	
Srikakulam	Swageti Project,Youth Club of Bejjipuram (New 07)	FSW	n/a	n/a	n/a	n/a	6.00	4.12	

Andhra Pradesh								
Visakhapatna m	Priyadarshini Service Organization, Vishakhapatnam	FSW	12.8	14	15.6	10.8	8.80	9.27
Warangal	Warangal	FSW	12.8	18.8	12.8	8.84	n/a	4.82
West Godavari	Action for Development, Bhimavaram (New 07)	FSW	n/a	n/a	n/a	n/a	16.47	14.11
Chittoor	PASS, Tirupati (New 07)	IDU	n/a	n/a	n/a	n/a	3.85	9.5
Visakhapatna m	Priyadarsini Service Organization (New 07)	IDU	n/a	n/a	n/a	n/a	3.60	4.4
Adilabad	Adilep, Nirmal (New 07)	MSM (Alliance)	n/a	n/a	n/a	n/a	9.95	18.4
Anantapur	HANDS, Gooty (New 07)	MSM	n/a	n/a	n/a	n/a	9.20	17.6
Hyderabad	MITRUDU (New 07)	MSM	n/a	n/a	n/a	n/a	41.22	41.1
Kadapa	PAID (New 07)	MSM	n/a	n/a	n/a	n/a	17.20	33.2
Krishna	Saathi, Vijayawada, Krishna	MSM	13.2	16	6.45	10.25	15.45	14.5
Warangal	MARI, Hanmakonda (New 07)	MSM	n/a	n/a	n/a	n/a	17.54	26.8
Chittoor	Tirupati SV Medical College and Hospital	STI	37.8	31.2	22.8	16.8	17.20	n/a
East Godavari	Rajahmundry District Hospital	STI	25.2	16	14.8	14	18.80	n/a
Hyderabad	Hyderabad Osmania Medical College and Hospital	STI	34.4	36	32.4	36.95	28.23	n/a
Karimnagar	Area hospital, Ramagundam	STI	4.8	5.6	20.4	13.2	12.40	n/a
Khammam	Khammam District Headquarters Hospital	STI	10	16	31.2	26.4	11.60	n/a
Krishna	Vijayawada GGH	STI	n/a	28.8	26.4	24.4	17.20	n/a
Kurnool	Kurnool GGH	STI	n/a	7.2	15.2	8.4	7.60	n/a
Medak	Sangareddy District Hospital	STI	2	6	4	5.6	13.60	n/a
Prakasam	Ongole District Hospital	STI	17.7 4	14.4	19.6	36.8	39.20	n/a
Visakhapatna m	Vishakhapatnam Andhra Medical College and Hospital	STI	29.7 2	35.6	32	30	34.40	n/a
Warangal	Warangal MGM Hospital	STI	n/a	31.2	23.74	30.4	16.80	n/a
Guntur	Guntur district TB centre	TUB	n/a	11	16.75	n/a	n/a	n/a

TABLE SS 3a

Arunachal Pradesh (2008 summary)

	*HIV prevalence among antenatal attendees								
Group	Number	HIV % positive (90% CI)							
	tested								
All women	1510	0.33 (0.09–0.57)							
Urban women	1510	0.33 (0.09–0.57)							
Rural women									

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Bomdila		ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Lohit	Tezu DH	ANC	n/a	0.34	0.87	1.27	0	0
Lower Dibang Valley	DH Roing,Lower Dibang Valley (New)	ANC	n/a	n/a	n/a	0.00	0	0.56
Lower Subansiri	Ziro DH	ANC	n/a	n/a	n/a	0.00	0	n/a
Papum Pare	RK Mission Hospital, Itanagar	ANC	n/a	n/a	n/a	0.00	0	0.75
Tezu	СНС	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Uppur Siang	Yingkiong DH (New 07)	ANC	n/a	n/a	n/a	n/a	0	n/a
West Kameng	Bomdila DH	ANC	0.00	0.00	0.00	0.00	0	0

Arunachal Pradesh (2008 summary)

*HIV prevalence among populations with high-risk behaviours							
Group	Number	Remarks					
	Tested						
All STI patients	951	2.10 (1.34–2.87)	Total number of sentinel sites 12				
Female sex workers	393	0.0 (0.0–0.0)	1 site (≥75% sample size) had prevalence ≥5%				
Injecting drug users	429	0.23 (-0.15–0.62)	1 site (≥75% sample size) had prevalence ≥10%				
* HIV prevalence is given for valid	sites (≥75%						

Arunachal Pra	Arunachai Pradesh							
Populations with high-risk behaviours								
District	Site name Populatio 2003 2004 2005 2006 2007 n group							
Lohit	Arun Pali Vidhyapith Society, Tezu (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Papum Pare	Turbu Daleh MPC Society, Naharlagun (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Papum Pare	TI, Banderdewa	FSW	n/a	n/a	n/a	0.00	n/a	n/a
Papum Pare	Voluntary Health Association of India,Itanagar (New 09)	IDU	n/a	n/a	n/a	n/a	n/a	0.49
Papum Pare	TI, Naharlagun	IDU	n/a	n/a	n/a	0.00	n/a	n/a
Papum Pare	Hidden Land Exploration Society (New 07)	IDU TI	n/a	n/a	n/a	n/a	0.00	0
Changlang	Changlang DH	STI	n/a	n/a	n/a	1.21	0.00	n/a
East Siang	Pasighat General Hospital	STI	0.00	0.00	0.00	0.00	0.00	8.57
Lohit	Tezu DH	STI	n/a	n/a	n/a	2.33	0.00	0
Papum Pare	Naharlagun General Hospital	STI	0.63	1.24	2.00	0.80	1.26	0.83
Tawang	Tawang DH	STI	n/a	0.00	0.00	0.00	0.00	n/a
Tirap	Khonsa DH	STI	n/a	n/a	n/a	0.42	0.00	0
West Siang	Along DH	STI	1.02	0.00	0.00	0.00	0.00	n/a

TABLE S	SS 4a
Assam	(2008 summary)

*HIV prevalen	ce among ante	enatal attendees	Trends in ANC, 2003–08
Group	Number tested	HIV % positive (90% CI)	
All women Urban women	6370 6370	0.13 (0.05–0.20) 0.13 (0.05–0.20)	0.40 0.20 0.00 0.19 2003-2005 2004-2006 2005-2007 2006-2008 Years
Rural women			

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Bongaigaon	Bongaigaon Civil Hospital	ANC	0.00	0.00	0.00	0.00	0.00	0.25
Darrang	Mangaldoi Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
DHemaji	Demaji Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Goalpara	Goalpara Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Hailakandi	Hailakandi Civil Hospital	ANC	n/a	n/a	n/a	0.36	0.00	0
Jorhat	Jorhat Civil Hospital	ANC	0.00	0.00	0.00	0.00	0.00	0.75
Jorhat	CHC, Teok	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Kamrup	Mahendra Mohan Chaudhary Civil Hospital		n/a	n/a	n/a	0.00	0.00	0.25
Karbi Anglong	Diphu Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.34	0
Karimganj	Karimganj Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Lakhimpur	Lakhimpur Civil Hospital	ANC	0.00	0.00	0.00	0.00	0.75	0
Marigaon	Morigan Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.26	0.25
Nagaon	CHC, Dhing	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Nagaon	Nagaon Civil Hospital	ANC	0.00	0.62	0.00	0.25	0.00	0
Nalbari	Nalbari Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
North Lakhimpur	CHC, Naobcicha	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Sibsagar	Sibsagar Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.25	0
Tinsukia	Tinsukia Civil Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Udalguri/Darrang Udalguri CHC (New 07) ANC n/a n/a		ANC	n/a	n/a	n/a	n/a	n/a	0

TABLE SS 4b

Assam (2008 summary)

*HIV prevalence among populations with high-risk behaviours							
Group	Number	HIV % p	ositive (90% CI)	Remarks			
	tested						
All STI patients	2086	1.05	(0.69–1.42)	Total number of sentinel sites 26			
Female sex workers	2838	0.99	(0.68–1.29)	2 sites (≥75% sample size) had prevalence ≥5%			
Injecting drug users	437	5.26	(3.51–7.02)	0 sites (≥75% sample size) had prevalence ≥10%			
Men who have sex with men	242	2.48	(0.84–4.12)				

* HIV prevalence is given for valid sites (\geq 75% sample size).

Assam								
Populations with high-risk behaviours								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Barpeta	Gauhati Youth Society (New 07)	FSW	n/a	n/a	n/a	n/a	0.89	0
Barpeta	NEVARD	FSW	n/a	n/a	0.88	0.00	n/a	n/a
Baska/ Nalbari	Weavers Development Society (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	n/a
Bongaigaon	Nagen Sarmah Memorial Society	FSW	n/a	n/a	n/a	0.00	n/a	n/a
Bongaigaon	Progotishil Janakalayan Samity (New 07)	FSW	n/a	n/a	n/a	n/a	0.40	0
Cachar	Silchar Nibedita Nari Sangtha	FSW	0.00	0.00	2.40	2.29	n/a	n/a
Cachar	Deshbandhu Club (New 07)	FSW	n/a	n/a	n/a	n/a	0.40	0.82
Darrang	North-East Regional Instittute of Management	FSW	n/a	n/a	n/a	0.40	0.39	0.88
Dibrugarh	Socio-Educational Welfare Association	FSW	n/a	n/a	n/a	0.00	1.96	1.69
Goalpara	Ramdia Youth Centre (New 07)	FSW	n/a	n/a	n/a	n/a	0.38	0.45
Goalpara	Society for Appropriate Technology	FSW	n/a	n/a	0.00	0.00	n/a	n/a
Golaghat	North-East Nature Club	FSW	n/a	n/a	n/a	0.75	n/a	n/a
Kamrup	Bhoruka Public Welfare Trust	FSW	n/a	n/a	n/a	0.95	0.00	2.94
Marigaon	Progoti	FSW	n/a	n/a	n/a	0.65	n/a	n/a
Marigaon	Zeal Thrill Friendship Group (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	0
Nalbari	Nalbari Yubasammanay	FSW	n/a	0.00	0.00	0.00	n/a	n/a
Nalibari	DREESTEE (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	n/a
Tinsukia	Socio-Economic and Development Organization	FSW	n/a	n/a	n/a	0.43	n/a	n/a
Dhubri	NEVARD (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	5.17
Jorhat	IMPACT NE (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Sibsagar	SHAPE (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Sonitpur	SNEH (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0



Assam								
Kamrup	Global Organization for Life Development	IVDU	n/a	n/a	n/a	1.18	1.90	6.42
Kamrup	Guwahati AIDS Prevention Society	IVDU	5.56	4.48	9.84	n/a	n/a	n/a
Sonitpur/Karbi Anglong	DAIPARC	IVDU	n/a	n/a	7.14	4.00	2.38	4.11
Kamrup	Association for Sociocultural and Environmental Development	MSM	n/a	n/a	n/a	0.78	n/a	n/a
Kamrup	Rural Multimedia Publicity and Promotion (New 07)	MSM	n/a	n/a	n/a	n/a	2.78	2.48
Barpeta	Barpeta Civil Hospital	STI	n/a	n/a	n/a	0.40	0.00	0
Cachar	Silchar Medical College	STI	0.00	2.65	2.36	2.00	3.60	2.26
Dibrugarh	Dibrugarh Assam Medical College	STI	0.80	0.80	0.89	0.40	0.80	1.65
Dhubri	Dhubri Civil Hospital	STI	1.20	0.00	0.00	0.40	0.40	0.51
Golaghat	Golaghat Civil Hospital	STI	n/a	n/a	n/a	1.20	0.80	0.4
Kamrup	Guwahati Medical College, Guwahati	STI	1.72	1.34	4.40	1.82	1.75	3.6
Kokrajhar	Kokrajhar Civil Hospital	STI	n/a	n/a	n/a	0.50	0.39	0.86
North Cachar Hills	Haflong Civil Hospital	STI	n/a	n/a	n/a	0.50	0.50	0
Sonitpur	Kanak Lata Civil Hospital Tezpur	STI	1.20	0.00	0.40	2.00	0.00	0

TABLE SS 5a

Bihar (2008 summary)

	*HIV prevale	ence among antenatal attendees	Trends in ANC, 2003–08
Group	Number tested	HIV % positive (90% Cl)	
All women Urban	8693	0.31 (0.21–0.41)	9 0.40 0.29 0.33 0.29
women	8693	0.31 (0.21–0.41)	0.20 0.00 2003-2005 2004-2006 2005-2007 2006-2008
			2003-20052004-20062005-20072006-2008
			Years
Rural women			

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees								
District	Site name	Population group						
			2003	2004	2005	2006	2007	2008
Araria	Araria Sadar Hospital	ANC	0.00	0.00	1.75	0.00	0.00	0
Aurangabad	Aurangabad Sadar Hospital	ANC	n/a	n/a	n/a	0.50	0.00	0
Banka	Banka Sadar Hospital	ANC	n/a	n/a	n/a	0.75	1.23	0.25
Begusarai	Begusarai Sadar Hospital	ANC	0.25	0.50		0.50	0.50	0

ANC attendees								
Bhagalpur	Bhagalpur Jawahar Lal Nehru Medical College Hospital	ANC	0.00	0.25	0.50	0.25	0.00	0
Darbhanga	Laheriasarai Darbhanga Medical College Hospital	ANC	n/a	n/a	n/a	0.25	0.25	1
Khagaria	Khagaria Sadar Hospital	ANC	n/a	n/a	n/a	0.00	0.25	n/a
Kishanganj	Mata Gujri Memorial Medical College Hospital	ANC	n/a	n/a	n/a	0.00	0.00	1.25
Lakhisarai	Lakhisarai Sadar Hospital	ANC	n/a	n/a	n/a	1.00	0.50	0.33
Madhepura	Madhepura Sadar Hospital	ANC	n/a	n/a	n/a	0.58	0.00	0
Madhubani	Madhubani Sadar Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.5
Muzaffarpur	Muzaffarpur Sri Krishna Medical College Hospital	ANC	0.00	0.00	0.00	0.00	0.00	0
Nalanda	Biharsharif Sadar Hospital	ANC	n/a	n/a	n/a	0.25	0.25	0
Nawada	Nawada Sadar Hospital	ANC	n/a	n/a	n/a	0.25	0.50	0.75
Pashchim Champaran	Betiah MJK Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Patna	Patna Patna Medical College Hospital	ANC	0.50	0.75	0.00	0.75	1.00	1
Purba Champaran	Raxaul Duncan Hospital	ANC	0.00	0.00	0.00	0.50	0.00	0.5
Rohtas	Rohtas Sadar Hospital/ Sasaran Sadar Hospital	ANC	0.00	0.00	0.00	0.50	0.50	0
Saharsa	Saharsa Sadar Hospital	ANC	n/a	n/a	n/a	1.14	0.00	0.25
Samastipur	Samastipur Sadar Hospital	ANC	n/a	n/a	n/a	0.75	0.50	0
Sheohar	Sheohar Sadar Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Sitamarhi	Sitamarhi Sadar Hospital	ANC	n/a	n/a	n/a	0.50	2.20	0.75
Vaishali	Hajipur Sadar Hospital	ANC	n/a	n/a	n/a	0.50	0.75	0

TABLE SS 5b Bihar (2<u>008 summary)</u>

*HIV prevalence among populations with high-risk behaviours								
Group	Number	HIV % positive (90% CI)		Remarks				
	Tested							
All STI patients	5492	1.24	(0.99–1.48)	Total number of sentinel sites 42				
Female sex workers	3730	2.92	(2.47–3.38)	6 sites (≥75% sample size) had prevalence ≥5%				
Injecting drug users	495	5.45	(3.78–7.13)	2 sites (≥75% sample size) had prevalence ≥10%				
Men who have sex with								
men	244	1.64	(0.30–2.98)					

* HIV prevalence is given for valid sites (≥75% sample size).

Bihar								
Populations with high-risk behaviours								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Araria	Forbesganj	FSW	n/a	n/a	n/a	0.80	0.80	0
Begusarai	Begusarai	FSW	n/a	n/a	n/a	0.00	0.00	2.8
Gaya	Gaya Chowk Bazar	FSW	n/a	n/a	n/a	0.00	2.99	1.2
Katihar	Katihar Cooley Para	FSW	n/a	n/a	n/a	5.20	9.64	10
Kishanganj	Bishanpur, Kishanganj (New 07)	FSW	n/a	n/a	n/a	n/a	0.95	3.2
Madhubani	Madhubani	FSW	n/a	n/a	n/a	0.40	2.40	0
Munger	Munger Sharwan Bazar	FSW	n/a	0.40	0.40	0.40	6.40	2.41
Muzaffarpur	Muzaffarpur Chaturbhaj Asthan/Muzaffarpur Shri Krishana Medical College Hospital	FSW	4.80	0.00	0.80	0.00	0.40	2
Pashchim Champaran	Betiah Naznin Chowk	FSW	n/a	n/a	0.00	1.00	3.60	2.4
Purnia	Gulab Bagh, Purnia	FSW	n/a	n/a	27.27	15.56	5.16	6
Rohtas	Sasaram Beda	FSW	n/a	n/a	n/a	1.20	6.40	5.6
Bhagalpur	Bhagalpur (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	1.2
Bhojpur	Ara (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	6.8
Nalanda	Biharsharif (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Saran	Chhapra (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Kaimur (Bhabua)	Bhabhua	IDU	n/a	n/a	n/a	0.40	0.80	10.4
Patna	Patna	IDU	n/a	n/a	n/a	0.00	0.67	0.41
Patna	Patna	MSM	1.60	1.60	0.40	0.40	0.00	1.64
Saran	Chhapra	MSM	n/a	n/a	n/a	0.00	0.00	n/a
Banka	Banka Sadar Hospital	STI	n/a	n/a	n/a	0.40	0.00	0
Bhagalpur	Bhagalpur Jawhar Lal Nehru Medical College Hospital	STI	0.40	0.40	0.00	0.00	0.00	1.61
Bhojpur	Ara Sadar Hospital	STI	0.00	0.00	0.40	0.50	0.80	0.8
Buxar	Buxar Sadar Hospital	STI	n/a	n/a	n/a	0.40	0.00	0

Bihar								
Darbhanga	Laheriasarai Darbanga Medical College Hospital	STI	0.40	2.00	0.40	0.00	0.00	0.4
Gaya	Gaya Anurag Narain Magadh Medical College Hospital	STI	0.40	2.80	0.00	0.40	0.85	0
Gopalganj	Gopalganj Sadar Hospital	STI	n/a	n/a	n/a	1.60	0.00	0.4
Jamui	Jamui Sadar Hospital	STI	n/a	n/a	n/a	2.00	0.67	0.4
Jehanabad	Jehanabad Sadar Hospital	STI	n/a	n/a	n/a	1.20	1.1.8	0.4
Kaimur (Bhabua)	Bhabhua Sadar Hospital	STI	n/a	n/a	n/a	0.00	0.65	0
Katihar	Katihar Sadar Hospital	STI	9.20	2.40	0.00	2.50	0.00	0.4
Khagaria	Khagaria Sadar Hospital	STI	n/a	n/a	n/a	0.00	0.00	n/a
Kishanganj	Sadar Hospital, Kishanganj	STI	n/a	n/a	0.00	0.00	3.20	1.2
Madhubani	Madhubani Sadar Hospital	STI	n/a	n/a	n/a	0.00	0.80	5.2
Muzaffarpur	Muzaffarpur Sri Krishna Medical College Hospital	STI	0.00	0.40	0.00	0.40	0.00	2.02
Nalanda	Biharsharif Sadar Hospital	STI	n/a	n/a	n/a	1.33	0.47	0
Pashchim Champaran	Betiah MJK Hospital	STI	n/a	n/a	n/a	1.20	1.20	3.2
Patna	Patna Patna Medical College Hospital	STI	1.60	0.40	0.80	3.20	2.00	1.2
Purba Champaran	Raxaul Duncan Hospital	STI	7.20	2.13	3.07	1.60	2.67	n/a
Purnia	Purnia Sadar Hospital	STI	n/a	n/a	n/a	0.40	0.00	2.42
Saran	Chhapra Sadar Hospital	STI	n/a	n/a	n/a	0.00	0.00	0
Sitamarhi	Sitamarhi Sadar Hospital	STI	n/a	n/a	n/a	2.01	4.00	5.6
Siwan	Siwan Sadar Hospital	STI	n/a	n/a	n/a	4.76	1.10	1.6
Supaul	Supaul Sadar Hospital	STI	n/a	n/a	n/a	0.40	0.00	0.4

TABLE SS 6a

Chandigarh (2008 summary)

	*HIV prev	alence amoi	ng antenatal	
	attendees			Trends in ANC, 2003–08
Group	Number tested	HIV % p	ositive (90% CI)	0.4 0.3 0.3 0.3 0.3 0.3 0.3 0.3 0.3
All women	400	0.25	(-0.16–0.66)	
Urban women	400	0.25	(-0.16–0.66)	T 2003-2005 2004-2006 2005-2007 2006-2008
				Years
Rural women				

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attendees								
District	Site name	Population group						
			2003	2004	2005	2006	2007	2008
Chandigarh	CHC, PGIMER	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Chandigarh	Sector 16 General Hospital	ANC	0.50	0.50	0.00	0.25	0.25	0.25
Chandigarh	CHC-II, PGIMER	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a

TABLE SS 6b

Chandigarh (2008 summary)

*HIV prevalence among populations with high-risk behaviours								
Group	Number	HIV % positive (90% CI)	Remarks					
	tested							
All STI patients	485	2.89 (1.64-4.14)	Total number of sentinel sites 7					
Female sex workers	701	0.57 (0.10-1.04)	0 sites (≥75% sample size) had prevalence ≥5%					
Injecting drug users	250	14.40 (10.75 - 18.05)	1 site (≥75% sample size) had prevalence ≥10%					
Men who have sex with men	250	3.20 (1.37–5.03)						

* HIV prevalence is given for valid sites (≥75% sample size).

Populations w	Populations with high-risk behaviours								
District	Site name	Population group							
			2003	2004	2005	2006	2007	2008	
Chandigarh	Chandigarh slums-I	FSW	0.00	0.40	0.00	1.60	0.80	0	
Chandigarh	Chandigarh slums-II	FSW	1.20	0.80	1.20	0.00	0.00	0.4	
Chandigarh	Chandigarh slums-III	FSW	n/a	1.20	0.80	0.40	0.40	1.49	
Chandigarh	Chandigarh slums	IDU	n/a	4.80	9.20	17.60	8.64	14.4	
Chandigarh	Chandigarh slums	MSM	n/a	1.36	1.60	4.80	3.60	3.2	
Chandigarh	Sector 16 General Hospital	STI	0.00	2.00	0.40	0.80	0.40	2	
Chandigarh	PGIMER	STI	1.62	1.60	1.60	2.60	0.45	3.83	

TABLE SS 7a

Chhattisgarh (2008 summary)

	*HIV prevalence among antenatal					
	attendees		Trends in ANC, 2003–08			
Group All women Urban women	Number tested 7126 7126	HIV % positive (90% CI) 0.41 (0.28–0.53) 0.41(0.28–0.53)	0.50 0.40 0.30 0.20 0.10 0.43 0.21 0.30 0.44			
Rural women			0.00			

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees								
District	Site name	Population group						
			2003	2004	2005	2006	2007	2008
Baster	Jagdalpur DH	ANC	1.26	0.00	0.00	0.32	0.25	1
Bilaspur	Medical College, Bilaspur	ANC	n/a	n/a	n/a	0.00	0.50	0
Bilaspur	Bilaspur	ANC (R)	1.25	n/a	n/a	n/a	n/a	n/a
Bilaspur	Bilaspur DH	ANC	0.00	0.00	0.25	0.00	0.50	0
Bilaspur	CIMS (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0
Bilaspur	SEC Railway Hospital, Bilaspur	ANC	n/a	n/a	n/a	0.25	0.00	n/a
Dantewada	Dantewada DH	ANC	0.40	n/a	0.75	0.75	0.25	0.75
Dantewada	CHC, Geedam	ANC	n/a	n/a	n/a	0.00	n/a	n/a
Dhamtari	Dhamtari DH	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Durg	Bhilai Steel Plant Sail	ANC	n/a	n/a	n/a	1.15	n/a	0
Jangir- Champa	Jangir DH	ANC	n/a	n/a	n/a	0.00	1.00	0.25
Jashpur	Jashpur DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Kanker	Kanker DH	ANC	n/a	n/a	n/a	0.25	0.75	0.25
Kawardha	Kawardha DH	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Korba	SECL Gevra	ANC	n/a	n/a	n/a	0.00	0.00	n/a
Korba	Korba DH	ANC	n/a	n/a	n/a	n/a	n/a	0.25
Koriya	Koriya DH	ANC	n/a	n/a	n/a	0.55	0.00	1.26
Mahasamund	Mahasamund DH	ANC	n/a	n/a	n/a	0.75	0.00	0.25
Raigarh	kharsia	ANC	n/a	n/a	n/a	0.00	0.25	0
Raigarh	Raigarh DH	ANC	2.25	0.00	0.28	0.50	0.00	1.26
Raigarh	Raigarh	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Raipur	Raipur DH	ANC	n/a	n/a	n/a	0.00	0.50	1.25
Rajnandgaon	Rajnandgaon DH	ANC	0.75	0.00	0.25	0.75	0.25	0.26
Rajnanga	Rajnanga	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Surguja	Surguja DH	ANC	n/a	n/a	n/a	n/a	n/a	0

TABLE SS 7b

Chhattisgarh (2008 summary)

*HIV prevalence among populations with high-risk behaviours								
Group	Number	HIV % positive (90% CI)	Remarks					
	tested							
All STI patients	988	2.13 (1.37–2.88)	Total number of sentinel sites 4					
			1 site (≥75% sample size) had prevalence ≥5%					
			0 sites (≥75% sample size) had prevalence ≥10%					

* HIV prevalence is given for valid sites (≥75% sample size).

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Chattishgarh									
Populations with high-risk behaviors									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
Bilaspur	Bilaspur DH/Bilaspur Chhattisgarh Rangers	FSW	n/a	n/a	n/a	1.20	3.45	n/a	
Bilaspur	Mungeli Bilaspur	FSW	n/a	n/a	n/a	2.09	0.00	n/a	
Durg	Bhilai NGO	FSW	n/a	n/a	n/a	2.14	n/a	n/a	
Raipur	Urla Industrial Area, Raipur	FSW	n/a	n/a	n/a	1.00	n/a	n/a	
Dantewada	NMDC Bacheli	STI	n/a	n/a	n/a	2.76	3.33	n/a	
Durg	Durg DH	STI	3.60	4.00	3.50	2.85	6.40	0	
Korba	Korba DH	STI	0.80	1.20	2.00	2.40	5.18	1.6	
Korba	NTPC	STI	n/a	n/a	n/a	3.79	n/a	n/a	
Raipur	Raipur Pandit JNM Medical College	STI	2.00	3.20	3.00	1.65	1.20	n/a	
Raipur	RaipurDH	STI	n/a	n/a	n/a	n/a	n/a	6.56	
Sarguja	Sarguja DH, Ambikapur	STI	n/a	n/a	n/a	2.40	0.00	0.4	

TABLE SS 8a

Dadra Nagar Haveli (2008 summary)

	*HIV prevalence among antenatal attendees								
Group	Number	HIV % positive (90% CI)							
	tested								
All women	400	0.0 (0.0–0.0)							
Urban women	400	0.0 (0.0–0.0)							
Rural women									

* HIV prevalence is given for valid sites (≥75% sample size).

