

# HIV SENTINEL SURVEILLANCE



**2014 – 15**

**West Bengal**

# FOREWORD

The Annual Sentinel Surveillance for HIV infection focuses on generating scientific data for ascertaining the status of the epidemic, for programme planning, including intervention projects, and for the estimation of the burden of HIV infection in all the States and the country as a whole.

This report, based on the data of 2014-15 in conjunction with the past data, provides an insight into the epidemiology of HIV in our State.

As NACP-IV is being implemented, data from that round of HSS, will be instrumental in district re-categorization and subsequent decentralized evidence based planning and implementation. This data will be also used for estimating key epidemiological parameters. It also provides information for prioritization of programme resources and evaluation of programme impact.

I am confident that all stakeholders will use the information provided in this report to understand the landscape of the HIV epidemic in West Bengal and to plan and implement evidence-based local responses to the epidemic.

This report is the collective effort of many stake-holders and institutions. I would like to congratulate and thank the staff of all sentinel sites, surveillance team in West Bengal State AIDS Prevention & Control Society, and the staff of the Regional Institutes who participated and contributed immensely to this important venture.



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## 1. Introduction

HIV surveillance can be defined as “A collection of epidemiological information of sufficient accuracy and completeness regarding the distribution and spread of HIV infection to be relevant for the planning and implementation of HIV/AIDS prevention and control programme activities”.

In order to obtain better HIV prevalence for India, the National AIDS Control Organization (NACO) instituted a National HIV Sentinel Surveillance (HSS) program. States were given guidelines on the selection of HSS sites to adequately represent the various population subgroups and a regularly scheduled timing for surveillance was instituted.

The year 2014-15 marks the transition of the National AIDS Control Programme (NACP) from Phase III to Phase IV. At this important juncture, the 14<sup>th</sup> round of HIV Sentinel Surveillance (HSS) was implemented in 572 districts in 35 States and Union Territories (UTs) of India during January-April 2015.

This report presents the findings of the 14<sup>th</sup> round of National HSS and shows prevalence levels and trends of the HIV epidemic in West Bengal from 1998 to 2014-15. Though the 14<sup>th</sup> round of HSS was carried out at ANC sites of West Bengal only, this report also includes data on HIV prevalence among High Risk Groups (HRGs) and

Bridge Populations from earlier rounds of HSS.

## 2. Surveillance in India

Over the past three decades, HIV Sentinel Surveillance in India has evolved significantly. While HIV surveillance, for the first time, was initiated in India by the Indian Council of Medical Research (ICMR) as early as 1985, sentinel surveillance was conducted by National AIDS Control Organisation (NACO) at 52 sites in selected cities during 1993-94. In 1998, NACO formalized annual sentinel surveillance for HIV infection in the country with 176 sentinel sites (of which 92 were ANC sites).

The year 2003 witnessed the first major expansion of the surveillance network. There were several factors responsible for this expansion. High levels of HIV were noted at urban ANC sites in high prevalence states; field evidence indicated a likelihood of spread of HIV to the rural areas; and it became essential to address a potential bias in the surveillance estimates due to the presence of sentinel sites only in urban areas. As a result, more than 200 rural ANC sentinel sites were established at the Community Health Center (CHC) level in most districts in high prevalence states as well as in some districts in low prevalence states of North India. Overall, 354 districts had at least one HSS site in 2003. In subsequent rounds, up to 2005, expansion continued mainly among high risk group (HRG) sites.

The year 2006 was the second and the most important milestone in the expansion of the HIV sentinel surveillance network in India. It was decided that at least one sentinel site should be functional in every district of India, and new sentinel sites were added among all risk groups in that year. As a result, the number of surveillance sites increased from 703 in 2005 to 1,122 in 2006 including 8 surveillance sites for 15-24 year old pregnant women and composite sites in places where it was difficult to establish stand-alone sites. In the same year, concurrent with the expansion of surveillance network, the HSS implementation structure was strengthened with the involvement of five leading public health institutions in the country as Regional Institutes (RI) for providing technical support, guidance, monitoring and supervision for implementing HSS. Supervisory structures were further strengthened with the constitution of Central and State Surveillance Teams comprising public health experts, epidemiologists and microbiologists from several medical colleges and institutions.

During the subsequent three rounds of HSS, the focus has been on further expansion of surveillance among High Risk Groups and Bridge Populations. These rounds also witnessed several key strategic improvements in the implementation of HIV Sentinel Surveillance.

