

Kenya HIV/AIDS

I. Efficacy of the Microclinic Model and HIV care published in the *Journal of Acquired Immune Deficiency Syndromes* 1 Apr 2014 (epublished ahead of print)

"Antiretroviral concentrations in small hair samples as a feasible marker of adherence in rural Kenya."

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Abstract:

Antiretroviral hair levels objectively quantify drug exposure over time and predict virologic responses. We assessed the acceptability and feasibility of collecting small hair samples in a rural Kenyan cohort. 95% of participants (354/373) donated hair. Although median self-reported adherence was 100% (IQR 96-100%), a wide range of hair concentrations likely indicates overestimation of self-reported adherence and the advantages of a pharmacologic adherence measure. Higher nevirapine (NVP) hair concentrations observed in women and older adults require further study to unravel behavioral versus pharmacokinetic contributors. In resource-limited settings, hair antiretroviral levels may serve as a low-cost quantitative biomarker of adherence.

II. Efficacy of Microclinic Model and Program for HIV (*in preparation*)

"We are together": lived experiences and proposed mechanisms of a novel social network approach to optimize community-based HIV care and treatment in rural Western Kenya.

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Background: Along the remote shores of Lake Victoria, Kenya, where HIV prevalence approaches 30%, the effects of HIV/AIDS are not limited to sero-positive individuals; rather, they result in chronic biologic, socio-economic, and ecologic disorders that disrupt entire social networks. Despite collective health burdens, infected individuals are frequently prevented from accessing social network support by intense HIV stigma. We describe the social network phenomena of 'HIV risk induction' to suggest that social networks have a vested interest in improving engagement with HIV care among infected members. These concepts provide support for a novel unit of HIV/AIDS intervention at the community-level in sub-Saharan Africa: the HIV-affected social network.

Methods: In 2011, our group launched a mixed methods cohort study to evaluate a community-based intervention known as the "microclinic" model across 22-month of follow-up. This intervention was designed to provide longitudinal training and facilitated testing and disclosure