2007 summary—ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Dadra and Nagar Haveli	Silvasa Civil Hospital/ VB Civil Hospital	ANC	0.25	0.00	0.25	0.00	0.50	0
	Khanvel	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a

TABLE SS 8b

Dadra and Nagar	Dadra and Nagar Haveli								
Populations with high-risk									
behaviours									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
Dadra and Nagar Haveli	Areas of TI for migrants	MRG	n/a	n/a	0.00	n/a	n/a	n/a	

TABLE SS 9a Daman and Diu (2008 summary)

			Trends in ANC, 2003–08
*HIV prevalenc	e among antena	atal attendees	
Group	Number tested	HIV % positive (90% CI)	0.35 0.30 0.25 0.25
All women Urban women	800 800	0.38 (0.02–0.73) 0.38 (0.02–0.73)	0.10 0.10 0.05
Rural women			0.00 2003-2005 2004-2008 2005-2007 2006-2008 Years

* HIV prevalence is given for valid sites (≥75% sample size).

TABLE SS-9 b

Daman and	Daman and Diu								
ANC attendees									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
Daman	Daman Civil Hospital	ANC	0.25	0.50	0.25	0	0.25	0	
Diu	Diu Civil Hospital	ANC	0.46	0.25	0.00	0	0.00	0.75	
Diu	Kachigam	ANC (R)	0.41	n/a	n/a	n/a	n/a	n/a	
Diu	Vanakbar	ANC (R)	0	n/a	n/a	n/a	n/a	n/a	

TABLE SS 10a

Delhi (2008 summary)

*HIV prevalence in antenatal attendees		Trends	in ANC	<i>,</i> 2003–08				
Group	Number	HIV % positive (90% CI)		0.4				
	tested		ositive	0.2 - 0.0 -	0.3	0.3	0.2	0.2
All women	1997	0.20 (0.04–0.36)	HIV%Positive		2003-2005	2004-2006	2005-2007 ars	2006-2008
Urban women	1997	0.20 (0.04–0.36)					di 5	
Rural women			-					

* HIV prevalence is given for valid sites (\geq 75% sample size).



Site name			1						
Site name		Population group	2003	2004	2005	2006	2007		
LHMC	LHMC		n/a	n/a	n/a	0.00	0.25		
Delhi Kasturba Hospital		ANC	0.25	0.50	0.25	0.00	0.25		
GTB Hospital		ANC	0.00	0.00	0.25	0.00	0.00		
New Delhi Sanjay Gandhi Memorial Hospital, Mongolp		ANC Ip	0.25	0.25	0.75	0.25	0.50		
Safdarjung Hospital		ANC	0.00	0.50	0.00	0.25	0.00		
nmary)					I	<u> </u>			
	*HIV preva	lence among popula	ations with	n high-risk b	ehaviours				
	Number	HIV % positive (9	90% CI)	Remarks					
	tested								
	924	2.92 (2.01-3	.83)	Total number of sentinel sites 17					
kers	1244	2.17 (1.49–2	85)	6 sites (≥	75% sample	size) had pre	valence ≥ 5%		
Injecting drug users 500		18.60 (15.74–2	18.60 (15.74–21.46)		3 sites (≥ 75% sample size) had prevalence ≥ 10%				
Men who have sex with men 745		7.92 (6.29–9	7.92 (6.29–9.55)						
	GTB Hospital New Delhi San Memorial Hos Safdarjung Ho nmary) kers sers sex with men	GTB Hospital New Delhi Sanjay Gandhi Memorial Hospital, Mongo Safdarjung Hospital nmary) *HIV preva Number tested 924 kers 1244 sers 500 sex with men 745	GTB Hospital ANC New Delhi Sanjay Gandhi Memorial Hospital, Mongolp ANC Safdarjung Hospital ANC nmary) *HIV prevalence among popula Number HIV % positive (9 tested 2.92 (2.01–3 kers 1244 2.17 (1.49–2 sers 500 18.60 (15.74–2 sex with men 745 7.92 (6.29–9	Delhi Kasturba Hospital ANC 0.25 GTB Hospital ANC 0.00 New Delhi Sanjay Gandhi ANC 0.25 Memorial Hospital, Mongolp ANC 0.00 Safdarjung Hospital ANC 0.00 nmary) ANC 0.00 *HIV prevalence among populations with Number HIV % positive (90% CI) tested 2.92 (2.01–3.83) kers 1244 2.17 (1.49–2.85) sers 500 18.60 (15.74–21.46) sex with men 745 7.92 (6.29–9.55)	Delhi Kasturba HospitalANC0.250.50GTB HospitalANC0.000.00New Delhi Sanjay Gandhi Memorial Hospital, MongolpANC0.250.25Safdarjung HospitalANC0.000.50mmary)*HIV prevalence among populations with high-risk bNumberHIV % positive (90% CI)NumberHIV % positive (90% CI)100100kers12442.17(1.49–2.85)6 sites (≥sers50018.60(15.74–21.46)3 sites (≥sex with men7457.92(6.29–9.55)1	Delhi Kasturba HospitalANC0.250.500.25GTB HospitalANC0.000.000.25New Delhi Sanjay Gandhi Memorial Hospital, MongolpANC0.250.250.75Safdarjung HospitalANC0.000.500.00nmary)*HIV prevalence among populations with high-risk behavioursNumberHIV % positive (90% Cl)1tested19242.92(2.01–3.83)Total number of sentikers12442.17(1.49–2.85)6 sites (≥ 75% samplesers50018.60(15.74–21.46)3 sites (≥ 75% sample	Delhi Kasturba Hospital ANC 0.25 0.50 0.25 0.00 GTB Hospital ANC 0.00 0.00 0.25 0.00 0.00 New Delhi Sanjay Gandhi Memorial Hospital, Mongolp ANC 0.25 0.25 0.75 0.25 0.75 0.25 Safdarjung Hospital ANC 0.00 0.50 0.00 0.25 0.75 0.25 0.25		

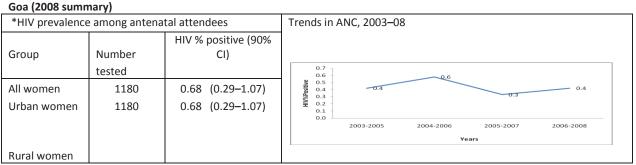
TABLE SS 10b

h

Delhi									
Populations with high-risk behaviours									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
North	IMDT	FSW	n/a	n/a	n/a	7.33	9.96	5.69	
North	Shakti Vahini	FSW	n/a	8.00	8.43	14.00	n/a	n/a	
North East	Jagriti Yuva Manch	FSW	n/a	n/a	1.60	1.60	1.60	0.8	
North West	GDS Society	FSW	n/a	n/a	n/a	1.20	0.40	2.4	
South West	ALAMB	FSW	n/a	n/a	n/a	0.40	0.00	1.61	
West	MRYDO	FSW	1.61	1.20	1.20	0.80	0.80	0.4	
South West	SPYM	IDU	n/a	n/a	n/a	1.20	0.39	6.8	
South West	New Delhi DDU Hospital	IDU	14.40	n/a	n/a	n/a	n/a	n/a	
North	Sharan	IVDU	n/a	17.60	22.80	18.80	20.00	30.4	
North East	SAHARA	MSM	27.42	6.67	39.60	32.80	30.00	n/a	

North West	ARADHYA	MSM	n/a	n/a	n/a	2.00	3.20	7.29
West	Akansha Samiti	MSM	n/a	n/a	1.20	2.00	2.00	n/a
Central	BARD (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	7.6
West	Mitr (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	8.87
Central	LNJP Hospital	STI	7.20	9.20	9.20	8.80	5.60	3.14
East	ESI Hospital	STI	7.77	8.46	9.09	2.00	1.79	2.99
North East	GTB Hospital	STI	5.85	7.50	10.00	6.40	5.31	n/a
South	Safdarjung Hospital	STI	2.40	4.80	3.20	2.00	5.20	1.6
West	DDU	STI	n/a	n/a	n/a	1.20	3.27	4

TABLE SS 11a



* HIV prevalence is given for valid sites (≥75% sample size).

ANC Attend	ANC Attendees									
District	Site name	Population group	2003	2004	2005	2006	2007	2008		
North Goa	Mapusa Asilo Hospital	ANC	0.25	1.00	0.00	0.75	0.25	0.25		
North Goa	Ponda Community Health Centre	ANC	0.75	1.25	0.00	0.25	0.00	0.51		
North Goa	Curchore	ANC(R)	1.12	n/a	n/a	n/a	n/a	n/a		
North Goa	Valpoi/P	ANC(R)	0.00	n/a	n/a	n/a	n/a	n/a		
South Goa	Hospicio Hospital,Margao(New08)	ANC	n/a	n/a	n/a	n/a	n/a	1.29		

TABLE SS-11 b

Goa (2008 Summary)

	*HIV Preva	lence of populations	with high-risk behaviors
		HIV % Positive &	
Group	Number	90% C.I.	Remarks
	Tested		
		4.45 (2.93,	
All STD patients	494	5.98)	Total number sentinel sites 4
		6.40 (3.85,	4 sites (≥ 75 % sample size) had
Female sex workers	250	8.95)	prevalence ≥ 5%
			0 sites (≥ 75 % sample size) had
Injecting drug users			prevalence ≥ 10%
Men who have sex with		6.40 (3.85,	
men	250	8.95)	

* HIV Prevalence is given for valid sites (≥ 75 % sample size)

Goa								
Populations v	vith high-risk behaviours							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
South Goa	Desterro Eves Mahila Mandal, Vasco da Gama (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	6.4
Baina	Vasco D' Gama	FSW	30.15	n/a	n/a	n/a	n/a	n/a
South Goa	Vasco The Humsafar Trust	MSM	n/a	1.68	4.9	4.8	7.93	6.4
North Goa	Bambolim Goa Medical College	STI	n/a	12.04	16.45	8.85	8	6.05
Panaji	Hospicio Hospital	STI	15.18	n/a	n/a	n/a	n/a	n/a
South Goa	Margao Hospicio Hospital	STI	14.29	19.51	11.05	8.4	3.2	2.85
South Goa	Margao		9.09	n/a	n/a	n/a	n/a	n/a

TABLE SS 12a Gujarat (2008 summary)

			Trends in ANC, 2003–08	
*HIV prevalence among antenatal attendees		al attendees		
Group	Number tested	HIV % positive (90% CI)	0.6 0.5 0.4 - 0.3 - 0.4 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	
All women	9046	0.39 (0.28–0.49)	i, i	
Urban women	9046	0.39 (0.28–0.49)	0 2003-2005 2004-2006 2005-2007 2006-2008	
Rural women			Years	

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees								
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Ahmedabad	VS Hospital, Ahmedabad	ANC	0.75	0.25	0.00	0.00	0.00	0.25
Amreli	Civil Hospital, Amreli	ANC	n/a	n/a	n/a	0.00	1.00	0.52
Anand	Krishna Hospital, Karamsad	ANC	n/a	n/a	n/a	0.25	0.25	n/a
Anand	Civil Hospital, Petlad	ANC						0.25
Banas Kantha	Civil Hospital, Palanpur	ANC	n/a	n/a	n/a	1.00	0.00	0
Bharuch	Civil Hospital	ANC	n/a	n/a	n/a	0.75	0.00	0
Bhavnagar	Sir T Hospital	ANC	n/a	n/a	n/a	0.75	0.00	0
Dohad	Government Hospital	ANC	n/a	n/a	n/a	1.38	0.75	1.5
Gandhinagar	Civil Hospital	ANC	n/a	n/a	n/a	0.50	0.00	0.75
Jamnagar	Civil Hospital, Jam Khambhalia	ANC	n/a	n/a	n/a	0.50	1.00	0
Junagadh	Junagadh DH	ANC	0.25	0.00	0.25	0.50	0.25	0.25
Kachchh	Bhuj DH	ANC	0.50	0.25	0.00	0.50	0.00	0

ANC attendees								
Kheda	Civil Hospital, Nadiad	ANC	n/a	n/a	n/a	0.00	0.50	0
Mahesana	Mahesana DH	ANC	1.00	0.25	1.00	1.00	0.00	1.5
Narmada	Ref. Hospital, Raipjpla	ANC	n/a	n/a	n/a	0.00	0.25	0.25
Navsari	General Hospital	ANC	n/a	n/a	n/a	1.00	0.75	0.5
Panch Mahals	Civil Hospital, Godhara	ANC	n/a	n/a	n/a	0.00	0.00	n/a
Patan	General Hospital	ANC	n/a	n/a	n/a	0.50	0.25	0
Porbandar	MGG Hospital	ANC	n/a	n/a	n/a	0.00	1.25	0.5
Rajkot	Civil Hospital, Rajkot	ANC	0.00	0.00	0.00	0.75	0.50	0.5
Sabar Kantha	Himmatnagar DH	ANC	0.25	0.00	0.25	0.75	0.25	0.25
Surat	New Civil Hospital, Surat / Municipal Institute of Medical Education and Research (SMIMER)	ANC	1.00	0.75	1.25	1.25	1.50	0.76
Surendranagar	C.J. General Hospital, Surendranagar	ANC	n/a	n/a	n/a	1.75	0.25	
The Dangs	Civil Hospital, Ahwa	ANC	n/a	n/a	n/a	0.00	0.00	0.27
Vadodara	Jamnabai Hospital, Vadodara	ANC	0.00	0.00	0.25	0.25	0.50	n/a
Valsad	CHC Bhilad,Vapi	ANC (R)	n/a	n/a	n/a	0.00	0.50	0.76
Valsad	Anjar	ANC (R)	0.50	n/a	n/a	n/a	n/a	n/a
Valsad	Dabhoi	ANC (R)	0.75	n/a	n/a	n/a	n/a	n/a
Valsad	Devgadhb	ANC (R)	0.25	n/a	n/a	n/a	n/a	n/a
Valsad	Government Hospital, Visnagar, Ahmedabad	ANC (R)	0.50	n/a	n/a	n/a	n/a	n/a
Valsad	Government Hospital, Dakor,Kheda, Ahmedabad	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Valsad	Keshod	ANC (R)	0.25	n/a	n/a	n/a	n/a	n/a
Valsad	Morbi	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Valsad	Sangodh	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a

Gujarat (2008 summary)

R

*HIV prevalence among populat	ions with hi	gh-risk behaviours	Remarks
Group	Number	HIV % positive (90% CI)	
	tested		Total number of sentinel sites 25
All STI patients	1444	7.62 (6.47–8.77)	7 sites (≥75% sample size) had prevalence ≥5%
Female sex workers	1494	3.75 (2.94 - 4.56)	3 sites (≥75% sample size) had prevalence ≥10%
Male Migrants	500	1.80 (0.82–2.78)	
Men who have sex with men	1732	5.37 (4.48 - 6.26)	

* HIV prevalence is given for valid sites (\geq 75% sample size).

TABLE SS 12b

i.

Gujarat								
Populations wit	h high-risk behaviours							
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Rajkot	Life Line Health, Rajkot	FSW	n/a	n/a	4.4	2.8	2.8	2
Surat	Paras PSM PSH, Surat	FSW	n/a	n/a	13.2	8	7.2	4.4
Vadodara	Vikas Jyot Trust, Vadodara	FSW	n/a	9.20	6.8	8.4	9.6	7.2
Rajkot	Lakshaya Trust, Rajkot	MSM	n/a	n/a	12.4	14	15.6	6.4
Surat	Lakshaya Trust, Surat	MSM	n/a	n/a	15.6	12.8	7.6	10
Vadodara	Lakshaya Trust, Vadodara	MSM	n/a	n/a	4	6.8	2	3.35
Ahmedabad	Chuwal Gram Trust,Ahmedabad (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	3.6
Bhavnagar	Sardar Patel Snatak Mitra Mandal,Bhavnagar (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	5.62
Jamnagar	Shree Sarvoday Mahila Udyog Mandal (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	5.6
Mahesana	Young Citizen of India Charitable Trust (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	2.87
Ahmedabad	Civil Hospital, Ahmedabad	STI	5.76	4.80	4.8	18	15.6	22
Banas Kantha	General Hospital Palanpur/Banaskantha District	STI	0.81	0.80	0.4	2	0.95	n/a
Bhavnagar	Sir T Hospital, Bhavnagar	STI	6.73	5.00	4.69	7.34	6.9	5.94
Jamnagar	GG Hospital, Jamnagar	STI	4.4	3.60	1.6	1.2	2.4	0
Junagadh	Civil Hospital, Junagadh	STI	n/a	n/a	n/a	1.2	2.4	3.2
Navsari	General Hospital	STI	n/a	n/a	n/a	4	2	1.2
Panch Mahals	Godhara DH	STI	2.4	2.40	1.2	0.4	4.9	n/a
Surat	New Civil Hospital, Surat	STI	6.28	8.11	11.79	8.8	8	13.22
Surendranagar	C.U. Shah Medical College, Surendranagar	STI	2.31	2.40	0	3.27	1.8	n/a
Vadodara	SSG Hospital, Vadodara	STI	4.55	3.60	2.4	3.35	2.21	n/a
Surat	Sanjivni Hospital, Surat (New 08)	MRG	n/a	n/a	n/a	n/a	n/a	1.2
Surat	Surat Diamond Association, Surat (New 08)	MRG	n/a	n/a	n/a	n/a	n/a	2.4

TABLE SS 13a

Haryana	(2008	summary)
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				Trends	in ANC,	2003–08			
*HIV prevalenc	*HIV prevalence among antenatal attendees								
Group	Number tested	HIV % positive (90% CI)		HIV%Positive	0.30 - 0.20 - 0.10 -	-0.11	0.06	0.17	0.19
All women	4799	0.15 (0.06–0.24)		۷%P	0.00 -	2002 2005	2004 2006	2005 2007	2006 2000
Urban women	4799	0.15 (0.06–0.24)		Ī		2003-2005	2004-2006	2005-2007	2006-2008
							Ye	ars	
Rural women									

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
Bhiwani	CHC Tosham	ANC	n/a	n/a	n/a	1.10	0.25	0	
Faridabad	Palwal General Hospital	ANC	0.50	0.00	0.00	0.00	0.50	0.5	
Fatehabad	GH Fatehabad	ANC	n/a	n/a	n/a	0.25	0.00	0	
Gurgaon	CHC Nuh, Mewat (New)	ANC	n/a	n/a	n/a	0.31	0.00	0	
Hissar	Hissar General Hospital	ANC	0.00	0.00	0.00	0.25	0.25	0	
Hissar	CHC, Mangali	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a	
Jhajjar	GH Jhajjar	ANC	n/a	n/a	n/a	0.26	0.00	0.25	
Jind	CHC, Julana	ANC (R)	0.67	n/a	n/a	n/a	n/a	n/a	
Jind	Jind General Hospital	ANC	0.26	0.00	0.50	0.25	3.00	0.5	
Kaithal	GH Kaithal	ANC	n/a	n/a	n/a	0.00	0.00	0.25	
Karnal	Karnal General Hospital	ANC	0.25	0.00	0.25	0.00	0.25	0	
Karnal	CHC, Nilokheri	ANC (R)	0.41	n/a	n/a	n/a	n/a	n/a	
Kurukshetra	LNJP Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.25	
Panchkula	CHC Raipurani	ANC (R)	n/a	n/a	n/a	0.00	0.50	0	
Panipat	GH Panipat	ANC	n/a	n/a	n/a	0.00	0.00	0	

TABLE SS

13b

Haryana

(2008 summary)

	*HIV prevalence of populations with high-risk behaviours									
Group	Number	HIV % positive (90% Cl)	Remarks							
	tested									
All STI			Total number of sentinel sites							
patients	2195	0.87 (0.54–1.19)	18							
Female sex			1 site (≥75% sample size) had							
workers	1742	1.55 (1.06–2.04)	prevalence ≥5%							
Injecting			0 sites (≥75% sample size) had							
drug users	249	2.01 (0.55–3.47)	prevalence ≥10%							

* HIV prevalence is given for valid sites (≥75% sample size).

Haryana

Summary—Populatio	ns with high-risk	Summary—Populations with high-risk										
behaviours												
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008				
Ambala/Panchkula	Ambala (NGO)	FSW	n/a	n/a	n/a	0.00	0.00	1.2				
Gurgaon	Gurgaon (NGO)	FSW	n/a	n/a	n/a	0.37	1.16	6				
Hissar	Hissar (NGO)	FSW	n/a	n/a	n/a	1.98	0.00	0				
Jind	Jind (NGO)	FSW	n/a	n/a	n/a	0.40	1.60	1.2				
Rewari	Rewari (NGO)	FSW	n/a	n/a	n/a	0.41	0.00	0.41				
Rohtak	Rohtak (NGO)	FSW	n/a	n/a	n/a	4.76	2.38	2				
Yamunanagar	FSW site Yamunanagar	FSW	n/a	n/a	2.00	0.00	0.00	0				



Haryana								
Faridabad	Faridabad (NGO)	IDU	n/a	n/a	n/a	0.00	0.80	2.01
Panchkula	Panchkula (NGO)	MSM	n/a	n/a	n/a	0.00	5.39	2.81
Ambala	Ambala General Hospital	STI	0.00	0.00	0.99	0.00	0.00	0.8
Bhiwani	Bhiwani General Hospital	STI	2.37	2.08	1.60	3.21	0.40	1.6
Faridabad	BK Hospital	STI	n/a	n/a	n/a	0.41	0.00	2
Gurgaon	Gurgaon General Hospital	STI	0.40	4.88	1.71	0.41	0.80	0.8
Panchkula	GH Panchkula	STI	n/a	n/a	n/a	1.20	0.00	0
Rohtak	Rohtak Medical College Hospital	STI	2.06	0.00	1.30	3.01	1.49	0.85
Sirsa	Sirsa General Hospital	STI	1.20	0.93	0.83	0.40	0.00	0.8
Sonipat	GH Sonipat	STI	n/a	n/a	n/a	2.00	0.00	0.4
Yamunanagar	GH Yamunanagar	STI	n/a	n/a	n/a	0.81	0.75	0.47

TABLE SS 14a Himachal Pradesh (2008 summary)

			Trends	s in ANC,	, 2003–08			
*HIV prevalenc	e among anten	atal attendees						
		HIV % positive (90%		0.40	1			
Group	Number	CI)	ive		-0.30	0.22		0.00
	tested		osit	0.20	-	0.22	0.13	0.20
All women	3135	0.51 (0.30–0.72)	HIV%Positive	0.00				
Urban women	3135	0.51 (0.30–0.72)	Ē		2003-2005	2004-2006	2005-2007	2006-2008
						Ye	ars	
Rural women								

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendee	25							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Hamirpur	CHC Barsar	ANC (R)	0.00	n/a	n/a	0.00	0.50	n/a
Hamirpur	Hamirpur Zonal Hospital	ANC	1.00	0.50	0.75	0.00	0.00	0.75
Hamirpur	Nadaun CHC (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	1.25
Kangra	Dharamshala Zonal Hospital	ANC	0.77	0.00	0.25	0.25	0.00	0.75
Kangra	Palampur/Jawalamukhi	ANC (R)	0.25	n/a	n/a	n/a		n/a
Kinnar	Nichar/Sangala/Pooh	ANC (R)	0.00	n/a	n/a	n/a		n/a
Kinnaur	Kinnaur Zonal Hospital	ANC	0.00	0.00	0.00	0.00		0
Lahaul and Spiti	Kelong Zonal Hospital	ANC	0.00	n/a	n/a	0.00	0.00	n/a
Lahaul and Spiti	Udaipur Kaza	ANC (R)	0.00	n/a	n/a	0.00		n/a
Mandi	Mandi Zonal Hospital	ANC	0.00	0.25	0.00	0.00	0.00	0.25
Mandi	Karsog/Jnagar	ANC (R)	0.26	n/a	n/a	n/a		n/a
Mandi		ANC (R)	n/a	n/a	n/a	n/a		n/a

ANC attendees											
Rekongpeo	Regional Hospital (New 07)	ANC	n/a	n/a	n/a	n/a	0.00	0			
Shimla	Rampur	ANC (R)	n/a	n/a	n/a	0.00	0.25	n/a			
Shimla	Rampur MGIMS	ANC						0.5			
Solan	Solan Zonal Hospital	ANC	0.00	0.00	0.00	0.25	0.00	0.25			
Solan	Arki/Nalagrah	ANC (R)	0.50	n/a	n/a	n/a		n/a			
Una	Una Zonal Hospital	ANC	0.00	0.75	0.25	0.00	0.26	0.25			
Una	Haroli/Daulatpur Chowk	ANC (R)	0.25	n/a	n/a	n/a		n/a			

TABLE SS 14b Himachal Pradesh (2008 summary)

	*HIV prev	alence among population	ons with high-risk behaviours
Group	Number tested	HIV % positive (90% CI)	Remarks
All STI patients Female sex workers	1250 731	0.08 (-0.05–0.21) 0.41 (0.02–0.80)	Total number of sentinel sites 12 0 sites (≥75% sample size) had prevalence ≥5% 0 sites (≥75% sample size) had prevalence ≥10%
Truckers Men who have sex withmen	242 250	0.41 (-0.27–1.09) 0.80 (-0.13–1.73)	

* HIV prevalence is given for valid sites (≥75% sample size).