During the 14th round of HSS implementation, 572 districts had at least one ANC surveillance site, 57% of them were in northern, eastern and

central regions, 30% were in the southern and western regions and the remaining 13% were in the northeastern region of the country.

In West Bengal, the 2010-11 HSS round found an HIV prevalence of 2.72% among IDUs, 5.09% among MSM, 2.04% among FSWs and 0.13% among pregnant women. If compared with previous and current round's figures (0.19% in 2012-13 and 0.11% in 2014-15), HIV prevalence among ANC clinic attendees at different sentinel sites shows the heterogeneous distribution of the HIV epidemic and also the emerging pockets of HIV infection.

### 3. Sentinel surveillance in West Bengal

The first state wide annual sentinel surveillance started in 1998 initially with small number of sites gradually increasing in number of the sites as per guidelines of NACO for wide spread representation of the vulnerable areas. The data interpreted is useful for assessing and estimating the currently infected and the number expected to develop AIDS in the future:

- HIV / AIDS infection status and trend on HIV infection in the State and in the Zone Planning for management of HIV and AIDS cases
- To identify priority areas and population groups

- To help government and NGO programme managers at State and different local levels to plan effective interventions and services delivery.

The information is extremely important in the advocacy process with key local, State and National Policy and Decision makers.

#### 4. Objectives

The objectives of HSS 2014-15 were to:

- To understand the levels and trends of the HIV epidemic among the general population, bridge populations as well as high risk groups in different states
- To understand the geographical spread of the HIV infection and to identify emerging pockets
- To provide information for prioritization of programme resources and evaluation of programme impact
- To estimate HIV Prevalence and HIV burden in the country

The data generated under HSS 2012-13 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.

#### 5. HIV Sentinel Surveillance 2014-15: 14<sup>th</sup> round

Sentinel Surveillance is carried out state-wise, all over India to look at the HIV infection trends. HIV Sentinel Surveillance 14<sup>th</sup> round was carried out at 23 designated sites for ANC attendees across West Bengal. These sites have been selected following the operational guidelines for HIV Sentinel Surveillance – 2012-13 whereas 13<sup>th</sup> round of HIV Sentinel Surveillance was carried out at 20 designated ANC sites across West Bengal.

Apart from measures undertaken for maintaining quality standards of data collected, the external quality assurance for HIV testing of the samples had been given priority.

#### 6. Sampling methodology

Complete details of the HSS methodology can be found in the HIV Sentinel Surveillance Operational Guidelines available on the website of the Department of AIDS Control (DAC). Key elements of the HSS methodology are summarized below:

Sample Size:  
400

Duration:  
3 months

Frequency:

Once in two years since 2008-09

Sampling Method:

Consecutive

Eligibility Criteria:

Pregnant Women, aged 15-49 years, attending the antenatal clinic for the first time during HSS period

Exclusion Criteria:

Already visited once at the ANC site during the current round of surveillance

Blood Specimen

Serum

Testing Strategy

Unlinked Anonymous

Testing Protocol

Two Test Protocol

## 7. Surveillance sites

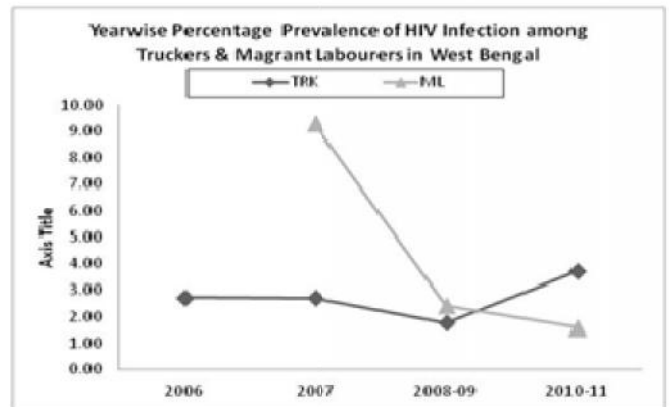
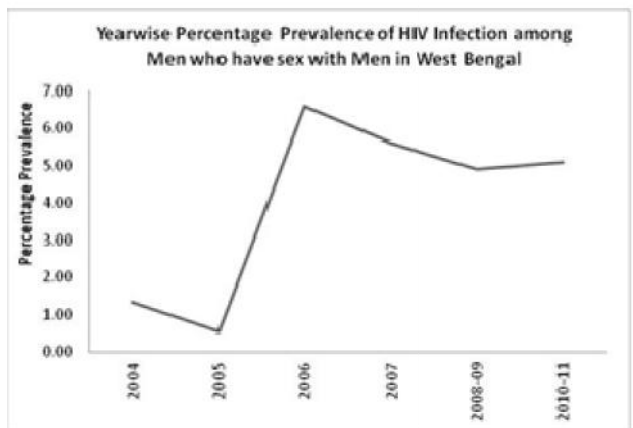
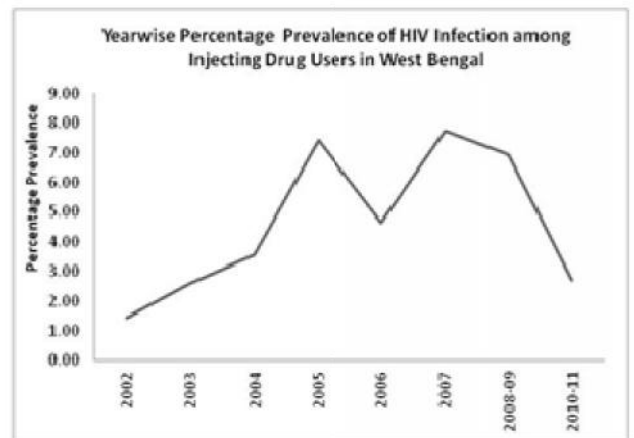
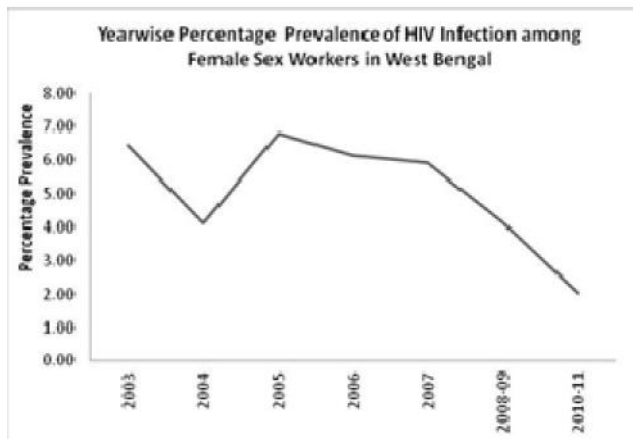
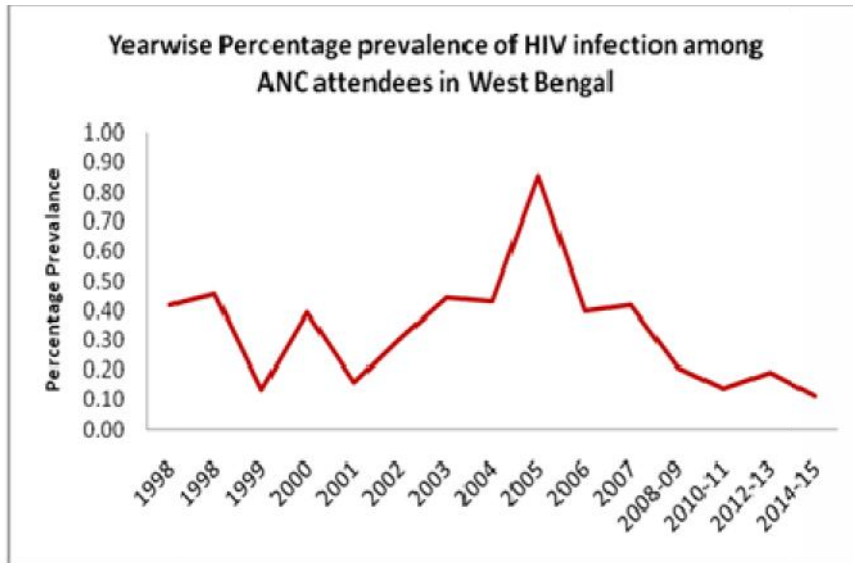
For more comprehensive generation of information on the nature of the HIV epidemic across the State, the number of HIV sentinel surveillance ANC sites was expanded from 9 in 2005 to 23 in 2014-15. Thus, geographical coverage as well as the representation of the various population groups increased to achieve adequate representation of the various population groups, particularly those in rural areas.

