

Conclusion: ELISA Microscreen AgHBs® est le seul nouveau test qui montre des résultats intéressants sur la détection de HBsAg. Ces données et pourraient entrevoir son utilité dans le diagnostic de cette maladie sur DBS.

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Factors Associated With Non-use of ART Among HIV-Positive Men in South Africa: Findings From a 2017 Population-Based Household Survey

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Although South Africa has been a part of the World Health Organization's recommended Test and Treat program since 2016, treatment initiation and retention remain below target. In 2017, an estimated 56.3% and 65.5% of HIV-positive men and women, respectively, were on antiretroviral therapy (ART). We aimed to investigate determinants of low male use of ART in South Africa.

Utilizing data from the fifth South Africa National HIV Prevalence, Incidence, Behavior and Communication (SABSSM V) cross-sectional survey conducted in 2017, HIV-positive male records were extracted and stratified based on presence/absence of antiretroviral drugs (ARVs) detected in dried blood spot samples. Data was weighted to be representative of the national population, and a multivariate logistic regression was performed. Records with missing values were excluded and $p < 0.05$ was considered significant.

A total of 6,920 males age ≥ 15 years were enrolled in the study, and 953 (13.8%) had a laboratory confirmed HIV-positive result. Among those HIV-positive, 810 had a known

ARV test result: 470 (58%) had ARVs detected, and 340 (42%) did not have ARVs detected. Adjusting for age (and other known covariates), non-use of ART in males was associated with high alcohol use (AOR=4.15, 95%CI: 1.13-15.25, $p=0.03$), being a widower compared to being unmarried (AOR=7.28, 95%CI: 1.59-33.38, $p=0.01$), and having drug-resistant HIV (AOR=26.17, 95%CI: 12.90-53.08, $p < 0.001$). Increased age (AOR=0.63, 95%CI: 0.44-0.91, $p=0.01$), residence in rural tribal localities compared to urban localities (AOR=0.39, 95%CI: 0.19-0.79, $p=0.01$), being too sick/disabled to work (AOR=0.02, 95%CI: 0.00-0.29, $p < 0.001$), or having a co-morbidity such as tuberculosis or diabetes (AOR=0.07, 95%CI: 0.03-0.16, $p < 0.001$) were negatively associated with ART non-use.

Young HIV-positive men, particularly those with high alcohol use, should be targeted for HIV programming at a greater scale to reach the UNAIDS 95-95-95 targets by 2030. Exposure to a health facility, whether by previous illness or co-morbidity, increases the likelihood of being on ART. Identifying interventions that are effective at linking these men to ART and continuing to improve knowledge about HIV treatment will help reduce the national burden of disease and enable South Africa, a country with disproportional burden of infection, to finally reach epidemiological control.

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Stigma in Youth With HIV Is Associated With Depression, School Dropout and Adult Clinic Attendance

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