Himachal Pradesh								
Populations with hi	gh-risk behaviours							
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Kullu	SAVE, Lyall Tribals, H&BC, Sudhar Sabha	FSW	n/a	n/a	n/a	0.00	0.53	0
Shimla	Shimla	FSW	0.00	0.80	0.00	1.20	2.00	0.8
Sirmaur	Paonta (SERDHA, CARE, SWATI)	FSW	n/a	n/a	n/a	0.80	0.00	n/a
Sirmaur	Paonta CARE—NGO (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0.4
Solan/ Parwanoo	Parwanoo (SNS NGO) (New 07)	MRG	n/a	n/a	n/a	n/a	0.00	n/a
Kangra	Friends Club, Damtal	MSM	n/a	n/a	n/a	0.44	n/a	n/a
Sirmaur/Paonta	Paonta (SARDHA NGO) (New 07) (08)	MSM	n/a	n/a	n/a	n/a	0.00	0.8
Bilaspur	ACC Hospital Barmana	STI	n/a	n/a	n/a	1.89	n/a	n/a
Bilaspur	Bilaspur Zonal Hospital	STI	0.40	2.40	0.00	2.80	0.40	0
Chamba	Chamba Zonal Hospital	STI	0.00	0.00	0.40	0.40	0.40	0
Kullu	Kullu Zonal Hospital	STI	1.38	0.00	0.57	0.00	0.00	0
Shimla	Shimla Zonal Hospital	STI	0.83	0.00	0.00	0.00	0.00	0.4
Sirmaur	Nahan Zonal Hospital	STI	0.40	1.20	0.40	0.80	0.00	0

Bilaspur/Barmana	Barmana (HPVHA NGO) (New 07)	Truckers	n/a	n/a	n/a	n/a	0.40	0.41	
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TABLE SS 15a Jammu and Kashmir (2008 summary)

*HIV pre	valence amo	ng	
antenatal	attendees		Trends in ANC, 2003–08
Group All women Urban women Rural women	Number tested 5589 5589	HIV % positive (90% CI) 0.0 (0.0–0.0) 0.0 (0.0–0.0)	0.09 0.07 0.07 0.07 0.07 0.07 0.07 0.07 0.08 0.06

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees	5							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Anantnag	Anatnag DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Badgam	Budgam DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Baramula	Baramulla DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Doda	Doda DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Jammu	166 Military Hospital-	ANC	n/a	n/a	n/a	0.00	n/a	n/a
Jammu	CHC, RS Pma/Bisna	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Jammu	Jammu General Hospital / SMGS Hospital Jammu	ANC	0.00	0.00	0.00	0.50	0.00	0
Kargil	Kargil DH	ANC	n/a	n/a	n/a	0.00	0.00	n/a
Kathua	Kathua DH	ANC	n/a	n/a	n/a	0.00	0.50	0
Kupwara	Kupwara DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Leh (Ladakh)	Leh DH	ANC	0.00	0.00	0.00	0.00	0.00	0
Pulwama	Pulwama DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Poonch	Poonch DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Rajauri	Rajouri DH	ANC	n/a	n/a	n/a	0.00	0.25	0
Srinagar	CHC, Ganderbal Harvan	ANC	n/a	n/a	n/a	0.00	0.00	0
Srinagar	CHC, Ganderbal Harvan	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Srinagar	Srinagar Lal Ded Hospital	ANC	0.00	0.25	0.00	0.00	0.00	0
Udhampur	Udhampur DH	ANC	n/a	n/a	n/a	0.00	0.00	0

TABLE SS 15b

Jammu and Kashmir (2008 summary)

	*HIV prevalence	among populations wit	h high-risk behaviours
		HIV % positive (90%	
Group	Number	CI)	Remarks
	tested		
All STI patients	1497	0.20 (0.01–0.39)	Total number of sentinel sites 9
			0 sites (≥75% sample size) had prevalence ≥5%
Injecting drug users	233	0.0 (0.0–0.0)	0 sites (≥75% sample size) had prevalence ≥10%
* HIV prevalence is given for	r valid sites (≥75% s	sample size).	

Jammu and K	lashmir							
Populations	with high-risk behaviours							
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Jammu	TI site (HSS, RES— NGOs),Kathua	FSW	n/a	n/a	n/a	0.00	n/a	n/a
Srinagar	FPAI (NGO) (New 09)	IVDU	n/a	n/a	n/a	n/a	n/a	0
Jammu	TI site (HSS, RES—NGOs), Jammu	IVDU	0.00	0.00	0.00	2.50	n/a	n/a
Baramula	Baramulla DH	STI	n/a	n/a	n/a	0.00	0.00	0.4
Jammu	166 Military Hospital	STI	n/a	n/a	n/a	0.00	n/a	n/a
Jammu	Jammu Gandhi Nagar Hospital	STI	5.20	0.00	0.00	0.00	0.40	0
Kathua	Kathua DH	STI	n/a	n/a	n/a	2.94	1.20	0.4
Rajauri	Rajouri- DH	STI	n/a	n/a	n/a	0.58	0.80	0
Srinagar	Srinagar Shere Kashmir Institute / SMHS Hospital, Srinagar	STI	0.00	0.27	0.00	0.00	0.00	0.4
Udhampur	Udhampur DH	STI	n/a	n/a	n/a	0.00	0.00	0

<i>TABLE SS 16a</i> Jharkhand (200	8 summary)							
			Trends	in AN	C, 2003–08			
*HIV prevalence	e among antena	tal attendees						
Group	Number	HIV % positive (90% CI)	HIV%Positive	0.2 - 0.1 -	0.1	0.1	0.1	0.2
	tested		osi					
All women	5845	0.38 (0.24–0.51)	/%b	0.0 -				
Urban women	5845	0.38 (0.24–0.51)	E E		2003-2005	2004-2006	2005-2007	2006-2008
Rural women						Ye	ars	

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attende	es							
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Bokaro	Bokaro General Hospital	ANC	n/a	n/a	n/a	0.28	0.00	0
Deogarh	SDH, Madhupur	ANC(R)	0.00	n/a	n/a	n/a	n/a	n/a
Deoghar	Deogarh Sadar Hospital	ANC	0.00	0.00	0.00	0.00	0.00	0
Dhanbad	B.C.C.L. Dhanbad	ANC	n/a	n/a	n/a	0.88	0.00	0
Dhanbad	Patliputra Medical College Hospital, Dhanbad	ANC	n/a	n/a	n/a	0.00	0.25	0.25
Garhwa	Garhwa Sadar Hospital	ANC	0.62	0.00	0.00	0.00	0.00	0
Garhwa	RH, Nagaruntari	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Godda	Sadar Hospital, Godda	ANC	n/a	n/a	n/a	0.25	0.25	2.25
Gumla	Sadar Hospital, Gumla	ANC	n/a	n/a	n/a	0.00	0.00	0
Gumla	Sadar Hospital, Simdega Tehsil (New)	ANC	n/a	n/a	n/a	0.00	0.00	0
JSR	RH, Polka	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Kodarma	Holy Family Hospital, Kodarma	ANC	0.00	0.00	0.63*	0.00	0.00	0.75
Kodarma	RH, Domchand	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Lohardaga	Sadar Hospital, Lohardaga	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Purbi Singhbhum	Mercy Hospital, Jamshedpur	ANC	n/a	n/a	n/a	0.00	0.50	1
Purbi Singhbhum	Tata Main Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Purbi Singhbhum	E. Singhbhum Sadar Hospital	ANC	0.00	0.00	0.00	0.25	0.51	1
Ranchi	C.C.L. Hospital, Ranchi	ANC	n/a	n/a	n/a	0.00	n/a	n/a
Ranchi	RH, Bundu	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Ranchi	Ranchi Rajendra Institute of Medical Sciences	ANC	0.25	0.25	0.25	0.25	0.00	0.25
Sahebganj	RH, Raj Mahal	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Sahibganj	Sahibganj Sadar Hospital	ANC	0.00	0.00	0.25	0.50	0.00	0

*Sample size is <75%.

TABLE SS 16b

Jharkhand (2008 summary)

*HIV prevalence among popula	tions with hi			
Group	Number	HIV % positive (90% CI)		Remarks
	tested			
All STI patients	2727	0.99	(0.68–1.30)	Total number of sentinel sites 25
Female sex workers	2708	1.00	(0.68–1.31)	0 sites (≥75% sample size) had prevalence ≥5%
Injecting drug users	250	1.60	(0.29–2.91)	0 sites (≥75% sample size) had prevalence ≥10%
Men who have sex with men	250	2.00	(0.54–3.46)	

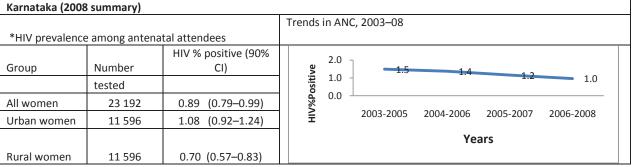
* HIV prevalence is given for valid sites (\geq 75% sample size).

Jharkhand								
Populations with h	nigh-risk behaviours							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Bokaro	RUPAYANI	FSW	n/a	n/a	n/a	0.87	1.95	n/a
Dhanbad	Helping Hand Foundation, Dhanbad	FSW	n/a	n/a	n/a	0.40	0.00	n/a
Pakur	SKVSS (New 07)	FSW	n/a	n/a	n/a	n/a	1.58	2
Purbi Singhbhum	Samarpan, Behragoda	FSW	n/a	n/a	n/a	1.20	0.00	2
Purbi Singhbhum	TSFIF and Samarpan	FSW	n/a	0.00	0.00	1.20	n/a	n/a
Ranchi	Krishi Gram Vikas Kendra	FSW	n/a	n/a	n/a	0.40	0.80	0.4
Ranchi	Birsa Seva Sansthan and KGVK, Ranchi	FSW	n/a	0.00	1.20	0.00	1.20	n/a
Sahibganj	Gram Praudyogik Vikas Sansthan	FSW	n/a	n/a	1.20	2.00	n/a	n/a
Chatra	Integrated Development through Effective Approach (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0.4
Deoghar	Lok Prerana, Deoghar (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0.86
Dumka	Jan Jagriti Kendra (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	2
Giridih	Rural Area Development Society (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Hazaribag	Jan Jagran Kendra (Bishnugarh) (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	1.66
Lohardaga	Society for Integrated Development (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	1.25
Palamau	Maa Durga Vikas Samiti,Palamau (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Sahibganj	Bharatiya ManavVikas Seva Sansthan,Sahibganj (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0.4
Purbi Singhbhum	Tata Steel Family Initiative Foundation	IDU	n/a	n/a	n/a	0.40	n/a	1.6
Bokaro	Mahila Janswasthya Shishu Kalyan Kendra	MSM						2
Bokaro	Bokaro General Hospital, Bokaro	STI	n/a	n/a	n/a	0.80	0.00	0
Deoghar	Sadar Hospital, Deoghar	STI	n/a	n/a	n/a	0.00	1.60	0.4
Dhanbad	Dhanbad Patliputra Medical College and Hospital	STI	0.00	0.00	0.00	0.40	0.40	1.66
Dumka	Sadar Hospital, Dumka	STI	n/a	n/a	n/a	0.40	0.00	0
Giridih	Sadar Hospital, Giridih	STI	n/a	n/a	n/a	1.78	0.40	4.4
Hazaribag	Hazaribagh Sadar Hospital	STI	n/a	n/a	0.00	1.00	0.79	0.4
Palamau	Palamau Sadar Hospital	STI	0.00	0.00	0.00	0.00	0.00	0.4
Pashchimi Singhbhum	Sadar Hospital, Chaibasa	STI	n/a	n/a	n/a	3.13	0.40	0.8



Jharkhand								
Purbi Singhbhum	M.G. Memorial Medical College Hospital, Jamshedpur	STI	n/a	n/a	n/a	0.40	1.2048 2	1.22
Ranchi	Sadar Hospital, Ranchi	STI	n/a	n/a	n/a	0.00	0.00	0.41
Ranchi	Ranchi Rajendra Institute of Medical Sciences	STI	0.40	0.40	0.00	1.20	0.00	1.2

TABLE SS 17a Karnataka (2008 suu



* HIV prevalence is given for valid sites (≥75% sample size).

Karnataka								
ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Bagalkot	Bagalkot DH	ANC	2.00	2.75	3.25	2.00	0.25	1.75
Bagalkot	G.H. Jamkhandi	ANC (R)	3.50	2.50	2.50	2.25	1.00	2.5
Bangalore	Bangalore Vani Vilas Hospital	ANC	1.00	1.25	1.00	1.50	2.00	1.5
Bangalore	G.H.K R Puram	ANC (R)	1.50	0.00	0.00	1.25	0.50	0
Bangalore Rural	General Hospital, Kanakapura	ANC (R)	2.75	2.25	0.25	0.00	0.00	n/a
Bangalore Rural	General Hospital, Channapatna	ANC	1.00	2.75	1.50	1.00	0.25	0.5
Belgaum	Belgaum DH	ANC	3.75	3.75	3.50	3.00	1.75	1.75
Belgaum	G.H. Gokak	ANC(R)	5.13	4.75	3.75	3.25	2.25	1.25
Bellary	VMIS Hospital, Bellary	ANC	1.50	1.00	0.75	1.00	0.00	1.75
Bellary	G.H. Hospet	ANC (R)	1.75	1.25	1.00	1.75	0.75	0.5
Bidar	Bidar DH	ANC	1.25	0.75	0.50	1.00	1.00	0.25
Bidar	G.H. Hummabad	ANC (R)	1.54	1.00	1.25	0.75	1.25	0
Bijapur	Bijapur DH	ANC	2.50	2.00	4.25	1.75	1.50	1.0
Bijapur	G.H. Indi	ANC (R)	0.75	0.75	0.00	0.73	0.50	3
Chamrajnagar	Chamarajnagar DH	ANC	0.50	0.75	1.75	2.50	2.00	1.01
Chamrajnagar	G.H. Kollegal	ANC (R)	0.51	1.25	1.50	0.25	0.00	0
Chikmagalur	Chikmagalur DH	ANC	0.25	0.50	1.25	2.25	3.50	1.25
Chikmagalur	G.H. Mudigere	ANC (R)	0.75	1.50	0.50	0.75	1.25	0.25
Chitradurga	Chitradurga DH	ANC	0.50	0.75	0.75	0.50	0.50	1.0
Chitradurga	G.H. Challekere	ANC (R)	0.25	0.75	0.50	0.00	0.00	0

Karnataka								
Dakshina Kannada	Mangalore Women and Children Hospital/ Mangalore Kasturba Medical College	ANC	1.25	2.50	0.25	0.25	0.25	1.25
Dakshina Kannada	G.H. Bantwal	ANC (R)	0.50	0.25	0.50	1.25	0.00	0.25
Davangere	Devangere DH	ANC	1.00	1.00	1.75	2.00	0.50	1.25
Davangere	G.H. Channagiri	ANC (R)	0.75	3.25	1.00	0.75	1.00	2.75
Dharwad	Hubli KIMS	ANC	3.00	1.75	6.25	1.00	0.50	0.75
Dharwad	G.H. Navalgund	ANC (R)	3.00	4.00	7.25	0.75	0.25	0.5
Gadag	Gadag DH	ANC	1.50	1.50	1.50	0.75	0.25	0.75
Gadag	G.H. Laxmeswara	ANC (R)	0.25	0.75	0.75	1.00	0.75	0.25
Gulbarga	Gulbarga DH	ANC	1.25	2.00	2.00	1.75	5.00	2.25
Gulbarga	G.H. Sedum	ANC (R)	2.00	2.50	3.25	0.00	0.50	0.25
Hassan	Hassan DH	ANC	0.50	0.75	1.75	4.00	2.50	1
Hassan	G.H. Sakaleshpur	ANC (R)	1.00	1.25	1.00	0.75	0.00	0.75
Haveri	Haveri DH	ANC	1.03	0.75	0.25	0.25	0.25	1
Haveri	G.H. Ranibennur	ANC (R)	1.75	0.50	0.50	1.00	0.25	0.25
Kodagu	Madikeri DH	ANC	0.25	0.25	1.00	0.50	0.25	2.3
Kodagu	G.H. Siddapur	ANC (R)	0.25	1.25	0.50	0.50	1.25	3
Kolar	Kolar DH	ANC	1.25	1.25	1.00	1.50	0.25	1.0
Kolar	G.H. Chikkaballapura	ANC (R)	0.75	0.25	0.50	0.00	0.50	0.75
Kolar	Kolar KGF Hospital (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	0
Kolar	General Hospital, Gowri Bidnur (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	1.75
Koppal	Koppal DH	ANC	2.75	1.75	2.25	1.50	1.50	0
Koppal	G.H. Gangavathi	ANC (R)	5.51	4.25	3.50	1.75	1.00	0
Mandya	Mandya DH	ANC	1.25	1.25	1.25	0.25	2.25	0.25
Mandya	G.H. Malavalli	ANC (R)	1.00	1.00	0.75	0.25	0.25	0
Mysore	Mysore Cheluvamba Hospital / K.R. Hospital, Mysore	ANC	0.75	3.75	2.00	1.00	1.25	1.25
Mysore	G.H. Hunsur	ANC (R)	0.25	1.00	0.25	1.00	0.50	0.5
Raichur	Raichur DH	ANC	1.50	1.25	0.75	1.25	1.00	0.5
Raichur	G.H. SinDHanur	ANC (R)	1.75	1.00	2.50	1.50	0.00	0.5
Shimoga	Shimoga DH	ANC	0.25	0.50	1.25	1.00	0.00	1.75
Shimoga	G.H. Sagar	ANC (R)	1.25	0.50	0.50	0.00	0.75	0.25
Tumkur	Tumkur DH	ANC	1.25	1.25	0.75	0.50	2.25	1.75
Tumkur	General Hospital, Tiptur	ANC (R)	2.50	1.75	1.25	1.00	0.00	0.5
Udupi	Udupi DH	ANC	1.25	1.50	0.50	1.50	0.00	1
Udupi	G.H. Kundapur	ANC (R)	0.50	0.50	0.75	0.00	0.25	0.25
Uttara Kannada	Karwar DH	ANC	1.75	1.25	0.00	1.50	1.00	0
Uttara Kannada	G.H. Dandeli	ANC (R)	0.25	1.50	1.50	1.20	0.00	0.25

TABLE SS 17b Karnataka (2008 summary)

		-		
*HIV prevalence among popu	lations with high			
Group	Number tested	HIV % p	ositive (90% CI)	Remarks
All STI patients	882	10.66	(8.95–12.37)	Total number of sentinel sites 17
Female sex workers	1437	14.20	(12.68–15.71)	6 sites (≥75% sample size) had prevalence ≥5%
Injecting drug users Men who have sex with	249	2.01	(0.55–3.47)	8 sites (≥75% sample size) had prevalence ≥10%
men	750	12.67	(10.67–14.66)	

* HIV prevalence is given for valid sites (≥75% sample size).

Populations with hi	gh-risk behaviours							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Bangalore	Society for People's Action for Development	FSW	n/a	n/a	n/a	12.40	6.00	n/a
Bangalore	Bhoruka Charitable Trust	FSW	n/a	n/a	n/a	9.60	7.60	n/a
Bangalore	Swathi Mahila Sangha (New 07)	FSW	n/a	n/a	n/a	n/a	2.40	n/a
Bangalore	Bangalore KIMS	FSW	n/a	n/a	20.80	5.60	n/a	n/a
Bangalore	Samraksha, Bangalore	FSW	14.4 0	21.60	37.93 *	n/a	n/a	n/a
Dakshina Kannada	Mangalore KMC Attawar	FSW	n/a	n/a	10.9*	6.64	5.20	3.7
Belgaum	BIRDS, NGO, Belgaum (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	16.4
Bagalkot	Mudhol (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	34.1
Bangalore	Avalahalli (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	18.4
Bangalore	APMC (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	7.6
Bangalore	Sheshadripuram (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	4.6
Bangalore	Serenity, NGO	IDU	n/a	n/a	n/a	3.60	2.00	2.01
Bangalore	Bangalore NIMHANS	IDU	2.80	0.00	n/a	n/a	n/a	n/a
Bangalore	Jagruthi, NGO / Sangama, NGO	MSM	10.8 0	10.00	11.61	19.20	n/a	n/a
Bangalore	Sangama, NGO (New 07)	MSM	n/a	n/a	n/a	n/a	17.60	16.4
Belgaum	BIRDS, NGO, Belgaum (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	6.3
Dharwad	Hubli	MSM	n/a	n/a	n/a	n/a	n/a	15.2
Bangalore	Bangalore Victoria Hospital	STI	10.4 0	12.00	13.20	5.60	1.60	16.7
Belgaum	Belgaum DH	STI	27.2 0	29.60	23.60	3.60	10.80	14.8
Bellary	Bellary VIMS Hospital	STI	10.0 0	11.20	4.40	16.40	13.29	8.3
Dakshina Kannada	Mangalore Kasturba Medical College	STI	3.20	4.00	4.00	3.60	3.04	5.9
Dharwad	Hubli KIMS	STI	16.0 0	15.20	30.40	13.60	8.40	n/a
Gulbarga	Gulbarga DH	STI	17.2 0	24.40	20.40	7.57	5.20	5.6
Mysore	Mysore KR Hospital	STI	9.33	12.00	13.60	14.00	10.00	0.0
Davangere	Davangere District T.B. Centre	ТВ	n/a	12.50	11.27 *	n/a	n/a	n/a

*Sample size is <75%.

<i>TABLE SS 18a</i> Kerala (2008 su	mmary)							
			Tren	nds in AN	C, 2003–08			
*HIV prevalence	e among anten	atal attendees						
Group	Number tested	HIV % positive (90% CI)		0.4 0.2 0.0 0.0	-0.3-	0.3	0.3	0.3
All women	2399	0.21 (0.06–0.36)		0.0 ·				
Urban women	2399	0.21 (0.06-0.36)		H	2003-2005	2004-2006	2005-2007	2006-2008
						Ye	ars	
Rural women	11 596	0.70 (0.57-0.83)						

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Idukki	Thodupuzha Taluk Hospital	ANC	0.00	0.26	0.78	0.25	0.00	0
Kannur	Kannur DH	ANC	0.00	0.25	0.00	0.00	0.25	0.25
Kasaragode	THQ Hospital, Kasargode	ANC	n/a	n/a	n/a	0.00	1.25	0.25
Kottayam	Kottayam Medical College Hospital	ANC	0.00	0.40	0.00	0.50	0.50	0.5
Salem	Kodungal	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Salem	Thalipar	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Thiruvananthapuram	W&C Hospital, Thycaud, Thiruvananthapuram	ANC	n/a	n/a	n/a	0.00	0.25	0.25
Thrissur	Thrissur Medical College Hospital	ANC	0.50	0.75	0.50	0.50	0.50	0
Thrissur	Kajirapa	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a

TABLE SS 18b

Kerala (2008 summary)

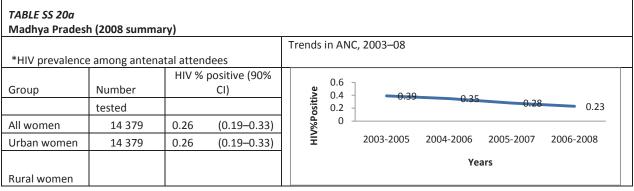
	*HIV prevalen high-risk beha	0.	oopulations with	
Group	Number	HIV % p	ositive (90% CI)	Remarks
	tested			
All STI patients	470	0.85	(0.15–1.55)	Total number of sentinel sites 17
Female sex workers	1481	0.74	(0.38–1.11)	1 site (≥75% sample size) had prevalence ≥5%
Injecting drug users	749	5.34	(3.99–6.69)	0 sites (≥75% sample size) had prevalence ≥10%
Truckers	250	0.80	(-0.13–1.73)	
Men who have sex with				
men	1242	0.72	(0.33–1.12)	

* HIV prevalence is given for valid sites (≥75% sample size).