Sample size per site: 2014-15, West Bengal

Site Type	Sample Size to be collected from each Site	Number of Sites
Antenatal Clinic Attendees	400	23



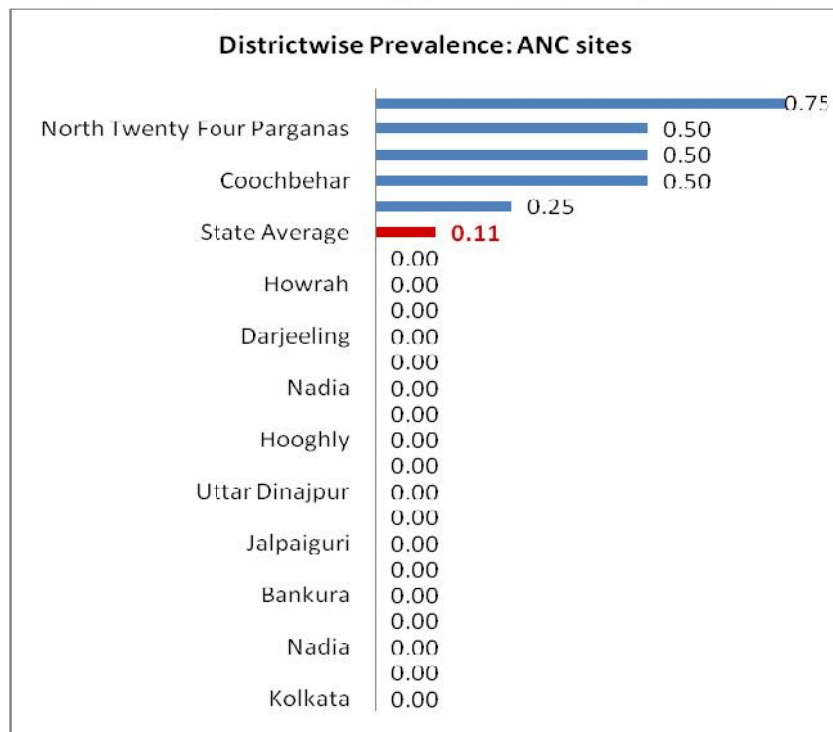




## 9. Site-wise Status at HSS 2014-15, 14<sup>th</sup> Round

### Antenatal Clinic (ANC) Sites

Sl.	Site Name	District	Sample	Tested Sample	%	HIV	HIV %	SYPH	SYPH%
1	Abinash Dutta Maternity Home	Kolkata	400	400	100.00	0	0.00	1	0.25
2	Alipurduar SDH	Alipurduar	400	399	99.75	0	0.00	0	0.00
3	Aranghata BPHC	Nadia	400	400	100.00	0	0.00	0	0.00
4	Baruipur SDH	South Twenty Four	400	400	100.00	0	0.00	0	0.00
5	Bishnupur SDH	Bankura	400	400	100.00	0	0.00	0	0.00
6	Coochbehar DH	Coochbehar	400	400	100.00	2	0.50	0	0.00
7	Durgapur SDH	Burdwan	400	399	99.75	3	0.75	0	0.00
8	Egra SDH	East Medinipur	400	400	100.00	2	0.50	0	0.00
9	Gangarampur SDH	Dakshin Dinajpur	400	400	100.00	0	0.00	0	0.00
10	Jalpaiguri DH	Jalpaiguri	400	400	100.00	0	0.00	0	0.00
11	Jangipur SDH	Murshidabad	400	400	100.00	0	0.00	0	0.00
12	Kaliyagaunj RH	Uttar Dinajpur	400	391	97.75	0	0.00	0	0.00
13	Kalimpong SDH	Darjeeling	400	398	99.50	0	0.00	1	0.25
14	Khanakul RH	Hooghly	400	400	100.00	0	0.00	0	0.00
15	Kharagpur SDH	West Medinipur	400	399	99.75	1	0.25	0	0.00
16	Madhyamgram RH	North Twenty Four	400	397	99.25	2	0.50	0	0.00
17	Manikchak RH	Maldah	400	400	100.00	0	0.00	0	0.00
18	Nabadwip SGH	Nadia	400	400	100.00	0	0.00	0	0.00
19	Raghunathpur SDH	Puruliya	400	400	100.00	0	0.00	0	0.00
20	Siliguri SDH	Darjeeling	400	400	100.00	0	0.00	0	0.00
21	Suri DH	Birbhum	400	400	100.00	0	0.00	0	0.00
22	Uluberia SDH	Howrah	400	399	99.75	0	0.00	0	0.00
23	Vidya Sagar SGH	Kolkata	400	400	100.00	0	0.00	0	0.00
<b>Total</b>			<b>9200</b>	<b>9182</b>	<b>99.80</b>	<b>10</b>	<b>0.11</b>	<b>2</b>	<b>0.02</b>