Kerala										
Populations with high-risk behaviours										
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008		
Alappuzha	JKS PSH, Alappuzha	FSW	n/a	n/a	n/a	0.00	0.00	0.4		
Ernakulam	Ernakulam	FSW	0.00	n/a	n/a	n/a	n/a	n/a		
Idukki	AVS PSH, Idukki	FSW	n/a	n/a	n/a	0.80	0.80	0		
Kozhikode	Kozhikode	FSW	4.60	n/a	n/a	n/a	n/a	n/a		
Palakkad	LIONS PSH (New 07)	FSW	n/a	n/a	n/a	n/a	2.80	3.83		
Pathanamthitta	NRDS, Pathanamthitta	FSW	n/a	n/a	n/a	0.00	0.00	0		
Thrissur	BON PSH, Thrissur	FSW	n/a	n/a	n/a	0.80	1.60	0.4		
Trivandrum	Trivandrum	FSW	0.00	n/a	n/a	n/a	n/a	n/a		
Wayanad	HILDA, Wayanad	FSW	n/a	n/a	n/a	0.00	0.00	0		
Ernakulam	CAPS, Ernakulam	IDU	n/a	n/a	n/a	25.00	12.68	8.4		
Thiruvananthapura m	FPAI, Thiruvananthapuram	IDU	n/a	n/a	n/a	4.12	5.20	4.82		
Kozhikode	Kozhikode	IDU	n/a	2.58	5.19	1.91	6.40	2.8		
Ernakulam	Ernakulam	MSM	n/a	n/a	3.20	0.40	1.20	0		
Kasaragode	IAD,Kasargode	MSM	n/a	n/a	n/a	0.40	1.20	0.8		
Kollam	KRDA, Kollam	MSM	n/a	n/a	n/a	0.82	1.20	0.4		
Kannur	Jeevana Samskriti, Kannur	MSM	n/a	n/a	n/a	1.60	1.20	2.42		
Malappuram	Kudumbasree PSH, Malappuram	MSM	n/a	n/a	n/a	0.00	0.00	0		
Kozhikode	Kozhikode	MSM	n/a	0.89	n/a	n/a	n/a	n/a		
Allappuzha	Allappuzha Medical College	STI	0.66	1.95	2.82	1.23	0.42	n/a		
Ernakulam	Ernakulam General Hospital	STI	2.06	6.33	4.52	1.50	2.40	0.8		
Kozhikode	Kozhikode Medical College	STI	1.71	1.85	0.00	0.00	0.00	n/a		
Thiruvananthapura m	Trivandrum Medical College	STI	5.80	3.61	2.82	1.26	1.60	0.9		
Kottayam	Medical College Hospital, Kottayam	STI	n/a	n/a	n/a	0.93	1.62	n/a		
Palakkad	LIONS PSH, Palakkad	TRK	n/a	n/a	n/a	2.40	3.60	0.8		

TABLE SS 19

Lakshadweep								
ANC attendees								
District	Site name	Population group						
			2003	2004	2005	2006	2007	2008
Lakshadweep	Kavaratti IG Hospital	ANC	0.00	0.00	0.00	0.00	0.00	n/a
Lakshadweep	Minicoy Government Hospital	ANC	0.00	0.00	0.00	0.00	0.00	n/a
Populations wit	h high-risk behaviours							
District	Site name	Population group						
			2003	2004	2005	2006	2007	2008
Lakshadweep	Kavaratti Civil Hospital	STI	0.00	0.00	0.00	0.00	0.00	n/a



* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Balaghat	Balaghat DH	ANC	n/a	n/a	n/a	1.25	0.50	0
Barwani	Badwani DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Barwani	Badwani DH	ANC	0.00	0.50	0.00	0.00	0.50	0.25
Betul	Betual DH	ANC (R)	1.08	n/a	n/a	n/a	n/a	n/a
Betul	Betual DH	ANC	0.00	0.25	0.00	0.25	0.00	0.25
Bhind	Bhind Civil Hospital	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Bhind	Bhind Civil Hospital	ANC	0.00	0.00	0.00	0.00	0.00	0.25
Bhopal	Bhopal DH	ANC	n/a	n/a	n/a	0.00	0.25	0
Chhindwara	Chhindwara DH	ANC (R)	0.52	n/a	n/a	n/a	n/a	n/a
Chhindwara	Chhindwara DH	ANC	0.85	0.25	0.25	0.50	0.00	0
Damoh	Damoh DH	ANC	n/a	n/a	n/a	0.25	0.00	0.25
Datia	Datia DH	ANC	n/a	n/a	n/a	0.00	0.25	0
Dewas	Dewas DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Dewas	Dewas DH	ANC	0.00	0.25	0.25	2.00	0.25	0.25

ANC attendees								
Dhar	Dhar DH	ANC	n/a	n/a	n/a	0.00	0.00	0
East Nimar/Burhanpur	Burhanpur DH (New)	ANC	n/a	n/a	n/a	0.00	0.25	0.75
East Nimar/Khandwa	Khandwa DH (New)	ANC	n/a	n/a	n/a	0.25	0.00	0.25
Guna	Guna DH	ANC	n/a	n/a	n/a	0.00	0.25	0
Guna/Ashoknagar	Ashok Nagar DH	ANC	n/a	n/a	n/a	0.00	0.00	1
Harda	Harda DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Harda	Harda DH	ANC	0.00	0.25	0.75	1.50	0.25	0
Indore	Indore DH	ANC	n/a	n/a	n/a	0.50	0.00	1
Jabalpur	MC Jabalpur	ANC	n/a	n/a	n/a	0.00	0.00	0
Katni	Katni DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Katni	Katni DH	ANC	1.75	0.00	0.25	0.00	0.25	0
Mandla	Mandla DH	ANC	n/a	n/a	n/a	0.25	0.25	0.25
Mandsaur	Mandsaur DH	ANC (R)	1.75	n/a	n/a	n/a	n/a	n/a
Mandsaur	Mandsaur DH	ANC	3.25	1.00	0.75	0.00	0.25	0.75
Narsimhapur	Narsimhapur DH	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Panna	Panna DH	ANC	n/a	n/a	n/a	1.25	0.00	0
Raisen/Barelli	CHC BARELY	ANC	n/a	n/a	n/a	0.00	0.31	0
Rajgarh	CHC Bioara	ANC	n/a	n/a	n/a	0.00	1.24	0
Ratlam	Ratlam DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Ratlam	Ratlam DH	ANC	0.49	0.00	0.00	0.50	0.00	0
Rewa	Rewa S.S. Medical College Hospital	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Rewa	Rewa S.S. Medical College Hospital	ANC	0.00	1.00	0.00	0.50	0.00	0
Sagar	Sagar DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Sagar	Sagar DH	ANC	0.25	0.50	0.75	0.00	0.00	0
Sehore	Sehore DH	ANC	n/a	n/a	n/a	0.00	0.00	0.5
Seoni	Seoni DH	ANC	n/a	n/a	n/a	0.25	0.00	1.25
Shahdol	Shahdol DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Shahdol	Shahdol DH	ANC	0.00	0.50	0.25	0.00	0.00	0
Sheopur	Sheopur DH	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Shivpuri	Shivpuri DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Shivpuri	Shivpuri DH	ANC	0.25	0.50	0.25	0.00	0.00	0
Sidhi	Sidhi DH	ANC	n/a	n/a	n/a	0.25	0.00	0.25
Tikamgarh	Tikamgarh DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Vidisha	Vidisha DH	ANC	n/a	n/a	n/a	0.00	0.00	0
West Nimar/Khargone	Khargone DH (New)	ANC	n/a	n/a	n/a	0.00	0.25	1.5

TABLE SS 20b Madhya Pradesh (2008 summary)

*HIV prevalence among populations with high-risk behaviours										
Group	Number HIV % positive (90% CI)		ositive (90% CI)	Remarks						
	tested									
All STI patients	2732	1.50	(1.12–1.88)	Total number of sentinel sites 18						
Female sex workers	750	2.53	(1.59–3.48)	2 sites (≥75% sample size) had prevalence ≥5%						
Injecting drug users	250	39.60	(34.51–44.69)	2 sites (≥75% sample size) had prevalence ≥10%						
Men who have sex with men	250	11.60	(8.27–14.93)							

* HIV prevalence is given for valid sites (≥75% sample size).

Madhya Pradesh								
Populations wi	th high-risk behaviours							
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Bhopal	Gandhi Bhawan Trust (New 08)	IVDU	n/a	n/a	n/a	n/a	n/a	39.6
Bhopal	FSW site, Bhopal	FSW	n/a	n/a	0.40	n/a	n/a	n/a
Chhatarpur	Chhatarpur	FSW	n/a	n/a	n/a	0.40	0.40	3.6
Mandsaur	FSW site, Mandsaur	FSW	n/a	n/a	5.73	n/a	n/a	n/a
Morena	FSW site, Morena	FSW	n/a	n/a	0.51	n/a	n/a	n/a
Raisen	Raisen	FSW	n/a	n/a	n/a	2.80	1.20	2
Sagar	Sagar	FSW	n/a	n/a	n/a	0.00	0.00	2
Bhopal	Rajeev Smruti Gas Pidit Punarwas Kendra (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	11.6
Bhopal	Bhopal Gandhi Medical College and Hospital	STI	3.25	3.40	0.00	5.56	0.58	n/a
Chhatarpur	Chattarpur DH	STI	1.80	0.00	0.44	0.80	0.00	0.4
Gwalior	Gwalior Gajra Raja Medical College Hospital	STI	2.99	0.00	0.49	0.80	1.20	0.8
Hoshangabad	Hoshangabad Civil Hospital	STI	1.20	2.80	1.60	0.00	0.00	1.61
Indore	Indore MY Hospital	STI	8.80	4.20	5.20	6.00	5.20	6.75
Jabalpur	Jabalpur Victoria Hospital	STI	1.83	1.60	0.00	0.00	0.00	1.2
Jhabua	Jhabua DH	STI	n/a	n/a	n/a	0.00	1.72	n/a
Morena	Morena DH	STI	0.63	0.00	0.00	0.47	1.46	0.4
Neemuch	Neemuch DH	STI	n/a	n/a	n/a	0.00	2.00	0.4
Satna	Satna Civil Hospital	STI	1.82	1.60	4.00	3.60	0.74	3.61
Seoni	Seoni DH	STI	0.80	2.00	3.60	0.00	1.20	1.6
Shajapur	Shajapur DH	STI	n/a	n/a	n/a	1.21	0.40	0
Ujjain	Ujjain DH	STI	0.40	2.00	0.00	0.40	0.00	0

TABLE SS 21a Maharashtra (20	008 summary)		
			Trends in ANC, 2003–08
*HIV prevalence	e among antena	tal attendees	
Group	Number tested	HIV % positive (90% CI)	1.20 1.00 - 0.97 0.90 0.74 0.80 - 0.87 0.90 0.74
All women	27 940	0.60 (0.52–0.67)	\$ 0.40 -
Urban women	15 201	0.76 (0.64–0.84)	0.20 -
Rural women	12 739	0.41 (0.32–0.50)	0.00 2003-2005 2004-2006 2005-2007 2006-2008 Years

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Ahmadnagar	Ahmadnagar Civil Hospital	ANC	2.25	1.50	2.50	1.25	1.25	0.76
Ahmadnagar	CHC, Pathradi	ANC (R)	1.00	0.25	0.75	0.25	0.75	0.26
Akola	Akola Women Hospital	ANC	0.75	0.25	0.00	1.00	0.00	0.77
Akola	CHC, Murtizapur	ANC (R)	0.36	0.00	0.00	0.25	1.25	0.25
Amravati	Amravati Civil Hospital	ANC	0.75	0.75	1.00	0.50	1.00	0
Amravati	CHC, Achalpur	ANC (R)	0.25	0.25	0.25	0.00	0.25	0.26
Aurangabad	Aurangabad Government Medical College	ANC	0.25	0.25	0.00	1.25	0.50	0.29
Aurangabad	CHC, Sillod	ANC (R)	0.00	0.00	0.00	0.25	0.00	0.27
Bhandara	Bhandara Civil Hospital	ANC	1.25	0.50	1.25	0.25	1.00	0.75
Bhandara	CHC, Tumsar	ANC (R)	0.75	0.75	1.00	0.50	0.50	0
Beed	Beed Civil Hospital	ANC	2.25	0.25	1.25	0.50	0.75	0.75
Beed	CHC, Parali	ANC (R)	0.75	0.75	0.50	1.00	0.50	0.5
Buldhana	Buldhana Civil Hospital	ANC	0.25	0.25	0.50	1.00	0.25	1.32
Buldhana	CHC, Khamgav	ANC (R)	0.25	0.00	0.25	0.75	0.25	0.29
Chandrapur	Chandrapur Civil Hospital	ANC	2.75	3	3.5	3.5	2.00	1.79
Chandrapur	CHC, Mul	ANC (R)	0.25	0.75	1.75	0.00	0.25	1.03
Dhule	Government Medical College	ANC	1.50	0.50	0.75	1.00	1.50	0.75
Dhule	CHC, Shirpur	ANC (R)	0.51	1.00	0.50	1.25	0.75	0.5
Gadchiroli	Gadchiroli Civil Hospital	ANC	0.50	1.00	0.50	0.50	0.00	0
Gadchiroli	CHC, Armori	ANC (R)	0.00	0.00	0.25	0.00	0.00	0
Gondiya	Gondiya Civil Hospital	ANC	0.75	0.25	0.50	0.75	0.25	0.25
Gondiya	CHC, Deori	ANC (R)	1.00	0.25	0.25	0.50	0.50	0.26
Hingoli	Hingoli Civil Hospital	ANC	0.25	1.50	1.00	1.25	0.50	0.25
Hingoli	CHC, Vasmat	ANC (R)	0.51	1.00	1.75	2.00	0.00	0.26
Jalgaon	Jalgaon Civil Hospital	ANC	1.75	1.75	1.75	1.75	2.00	0.79
Jalgaon	CHC, Edlabad	ANC (R)	1.25	1.25	1.75	1.25	1.50	0
Jalna	Jalna Civil Hospital	ANC	0.25	1.00	1.25	0.75	0.50	0.77
Jalna	CHC, Ambad	ANC (R)	n/a	0.50	0.50	1.50	0.75	0

ANC attendees								
Kolhapur	Kolhapur Government Medical College	ANC	2.50	2.00	2.75	2.25	1.50	0.75
Kolhapur	CHC, Gargoti	ANC (R)	0.50	1.25	1.00	0.50	1.25	0
Latur	Latur Women Hospital	ANC	2.01	2.25	1.50	1.50	1.25	1.01
Latur	CHC, Murud	ANC (R)	1.00	0.25	0.50	0.25	0.25	0.75
Mumbai	Mumbai Cama Hospital	ANC	2.26	1.25	1.25	2.25	1.75	1.75
Mumbai (Suburban) *	Ashwini/Parekh Maternity and Surgical Hospital	ANC	n/a	n/a	n/a	0	1.27	n/a
Mumbai (Suburban) *	Mumbai Bhagwati Hospital	ANC	1	1.75	2	1.75	2.00	1.75
Mumbai (Suburban) *	Govandi Shatabdi Hospital	ANC	1.25	1	0.25	1	1.75	1.25
Mumbai (Suburban) *	Kurla KB Bhabha Hospital	ANC	0.75	0.75	0.75	1.25	1.00	0.25
Mumbai (Suburban) *	Mumbai M.W. Desai Hospital	ANC	1.5	0.5	0.75	0.5	0.50	0
Mumbai (Suburban) *	Rajawadi Peripheral Hospital	ANC	1.25	1.25	1.75	0.5	1.25	1.25
Nagpur	Nagpur IGMC	ANC	2.75	1.25	1.50	0.50	1.25	0.77
Nagpur	CHC, Umred	ANC (R)	0.75	1.25	0.25	1.25	1.00	0
Nanded	Nanded Government Medical College	ANC	1.25	1.25	1.00	0.75	0.50	1.38
Nanded	CHC, Khandhar	ANC (R)	0.00	0.50	0.25	0.25	0.25	0
Nandurbar	Nandurbar Civil Hospital	ANC	2.25	0.25	1.00	0.75	0.75	0.25
Nandurbar	CHC, Navapur	ANC (R)	0.25	0.00	0.25	0.00	0.00	0
Nashik	Nashik Government Hospital	ANC	1.25	2.25	2.25	0.75	0.50	0
Nashik	CHC, Kalwan	ANC (R)	0.50	0.50	1.25	0.50	0.25	0.75
Osmanabad	Osmanabad Civil Hospital	ANC	0.75	1.75	1.50	1.50	0.50	1.1
Osmanabad	CHC, Omerga	ANC (R)	0.75	1.00	1.25	1.50	0.00	0.52
Parbhani	Parbhani Civil Hospital	ANC	1.25	0.50	0.50	0.25	1.25	0.79
Parbhani	CHC, Selu	ANC (R)	1.50	1.00	0.50	1.50	1.00	0.26
Pune	Pune BJ Medical College / Pune Chest General Hospital, Aundh (Urban)	ANC	2.50	3.25	3.25	0.50	0.50	0.51
Pune	CHC, Narayangaon	ANC (R)	0.25	1.50	0.50	0.50	0.00	0
Raigarh	Raigarh Civil Hospital	ANC	0.50	1.00	0.75	0.50	0.25	0.26
Raigarh	CHC, Mangaon	ANC (R)	0.25	0.25	1.00	1.25	0.25	0.26
Ratnagiri	Ratnagiri Government Hospital	ANC	1.50	0.75	1.00	0.50	0.50	0.52
Ratnagiri	CHC, Dapoli	ANC (R)	0.50	0.75	1.00	0.00	0.00	0.27
Sangli	Sangli Government Hospital	ANC	4.00	2.50	3.25	3.00	3.25	1.81
Sangli	CHC, Islampur	ANC (R)	4.00	3.75	2.25	1.00	1.25	1.09
Satara	Satara Government Hospital	ANC	3.00	2.00	2.25	2.00	2.25	0.27
Satara	CHC, Karad	ANC (R)	2.50	1.25	1.50	1.00	1.00	0
Sindhudurg	Sindhudurg Civil Hospital	ANC	0.25	0.50	0.00	0.25	0.00	0
Sindhudurg	CHC, Sawantwadi	ANC (R)	0.00	0.00	0.50	0.00	0.25	0.25

ANC attendees	ANC attendees										
Solapur	Solapur Government Medical College	ANC	2.00	2.00	2.75	0.50	1.50	0.75			
Solapur	CHC, Akluj	ANC (R)	0.50	0.25	0.75	1.50	0.50	2.55			
Thane	Thane Civil Hospital	ANC	4.25	1.50	2.00	0.75	1.75	1.02			
Thane	CHC, Shahapur	ANC (R)	1.50	0.75	0.75	1.00	0.00	0.26			
Wardha	Wardha Civil Hospital	ANC	0.25	1.25	0.00	0.50	0.00	0.77			
Wardha	CHC, Pulgaon	ANC (R)	0.50	0.50	0.75	0.00	0.50	1			
Washim	Washim Civil Hospital	ANC	0.00	0.25	0.75	0.25	0.50	0.5			
Washim	CHC, Manglurpir	ANC (R)	0.00	0.00	0.00	0.00	0.25	0.25			
Yavatmal	Yavatmal Government Medical College	ANC	2.25	1.50	1.25	1.50	1.00	1.55			
Yavatmal	CHC, Pusad	ANC (R)	n/a	1.25	1.25	1.25	0.50	1.56			

TABLE SS 21b Maharashtra (2008 summary)

*HIV prevalence among populat	ions with hi	gh-risk beh	naviours							
Group	Number	HIV % positive (90% CI)		Remarks						
	tested									
All STI patients	1432	11.52	(10.13–12.91)	Total number of sentinel sites 32						
Female sex workers	5000	10.82	(10.10–11.54)	10 sites (≥75% sample size) had prevalence ≥5%						
Injecting drug users	250	20.0	(15.84–24.16)	18 sites (≥75% sample size) had prevalence ≥10%						
Male migrants	500	3.0	(1.75–4.25)							
Eunuch/ transgenders	250	15.40	(12.55–20.25)							
Men who have sex with men	1000	11.90	(10.22–13.58)							

* HIV prevalence is given for valid sites (\geq 75% sample size).

Maharashtra									
Populations with high-risk behaviours									
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008	
Mumbai	Dai Welfare Society, SION Hospital	EUN	n/a	n/a	43.9	29.6	42.21	16.4	
Ahmadnagar	Snehalaya Project	FSW	n/a	n/a	16.40	26.80	8.80	14.80	
Akola	Priyadarshini, Akola	FSW	n/a	n/a		5.20	14.80	6	
Chandrapur	Noble Shikshan Sanstha	FSW	n/a	n/a	22.00	20.80	12.80	8.4	
Jalgaon	Adhar Babu-uddeshiya Sanstha	FSW	n/a	n/a	21.60	11.20	6.40	1.6	
Kolhapur	Muslim Samaj Probodhan Va Shikshan Sanstha	FSW	n/a	n/a	29.20	29.60	18.00	26	
Latur	Shri Ganesh Bahuddeshiya Shikshan Prasarak, Mndal	FSW	n/a	n/a	14.80	8.80	6.40	4.8	
Mumbai	Gaurabai CHCU	FSW	54.29	44.76	50.2	36.8	42.40	30	
Mumbai (Suburban) *	Aditi - Source of Inspiration (NGO)	FSW	n/a	n/a	n/a	12.8	11.24	4	
Mumbai (Suburban) *	Malvani Urban Health Centre	FSW	n/a	n/a	11.2	4	4.40	3.2	

Maharashtra								
Mumbai (Suburban) *	Vijay Krida Mandal (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	4
Nagpur	Nagpur (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	17.2
Nashik	Late Dr G.M. Bhavsar Charitable Trust	FSW	n/a	n/a	18.40	9.60	7.20	9.6
Parbhani	Setu Charitable Trust	FSW	n/a	n/a	15.60	10.40	8.80	4.4
Pune	Pune Saheli NGO	FSW	n/a	42.80	43.15	50.00	59.20	41.2
Raigarh	Lok Parishad	FSW	n/a	n/a	16.40	n/a	n/a	2.8
Thane	Thane, Sathi (NGO)	FSW	n/a	38.80	25.20	28.40	32.40	n/a
Amravati	Amrawati (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	4
Beed	Beed-Ambejogai (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	11.6
Aurangabad	Aurangabad (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	2
Solapur	Solapur (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	6.4
Yavatmal	Yavatmal (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	14.4
Mumbai (Suburban) *	Mumbai Mukti Sadan Foundation Project	IDU	n/a	29.2	12.8	20.4	24.40	20
Mumbai (Suburban) *	SANKALP	IDU	22.89	n/a	n/a	n/a	n/a	n/a
Thane	Thane (New 08)	MRG						5.2
Mumbai (Suburban) *	RSP and Nirman (NGO)	MRG	n/a	n/a	n/a	2.4	1.60	0.8
Mumbai (Suburban) *	Mumbai HAMSAFAR Trust	MSM	18.8	9.60	6	7.6	8.40	9.2
Pune	Pune, Samabhavana (NGO)	MSM	n/a	12.80	14.80	23.60	15.20	12.80
Kolhapur	Kolhapur (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	16
Latur	MSM Latur-Udgir (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	9.6
Akola	Akola Government Hospital	STI	8.80	8.80	10.00	9.20	13.20	11.01
Aurangabad	Aurangabad Government Medical College and Hospital	STI	14.00	5.60	6.80	10.00	10.04	n/a
Chandrapur	Chandrapur Government Hospital	STI	8.80	11.20	15.20	8.40	16.80	11.89
Jalgaon	Jalgaon Government Hospital	STI	7.60	10.40	7.20	10.80	8.00	7.05
Latur	Latur Government Hospital	STI	10.00	8.40	10.40	10.00	7.20	n/a
Mumbai	Mumbai GT Hospital and St George	STI	37.5	23.75	32.51	21.2	34.64	n/a
Mumbai (Suburban) *	Dr R.N. Cooper Hospital	STI	7.79	9.27	9.68	6.58	4.35	n/a
Mumbai (Suburban) *	Mumbai MT Agarwal Hospital	STI	31,33	15.65	16	11.17	0.00	n/a
Nagpur	Nagpur IGMC	STI	22.00	18.80	20.40	20.40	13.60	13.11
Pune	Pune AF Medical College	STI	8.40	16.40	17.20	n/a	n/a	n/a
Pune	Pune BJ Medical College (New 07)	STI	n/a	n/a	n/a	n/a	32.20	n/a
Sangli	Sangli Government Medical College	STI	15.60	32.80	25.20	28.40	30.00	14.05
Thane	Thane Government Hospital	STI	14.40	4.00	8.00	6.00	7.20	11.69
Nashik	Nashik T.B. site	ТВ	n/a	5.75	4.25	n/a	n/a	n/a
Mumbai	GTB-RDTB Clinic	TUB	n/a	11	n/a	n/a	24.4	n/a



<i>TABLE SS 22a</i> Manipur (2008	TABLE SS 22a Manipur (2008 summary) Trends in ANC, 2003–08											
				T	rends	in ANC	, 2003–08					
*HIV prevalence among antenatal attendees												
Group	Number tested		% positive (90% CI)		ositive	2.0	-1.4-	1.5	1.3	1.1		
All women Urban	5541	0.54	(0.38–0.70)		HIV%Positive	0.0 ⊥	2003-2005	2004-2006	2005-2007	2006-2008		
women	3969	0.76	(0.53–0.98)									
Rural women	1572	0.0	(0.0-0.0)									

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees	ANC attendees											
District	Site name	Population group	2003	2004	2005	2006	2007	2008				
Bishnupur	Bishnupur DH	ANC	1.75	1.25	0.75	0.00	1.00	0.5				
Bishnupur	PHC, Moirang	ANC (R)	1.50	1.25	1.75	0.75	0.00	0				
Chandel	Moreh CHC Hospital	ANC	1.75	1.50	3.50	1.75	3.00	1				
Churachandpur	Churachandpur DH	ANC	5.00	2.75	1.50	2.25	3.00	0.75				
Imphal East	Imphal J.N. Hospital	ANC	1.00	2.50	1.00	0.75	1.00	0.5				
Imphal East	Jiribam CHC	ANC	0.00	0.25	0.25	1.25	1.00	1				
Imphal West	Lamphelpat RIMS	ANC	1.50	1.50	1.50	2.25	0.75	1				
Imphal West	CHC, Wangoi	ANC (R)	0.50	0.75	0.00	0.25	0.50	0				
Imphal West	CHC, Khumbong	ANC (R)	0.00	0.50	0.50	0.25	0.75	0				
Senapati	Senapati DH	ANC	0.75	0.50	1.00	1.75	0.00	0.25				
Tamenglong	Tamenglong DH	ANC	0.75	1.50	1.75	2.50	0.00	0.5				
Thoubal	Thoubal DH	ANC	1.00	4.00	0.75	1.25	0.75	0				
Thoubal	CHC, Kakching	ANC (R)	0.25	0.50	1.00	0.50	0.50	0				
Ukhrul	Ukhrul DH	ANC	3.00	4.50	3.00	4.00	6.00	2.17				

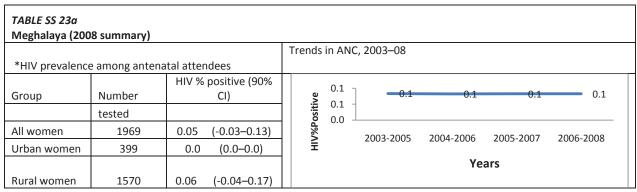
TABLE SS 22b

Manipur (2008 summary)

	*HIV prevalence among populations with high-risk behaviours												
Group	Number	HIV % positive (90% CI)		Remarks									
	tested												
All STI patients	450	2.89	(1.59–4.19)	Total number of sentinel sites 10									
Female sex workers	745	10.87	(9.00–12.75)	3sites (≥75% sample size) had prevalence ≥5%									
Injecting drug users	967	28.65	(26.25–31.04)	6 sites (≥75% sample size) had prevalence ≥10%									
Men who have sex with men	244	17.21	(13.24–21.19)										

* HIV prevalence is given for valid sites (\geq 75% sample size).

Manipur													
Populations with	Populations with high-risk behaviours												
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008					
Chandel	FSW, New Generation, Moreh	FSW	n/a	n/a	4.00	10.40	12.00	5.69					
Churachandpur	FSW, PPO	FSW	n/a	n/a	12.80	16.00	19.60	17.6					
Imphal West	FSW, MLSS	FSW	12.80	12.40	13.20	8.40	7.60	9.24					
Bishnupur	Bishnupur DH DDAC	IDU	22.40	10.80	28.00	15.20	12.40	34.27					
Churachandpur	Churachandpur DDAC, SHALOM	IDU	32.93	29.20	20.00	24.00	28.00	28.28					
Churachandpur	DDAC, LRRC	IDU	n/a	29.20	33.60	17.20	18.00	34.04					
Imphal West	DDAC, Imphal	IDU	18.07	14.80	14.80	22.80	13.20	17.92					
Imphal West	Imphal SASO RIMS Road	MSM	29.20	14.00	15.60	10.40	16.40	17.21					
Churachandpur	Churachandpur DH	STI	18.40	8.40	15.60	6.80	4.00	0.8					
Imphal East	Imphal JN Hospital	STI	7.60	6.00	8.80	2.80	4.17	5.5					
Imphal West	Imphal District TB Hospital, Chingmeirong	TUB	n/a	18.75	n/a	n/a	n/a	n/a					



ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
East Garo Hills	CHC, Resubelpara	ANC (R)	n/a	n/a	n/a	0.00	0.00	0.00
East Garo Hills	Wiilam Nagar CHC	ANC (R)	n/a	n/a	n/a	0.00	0.00	0.26
East Khasi Hills	Shillong Ganesh Das Hospital	ANC	0.25	0.00	0.00	0.24	0.00	0
Garo Hills		ANC	0.59	n/a	n/a	n/a	n/a	n/a
Ri Bhoi	Nongpoh CHC	ANC (R)	n/a	n/a	n/a	0.29	0.00	0
South Garo Hills	Bagmara CHC	ANC (R)	n/a	n/a	n/a	0.00	0.00	n/a
West Garo Hills	Phulbari CHC	ANC (R)	n/a	n/a	n/a	0.00	0.00	0
West Khasi Hills	Nongstoin CHC	ANC (R)	n/a	n/a	n/a	0.00	0.00	0

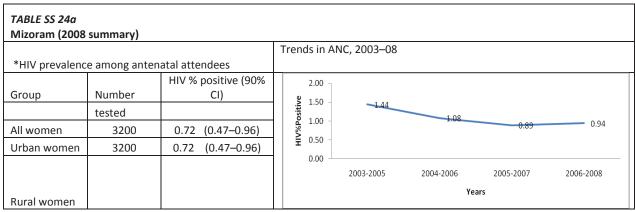
TABLE SS 23b

Meghalaya (2008 summary)

*HIV prevalence among populat	ions with high	i-risk behaviours	
Group	Number tested	HIV % positive (90% CI)	Remarks
All STI patients	490	3.88 (2.44–5.31)	Total number of sentinel sites 3 1 site (≥75% sample size) had prevalence ≥5% 0 sites (≥75% sample size) had prevalence ≥10%

* HIV prevalence is given for valid sites (≥75 % sample size).

Meghalaya													
Populations with	Populations with high-risk behaviours												
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008					
East Khasi Hills	Shillong Civil Hospital	STI	0.40	n/a	n/a	3.10	3.96	7.82					
East Khasi Hills	Jowai Civil Hospital	STI	0.00	0.00	0.00	0.50	1.62	n/a					
West Garo Hills	Ture Civil Hospital	STI	n/a	0.00	0.00	0.00	1.20	0					
East Khasi Hills	Shillong Sanker Rehabilitation Nursing Home	IDU	0.00	0.00	0.00	3.33	4.17	n/a					



* HIV prevalence is given for valid sites (≥75% sample size).

ANC attende	ANC attendees										
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008			
Aizawl	Aizawl MCH Clinic, Civil Hospital	ANC	0.75	1.25	0.25	1.25	1.25	1			
Aizawl	Presbyterian Hospital, Durtlang, Aizawl	ANC	n/a	n/a	1.00	0.75	2.25	2			
Champhai	Champhai Civil Hospital	ANC	3.50	2.75	1.25	1.25	0.75	1.25			
Hnahthial	CHC, Hnahthial	ANC (R)	0.97	n/a	n/a	n/a	n/a	n/a			
Khawzawl	CHC, Khawzawl	ANC (R)	0.78	n/a	n/a	n/a	n/a	n/a			

K

ANC attende	ANC attendees									
Kolasib	Kolasib Civil Hospital (New 07)	ANC	n/a	n/a	n/a	n/a	0.50	0.25		
Lunglei	Lunglei CHC Hospital	ANC	2.00	0.50	0.75	0.50	0.75	0.5		
Mamit	Mamit Civil Hospital (New 07)	ANC	n/a	n/a	n/a	n/a	0.81	0		
Saiha	Saiha Civil Hospital (New 07)	ANC	n/a	n/a	n/a	n/a	0.25	0.25		
Serchhip	Serchhip Civil Hospital (New 07)	ANC	n/a	n/a	n/a	n/a	0.25	0.5		

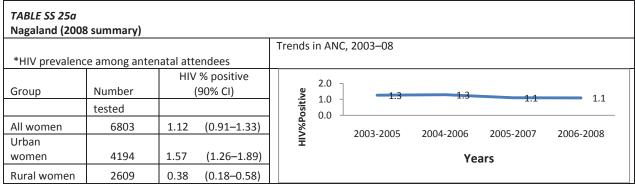
TABLE SS 24b

Mizoram (2008 summary)

	*HIV prevalence among populations with high-risk behaviours											
Group	Number	HIV % positive (90% CI)		Remarks								
	tested											
All STI patients	500	6.40	(4.60–8.20)	Total number of sentinel sites 9								
Female sex workers	250	9.20	(6.19–12.21)	2 sites (≥75% sample size) had prevalence ≥5%								
Injecting drug users	1249	5.04	(4.03–6.06)	2 sites (≥75% sample size) had prevalence ≥10%								
Male migrants	250	0.80	(-0.13–1.73)									

Mizoram								
Populations	with high-risk behaviours							
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Saiha	Saiha Civil Hospital	STI	1.60	0.80	2.00	0.80	n/a	n/a
Aizawl	Aizawl Civil Hospital	STI	6.00	1.20	4.00	6.80	6.80	10
Aizawl	Samaritan, Aizawl	STI	n/a	n/a	n/a	1.60	9.60	n/a
Lunglei	Christian Hospital, Serkawn Lunglei (New 07)	STI	n/a	n/a	n/a	n/a	1.94	2.8
Aizawl	Aizawl, SHALOM	IDU	8.80	6.80	8.40	9.60	16.06	13.25
Champhai	TNT, Champhai / RTCT, Champhai	IDU	n/a	6.80		4.80	14.40	8.4
Kolasib	Drug de-addiction center.Sethawn / World Vision, Kolasib	IDU	n/a	n/a	3.20	3.20	4.40	n/a
Lunglei	WADA, Lunglei	IDU	n/a	n/a	2.80	2.00	2.00	2
Mamit	Bethany, Mamit	IDU	n/a	n/a	n/a	1.20	n/a	n/a
Kolasib	MHIP, Lawngtlai	IDU	n/a	n/a	n/a	1.20	n/a	n/a
Serchhip	MHIP, Serchhip	IDU	n/a	n/a	n/a	1.20	n/a	n/a
Saiha	M.Ch.Py, Saiha	IDU	n/a	n/a	n/a	1.20	0.80	0
Aizawl		IDU	4.00	n/a	n/a	n/a	n/a	n/a
Kolasib	Agape Moral Reformation Organization (New 08)	IDU	n/a	n/a	n/a	n/a	n/a	1.6
Aizawl	Chan. Aizawl	FSW	n/a	13.69	n/a	n/a	n/a	n/a
Aizawl	Volunteers for Community Mental Health	FSW	n/a	n/a	n/a	n/a	n/a	9.2

Mizoram								
	(New 08)							
Kolasib	World Vision, Vairengte	FSW	n/a	n/a	14.00	10.40	7.20	n/a
Aizawl	Samaritan Society (New 08)	MRG	n/a	n/a	n/a	n/a	n/a	0.8



* HIV prevalence is given for valid sites (≥75% sample size).

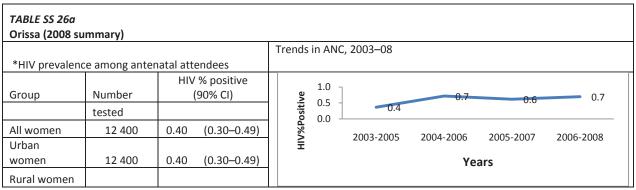
ANC attendees	;							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Dimapur	Dimapur Civil Hospital	ANC	1.00	0.79	1.50	2.25	2.00	2.03
Dimapur	CHC, Medziphema	ANC (R)	0.79	1.20	0.87	0.36	0.00	0.26
Kohima	Civil Hospital, Peren (New)	ANC	n/a	n/a	n/a	2.25	0.50	1.03
Kohima	Kohima Naga Hospital	ANC	1.75	1.75	1.75	1.25	0.75	2.26
Kohima	CHC, Tseminyu	ANC (R)	0.00	3.16	1.23	0.83	0.00	0
Mokokchung	Mokokchung Civil Hospital	ANC	0.00	2.51	0.75	1.11	0.25	1.25
Mokokchung	CHC, Changtonya	ANC (R)	n/a	0.61	1.21	0.83	0.52	0.26
Mon	CHC, Aboi	ANC (R)	16.67	0.00	n/a	1.37	0.25	0
Mon	Mon Civil Hospital	ANC	1.25	1.11	2.29	0.00	0.51	0.75
Phek	Phek Civil Hospital	ANC	2.13	0.00	1.86	0.26	1.25	1.51
Phek	CHC, Pfutsero	ANC (R)	7.09	0.38	0.00	0.00	1.05	0.79
Tuensang	Civil Hospital, Kiphire (New)	ANC	n/a	n/a	n/a	1.17	0.69	1.68
Tuensang	Civil Hospital, Longleng (New)	ANC	n/a	n/a	n/a	0.00	0.00	0.29
Tuensang	Tuensang Civil Hospital	ANC	4.25	3.64	4.73	5.00	5.60	3.89
Tuensang	CHC, Tuensang (Noklak)	ANC (R)	n/a	7.07	8.36	4.07	4.30	
Wokha	Wokha Civil Hospital	ANC	0.82	0.74	1.00	0.61	0.60	0.61
Wokha	CHC, Bhandhari	ANC (R)	n/a	0.00	2.34	0.93	0.61	0.26
Zunheboto	Zunheboto Civil Hospital	ANC	0.80	1.88	1.50	2.00	0.75	1.75
Zunheboto	CHC, Akuluto	ANC (R)	n/a	0.00	0.00	0.00	0.50	1.23

TABLE SS 25b Nagaland (2008 summary)

	*HIV prev	alence of populati	ons with high-risk behaviours
Group	Numbe r tested	HIV % positive (90% CI)	Remarks
All STI patients Female sex	241	3.32 (1.42– 5.22) 14.06 (10.43–	Total number of sentinel sites 10 1 site (≥75% sample size) had
workers Injecting drug	249	17.68) 3.83 (2.98–	prevalence ≥5% 3 sites (≥75% sample size) had
users	1385	4.67)	prevalence ≥10%

* HIV prevalence is given for valid sites (≥75% sample size).

Nagaland								
Populations	with high-risk behaviours							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Dimapur	Akimbo Dimapur	FSW	4.40	4.44	10.80	16.40	8.91	14.06
Dimapur	Dimapur Civil Hospital	IDU	10.44	4.49	8.40	3.20	5.20	10.17
Kohima	Kirpa Kohima	IDU	n/a	4.00	4.00	6.00	2.00	5.6
Kohima	Kohima Naga Hospital	STI	0.98	1.72	3.48	0.00	3.42	3.32
Mokokchun g	Tuli, NEDHIV/ NEDHIV Mokokchung	IDU	2.69	2.93	4.80	1.42	1.17	3.17
Mokokchun g	Mokokchung TB Hospital	TUB	n/a	7.19	n/a	n/a	n/a	n/a
Mon	Mon Civil Hospital	IDU	0.00	0.41	2.00	0.40	0.00	n/a
Phek	Bethesda Phek	IDU	n/a	1.00	0.89	1.08	1.71	0.89
Tuensang	Tuensang Civil Hospital	IDU	23.66	8.80	10.80	5.20	2.80	2
Wokha	Agape, Wokha	IDU	0.80	0.40	0.39	0.82	1.23	0.9
Zunheboto	Civil Hospital, Zunheboto (New)	IDU	n/a	n/a	n/a	0.85	0.89	n/a



ANC attendees								
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Anugul	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	1.75	1.74	0.5
Balangir	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	1.25	0.00	0.5
Balasore	Dept of O&G, District Headquarter Hospital, Balasore (New 07)	ANC	n/a	n/a	n/a	n/a	0.25	0.5
Bargarh	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.25	0.50	0.5
Baudh	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Bhadrak	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	1.00	0.25	0
Cuttack	Cuttack SCB Medical College	ANC	0.00	0.50	0.50	0.75	0.00	1
Deogarh	Dept of O&G, District Headquarter Hospital, Deogarh (New 07)	ANC	n/a	n/a	n/a	n/a	1.00	0
Denkanal	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.00	0.25	0
Gajapati	Dept of O&G, District Headquarter Hospital, Gajapati (New 07)	ANC	n/a	n/a	n/a	n/a	0.00	0.25
Ganjam	Berhampur City Hospital	ANC	0.00	1.50	2.25	3.25	0.25	1.25
Ganjam	Area Hospital, Aska, Ganjam/ Hinjilikatu Ganjam (composite) (New 07)	ANC (R)	n/a	n/a	n/a	n/a	0.50	0.75
Jagatsinghapur	Jagatsinghpur District Headquarter Hospital	ANC	0.00	0.00	0.00	0.50	0.00	0.25
Jajapur	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.25	0.50	0.25
Jharsuguda	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.00	0.00	1.5
Kalahandi	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Kandhamal	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.75
Kendrapara	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.75
Kendujhar	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.50	0.00	0
Khorda	Dept of O&G, Capital Hospital	ANC	n/a	n/a	n/a	0.25	0.00	0
Koraput	Dept of O&G, District Headquarter Hospital, Koraput (New 07)	ANC	n/a	n/a	n/a	n/a	0.00	0

ANC attendees								
Malkangiri	Dept of O&G, District Headquarter Hospital, Malkangiri (New 07)	ANC	n/a	n/a	n/a	n/a	0.00	0
Mayurbhanj	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.50	0.00	0.25
Nawarangpur	Dept of O&G, District Headquarter Hospital, Nawarangpur (New 07)	ANC	n/a	n/a	n/a	n/a	0.25	0.5
Nayagarh	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.75	0.25	0
Nuapada	Dept of O&G, District Headquarter Hospital, Nuapada (New 07)	ANC	n/a	n/a	n/a	n/a	0.00	0
Puri	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.50	0.25	0.5
Rayagada	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.50	0.25	0.25
Sambalpur	Burla VSS Medical College	ANC	0.00	0.50	0.00	0.50	0.75	0
Sonapur	Dept of O&G, District Headquarter Hospital	ANC	n/a	n/a	n/a	0.00	0.00	1.75
Sundargarh	Rourkela RG Hospital	ANC	0.00	0.00	0.25	0.25	0.00	0.25

TABLE SS 26b

Orissa (2008 summary)

	*HIV prevalence	ce among p	opulations with h	igh-risk behaviours
Group	Number	HIV % positive (90% CI)		Remarks
	tested			
All STI patients	1464	1.64	(1.09–2.19)	Total number of sentinel sites 21
				6 sites (≥75% sample size) had prevalence
Female sex workers	1497	2.34	(1.70–2.98)	≥5%
				1 site (≥75% sample size) had prevalence
Injecting drug users	725	6.62	(5.10–8.14)	≥10%
Male Migrants	250	3.20	(1.37–5.03)	
Men who have sex with men	969	3.92	(2.90–4.95)	

Orissa											
Summary—Populations with high-risk behaviours											
District	Site name	Population group	2003	2004	2005	2006	2007	2008			
Puri	PENCODE, Puri	Fisher-folk	n/a	n/a	n/a	3.20	n/a	n/a			
Balasore	Balasore (New 07)	FSW	n/a	n/a	n/a	n/a	4.00	4.8			
Jajpur	TSRDS, Jajpur (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	0.4			
Khorda	Bhubaneshwar OPUS	FSW	n/a	7.57	2.80	0.80	0.00	0.81			
Rayagada	Rayagada USO	FSW	n/a	2.79	2.40	1.20	0.00	2.81			
Sundergarh	SGUP, Lahunipada, Sundergarh (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	n/a			
Bhadrak	Fellowship, Tarini Bhawan (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	5.2			



Orissa								
Jagatsinghapur	Institute of Rural Development and							
	Management Studies (New 09)	FSW	n/a	n/a	n/a	n/a	n/a	0
Baragarh	HDI, Baragarh (New 07)	IDU	n/a	n/a	n/a	n/a	5.60	5.33
Khorda	Lepra Society (NGO)	IDU	n/a	n/a	n/a	10.40	9.60	13.6
Puri	AVA, Puri (New 07)	IDU	n/a	n/a	n/a	n/a	6.80	n/a
Cuttack	Orissa Institute of Medical Research and Health Services (New 09)	IDU	n/a	n/a	n/a	n/a	n/a	0.8
Balangir	RYS (NGO), near old fire station,	MRG	n/a	n/a	n/a	0.80	n/a	n/a
Gajapati	SWSS (NGO)	MRG	n/a	n/a	n/a	0.40	n/a	n/a
Ganjam	ARUNA (NGO)	MRG	n/a	n/a	n/a	5.60	n/a	n/a
Malkangiri	TSRD (NGO)	MRG	n/a	n/a	n/a	0.00	n/a	n/a
Anugul	Society for Advancement of Rural Community (New 09)	MRG	n/a	n/a	n/a	n/a	n/a	3.2
Nabarangapur	CGL (NGO)	MRG	n/a	n/a	n/a	0.40	n/a	n/a
Bolangir	RYS, Bolangir (New 07)	MSM	n/a	n/a	n/a	n/a	6.37	5.78
Anugul	The Medics, Similipada, Angul (New 07)	MSM	n/a	n/a	n/a	n/a	8.37	7.2
Khordha	Viswa Jeevan Seva Sangha (VJSS) (New 09)	MSM	n/a	n/a	n/a	n/a	n/a	2
Sambalpur	Arun Institute of rural affairs (AIRA) (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	0.82
Baleshwar	Balasore DHH	STI	3.20	2.80	6.80	3.20	1.60	0
Cuttack	Cuttack SCB Medical College	STI	2.80	2.39	1.20	2.80	0.00	0.8
Ganjam	Berhampur MKCG Medical College	STI	6.85	3.98	5.20	3.60	1.62	6.7
Khorda	Bhubaneshwar Capital Hospital	STI	0.40	6.40	5.20	2.00	3.61	0.41
Koraput	Koraput DHH	STI	2.40	5.20	4.00	3.20	1.60	1.62
Puri	Puri DHH	STI	1.60	1.60	2.40	1.20	0.81	n/a
Sambalpur	Sambalpur DHH	STI	0.40	0.00	0.40	0.40	1.20	0.8
Anugul	The Medics (NGO), Similipada	TRK	n/a	n/a	n/a	2.80	n/a	n/a
Debagarh	HDI, D31, BJB Nagar (NGO)	TRK	n/a	n/a	n/a	3.60	n/a	n/a
Kendrapara	VAARAT	TRK	n/a	n/a	n/a	1.60	n/a	n/a
Kendujhar	The Medics (NGO)	TRK	n/a	n/a	n/a	3.60	n/a	n/a
Mayurbhanj	RRDC (NGO)	TRK	n/a	n/a	n/a	1.20	n/a	n/a
Nuapada	Mahila Vikash (NGO)	TRK	n/a	n/a	n/a	3.60	n/a	n/a

TABLE SS 27a Pondicherry (2	2008 summary)							
			Trer	nds	in ANC	, 2003–08			
*HIV prevaler	nce among ante	enatal attendees							
Group	Number	HIV % positive (90% CI)		HIV%Positive	0.4 0.2 0.0	0.2	0.3	0.2	0.2
All women	800	0.25 (-0.04–0.54)		/%P(0.0	2003-2005	2004-2006	2005-2007	2006-2008
Urban women	800	0.25 (-0.04–0.54)		Η		2003-2005		ars	2000-2008
Rural women									

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attendee	S							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Karaikal	Karaikal General Hospital	ANC	0.25	0.25	0.50	0.50	0.00	0.25
Karaikal	Karaikal	ANC	0.26	n/a	n/a	n/a	n/a	n/a
Pondicherry	Pondicherry Maternity Hospital	ANC (R)	0.00	0.25	0.00	0.00	0.00	n/a
Pondicherry	Pondicherry Maternity Hospital	ANC	n/a	n/a	n/a	n/a	n/a	0.25
Pondicherry		ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a

TABLE SS 27b

Pondicherry (2008 summary)

	*HIV preva	lence among population	s with high-risk behaviours
		HIV % positive (90%	
Group	Number	CI)	Remarks
	tested		
All STI patients	692	3.18 (2.08–4.28)	Total number of sentinel sites 8
Female sex workers	740	2.57 (1.61–3.52)	0 sites (≥75% sample size) had prevalence ≥5%
			0 sites (≥75% sample size) had prevalence ≥10%
Men who have sex with men	490	2.65 (1.46-3.85)	

Pondicherry								
Populations wit	th high-risk behaviours							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Karaikal	Karaikal General Hospital	STI	2.40	2.40	0.49	2.40	2.80	2.43
Pondicherry	GHP/SSTCP, Pondicherry	STI	2.40	4.80	5.20	4.80	4.40	2.82
Pondicherry	Pondicherry JIPMER	STI	2.65	11.73	8.03	5.13	2.17	4.57
Karaikal	Sahodaran (NGO), Karaikal	MSM	n/a	n/a	n/a	2.61	0.00	3.6
Pondicherry	SAHOTHARAN (NGO), Pondicherry	MSM	n/a	5.22	5.60	2.40	3.60	1.67
Karaikal	VBEDS (NGO), Shakad, karaikal	FSW	n/a	n/a	n/a	1.20	0.00	3.75
Pondicherry	SFDRT (NGO), 468 Anna Salai, Pondicherry	FSW	n/a	1.94	0.51	1.69	0.96	1.2
Pondicherry	SFDRT (NGO), (CCC), Shivaji Nagar, Pondicherry	FSW	n/a	n/a	0.00	1.44	3.00	2.8

TABLE SS 28a

Punjab (2008 summary) Trends in ANC, 2003-08 *HIV prevalence among antenatal attendees 0.4 0.3 0.3 0.2 0.2 0.1 0.1 0.1 0.0 HIV % positive 0.3 Group Number (90% CI) 0.3 0.2 tested All women 5189 0.31 (0.18-0.43) Urban 2003-2005 2004-2006 2005-2007 2006-2008 3189 0.34 (0.17–0.52) women Years Rural women 2000 0.25 (0.07–0.43)

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attende	es							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Amritsar	CHC, Manawala	ANC (R)	0.30	n/a	n/a	n/a	n/a	n/a
Amritsar	CH, Tarantarn/Chabbal/Patti (New)	ANC (R)	n/a	n/a	n/a	0.25	0.00	0
Amritsar	Amritsar Medical College	ANC	0.00	0.25	0.25	0.00	0.00	0
Faridkot	CHC, Sadiq	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Faridkot	Faridkot Medical College	ANC	0.00	0.25	0.00	0.00	0.00	0.25
Ferozpur	Civil Hospital, Ferozpur/Abohar	ANC	n/a	n/a	n/a	0.00	0.00	0
Hoshiarpur	Hoshiarpur Civil Hospital	ANC	0.50	0.25	0.75	0.75	0.00	0
Hoshiarpur	CHC, Tanda	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Jalandhar	CH, Jalandhar (New 07)	ANC	n/a	n/a	n/a	n/a	0.77	0.75
Ludhiana	Ludhiana Civil Hospital	ANC	0.00	1.00	0.00	0.25	0.25	1.02
Ludhiana	CHC, Sudhar	ANC (R)	0.25	n/a	n/a	n/a	n/a	n/a
Mansa	Civil Hospital, Mansa/Sadugarh/Bauladha	ANC (R)	n/a	n/a	n/a	0.00	0.25	0.5

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ANC attendee	S							
Moga	Civil Hospital, Moga/Khothi/Thathibhai	ANC (R)	n/a	n/a	n/a	0.75	0.00	0.75
Muktsar	CHC/CH, Muktsar/Malout	ANC (R)	n/a	n/a	n/a	0.25	0.00	0
Nawanshahr	CHC/CH, Balachaur/Mazaffarpur/Sujjon	ANC (R)	n/a	n/a	n/a	0.00	0.00	0
Sangrur	CH, Sangrur/Malerkotla/Barnala	ANC	n/a	n/a	n/a	0.00	0.00	0.75
Sangrur/ Barnala	Civil Hospital, Barnala (New 07)	ANC	n/a	n/a	n/a	n/a	0.25	0

Punjab (2008 summary)

*HIV prevalence among populations with high-risk behaviours								
Group	Number	HIV % p	ositive (90% CI)	Remarks				
	tested							
All STI patients	747	1.07	(0.45–1.69)	Total number of sentinel sites 18				
Female sex workers	1749	1.03	(0.63–1.43)	1 site (≥75% sample size) had prevalence ≥5%				
Injecting drug users	1000	27.60	(25.27–29.93)	3 sites (≥75% sample size) had prevalence ≥10%				
Men who have sex with men	750	3.20	(2.14-4.26)					

* HIV prevalence is given for valid sites (≥75% sample size).