## 10. Status of ANC Sites

### 10.1. Year & Round wise HIV Prevalence Rate among ANC attendees

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
1998	R1	1200	5	0.42	0.05	0.78	0.39
1998	R2	1320	6	0.45	0.09	0.82	
1999	R3	1537	2	0.13	0.00	0.31	
2000	R4	1530	6	0.39	0.08	0.71	
2001	R5	3200	5	0.16	0.02	0.29	
2002	R6	3600	11	0.31	0.13	0.49	
2003	R7	3600	16	0.44	0.23	0.66	
2004	R8	3481	15	0.43	0.21	0.65	
2005	R9	3149	27	0.86	0.54	1.18	
2006	R10	4798	19	0.40	0.22	0.57	
2007	R11	4800	20	0.42	0.23	0.60	
2008-09	R12	8186	17	0.21	0.11	0.31	
2010-11	R13	5978	8	0.13	0.04	0.23	
2012-13	R14	7996	15	0.19	0.09	0.28	
2014-15	R15	9182	10	0.11	0.04	0.18	
<b>Total</b>		<b>63557</b>	<b>182</b>	<b>0.29</b>	<b>0.24</b>	<b>0.33</b>	

### 10.2. Round wise individual Site wise Report: ANC Sites

#### i. Jangipur Sub-Divisional Hospital, Murshidabad

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
<b>2008-09</b>	<b>R12</b>	<b>378</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>2010-11</b>	<b>R13</b>	<b>400</b>	<b>1</b>	<b>0.25</b>	<b>0.00</b>	<b>0.74</b>	
<b>2012-13</b>	<b>R14</b>	<b>400</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>2014-15</b>	<b>R15</b>	<b>400</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total</b>		<b>1578</b>	<b>1</b>	<b>0.06</b>	<b>0.00</b>	<b>0.19</b>	

#### ii. Suri District Hospital, Birbhum

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
<b>2006</b>	<b>R10</b>	<b>400</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>2008-09</b>	<b>R12</b>	<b>400</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>2010-11</b>	<b>R13</b>	<b>398</b>	<b>1</b>	<b>0.25</b>	<b>0.00</b>	<b>0.74</b>	
<b>2012-13</b>	<b>R14</b>	<b>400</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>2014-15</b>	<b>R15</b>	<b>400</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total</b>		<b>1598</b>	<b>1</b>	<b>0.06</b>	<b>0.00</b>	<b>0.19</b>	

## iii. Durgapur Sub-Divisional Hospital, Burdwan

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
1998	R1	400	0	0.00	0.00	0.00	0.50
1998	R2	400	1	0.25	0.00	0.74	
1999	R3	400	1	0.25	0.00	0.74	
2000	R4	400	0	0.00	0.00	0.00	
2001	R5	400	0	0.00	0.00	0.00	
2002	R6	400	0	0.00	0.00	0.00	
2003	R7	400	2	0.50	0.00	1.19	
2004	R8	400	4	1.00	0.02	1.98	
2005	R9	400	5	1.25	0.16	2.34	
2006	R10	400	1	0.25	0.00	0.74	
2007	R11	400	3	0.75	0.00	1.60	
2008-09	R12	400	1	0.25	0.00	0.74	
2010-11	R13	398	0	0.00	0.00	0.00	
2012-13	R14	400	3	0.75	0.00	1.60	
2014-15	R15	399	3	0.75	0.00	1.60	
Total		5997	24	0.40	0.24	0.56	

## iv. Nabadwip State General Hospital, Nadia

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2008-09	R12	399	0	0.00	0.00	0.00	
2010-11	R13	399	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		1598	0	0.00	0.00	0.00	

## v. Madhyamgram Rural Hospital, North Twenty Four Parganas

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2005	R9	400	2	0.50	0.00	1.19	0.25
2006	R10	400	1	0.25	0.00	0.74	
2007	R11	400	0	0.00	0.00	0.00	
2008-09	R12	392	2	0.51	0.00	1.22	
2010-11	R13	400	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	397	2	0.50	0.00	1.20	
Total		2789	7	0.25	0.07	0.44	

## vi. Khanakul Rural Hospital, Hooghly

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2008-09	R12	400	1	0.25	0.00	0.74	0.25
2010-11	R13	400	1	0.25	0.00	0.74	
2012-13	R14	400	1	0.25	0.00	0.74	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		1600	3	0.19	0.00	0.40	