TABLE SS 28b

Punjab										
Populations wit	Populations with high-risk behaviours									
District	Site name	Population group	2003	2004	2005	2006	2007	2008		
Rupnagar/ Ropar	Ambuja Cement Ropar, NYDC Talwara, VVSS Batala (New 07)	Composite TI IDU	n/a	n/a	n/a	n/a	10.12	35.2		
Jalandhar	Sharan (New 08)	IVDU						15.2		
Amritsar	Swami Vivekanand Medical Mission (New 07)	Composite TI IDU	n/a	n/a	n/a	n/a	30.40	56.4		
Rupnagar/ Mohali	Family Planning Association of India (FPAI) (New 07)	Composite TI IDU	n/a	n/a	n/a	n/a	0.80	3.6		
Amritsar	All India Women's Conference (New 08)	FSW						1.2		
Patiala	Progressive Youth Forum	FSW	0.00	n/a	n/a	0.80	n/a	n/a		
Jalandhar	Swach	FSW	n/a	n/a	n/a	2.40	n/a	n/a		
Rupnagar	FPAI (SAS Nagar) (New)	FSW	n/a	n/a	n/a	1.60	n/a	n/a		
Amritsar	Swami Vivekanand Medical Mission	FSW	n/a	n/a	n/a	1.60	n/a	n/a		
Fatehgarh Sahib	S.S. Mem Edu.Trust, Mandi, Gobind Garh	FSW	n/a	n/a	n/a	0.40	n/a	n/a		
Rupnagar/ Mohali	FPAI, Mohali (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	0		



	1		1					
Rupnagar/ Ropar	Ambuja Cement, Ropar (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	1.2
Gurdaspur/Ba tala	Vahoo Vahoo Sewak Sabha, Batala (New 07)	FSW	n/a	n/a	n/a	n/a	2.43	2
Bathinda	Ambuja Cement Bathinda (New 07)	FSW	n/a	n/a	n/a	n/a	0.81	1.6
Talwara/ Hoshiarpur	NYDC, Talwara (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	0.4
Ludhiana	Guru Gobind Singh Study Circle, Ludhiana (New 08)	FSW						0.8
Bathinda	DEWS	IDU	n/a	n/a	n/a	6.40	n/a	n/a
Ludhiana	Swach	IDU	n/a	n/a	n/a	21.20	n/a	n/a
Rupnagar	Ambuja Cement, Ropar (New)	MSM	n/a	n/a	n/a	4.80	0.40	2
Bathinda	Ambuja Cement, Bathinda (New 07)	MSM	n/a	n/a	n/a	n/a	2.05	2.4
Gurdaspur	VVSS and Sudeep Memorial Charitable Trust (New 08)	MSM						5.2
Amritsar	Amritsar Government Medical College	STI	2.00	2.00	2.40	0.00	3.63	2
Patiala	Patiala Medical College	STI	1.60	1.09	0.80	0.80	0.40	0.4
Bathinda	Bhatinda Civil Hospital	STI	1.20	0.40	0.00	0.00	0.80	0.8
Gurdaspur	Vaho Vaho Sewak Sabha, Batala, Gurdaspur	TRK	n/a	n/a	n/a	0.80	n/a	n/a
Kapurthala	Yuvasatta Phagwara	TRK	n/a	n/a	n/a	0.00	n/a	n/a
Rupnagar	Ambuja Cement, Ropar (New)	TRK	n/a	n/a	n/a	2.40	n/a	n/a

TABLE SS 29a Rajasthan (2008 summary)

				Т	Frends in A	NC, 2003–08			
*HIV prevalend	ce among ante	natal att	endees						
		HIV	% positive		0.5				
Group	Number	((90% CI)		.4 -	0.39	0.35		
	tested				0.4 - 0.3 - 0.2 - 0.1 -			0.28	0.23
All women	9995	0.17	(0.10-0.24)		NH 0.1 -				
Urban					0 –				
women	9995	0.17	(0.10–0.24)			2003-2005	2004-2006	2005-2007	2006-2008
Rural women							Ye	ars	

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC Attende	es							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Ajmer	Government Mahila Chikitshalay	ANC	n/a	n/a	n/a	0.00	0.00	0.25
Alwar	Rajiv Gandhi Government General Hospital	ANC	n/a	n/a	n/a	0.50	0.50	0
Banswara	Mahatma Gandhi Hospital	ANC	n/a	n/a	n/a	0.00	0.25	0
Baran	Government Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Barmer	General Hospital	ANC	n/a	n/a	n/a	0.00	1.00	0.25
Bharatpur	Bharatpur DH (New 07)	ANC	n/a	n/a	n/a	n/a	0.25	0.25
Bhilwara	Bhilwara District MG Hospital	ANC	0.25	0.00	0.25	0.25	0.51	0
Bhilwara	CHC, Jahajpur	ANC (R)	0.75	n/a	n/a	n/a	n/a	n/a
Bundi	P.B.S.S. General Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Chittaurgar h	General Hospital	ANC	n/a	n/a	n/a	0.25	1.00	0.25
Churu	D.B. Government Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Dausa	Government DH	ANC	n/a	n/a	n/a	0.00	0.00	0
Dungarpur	Dungarpur DH	ANC	0.00	0.66	0.00	0.00	0.26	n/a
Dungarpur	CHC, Sagwara	ANC (R)	0.25	n/a	n/a	n/a	n/a	n/a
Ganganagar	CHC, Anoopharh	ANC (R)	0.44	n/a	n/a	n/a	n/a	n/a
Ganganagar	Sriganganagar DH	ANC	0.25	0.00	2.25	3.00	0.00	0.25
Jaipur	Jaipur Zanana Hospital	ANC	0.00	0.75	0.00	0.25	0.00	0.25
Jaipur	CHC, Chomu	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Jaisalmer	Sh. Jawahar Hospital	ANC	n/a	n/a	n/a	0.25	0.00	0
Jalor	Bhandari Sarvajanik Hospital	ANC	n/a	n/a	n/a	0.25	0.25	1
Jhalawar	Jhalawar DH	ANC	0.00	0.00	0.50	0.00	0.00	0
Jhalawar	CHC, Khanpur	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Jhunjhunun	B.D.K. Government Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Jodhpur	Umaid Hospital, Jodhpur Medical College	ANC	0.00	0.00	0.00	0.00	0.75	0.25
Jodhpur	Pipar City	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Karauli	Government General Hospital	ANC	n/a	n/a	n/a	0.00	0.25	0
Kota	Jay Ka lone Hospital	ANC	n/a	n/a	n/a	0.00	0.25	0
Nagaur	Government Hospital	ANC	n/a	n/a	n/a	0.75	0.00	0.5
Pali	Government Vagad Hospital	ANC	n/a	n/a	n/a	0.50	0.00	0.25
Rajsamand	General Hospital	ANC	n/a	n/a	n/a	0.50	0.86	0.5
Sikar	Shree Kalyan Government Hospital	ANC	n/a	n/a	n/a	0.25	0.00	0
Sirohi	Government General Hospital	ANC	n/a	n/a	n/a	0.50	0.50	0.25

TABLE SS 29b

Rajasthan (2008 summary)

	*HIV prevalence among populations with high-risk behaviours								
Group	Number	HIV % positive (90% CI)	Remarks						
	tested								
All STI patients	3634	2.20 (1.80-2.60)	Total number of sentinel sites 20						
Female sex workers	1000	3.20 (2.28–4.12)	3 sites (≥75% sample size) had prevalence ≥5%						
			0 sites (≥75% sample size) had prevalence ≥10%						

* HIV prevalence is given for valid sites (≥75% sample size).

Rajasthan								
Populations w	ith high-risk behaviours							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Ajmer	Ajmer JLN Hospital	FSW	n/a	n/a	4.00	1.60	2.80	7.2
Alwar	Alwar	FSW	3.92	2.31	3.23	4.00	4.80	n/a
Banswara	Mahatma Gandhi Hospital	FSW	n/a	n/a	n/a	0.40	n/a	1.2
Bharatpur	Bharatpur DH	FSW	n/a	n/a	4.69	0.00	n/a	n/a
Dhaulpur	Dholpur	FSW	n/a	n/a	3.28	1.20	4.80	n/a
Ganganagar	Maharshi Dayanand Vikas Samiti,Sri Ganganagar (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Nagaur	Government Hospital	FSW	n/a	n/a	n/a	0.80	1.75	n/a
Tonk	Government Saadat Hospital	FSW	n/a	n/a	n/a	7.60	4.80	4.4
Churu	DB Government Hospital	MSM	n/a	n/a	n/a	0.00	n/a	n/a
Ajmer	Ajmer JLN Medical Collge and Hospital	STI	6.08	10.46	11.11	7.20	2.00	8.8
Alwar	Alwar DH	STI	0.40	1.24	8.64	2.80	1.20	0.5
Barmer	Barmer DH	STI	6.80	9.80	5.60	2.40	3.60	3.6
Bikaner	Bikaner PBM Hospital	STI	0.00	1.27	0.40	0.40	1.20	0
Chittaurgarh	General Hospital	STI	n/a	n/a	n/a	1.60	4.42	4.4
Ganganagar	Government Hospital	STI	n/a	n/a	n/a	1.20	0.00	0
Hanumangar h	Mahatama Gandhi Memorial Hospital	STI	n/a	n/a	n/a	0.40	0.00	0
Jaipur	Jaipur SMS Medical College	STI	14.00	4.65	7.72	3.60	4.80	4.98
Jhunjhunun	BDK Government Hospital	STI	n/a	n/a	n/a	1.60	0.40	0
Karauli	Government General Hospital	STI	n/a	n/a	n/a	2.00	3.20	0
Kota	Kota District MBS Hospital	STI	0.40	0.00	1.20	0.00	0.00	0.5
Rajsamand	General Hospital	STI	n/a	n/a	n/a	1.60	2.00	1.61
Sawai Madhopur	General Hospital	STI	n/a	n/a	n/a	0.40	0.80	0.8
Sikar	Shree Kalyan Government Hospital	STI	n/a	n/a	n/a	1.20	2.40	4.8
Udaipur	Udaipur Medical College and General Hospital	STI	7.21	2.92	2.48	6.00	2.09	2.4

TABLE SS 30a Sikkim (2008 s	ummary)			-	Trends in ANG	2003-08			
*HIV prevalen	ce among ante	natal atte	endees			, 2000 00			
Group	Number tested		% positive 90% CI)		0.2 0.2 0.1 and 0.1 0.1 0.1 0.1 0.1 0.1 0.1	0.2		0.2	0.1
All women	1130	0.0	(0.0–0.0)				0.1		0.1
Urban women	1130	0.0	(0.0-0.0)		0.0 - 0.0 - 0.0 -	2003-2005	2004-2006	2005-2007	2006-2008
Rural women								ears	

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attend	lees							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
East	Gangtok STNM Hospital	ANC	0.25	0.00	0.25	0.00	0.25	0
East	Pakyong Primary Health Centre	ANC	n/a	n/a	n/a	0.00	0.00	0
North	Antenatal clinic, Mangan	ANC	n/a	n/a	n/a	0.37	0.00	0
Pakyong	CHC, DH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Simgtam	CHC, DH	ANC (R)	0.25	n/a	n/a	n/a	n/a	n/a

TABLE SS 30b

Sikkim (2008 summary)

*HIV prevalence among populations with high-risk behaviours								
Group	Number tested	HIV % positive (90% CI)	Remarks					
All STI patients			Total number of sentinel sites 4					
Female sex workers	227	0.44 (-0.28–1.16)	0 sites (≥75% sample size) had prevalence ≥5%					
Injecting drug users	228	2.19 (0.60–3.79)	0 sites (≥75% sample size) had prevalence ≥10%					

Sikkim	Sikkim								
Populations with high-risk behaviours									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
East	Gangtok (New 07)	FSW	n/a	n/a	n/a	n/a	0.00	0.44	
East	Gangtok STNM Hospital	STI	0.00	0.00	0.86	0.00	0.00	n/a	
East	Gangtok, East Sikkim	IDU	n/a	n/a	0.48	0.40	0.00	2.19	
South	Hope Centre, Namchi	IDU	n/a	n/a	n/a	0.00	1.12	n/a	

TABLE SS 31a Tamil Nadu (200	8 summary)		
			Trends in ANC, 2003–08
*HIV prevalence	e among antenat	al attendees	
Group	Number	HIV % positive (90% Cl)	0.8
	tested		3 0.6 - 0.7 0.6 0.5
All women	25 199	0.35 (0.29–0.41)	0.0
Urban women	13 599	0.51 (0.41–0.61)	2003-2005 2004-2006 2005-2007 2006-2008
Rural women	11 600	0.16 (0.10–0.23)	Years

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Ariyalur	Ariyalur	ANC	1.25	n/a	n/a	n/a	n/a	2008
Chennai	Chennai Institute of Obstetrics and Gynaecology	ANC	0.00	0.00	0.50	0.25	1.00	0.25
Chennai	St Isabels Hospital	ANC	n/a	0.25	0.00	0.00	0.00	0
Coimbatore	Government Medical College Hospital	ANC	0.75	0.50	0.75	1.00	0.75	1
Coimbatore	Sheila Hospital	ANC	n/a	0.75	n/a	0.00	0.00	0
Coimbatore	Sheila Hospital	ANC (R)	n/a	n/a	0.25	n/a	n/a	n/a
Coimbatore	GH, Pollachi	ANC (R)	0.50	0.75	0.00	0.75	0.00	0
Cuddalore	Government District Headquarter Hospital	ANC	0.25	0.50	0.25	0.00	0.00	0.25
Cuddalore	GH, Panruti	ANC (R)	1.00	1.00	1.00	0.00	0.50	0
Dharmapuri	Government District Headquarter Hospital	ANC	n/a	1.25	0.75	0.50	0.00	0.25
Dharmapuri	FRU, Harur	ANC (R)		0.50	0.25	0.25	0.75	0.25
Dharmapuri	ANC FRU, Hosur (Krishnagiri)	ANC (R)	1.25	0.58	0.50	1.25	1.75	0
Dharmapuri/ Krishnagiri	ANC, Krishnagiri	ANC	1.50	1.00	1.00	1.00	0.50	0
Dindigul	Government District Headquarter Hospital	ANC	1.25	0.75	0.25	0.25	0.75	0.25
Dindigul	GH, Palani	ANC (R)	0.25	0.75	0.75	0.50	0.00	0.25
Erode	Government District Headquarter	ANC	0.00	0.50	1.00	0.75	0.25	1

ANC attendees								
	Hospital							
Erode	GH, Gobichettipalayam	ANC (R)	0.25	0.50	0.25	0.75	0.50	0
Kancheepuram	Government District Headquarter Hospital	ANC	0.25	0.00	0.00	0.00	0.00	0.5
Kancheepuram	GH, Maduranthagam	ANC (R)	0.25	0.75	0.00	0.00	0.00	0
Kanyakumari	Government Medical College Hospital, Nagercoil	ANC	0.00	1.00	0.00	0.00	0.00	0
Kanyakumari	Jeyasekaran Hospital, Nagercoil	ANC	n/a	0.00	0.00	0.00	0.00	0
Kanniyakumari	Government Hospital, Padmanabapuram	ANC (R)	n/a	0.50	0.00	0.25	0.50	0
Karur	Government District Headquarter Hospital	ANC	1.00	2.75	2.00	1.25	0.50	1
Karur	GH, Kulithali	ANC (R)	0.50	3.25	0.25	0.50	0.25	1
Madurai	Government Madurai Medical College Rajaji Hospital	ANC	0.75	0.25	1.50	0.25	0.00	0.25
Madurai	GH, Melur	ANC (R)	1.26	3.70	1.00	0.25	0.00	0.75
Nagapattinam	Arthur Hospital	ANC	n/a	n/a	n/a	0.25	n/a	
Nagapattinam	Arthur Hospital	ANC (R)	n/a	n/a	0.00	n/a	n/a	0
Nagapattinam	Government District Headquarter Hospital	ANC	0.25	0.50	0.00	0.00	0.00	0
Nagapattinam	Government Hospital, Mayiladuthurai	ANC (R)	n/a	0.50	0.00	0.50	0.25	0
Namakkal	Government District Headquarter Hospital	ANC	5.76	2.50	3.50	3.00	3.25	1
Namakkal	GH, Tiruchengode	ANC (R)	0.50	0.75	0.00	0.50	0.75	0.25
Perambalur	Government District Headquarter Hospital	ANC	0.50	1.25	1.50	1.00	1.00	1
Perambalur	GH, Ariyalur	ANC (R)	1.28	1.00	0.00	0.50	0.75	0
Pudukkottai	Government District Headquarter Hospital, Pudukottai	ANC	2.00	0.75	0.75	1.00	1.25	0.75
Pudukkottai	GH, Aranthangi	ANC (R)	0.00	0.50	0.50	0.50	0.00	0

ANC attendees								
Ramanathapuram	Government District Headquarter Hospital	ANC	0.50	0.75	0.00	0.25	1.00	3.25
Ramanathapuram	GH, Paramakudi	ANC (R)	0.50	0.50	1.00	0.00	1.00	0
Salem	Government Mohan Kumarmangalam Medical College Hospital	ANC	0.25	2.00	0.75	3.00	4.25	1
Salem	GH, Attur	ANC (R)	0.50	1.25	0.50	1.50	0.25	0
Sivaganga	Government District Headquarter Hospital	ANC	0.25	0.75	0.50	0.50	0.25	0.5
Sivaganga	Government Hospital, Karaikudi	ANC (R)	n/a	1.75	0.00	0.50	1.00	1
Thanjavur	Government District Headquarter Hospital, Kumbakonam	ANC	3.25	0.75	0.00	0.00	0.00	0
Thanjavur	GH, Pattukkottai	ANC (R)	0.50	0.50	0.00	0.75	0.25	0
The Nilgiris	Government District Headquarter Hospital, Ooty	ANC	0.25	0.50	1.00	0.50	0.25	0.75
The Nilgiris	GH, Coonoor	ANC (R)	0.25	0.75	0.50	0.25	0.25	0
Theni	Government District Headquarter Hospital, Periyakulam	ANC	1.00	1.50	0.50	1.75	0.50	0.5
Theni	GH, Cumbum	ANC (R)	1.50	1.25	0.75	0.50	2.00	0
Thiruvallur	Government District Headquarter Hospital	ANC	0.50	0.50	0.50	1.25	0.00	0.25
Thiruvallur	GH, Thiruthani	ANC (R)	0.50	1.00	0.50	0.25	0.50	1
Thiruvarur	Government District Headquarter Hospital	ANC	0.50	0.25	0.00	0.00	0.00	0.5
Thiruvarur	Government Hospital, Mannargudi	ANC (R)	n/a	0.00	0.50	0.00	0.00	0
Thoothukkudi	Government Medical College Hospital	ANC	0.77	0.50	0.00	0.25	0.25	0.75
Thoothukkudi	GH, Kovilpatti	ANC (R)	0.75	1.00	0.25	0.25	0.50	0
Tiruchirappalli	CSI Hospital	ANC	n/a	0.50	n/a	0.25	0.00	0
Tiruchirappalli	CSI Hospital	ANC (R)	n/a	n/a	0.25	n/a	n/a	
Tiruchirappalli	Government Medical College	ANC	1.50	1.25	1.50	2.50	2.25	1

ANC attendees	ANC attendees								
	Hospital								
Tiruchirappalli	GH, Manapparai	ANC (R)	0.75	0.50	0.50	1.25	0.25	0.25	
Tirunelveli	Government Medical College Hospital	ANC	2.25	0.25	0.75	0.25	0.00	0	
Tirunelveli	GH, Ambasamudram	ANC (R)	0.25	0.25	0.25	0.25	0.00	0	
Tiruvannamalai	Government District Headquarter Hospital	ANC	1.25	1.50	1.25	0.50	2.00	0.25	
Tiruvannamalai		ANC	n/a	0.00	n/a	n/a	n/a		
Tiruvannamalai	Government Hospital, Vandawasi	ANC (R)	n/a	1.25	0.50	0.25	0.00	0	
Vellore	Vellore Government Hospital	ANC	1.25	0.75	0.25	0.00	1.00	0.75	
Vellore	GH, Vaniambadi	ANC (R)	0.51	0.50	1.50	0.25	0.75	0	
Viluppuram	District Headquarter Hospital	ANC	1.00	0.50	0.50	0.25	0.25	0	
Viluppuram	District Hospital, Kallakurichi	ANC (R)	1.00	0.25	0.50	0.25	0.50	0	
Virudhunagar	Government District Headquarter Hospital	ANC	0.00	0.25	1.00	0.00	1.00	0.25	
Virudhunagar	GH, Rajapalayam	ANC (R)	0.00	0.25	0.00	0.25	0.25	0	

TABLE SS 31b

Tamil Nadu (2008 summary)

*HIV prevalence among populations with high-risk behaviours								
Group	Number	HIV % p	ositive (90% CI)	Remarks				
	tested							
All STI patients				Total number of sentinel sites 47				
Female sex workers	5134	4.93	(4.43–5.42)	14 sites (≥75% sample size) had prevalence ≥5%				
Injecting drug users	250	3.60	(1.66–5.54)	7 sites (≥75% sample size) had prevalence ≥10%				
Men who have sex with men	2435	4.85	(4.13–5.56)					

Tamil Nadu								
Populations wit	h high-risk behaviours							
District	Site name	Popula- tion group	2003	2004	2005	2006	2007	2008
Chennai	Madras Christian Council of Social Services Project	FSW	8.80	4.00	5.60	3.60	3.20	n/a
Dharmapuri	Arcod CSW Project	FSW	n/a	n/a	8.80	14.00	7.20	n/a
Dharmapuri	Rural Interdisciplinary Development Society,RIDS TAI (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	6.22
Kanyakumari	CSR FSW, Kanyakumari	FSW	n/a	n/a	2.00	0.40	0.40	0.81
Madurai	Merry Trust CSW Project	FSW	n/a	n/a	3.60	5.60	10.00	8
Salem	PSI CSW Project	FSW	n/a	n/a	12.80	12.00	6.00	n/a
Theni	Green Medic Trust CSW Project	FSW	n/a	n/a	4.80	2.00	1.60	7.63
Thiruvallur	MSDS CSW Project	FSW	n/a	n/a	6.40	1.60	0.40	n/a
Thiruvarur	Bharathi CSW Project	FSW	n/a	n/a	4.00	0.80	n/a	n/a
Tiruchirappalli	Anbalayam CSW Project	FSW	n/a	n/a	8.40	5.60	13.20	7.6
Tirunelveli	CAST CSW Project	FSW	n/a	n/a	2.80	0.80	4.00	2.02
Dindigul	Dindigul Women TAI Vizhudugal Trust (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	7.29
Erode	Centre for Action and Rural Education, CARE TAI (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	12.15
Kanyakumari	CSR FSW, Kanyakumari	FSW	n/a	n/a	n/a	n/a	n/a	0.81
Karur	Gramium (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	6.8
Madurai	Merry Trust CSW Project	FSW	n/a	n/a	n/a	n/a	n/a	8
Perambalur	Andimuthu Chinnappillai Charitable Trust (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	2
Pudukkottai	Gramodaya (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	1.26
Ramanatha- puram	Association for Integrated Rural Development (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0
Salem	Village Reconstruction and Development Project (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	13.25
Sivaganga	ANGEL (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0.44
Thanjavur	Margret Social Development Society(MSDS_TAI) (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	6.4
The Nilgiris	Saras Trust, Ooty (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	0.43
Thiruvallur	Deepam Education Society for Health, DESH?TAI (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	4.8
Thiruvarur	Sheilas Unit for Health and Social Affairs (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	3.6
Thoothukkudi	Empower (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	4.13
Viluppuram	Association for Rural Mass India (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	7.23
Virudhunagar	Annai Orphanage FSW	FSW	n/a	n/a	1.20	4.40	0.80	0.41

Tamil Nadu								
Chennai	IVDU Project, TTK Hospital, Chennai	IDU	63.81	39.92	33.20	31.60	27.20	n/a
Madurai	IDU Project (NGO)—Pache Trust	IDU	n/a	n/a	2.80	16.80	6.40	3.6
Chennai	MSM Project, ICWO, Chennai	MSM	6.80	6.80	4.40	4.40	7.60	3.61
Viluppuram	MSM Project ARM	MSM	1.60	6.80	8.00	6.80	5.60	2.82
Kanniyakumari	Centre for Social Reconstruction (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	0.85
Karur	Gramium (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	2.81
Ramanathapur am	Rural Education and Economic Development Association (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	2.01
Sivaganga	Rural Education and Economic Development Association (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	1.62
Thiruvallur	Community Health Education Society,CHES?TAI (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	22
Thoothukkudi	Tuticorin District HIV +ve People Welfare Society (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	3.66
Tirunelveli	Pache Trust (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	3.78
Virudhunagar	Virucham Mahalir Munnetra Kalangiyam (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	4.89
Chennai	Government Stanley Medical College Hospital	STI	7.26	8.00	4.80	12.40	7.60	n/a
Coimbatore	Government Medical College Hospital	STI	9.64	8.40	17.11	8.00	17.20	n/a
Kancheepuram	Chengalpat Government Hospital	STI	5.20	6.00	3.60	4.00	1.60	n/a
Karur	Government District Headquarter Hospital	STI	8.40	13.20	23.20	9.20	8.00	n/a
Madurai	Government Madurai Medical College Rajaji Hospital	STI	20.80	30.40	30.00	24.80	38.40	n/a
Ramanathapur am	Government District Headquarter Hospital	STI	5.91	5.20	7.60	2.80	2.80	n/a
Salem	Government Mohan Kumarmangalam Medical College Hospital	STI	11.60	8.40	5.60	4.80	9.60	n/a
Thanjavur	Government Medical College Hospital	STI	14.40.	14.80	12.00	10.80	19.20	n/a
Tiruchirappalli	Government Medical College Hospital	STI	21.60	20.40	5.20	7.60	8.00	n/a
Tirunchalli		STI	33.60	n/a	n/a	n/a	n/a	n/a
Tirunelveli	Government Medical College Hospital	STI	n/a	14.00	17.20	19.60	14.00	n/a
Vellore	Government Medical College Hospital	STI	6.00	4.00	9.20	6.00	6.80	n/a
Tiruvannamalai	Tiruvannamalai Hospital	ТВ	n/a	6.90	6.29	n/a	n/a	n/a

TABLE SS 32a

Tripura (2008 summary)

	*HIV prevalence among antenatal attendees								
Group	Number	HIV % positive (90% CI)							
	tested								
All women	800	0.0	(0.0–0.0)						
Urban women	800	0.0	(0.0–0.0)						
Rural women									

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees

ANC attendee	ANC attendees								
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008	
West Tripura	Agartala IGM Hospital	ANC	0.00	0.25	n/a	0.00	0.00	0	
West Tripura	AGMC and GBP Hospital	ANC	n/a	n/a	0.00	0.97	0.50	0	

TABLE SS 32b

Tripura (2008 summary)

	*HIV prevale populations behaviours	nce among with high-risk	Remarks
Group	Number	HIV % positive (90% CI)	
	tested		Total number of sentinel sites 8
All STI patients	1743	1.09 (0.68–1.50)	0 sites (≥75% sample size) had prevalence ≥5% 0 sites (≥75% sample size) had prevalence ≥10%
Injecting drug users	239	0.42 (-0.27–1.11)	

* HIV prevalence is given for valid sites (≥75% sample size).

Tripura Populations with high-risk behaviours Populatio 2003 2004 2005 2006 2007 2008 District Site name n group North Tripura Kumarghat Rural Hospital IDU n/a n/a 10.92 0.00 0.00 0.42 Dhalai BSM Hospital, Kamalpur 0.45 0.00 0.82 STI n/a n/a n/a Dharmanagar Sub-divisional STI North Tripura n/a n/a n/a 0.81 0.40 1.6 Hospital Kailashahar RGM Hospital STI 0.00 0.00 0.80 0.00 0.40 1.21 North Tripura Belonia Sub-divisional South Tripura STI n/a n/a n/a 0.46 0.00 0 Hospital Udaipur TSD Hospital STI 0.00 2.80 0.00 0.00 South Tripura n/a 1.2 AGMC and GBP Hospital West Tripura STI 5.60 2.02 0.00 3.11 1.60 2 Khowai Sub-divisional STI 0.00 0.40 0.8 West Tripura n/a n/a n/a Hospital

TABLE SS 33a Uttar Pradesh (2008 summary	()		 				
				I rends in	ANC, 2003–08			
*HIV prevalence	e among anter	natal att	endees					
Group	Number tested		% positive (90% CI)	0.3 0.3 0.2 0.2 0.1		0.3	0.1	0.1
All women	20 659	0.18	(0.13–0.23)	NH 0.1	_			
Urban women	16 916	0.15	(0.10-0.20)	0.0	2003-2005	2004-2006	2005-2007	2006-2008
Rural women	3743	0.29	(0.15–0.44)			Yea	nrs	

ANC attendees								
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Aligarh	Aligarh Mahila Hospital	ANC	0.00	0.25	0.00	0.00	0.00	0
Aligarh	MH	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Allahabad	CHC, Handia	ANC (R)	n/a	n/a	n/a	1.50	0.50	0.53
Ambedkar Nagar	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Auraiya	District Mahila Hospital	ANC	n/a	n/a	n/a	0.36	0.00	0.5
Baghpat	District Mahila Hospital	ANC	n/a	n/a	n/a	0.33	0.00	0
Bahraich	CHC, Nanpara	ANC (R)	0.00	n/a	n/a	0.00	0.00	n/a
Bahraich	Bahraich Mahila Hospital	ANC	0.00	0.50	0.37	0.75	0.75	0
Ballia	CHC, Sikandarpur	ANC (R)	n/a	n/a	n/a	0.00	n/a	n/a
Ballia	CHC, IMS	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Ballia	Balia Mahila Hospital	ANC	0.00	0.53	0.00	0.00	0.25	0.27
Banda	Banda Mahila Hospital	ANC	0.00	1.75	0.00	0.00	0.00	0.75
Barabanki	CHC, Haidergarh	ANC (R)	n/a	n/a	n/a	0.00	2.63	n/a
Barabanki	CHC, KGMU, Fatehpur	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Barabanki	Barabanki Mahila Hospital	ANC	0.00	0.75	0.00	0.50	0.00	0
Bareilly	Clara Swain Hospital	ANC	n/a	n/a	n/a	0.00	0.00	n/a
Bijnor	Nazibabad/Najibabad CHC Hospital	ANC (R)	n/a	n/a	n/a	0.00	0.00	0
Bijnor	Bijnore Mahila Hospital	ANC	0.00	0.00	0.00	0.00	0.00	0
Budaun	CHC, Ujhani	ANC (R)	n/a	n/a	n/a	0.00	0.00	0
Bulandshahr	District Mahila Hospital	ANC	n/a	n/a	n/a	0.25	0.00	0.25
Chandauli	District Mahila Hospital	ANC	n/a	n/a	n/a	0.78	0.00	n/a
Chitrakoot	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	1.45
Deoria	District Mahila Hospital	ANC	n/a	n/a	n/a	1.25	0.00	0
Etah	District Mahila Hospital	ANC	n/a	n/a	n/a	0.25	0.00	0.25
Etawah	Etawah Mahila Hospital	ANC	0.00	1.25	0.25	0.00	0.00	0.25
Faizabad	District Mahila Hospital	ANC	n/a	n/a	n/a	0.50	0.25	0
Fatehpur	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Firozabad	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Gautam Buddha Nagar *	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Gonda	CHC, Mankapur	ANC (R)	n/a	n/a	n/a	0.95	0.30	n/a



ANC attendees								
Gorakhpur	CHC, Pipriach	ANC (R)	2.90	n/a	n/a	0.00	0.00	0.3
Gorakhpur	Gorakhpur Mahila Hospital	ANC	0.00	0.75	0.00	0.25	0.00	0
Hardoi	CHC, Sandila	ANC (R)	n/a	n/a	n/a	0.00	n/a	0
Hathras	District Mahila Hospital	ANC	n/a	n/a	n/a	0.25	0.00	0.5
J.P.Nagar	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	n/a
Jalaun	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Jaunpur	CHC, Madiyaon	ANC (R)	n/a	n/a	n/a	0.00	0.00	0
Jaunpur	CHC, IMS	ANC (R)	4.26	n/a	n/a	n/a	n/a	n/a
Jaunpur	Jaunpur Mahila Hospital	ANC	0.25	0.25	0.00	0.25	0.25	0
Jyotiba Phule Nagar	District Mahila Hospital	ANC						0
Kannauj	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.31	0
Kanpur Dehat	District Mahila Hospital	ANC	n/a	n/a	n/a	0.25	0.00	0.25
Kanpur Nagar	Kanpur Medical College	ANC	0.25	0.25	0.25	0.25	0.25	0.5
Kaushambi	District Mahila Hospital	ANC	n/a	n/a	n/a	3.39	2.04	0
Lalitpur	Lalitpur Mahila Hospital	ANC	1.00	0.00	0.25	0.00	0.00	0
Lalitpur	CHC, MLBMC, Jhansi	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Lucknow	CHC, Mohanlalganj	ANC (R)	n/a	n/a	n/a	0.00	0.00	1.02
Lucknow	CHC, DH, Chinhat	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Lucknow	Lucknow Queens Mary Hospital	ANC	0.00	0.50	0.25	0.50	0.25	0
Mahoba	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Mainpuri	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Mathura	District Mahila Hospital	ANC	n/a	n/a	n/a	0.75	0.00	0
Mathura	Ramkrishna Mission Hospital, Vrindavan	ANC	n/a	n/a	n/a	0.50	0.25	0
Mau	District Mahila Hospital	ANC	n/a	n/a	n/a	1.46	0.86	0.5
Meerut	Meerut Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0.5
Mirzapur	Mirzapur Mahila Hospital	ANC	0.75	0.00	0.25	0.00	0.00	0
Mirzapur	CHC, IMS	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Moradabad	Vivekanand Hospital and Research Centre	ANC	n/a	n/a	n/a	0.00	1.00	n/a
Muzaffarnagar	CHC, Shamli	ANC (R)					0.00	n/a
Nazibabad	Nazibabad	ANC	0.00	n/a	n/a	n/a	n/a	n/a
Pilibhit	Pilibhit Mahila Hospital	ANC	0.00	0.00	0.00	0.00	0.00	0.25
Pilibhit	CHC, KGMU, Puranpur	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Pratapgarh	CHC, Kunda	ANC (R)	n/a	n/a	n/a	0.00	1.95	n/a
Pratapgarh	CHC Patti	ANC (R)	n/a	n/a	n/a	0.00	0.00	0.75
Pratapgarh	СНС, КММН	ANC (R)	0.00	n/a	n/a	n/a	n/a	n/a
Pratapgarh	Pratapgarh Mahila Hospital	ANC	0.50	0.00	0.50	0.00	0.00	0.25
Rae Bareli	CHC, Bachrawa	ANC (R)	n/a	n/a	n/a	0.00	0.00	0.25
Rae Bareli	Rae Bareli	ANC	n/a	n/a	0.00	0.25	2.50	0
Rampur	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Saharanpur	Saharanpur Mahila Hospital	ANC	0.50	0.25	0.50	0.00	0.25	0.25
Sant Kabir Nagar	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	n/a

ANC attendees								
Shahjahanpur	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Siddharthnagar	Sidharth	ANC	n/a	n/a	n/a	n/a	n/a	n/a
Sitapur	District Mahila Hospital	ANC	n/a	n/a	n/a	0.00	0.00	0
Sonbhadra	DH	ANC (R)	n/a	n/a	n/a	0.00	0.49	n/a
Sonbhadra	CHC, Robertgang	ANC (R)	n/a	n/a	n/a	n/a	n/a	0

TABLE SS 33b

Uttar Pradesh (2008 summary)

	*HIV preva	lence amo	ng populations wi	th high-risk behaviours
Group	Number	HIV % p	ositive (90% CI)	Remarks
	tested			
All STI patients	6179	0.81	(0.62–1.00)	Total number of sentinel sites 32 0 sites (≥75% sample size) had prevalence
Female sex workers	726	0.83	(0.27–1.38)	≥5% 0 sites (≥75% sample size) had prevalence
Injecting drug users Men who have sex with	489	2.45	(1.30–3.60)	≥10%
men	246	4.07	(1.99–6.14)	

Uttar Pradesh								
Populations wit	h high-risk behaviours							
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Aligarh	Sarvhara Kalyan Samiti	FSW	n/a	n/a	n/a	0	n/a	n/a
Allahabad	SKS, Allahabad	FSW	11.96	20.00	10.8	1.6	1.60	1.63
Bahraich	Krishi Evam Gramodyog Vikas Sansthan	FSW	n/a	n/a	n/a	2.75	0.00	n/a
Basti	Basti Global Science Academi, Malaviya Road	FSW	n/a	2.42	2.00	4.00	2.00	0
Kanpur Nagar	Pragati Sewa Sansthan	FSW	n/a	n/a	0.40	0.00	0.00	0.82
Kheri	Chitranshu Samaj Kalyan Parishad, Lakhimpur (New)	FSW	n/a	n/a	n/a	0.40	0.40	n/a
Maharajganj	Shri Bharadwaj Gramodyog Seva Sansthan	FSW	n/a	n/a	n/a	3.60	0.00	n/a
Varanasi	Sarvjan Kalyan Samiti, Varanasi	FSW	1	0.00	0.80	0.00	n/a	n/a
Kanpur Nagar	Hazrat Chauhani Charitable Society	IDU	n/a	n/a	n/a	4.63	3.81	2.07
Varanasi	Manav Seva Sansthan Evam Mahila Bal Vikas Sansthan (New 07)	IDU	n/a	n/a	n/a	n/a	0.00	2.82
Lucknow	Bharosa (New 07)	MSM	n/a	n/a	n/a	n/a	0.40	4.06
Agra	Agra DH	STI	2.00	0.40	0.40	0.40	1.60	0.8
Allahabad	Allahabad DH	STI	0.40	2.00	0.00	0.00	0.00	0
Azamgarh	Azamgarh DH	STI	0.81	1.60	2.69	1.20	0.80	0.42
Balrampur	DH	STI	n/a	n/a	n/a	1.63	0.00	0.81



Uttar Pradesh								
Bareilly	Bareilly DH	STI	0.00	0.00	0.00	0.80	0.52	1.21
Basti	Basti DH	STI	0.80	1.20	2.80	4.40	0.00	0
Budaun	DH	STI	n/a	n/a	n/a	0.00	0.40	n/a
Farrukhabad	Farrukhabad DH	STI	0.90	0.81	0.00	1.20	0.00	0
Ghaziabad	Ghaziabad DH	STI	0.00	0.80	0.40	0.40	0.40	0.41
Ghazipur	DH	STI	n/a	n/a	n/a	0.00	0.44	2.02
Gonda	Gonda DH	STI	7.50	1.60	0.00	0.44	0.00	0.45
Gorakhpur	Gorakhpur DH	STI	1.60	0.40	0.80	0.40	0.80	1.2
Hamirpur	Hamirpur DH	STI	0.00	0.00	0.00	0.80	0.40	0.8
Hardoi	DH	STI	n/a	n/a	n/a	0.00	0.00	0
Jhansi	Jhansi DH	STI	0.00	1.60	0.40	0.40	2.80	0.8
Kheri	Lakhimpur DH (New)	STI	n/a	n/a	n/a	0.93	0.80	1.2
Kushinagar	DH	STI	n/a	n/a	n/a	4.63	0.68	n/a
Lucknow	Lucknow Balrampur Hospital	STI	0.40	0.80	0.80	0.40	2.03	0
Maharajganj	DH	STI	n/a	n/a	n/a	1.60	0.00	0
Mirzapur	Mirzapur DH	STI	0.55	0.00	0.00	1.68	0.40	n/a
Moradabad	Moradabad DH	STI	0.40	0.00	0.50	2.40	3.23	4.4
Muzaffarnagar	Muzaffarnagar DH	STI	0.00	0.00	1.20	0.40	0.81	0.4
Shrawasti	DH	STI	n/a	n/a	n/a	1.60	1.20	1.6
Siddharthnagar	DH	STI	n/a	n/a	n/a	1.20	0.40	0
Sonbhadra	DH	STI	n/a	n/a	n/a	0.00	0.80	3.29
Sultanpur	Sultanpur DH	STI	1.20	2.80	2.00	0.40	0.40	0
Unnao	DH	STI	n/a	n/a	n/a	0.40	1.20	0.41
Varanasi	Varanasi DH	STI	4.80	0.40	1.20	0.80	1.21	0

TABLE SS 34a Uttarakhand (2008 summary)

			٦	Frends in AN	IC, 2003–08			
*HIV prevalend	ce among anter	natal attendees						
		HIV % positive	Π	0.2				
Group	Number	(90% CI)						0.1
	tested			HIV%Positive				
All women	3576	0.22 (0.09-0.35)		- 010		0.0	0.0	
Urban				0.0	0.0	0.0	0.0	
women	3576	0.22 (0.09–0.35)			2003-2005	2004-2006	2005-2007	2006-2008
Rural women						Ye	ars	

* HIV prevalence is given for valid sites (≥75% sample size).

ANC attendees								
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Champawat	CHC, Lohaghat Champawat	ANC	n/a	n/a	n/a	0.25	0.00	0.25
Dehradun	Combine Hospital, Rishikesh	ANC	n/a	n/a	n/a	0	0.00	0
Garhwal/Pauri	Combine Hospital, Kotdwar	ANC	n/a	n/a	n/a	0	0.00	0
Haldwani	CHC, Ramnagar/BD Pandey	ANC (R)	0.3	n/a	n/a	n/a	n/a	n/a
Haridwar	Combine Hospital, Roorkee	ANC	n/a	n/a	n/a	0	0.00	0.25
Haridwar	Haridwar Mahila Hospital	ANC	0	0	0	0.25	0.00	0
Haridwar	CHC, Roorkee	ANC (R)	0	n/a	n/a	n/a	n/a	n/a
Nainital	Combine Hospital, Ramnagar	ANC	n/a	n/a	n/a	0	0.00	0
Nainital	Haldwani Mahila Hospital	ANC	0	0	0	0	0.00	0
Pithoragarh	Pithoragarh Mahila Hospital	ANC	0	0	0	0	0.00	0.75
Pithoragarh	CHC, Didihat	ANC (R)	0	n/a	n/a	n/a	n/a	n/a
Udham Singh Nagar *	District (Female) Hospital, Rudrapur, US Nagar	ANC	n/a	n/a	n/a	0.5	0.50	0.75

Uttarakhand (2008 summary)

*HIV prevalence among popula	ations with h	igh-risk behaviours
Group	Number	HIV % positive (90% CI)
	tested	
All STI patients	1468	0.41 (0.13-0.68)
Injecting drug users		

TABLE SS 34b

Uttaranchal								
Summary—Pop	ulations with high-risk b	ehaviours						
District	Site name	Population group	2003	2004	2005	2006	2007	2008
Almora	Almora DH	STI	0.4	0	0	0	0.00	n/a
Chamoli	Chamoli DH (male)	STI	n/a	n/a	n/a	0	0.00	0.4
Dehradun	Dehradun DH	STI	0	1.2	2	0.8	0.40	0.8
Garhwal	Pauri DH (male)	STI	n/a	n/a	n/a	0	0.00	0.8
Nainital	Nainital DH (male)	STI	n/a	n/a	n/a	0	0.00	0.4
Tehri Garhwal	Tehri Garhwal DH	STI	0	0	0	0.4	0.00	0
Uttarkashi	Uttarkashi DH	STI	0	0.74	0	0	0.00	0

TABLE SS 35a West Bengal (2008 summary) *HIV prevalence among antenatal attendees

Number tested	(!	% positive 90% CI)		ositive	1.0 0.8 0.6	-0.9	0.8	0.8	
tested	``	90% CI)		ositive	0.6			0.8	
0400									
8196	0.21	(0.12–0.29)		≧	0.4 -				0.4
					0.0				
3476	0.20	(0.08–0.33)				2003-2005	2004-2006	2005-2007	2006-2008
4720	0.21	(0.10–0.32)					Ye	ars	
	4720	4720 0.21	4720 0.21 (0.10–0.32)	4720 0.21 (0.10–0.32)	3476 0.20 (0.08-0.33) 4720 0.21 (0.10-0.32)	3476 0.20 (0.08-0.33) 4720 0.21 (0.10-0.32)	3476 0.20 (0.08-0.33) 2003-2005 4720 0.21 (0.10-0.32) 1	3476 0.20 (0.08–0.33) 2003-2005 2004-2006 4720 0.21 (0.10–0.32) Ye	3476 0.20 (0.08-0.33) 4720 0.21 (0.10-0.32)

* HIV prevalence is given for valid sites (\geq 75% sample size).

ANC attendee	ANC attendees							
District	Site name	Populatio n group	2003	2004	2005	2006	2007	2008
Burdwan	Durgapur SD Hospital	ANC	0.50	1.00	1.25	0.25	0.75	0
Bankura	Bishnupur Sub- divisional Hospital (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0
Birbhum	Suri DH	ANC (R)	n/a	n/a	n/a	0.00	n/a	0
Burdwan	CHC, Panagarh	ANC (R)	0.58	n/a	n/a	n/a	n/a	n/a
Burdwan	CHC, Mankar		1.23	n/a	n/a	n/a	n/a	n/a
Dakshin Dinajpur	Gangarampur Sub- divisional Hospital (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0.26
Darjeeling	Kalimgpong SDH (New 07)	ANC	n/a	n/a	n/a	n/a	2.00	0
Darjeeling	CHC, SDH, Siliguri	ANC (R)	0.25	n/a	n/a	0.00	0.50	0.75
Darjeeling	CHC, Kurseong	ANC (R)	0.28	n/a	n/a	n/a	n/a	n/a
Darjeeling	Darjeeling DH	ANC	n/a	0.50	0.84	n/a	n/a	n/a
Howrah	Uluberia Sub-divisional Hospital (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0.5
Hooghly	Khanakul Rural Hospital (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	0.25

ANC attendees								
Jalpaiguri	Alipur Duar Sub- divisional Hospital(New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0.25
Cooch Behar	Mathabhanga SDH	ANC (R)		n/a	n/a	0.00	0.25	0.55
Cooch Behar	Cooch Behar MJN Hospital	ANC	n/a	0.00	0.26	n/a	n/a	n/a
Kolkata	Abinash Dutta Maternity Home	ANC	n/a	1.25	2.25	1.76	1.50	0
Kolkata	BSGH	ANC	0.75	n/a	n/a	n/a	n/a	n/a
Kolkata	Bidya Sagar SDH (New 07)	ANC (R)	n/a	n/a	n/a	n/a	0.00	0
Malda	Malda	ANC	0.00	0.00	0.25	n/a	n/a	n/a
Malda	CHC, Manikchak Milki	ANC (R)	0.66	n/a	n/a	0.00	0.00	0.5
Medinipur	CHC, Mahishadal Basulia	ANC (R)	0.56	n/a	n/a	0.00	0.00	n/a
Midnapore	Contai Sub-divisional Hospital	ANC (R)	n/a	n/a	n/a	0.00	n/a	0
Midnapore	Kharagpur SDH (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0.5
Midnapore	Midnapore Tamluk DH	ANC	0.75	0.00	0.00	n/a	n/a	n/a
Murshidabad	Jangipur Sub-divisional Hospital (New 08)	ANC (R)	n/a	n/a	n/a	n/a	n/a	0
Nadia	Nabadwip State General Hospital (New 08)	ANC	n/a	n/a	n/a	n/a	n/a	0
North 24 Parganas	CHC, Madhyamgram	ANC (R)	0.25	n/a	n/a	0.25	0.00	0.51
Purba Medinipur	Egra SDH (New 07)	ANC (R)	n/a	n/a	n/a	n/a	0.00	n/a
Purulia	CHC, Raghunathpur	ANC (R)	0.75	n/a	n/a	0.25	0.00	0
Purulia	Purulia DH	ANC	0.00	0.50	1.50	n/a	n/a	n/a
Kolkata	RGKMCH	ANC	0.50	n/a	n/a	n/a	n/a	n/a
Siliguri	Siliguri DH	ANC	0.25	n/a	n/a	n/a	n/a	n/a
South 24 Parganas	Bijaygarh State Hospital	ANC	n/a	0.65	2.25	0.00	n/a	n/a
South 24 Parganas	CHC, Baruipur	ANC (R)	0.25	n/a	n/a	0.00	0.00	0
Uttar Dinajpur	CHC, Kaliaganj	ANC (R)	0.50	n/a	n/a	2.25	0.00	0
Uttar Dinajpur	Uttar Dinajpur Raiganj Hospital	ANC	0.74	0.00	0.49	n/a	n/a	n/a

TABLE SS 35b West Bengal (2008 summary)

	*HIV prevalend	ce of popula	tions with high-ri	sk behaviours
Group	Number tested	HIV % po	ositive (90% Cl)	Remarks
All STI patients	2092	3.20	(2.57–3.84)	Total number of sentinel sites 34
Female sex workers	2665	4.13	(3.49–4.76)	7 sites (≥75% sample size) had prevalence ≥5%
Injecting drug users	937	5.55	(4.32–6.78)	2 sites (≥75% sample size) had prevalence ≥10%
Male migrants	242	2.48	(0.84–4.12)	
Truckers	996	1.91	(1.19–2.62)	
Men who have sex with				
men	997	5.02	(3.88–6.15)	

* HIV prevalence is given for valid sites (≥75% sample size).

West Bengal									
Populations with high-risk behaviours									
District	Site name	Population group	2003	2004	2005	2006	2007	2008	
Burdwan	Durgapur TI project	FSW	8.00	4.40	6.80	8.00	6.00	3.25	
Darjiling	DMSC Khalpara	FSW	n/a	n/a	n/a	7.56	8.00	0.8	
Jalpaiguri	Jalpaiguri	FSW	9.20	5.60	6.00	8.93	5.20	0	
Kolkata	Kolkata SHIP	FSW	9.60	3.60	10.40	7.60	5.20	8.84	
Kolkata	DMSC Kolkata	FSW	5.67	2.00	2.33	n/a	n/a	n/a	
Midnapore	Haldia TI project	FSW	2.00	9.60	8.00	8.80	5.20	6.8	
Murshidabad	Behrampur TI project	FSW	6.05	2.00	2.54	2.00	1.20	1.2	
North 24 Parganas	SBMS TI , Basirhat	FSW	n/a	n/a	n/a	3.23	4.84	9.83	
South 24 Parganas	Diamond Harbour Tl project	FSW	4.40	1.60	8.00	3.20	5.20	1.6	
Uttar Dinajpur	DMSC Islampur/Panjipara (New 07)	FSW	n/a	n/a	n/a	n/a	12.40	7.41	
Burdwan	DISHA Janakalyan Kendra, Asansol (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	3	
Birbhum	Suri, EICS (New 08)	FSW	n/a	n/a	n/a	n/a	n/a	2.87	
Darjeeling	Indian Red Cross, Kurseong	IDU	n/a	n/a	10.00	3.20	8.00	3.24	
Howrah	SKBS TI	IDU	n/a	n/a		4.00	10.00	n/a	
Kolkata	Kolkata NGO TI	IDU	n/a	5.48	n/a	n/a	n/a	n/a	
Kolkata	SCIR, Kolkata	IDU	2.61	2.22	2.80	5.20	6.80	n/a	
Darjeeling	SCIR, Siliguri	IDU	n/a	n/a	16.00	10.00	11.60	n/a	
Murshidabad	SCIR, Lalgola	IDU	n/a	n/a	0.81	0.80	2.40	2.09	
Darjeeling	SCIR, Jhankar More (New 08)	IDU	n/a	n/a	n/a	n/a	n/a	10	
Kolkata	SCIR, Park Circus (New 08)	IDU	n/a	n/a	n/a	n/a	n/a	7.36	
Kolkata	HDRI, Kolkata (New 07)	MRG	n/a	n/a	n/a	n/a	9.27	2.48	
Darjeeling	Manas Bangla, Siliguri	MSM	n/a	n/a	n/a	4.80	4.80	3.63	
Hooghly	Manas Bangla, Hooghly (New 07)	MSM	n/a	n/a	n/a	n/a	5.65	4	
Kolkata	Manas Bangla	MSM	n/a	1.33	0.54	8.40	6.40	n/a	
Burdwan	Manas Bangla (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	3.2	

West Bengal								
Kolkata	Manas Bangla Kasba (New 08)	MSM	n/a	n/a	n/a	n/a	n/a	9.24
Bankura	Bankura Medical College	STI	1.60	0.00	1.51	0.40	0.00	0.49
Burdwan	Burdwan Medical College	STI	0.43	0.82	2.04	0.40	0.40	7.66
Dakshin Dinajpur	Balurghat Sadar Hospital	STI	1.26	0.41	2.27	1.20	0.80	1.63
Darjeeling	Darjeeling DH	STI	n/a	n/a	n/a	2.17	n/a	
Hooghly	Hooghly DH	STI	n/a		3.40	3.20	2.40	1.71
Jalpaiguri	Jalpaiguri DH	STI	n/a	0.00	0.00	0.80	2.00	n/a
Kolkata	Howrah DH	STI	n/a	0.94	3.02	1.79	0.00	n/a
Kolkata	Kolkata Medical College and Hospital	STI	9.60	19.74	4.80	3.60	4.95	11.17
Midnapore	Mednipur Medical College	STI	n/a	2.46	1.00	0.81	1.20	1.61
Midnapore	Haldia SD Hospital	STI	1.61	n/a	1.60	n/a	n/a	n/a
Murshidabad	Behrampur/Berhampore DH	STI	4.00	1.65	4.80	4.80	5.20	4.9
Nadia	Krishnagar Sadar Hospital	STI	n/a	0.82	0.93	0.80	0.00	0.86
South 24 Parganas	MR Bangura Hospital	STI	4.00	1.20	3.24	0.40	0.80	0
Burdwan	SSSS TI	TRK	n/a	n/a	n/a	2.40	3.21	2.81
Dakshin Dinajpur	NMMS TI Hilli	TRK	n/a	n/a	n/a	2.40	1.20	2.42
Jalpaiguri	GUP TI	TRK	n/a	n/a	n/a	2.02	3.20	0.8
Kolkata	BPWT TI, KPT	TRK	n/a	n/a	n/a	4.40	2.80	n/a
Midnapore	HVP TI, Haldia, Purba Medinipur	TRK	n/a	n/a	n/a	2.40	3.20	1.61

Annexure III

Random sampling method

- Terminology—master list, line list, random list and PE-wise list
- Preparatory work at RI and SACS
 - Obtain validated, updated line list from the TI division/TSU of SACS
 - Exclude the ineligible HRI by age
 - Select 325 names randomly, using random numbers
 - Provide the random list to SACS
 - SACS should, in turn, provide the first 250 names from the random list to the TI

Random sampling method at site

- Obtain random list of 250 names from SACS
- Prepare PE-wise lists
- Organize PE meeting (instructions)
- Emphasize on PE talking points
- Fix different dates for different PEs
- PE to make attempts to contact the listed HRI (at least 3 attempts should be made)
- PE to communicate exactly in accordance with the PE talking points
- PE to accompany the selected HRI to the DIC on a fixed date

Scenarios when the PE attempts to contact the HRI

- HRI is contacted and comes to the DIC along with the PE: Follow the steps mentioned in consecutive sampling, starting with enrolment in HSS register
- HRI is contacted and agrees to come to the DIC on his own
 - Comes to the DIC within one month: Follow the steps mentioned in consecutive sampling, starting with enrolment in HSS register
 - Does not come to the DIC within one month: Document in HSS register
- HRI is contacted but refuses to come to the DIC for participation in HSS: Enquire into the reason for refusal
- HRI could not be contacted even after 3 attempts: Document in HSS register
- Document the outcome of the PE attempts in the HSS register when he comes to the DIC on the date fixed

Annexure IV

Checklist

Annexure IVA (Part A)

CHECKLIST FOR MONITORING OF SENTINEL SITES

PAR	ГА							
١.	Genera	information						
	1.	Names and designations	s of co	ordinators				
		a)						
		b)						
	2.	Date of supervisory visit		1			1	
	3.	State		City			Institute	
	4.	Type of sentinel site		ANC /STI/IVDU	/MSM/FS	W/Any	other—specify	
	5.	Location of site		Urban / Rural				
	6.	Days of service		Daily/Once a w	eek /Twi	ce a we	ek /Thrice a week	
	7.	Since when functioning	as	Year				
		sentinel site						
II.	Personr	nel involved in HIV sentin	el surv	veillance				
	S.No.	Name	Desi	gnation	Experie	nce	Trained for HSS 2007 Yes/No	
	1.							
	2.							
	3.							
	4.							
III.		s at the clinic site						
1.	Genera	infrastructure						
	a.	Reception and waiting s	pace			Adeq	uate/Inadequate	
	b.	Separate examination ro	oom			Yes/N	0	
	C.	If no, then curtained-off	area	for examination of	of	Yes/No		
		patients						
	d.	Privacy maintained				Yes/N	0	
	e.	Examination table				Yes/No		
	f.	Adequate light				Yes/No		
	g.	Electric supply				Regul	ar / Irregular	
	h.	Stand-by generator				Yes/N	10	
						Funct	ioning / Not functioning	
	i.	IEC material				Availa	ible /Not available	
						Displa	ayed /Not displayed	
	j.	Blood collection facilitie	s avail	able in the clinic	site	Yes/N	0	
	k.	If no, then how far is the site?	e labor	ratory from the s	entinel	Nearb	by/Far away	



2.	Facilities for blood collection, separation and storage at collection centre								
	Ι.	Individual request formats for report	Available/ Not available						
	m.	Number of formats	Adequate/Inadequate						
	n.	Personal protective devices (aprons/ gloves) in	Yes/No						
		adequate number							
	0.	Disposable needles and syringes	Available/Not available						
	p.	Number of needles and syringes available:	Yes/No						
		ANC (500), STI, FSW, MSM, IDU, etc. (300)							
	q.	Needle destroyer used	Yes/No						
	r.	If no, why? State reasons.							
	s.	Disinfectants (1% sodium hypochlorite solution/bleach)	Yes/No						
		available for decontamination							
	t.	Sterile, plastic screw-capped 10-ml blood	Yes/No						
		collection tubes available in adequate number							
	u.	Sterile, plastic screw-capped 2-ml storage vials	Yes/No						
		available in adequate number							
	٧.	Plastic/glass Pasteur pipettes/micropipettes with	Yes/No						
		plastic tips available							
	w.	Centrifuge machine	Present / Absent						
			Functioning / Not functioning						
	х.	Centrifuge tubes of 15 ml capacity available	Yes/No						
	у.	Refrigerator	Present / Absent						
			Functioning / Not Functioning						

Annexure IVA (Part B)

CHECKLIST FOR MONITORING OF SENTINEL SITES

1.	Selection of new attendees based on inclusion criteria	Yes/No
2.	Daily attendance at clinic of STI/ANC /IDU/MSM/FSW attendees (each counted once during surveillance)	(Specify number).
3.	Total attendees since start of HSS activity	(Specify number).
4.	Blood sample taken from all consecutive attendees. If no, why? Give reasons.	Yes/No
5.	Formats filled up for all first-time attendees during September 1 to November 30. If no, why? Give reasons.	Yes/No
6.	Who is fills up the forms?	Trained /Untrained
7.	Whether properly filled. If no, give reasons.	Yes/No
8.	Blood collected at	Clinic site /Hospital laboratory/Testing centre
9.	Amount of blood collected—5 ml	Yes/No
10.	Blood collected by	Laboratory technician /Nurse
11.	Time taken between collection of blood and serum separation	3 hours/6 hours/18 hours/ >2 hours
12.	Storage of serum sample	Refrigerator/Deep freezer
13.	Labelling/coding of serum samples done	Yes/No
14.	Frequency of dispatch	Daily/ Once a week/ Twice a week / Whenever convenien Other (specify)
15.	Mode of dispatch	Vaccine carrier/ Other / without cold chain
16.	Method of decontamination used	Bleach solution/ 1% hypo consumables chlorite solutio 2% cidex solution
17.	Needle destroyer used. If no, why?	Yes/No
18.	Method of final disposal of used syringes and needles	Burnt/ Buried/ Incinerated/ Others
19	 a) Proper records maintained at clinic site. If no, why? Give reasons. 	Yes/No
	b) Reports. Confidentiality of reports maintained	Yes/No
20.	Support system	Adequate / Inadequate

Name (Member of supervisory team)

Signature

CHECKLIST FOR MONITORING AT HIV TESTING CENTRE

PART	Α								
I	Gener	al information							
	1.	Name of centre							
	2.	Number and name of se	ntinel						
		sites attached to the cen	tre						
II	Persor	nel involved in HIV testin	g	1					
	S.No.	Name	Design	nation		Experie	nce	Traini	ng status for HSS
								2007	
	a.								
	b.								
	с.								
	d.								
	e.								
		es at the testing site							
	1.	General infrastructure					-1		
	a.	Reception and waiting sp	bace						nadequate
	b.	Collection area					Yes/I		
	С.	Testing area					Yes/I		
	d.	Area for washing and dis	posal				Yes/I		
	e.		Illumination sufficient Yes/No						
	f.	Adequate water supply					Yes/I		
	g.	Alternate arrangement for electricity					Yes/I	No	
	2.	HIV and syphilis serologic testing							
	Α	Equipments					1		-
			Ava	ilable	Not	available	Functi	oning	Non functioning
	a.	Micropipettes							
	b.	Sterilizers							
	с.	Refrigerator							
	d.	Centrifuge							
	e.	Deep freezer (-20 °C)							
	f.	ELISA reader and washer	~						
	g.	VDRL rotator							
	h.	Microscope							
	i.	Timer							
	В	Consumables							
	a.	Disposable syringes and				Adequate		-	
	b.	Disinfectants available—	name a	nd		Adequate	e / Inade	equate	/ Used / Not used
		concentration					/	. ,	
	С.	Masks				Adequate/Inadequate / Used / Not used			
	d.	Gloves				Adequate/Inadequate/Used/Not used			
	e.	Aprons (plastic)				Adequate/ Inadequate/ Used/ Not used			
	f.	Screw-capped plastic via	is for co	ollectio	n	Adequate	e /Inade	quate /	' Used / Not used
		and storage							

g.	Disposable plast	Disposable plastic tips				Adequate/Inadequate / Used / Not used		
h.	Pasteur pipettes	Pasteur pipettes			Adequate/Inadequate / Used / Not used			
i.	Glass slides for s	yphilis testing		Adequa	ate/Inadequate			
j.	Wax	Wax			Adequate/Inadequate			
k.	Ring template	Ring template			Adequate /Inadequate			
١.								
С	Kits	Kits						
a.	HIV kits	Name of kit	Source		Batch number	Expiry date		
i)	ELISA							
ii)	RAPID							
b.	VDRL antigen							
C.	Storage of kits	Storage of kits			Satisfactory/ Not satisfactory			
d.	Kits sufficient	Kits sufficient						
i)	HIV ELISA	HIV ELISA			Yes/ No			
ii)	HIV Rapid	HIV Rapid			Yes/ No			
iii)	VDRL			Yes/ No				

CHECKLIST FOR MONITORING AT HIV TESTING CENTRE

PART	В		
IV	Prac	tices followed at laboratory	
Α.	HIV t	testing methodology	
	a.	Standard procedure followed (2ER)	Yes/ No
	b.	ELISA/ Rapid test	Test 1/ Test 2
	с.	Quality control—control in house	Yes/ No
	d.	Reading of results by microbiologist	Yes/ No
	e.	Ext. Quality assurance guidelines followed	Yes/ No
	f.	Panel sera received (from reference	Yes/ No
		laboratory)	
В.	Syph	ilis serology testing methodology	
	a.	Whether VDRL/RPR used	Specify
	b.	Standard procedure followed	Yes/No
	С.	Whether 2 VDRL/RPR done	Yes/No
	d.	Qualitative or quantitative test done	Specify
	e.	Quantitative test done on how many sera	Specify number
C.	Univ	ersal precautions followed	
	a.	Handling sharps	Proper/ Improper
	b.	Handling spillage of blood	Proper/ Improper
	с.	Washing of hands	Proper/ Improper
	d.	Pipette technique	Proper/ Improper
	e.	Decontamination before disposal	Yes/No
	f.	Final waste disposal	Burning/Incineration/Deep burial
V	Deta	ils of HSS	
	a.	Samples received	Daily/ Once a week/ Any other (specify)
	b.	Cold chain maintained during transport	Yes/No
	с.	Nature of sample	Serum/Whole blood
	d.	Quantity of serum	Adequate/Inadequate
	e.	Condition of sample on day of visit	Haemolyzed/ Contaminated
	f.	Number of unsatisfactory samples, and	
		total samples	
	g.	Unsatisfactory samples discarded	Yes/No
	h.	Mode of storage of sera	Refrigerator/Deep freezer
	i.	Duration of storage before testing	Immediate/1 week/2 weeks/1 month/
	j.	Tests done	other Daily/ Twice a week/ Any other (specify)
VI	-	rd maintenance	Maintained/ Not maintained
		lems faced	
VIII	Sugg	estions for improvement	

Name (Member of supervisory team)

Signature

Annexure V

Proforma

HSS 2008: DATA FORM FOR PATIENTS ATTENDING STI/ GYNAECOLOGICAL CLINICS

(Circle appropriate options, complete where options are not available.)

Date: / /	State:		District:	
1. Name of sentinel site:				
2.1 Sentinel site code:	2	2.2 Sub-site number: 0, 1, 2, 3, 4, 5		
	(Circle the allott	ed sub-site number. Circle 0 if the	
	9	site is not a part	t of a composite site.)	
3.1 Sample number:	3	3.2 Sentinel site	e type: 1. STI clinic 2. Gynaecological	
	(clinic		
4.1 Age (in completed years):		4.2 Sex: 1. Male		
5. Marital status: 1. Never married 2	2. Married 3. Divorce	ed/Separated/V	Vidowed	
6. Education:	1. Illiterate		2. Literate and till 5th standard	
3. Till 12th standard	4. Till graduation		5. Graduate and above	
7. Source of referral to STI clinic				
1. Self-referral	2. ICTC/ VCTC		3. NGO	
4. Private doctors	5. ART centre		6. Other OPDs	
7. Referred by spouse with STI				
8. Current place of residence of the	respondent			
1. Urban (municipal		2. Rural		
corporation/council/cantonment)				
9. Duration of stay at current place		years	_ months	
10. Current occupation of the respo	ondent			
1. Agricultural labourer		labourer	3. Domestic servant	
4. Skilled/ Semi-skilled worker	•	Small shop	6. Large business/Self-employed	
7. Service (Government/Private)	8. Student		9. Truck driver/helper	
10. Local transport worker (auto/	11. Hotel staff		12. Agricultural cultivator/	
taxi driver, handcart puller,			landholder	
rickshaw puller, etc.)				
13. Unemployed		14. Housewife		
11. Current occupation of the spous				
1. Agricultural labourer	2. Non-agricultural		3. Domestic servant	
4. Skilled/ Semi-skilled worker	5. Petty business/ S	Small shop	6. Large business/Self-employed	
7. Service (Government/Private)	8. Student		9. Truck driver/helper	
10. Local transport worker (auto/	11. Hotel staff		12. Agricultural cultivator/	
taxi driver, handcart puller,			landholder	
rickshaw puller, etc.)				
13. Unemployed		14. Housewife		
99. Not applicable (for never marrie	d/ Widows/ Widowe	ers)		

12. Syndromic diagnosis of STI	
Ano-genital ulcer	1
Urethral discharge/ Cervical discharge	2
Genital ulcer and urethral discharge/ Cervical	3
discharge	
Ano-genital warts	4
(This question has to be asked ONLY FOR FEMALE RE	SPONDENTS. For male respondents, circle '99'.)
13. Does husband reside alone in another place/tow	vn away from wife for work for longer than 6 months?
2. No	99. Not applicable (for never
1. Yes	married/ Widows/ Male
	respondents)
Signature	Signature
Name	Name
(Person completing the form)	(In-charge of the surveillance site)

HSS 2008: DATA FORM FOR ANTENATAL CLINIC ATTENDEES

(Circle appropriate options, complete where options are not available.)

To be completed at the testing laboratory Date:/	State:		District:		
/ 1. Name of sentinel site:					
2.1 Sentinel site code:	2.2 Sub-site number: 0, 1, 2, 3, 4, 5 (Circle the allotted sub-site number. Circle 0 if the site is not a part of a composite site.)				
3. Sample number:					
4. Age in completed years:					
5. Education					
1. Illiterate	2. Literate and til			standard	
4. Till graduation		5. Graduate a	nd above		
6. Order of current pregnancy					
1. First 2. Second	3. Third	4.	Fourth	5. Greater than fourth	
7. Source of referral to ANC clinic					
1. Self-referral	 Family/Relative Friends 	es/ Neighbours	3. NGO/ Ou	t-reach workers	
4. Private doctor/ Private health	5. Government doctor/ ANM/		6. ICTC/ AR	6. ICTC/ ART centre	
centre	ASHA/ Governme	nt health centre	2		
8. Current place of residence					
1. Urban (municipal		2. Rural			
corporation/Council/Cantonment)					
9. Duration of stay at current place	of residence:	vears	months		
10. Current occupation of the respo					
1. Agricultural labourer		al labourer	3. Domestic	servant	
4. Skilled/ Semi-skilled worker	0	0		6. Large business/Self-employed	
7. Service (Government/Private)			9. Truck driv		
10. Local transport worker (auto/				ural cultivator/	
taxi driver, handcart puller,			landholder		
rickshaw puller, etc.)					
14. Housewife					
11. Current occupation of the spou	S.A.				
1. Agricultural labourer		al labourer	3. Domestic	servant	
4. Skilled/ Semi-skilled worker	5. Petty business			siness/Self-employed	
7. Service (Government/Private)	8. Student	Sindii Shop	9. Truck driv		
10. Local transport worker (auto/	11. Hotel staff			ural cultivator/	
taxi driver, handcart puller,	II. HOLEI SLAH		landholder		
rickshaw puller, etc.)			lanunoiuei		
		00 Not applic	able (for nover n	parried (widows)	
13. Unemployed	ther place / town			narried/ widows)	
12. Does spouse reside alone in and	-	lway from whe		-	
1. Yes	2. No		married/ wi	licable (for never dows)	
Signature		Signature			
Name		Name			
(Person completing the form)		(In-charge of the sentinel site)			

HSS 2008: DATA FORM FOR INJECTING DRUG USERS

(Circle appropriate options, complete where options are not available.)

Date: / / 1. Name of sentinel site:	State:		Dis	trict:
2.1 Sentinel site code:	2.2 Sub-site Nur	mber: 0, 1, 2,	3, 4,	5
	(Circle the allott	ed sub-site numbei	r. Circle	e 0 if the site is not a composite site.)
3. Sample number:				
4. Age (in completed years):	_ 5. Ge	nder: 1. Male	2. Fe	male
6. Marital status: 1. Never married	2. Married	Divorced/sep	oarated	d/widowed
7. Education				
1. Illiterate	2. Literate and	till 5 th standard		3. Till 12 th standard
4. Till graduation	5. Graduate an	d above		
8. Reason for coming to the service p	oint			
1. STI treatment	2. Other medic	al care		3. Other
4. Needle exchange programme	5. Oral substitu	ition therapy/		
	De-addictior	ı		
9. Current place of residence of the r	espondent			
1. Urban (Municipal		2. Rural		
corporation/Council/Cantonment)				
10. Current occupation of the respon	dent			
1. Agricultural labourer	2. Non-agricultural labourer			3. Domestic servant
4. Skilled/ Semi-skilled worker	5. Petty business/ Small shop			6. Large business/Self-employed
7. Service (Government/Private)	8. Student			9. Truck driver/helper
10. Local transport worker (auto/ taxi driver, handcart puller, rickshaw puller, etc.)	11.Hotel staff			12. Agricultural cultivator/ landholder
13. Unemployed	14. Housewife			
11. Is the respondent a shadow user'	*? 1. Yes	2	. No	
*Shadow users: IDUs who switch ov	er to injectable d	lrugs from oral or	inhala [.]	tional and have injected in the last six
months				
12. Average frequency of injecting dr	ugs			
1. Once a week or less 2. Twice	a week	3. Thrice a week		4. More than thrice a week
13. Duration of injecting drug use				
1. < 6 months 2. 6 mon	ths to 1 year	3. 1–3 years		4. 3–5 years
5. >5 years				
Signature	Signa	ture		
Name	Nam	e		
(Person completing the form)	(In-cł	narge of the surveil	llance	site)

14. Laboratory results

a) Testing for HSS (Please circle the appropriate number.)

First test1. Positive2. Negative

Second test 1. Positive

2. Negative 9. Not applicable (if first test is negative)

Signature_____ Name _____ Signature_____ Name _____

(Person completing the form)

(In-charge of the testing centre)



HSS 2008: DATA FORM FOR MEN WHO HAVE SEX WITH MEN

(Circle appropriate options, complete where options are not available.)

Date:/ /		State:		District:
1. Name of sentinel site:				
2.1 Sentinel site code:		2.2 Sub-site nu	mber:	: 0, 1, 2, 3, 4, 5
		(Circle the allott composite site.)		b-site number. Circle 0 if the site is not a
3. Sample number:				
4. Age (in completed years)				
5. Education				
1. Illiterate	2.	Literate and till 5 th standard	3.	Till 12 th standard
4. Till graduation	5.	Graduate and above		
6. Reason for coming to the	service po	pint		
1. STI treatment	2.	Other medical care	3.	Other
7. Current place of residence	e of the re	espondent		
1. Urban (Municipal corpora	tion /Cour	ncil /Cantonment)	2.	Rural
8. Duration of stay at curre	nt place of	residence: years		months
9. Current occupation of th	-			
1. Agricultural labourer	2.	Non-agricultural labourer	3.	Domestic servant
4. Skilled/ Semi-skilled wor	ker 5.	Petty business/ Small shop	6.	Large business/Self-employed
7. Service	0	Student	9.	Truck driver/helper
(Government/Private)	۵.	Student		
10. Local transport worker (taxi driver, handcart pull rickshaw puller, etc.)	-	. Hotel staff	12.	Agricultural cultivator/ landholder
13. Unemployed				
10. Type of MSM				
1. Kothi 2	. Panthi	3. Double-decker	4. 1	No response
-	-	al intercourse with any femal	e part	mer in the last 6 months?
1. Yes		. No		
•		money or payment in kind for	r sex?	
1. Yes		. No 3. No response		
-		easure without a prescription?	•	
1. Yes	2	. No		
Signature				
Name				
(Person completing the forn	ı)	(In-ch	arge (of the surveillance site)

14. Laboratory results

a) Testing for HSS (Please circle the appropriate number.) 1. Positive 2. Negative First test

Second test

1. Positive

2. Negative 9. Not applicable (if first test is negative)

Signature_____ Name _____

(Person completing the form)

Signature_____ Name _____ (In-charge of the testing centre)



HSS 2008: DATA FORM FOR FEMALE SEX WORKERS

(Circle appropriate options, complete where options are not available.)

	2. State:	
2.1 Sentinel site code:	2.2 Sub-site number: 0, (Circle the allotted sub-site n composite site.)	1, 2, 3, 4, 5 umber. Circle 0 if the site is not a
3. Sample number:		
4. Age (in completed years):		
5. Education		
1. Illiterate	2. Literate and till 5 th standard	3. Till 12 th standard
4. Till graduation	5. Graduate and above	
6. Reason for coming to the ser	rvice point	
1. STI treatment	2. Other medical care	3. Other
7. Current place of residence		
1. Urban (Municipal corporation	n /Council 2. Rural	
/Cantonment)		
8. Duration of stay at current p	lace of residence: years	months
9. Type of sex work involved in	(Multiple options are allowed.)	
1. Brothel-based	2. Street-based	
3. Home-based	4. Others	
10. Duration of involvement in	sex work	
1. < 6 months	2. 6 months to 1 year	3. 1–3 years
4. 3–5 years	5. >5 years	
11. Any other source of income	e, apart from sex work?	
1. Yes	2. No	
If yes, specify		
12. Has she ever injected a drug	g for pleasure without a prescriptio	n?
1. Yes	2. No	
Signature	Signature	
Name	Name	
(Person completing the form)	(In-charge of the s	surveillance site)

13. Laboratory resultsa) Testing for HSS (Please circle the appropriate number.)First test1. Positive2. Negative

Second test

1. Positive 2. Negative

9. Not applicable (if first test is negative)

Signature_____ Name _____ (Person completing the form)

Signature	
Name	_
(In-charge of the testing of	entre)



HSS 2008: DATA FORM FOR MALE MIGRANTS

(Circle appropriate options, complete where options are not available.)

Date: / / /	State:	District:
1. Name of sentinel site:		
2.1 Sentinel site code:	2.2 Sub-site number: 0,	1, 2, 3, 4, 5
	(Circle the allotted sub-site n	umber. Circle 0 if the site is not a
	composite site.)	
3. Sample number:		
4. Age (in completed years):		
	ried 2. Married 3. Divorce	ed/Separated/Widowed
6. Education		
	Literate and till 5 th standard	3. Till 12 th standard
0	Graduate and above	
7. Reason for coming to the set		
1. STI treatment2.	Other medical care	3. Other
8. Current place of residence of	f the respondent	
1. Urban (Municipal	2. Rural	
corporation/Council/Cantonme	-	
9. When did the respondent m	igrate to the current place?	years months
10.1. State of origin	10.2. Distric	t of origin
10.3. Place of origin 1. Urban (2. Rural
corporation/Council/Cantonme		
11. Current occupation of the r	•	
-	2. Non-agricultural labourer	
4. Skilled/ Semi-skilled worker	5. Petty business/ Small shop	
7. Service	8. Student	Truck driver/helper
(Government/Private)		
10. Local transport worker	11. Hotel staff	
(auto/ taxi driver, handcart		
puller, rickshaw puller, etc.))	
Signature	c	ignature
Name		lame
(Person completing the form)		n-charge of the surveillance site)

12. Laboratory results

a) Testing for HSS (Please circle the appropriate number.)First test1. Positive2. Negative

Second test

1. Positive 2. Negative

9. Not applicable (if first test is negative)

Signature_____ Name _____ (Person completing the form)

Signature_	
Name	
(In-charge	of the testing centre)



HSS 2008: DATA FORM FOR TRUCKERS

(Circle appropriate options, complete where options are not available.)

Date: / /	State:	District:			
1. Name of sentinel site:					
2. 1 Sentinel site code:	2.2 Sub-site number: 0, 1 , (Circle the allotted sub-site num composite site.)				
3. Sample number:					
4. Age (in completed years):					
5. Marital status : 1. Never married	2. Married 3. Divorced,	/Separated/Widowed			
6. Education					
1. Illiterate 2	. Literate and till 5 th standard	3. Till 12 th standard			
4. Till graduation 5	. Graduate and above				
7. Reason for coming to the site					
1. STI treatment 2	. Other medical care	3. Other			
8. Current place of residence of the	respondent				
 Urban (Municipal corporation/Council/Cantonment) Average number of days in a mo 	2. Rural nth that are spent at home with	1 family? days			
Signature	Sign	ature			
Name	Nan	ne			
(Person completing the form)	(In-c	charge of the surveillance site)			

10. Laboratory results

a) Testing for HSS (Please circle the appropriate number.)

1. Positive

First test 1. Positive

2. Negative

Second test

2. Negative 9. Not applicable (if first test is negative)

Signature_____ Name _____ (Person completing the form)

Signature_	
Name	
(In-charge	of the testing centre)

HSS 2008: DATA FORM FOR EUNUCHS/ TRANSGENDERS

(Circle appropriate options, complete where options are not available.)

Date:/ /	State:	District:				
1. Name of sentinel site:						
2.1 Sentinel site code:	2.2 Sub-site Number:	0, 1, 2, 3, 4, 5				
	(Circle the allotted sub-	-site number. Circle 0 if the site is not a				
	composite site.)					
3. Sample number:						
4. Age (in completed years):						
5. Education						
1. Illiterate	2. Literate and till 5 th standard	3. Till 12 th standard				
0	5. Graduate and above					
6. Reason for coming to the servic	-					
1. STI treatment	2. Other medical care	3. Other				
7. Current place of residence of the	-					
1. Urban (Municipal	2. Rural					
corporation/Council/Cantonment)						
	e of residence: years	months				
9. Current occupation of the respo	ondent					
1. Agricultural labourer	2. Non-agricultural labourer	3. Domestic servant				
	5. Petty business/ Small shop					
7. Service (Government/Private)		9. Truck driver/helper				
10. Local transport worker (auto/	11. Hotel staff	12. Agricultural cultivator/ landholder				
taxi driver, handcart puller,						
rickshaw puller, etc.)						
13. Unemployed						
10. Has the respondent ever recei	ved money or payment in kind for s	ex?				
1. Yes 2. No	3. No response					
11. Has the respondent ever inject	ted a drug for pleasure without a pr	escription?				
1. Yes 2. No						
Signature						
Name						
(Person completing the form)	(In-charge d	(In-charge of the surveillance site)				

Annexure VI

States	STI	ANC	ANC (R)	FSW	IDU	MSM	TRK	MRG	EUN	Total
Andaman & Nicobar Islands	1	4								5
Andhra Pradesh		26	26	12	2	6				72
Arunachal Pradesh	7	6		3	2					18
Assam	9	16		14	2	1				42
Bihar	24	23		15	2	1				65
Chandigarh	2	1		3	1	1				8
Chhattisgarh	4	18								22
Daman & Diu		2								2
Dadra &Nagar Haveli		1								1
Delhi	5	5		6	2	4				22
Goa	2	3		1		1				7
Gujarat	10	25		6		7		2		50
Haryana	9	12		7	1	1				30
Himachal Pradesh	5	8		3	1	1	1	1		20
Jammu & Kashmir	6	14		2	1					23
Jharkhand	11	15		12	1	1				40
Karnataka	7	29	29	6	1	3				75
Kerala	2	6		6	3	5	1			23
Madhya Pradesh	13	36		3	1	1				54
Maharashtra	9	33	33	16		3		2	1	98
Mumbai	1	6	0	4	1	1				12

State-wise distribution of sentinel sites by type in 2008



Manipur	2	10	4	3	4	1				24
Meghalaya	3	1	6							10
Mizoram	2	8		1	5			1		17
Nagaland	1	11	8	1	8					29
Orissa	7	31		6	3	4		1		52
Pondicherry	3	2		3		2				10
Punjab	3	8	5	7	5	3				31
Rajasthan	15	26		5						46
Sikkim	1	3		1	2					7
Tamil Nadu		34	29	28	2	17				110
Tripura	7	2			1					10
Uttar Pradesh	26	43	10	3	2	1				85
Uttaranchal	6	9								15
West Bengal	9	9	12	11	4	4	5	1		55
India	212	486	162	188	57	69	7	8	1	1190



National Institute of Health and Family Welfare Munirka, New Delhi-110067



National AIDS Control Organisation (NACO) Ministry of Health & Family Welfare New Delhi-110001