## vii. Bishnupur Sub-Divisional Hospital, Bankura

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2008-09	R12	356	0	0.00	0.00	0.00	0.00
2010-11	R13	392	1	0.26	0.00	0.75	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		1148	1	0.09	0.00	0.26	

## viii. Raghunathpur Sub-Divisional Hospital, Purulia

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2005	R9	300	1	0.33	0.00	0.99	0.00
2006	R10	400	1	0.25	0.00	0.74	
2007	R11	400	0	0.00	0.00	0.00	
2008-09	R12	380	0	0.00	0.00	0.00	
2010-11	R13	395	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		2675	2	0.07	0.00	0.18	

## ix. Egra (Contai) Sub-Divisional Hospital, East Medinipur

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2007	R11	400	0	0.00	0.00	0.00	0.25
2008-09	R12	400	0	0.00	0.00	0.00	
2010-11	R13	400	1	0.25	0.00	0.74	
2012-13	R14	400	1	0.25	0.00	0.74	
2014-15	R15	400	2	0.50	0.00	1.19	
Total		2000	4	0.20	0.00	0.40	

## x. Kharagpur Sub-Divisional Hospital, West Medinipur

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2008-09	R12	399	2	0.50	0.00	1.19	0.13
2010-11	R13	400	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	399	1	0.25	0.00	0.74	
Total		1598	3	0.19	0.00	0.40	

## xi. Uluberia Sub-Divisional Hospital, Howrah

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2008-09	R12	399	2	0.50	0.00	1.19	0.00
2010-11	R13	400	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	399	0	0.00	0.00	0.00	
Total		1598	2	0.13	0.00	0.30	

## xii. Vidyasagar State General Hospital, Kolkata

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2007	R11	400	0	0.00	0.00	0.00	0.00
2008-09	R12	400	0	0.00	0.00	0.00	
2010-11	R13	400	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		2000	0	0.00	0.00	0.00	

## xiii. Abinash Dutta Maternity Home, Kolkata

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2004	R8	400	5	1.25	0.16	2.34	0.75
2005	R9	400	9	2.25	0.80	3.70	
2006	R10	398	7	1.76	0.47	3.05	
2007	R11	400	6	1.50	0.31	2.69	
2008-09	R12	362	0	0.00	0.00	0.00	
2010-11	R13	400	3	0.75	0.00	1.60	
2012-13	R14	400	1	0.25	0.00	0.74	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		3160	31	0.98	0.64	1.32	

## xiv. Baruipur Sub-Divisional Hospital, South Twenty Four Parganas

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2005	R9	400	4	1.00	0.02	1.98	0.00
2006	R10	400	0	0.00	0.00	0.00	
2007	R11	400	0	0.00	0.00	0.00	
2008-09	R12	400	0	0.00	0.00	0.00	
2010-11	R13	400	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		2800	4	0.14	0.00	0.28	

## xv. Aranghata Block Primary Health Centre, Nadia

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2010-11	R13	398	0	0.00	0.00	0.00	0.00
2012-13	R14	400	5	1.25	0.16	2.34	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		1198	5	0.42	0.05	0.78	

## xvi. Siliguri Sub-Divisional Hospital, Darjeeling

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2005	R9	395	3	0.76	0.00	1.62	0.50
2006	R10	400	0	0.00	0.00	0.00	
2007	R11	400	2	0.50	0.00	1.19	
2008-09	R12	400	3	0.75	0.00	1.60	
2012-13	R14	400	2	0.50	0.00	1.19	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		2395	10	0.42	0.00	0.68	



## xvii. Kalimpong Sub-Divisional Hospital, Darjeeling

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2007	R11	400	8	2.00	0.63	3.37	0.13
2008-09	R12	394	0	0.00	0.00	0.00	
2012-13	R14	397	1	0.25	0.00	0.74	
2014-15	R15	398	0	0.00	0.00	0.00	
Total		1589	9	0.57	0.20	0.94	

## xviii. Alipurduar Sub-Divisional Hospital, Alipurduar

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2008-09	R12	400	1	0.25	0.00	0.74	0.25
2012-13	R14	400	1	0.25	0.00	0.74	
2014-15	R15	399	0	0.00	0.00	0.00	
Total		1199	2	0.17	-0.06	0.40	

## xix. Cooch Behar District Hospital, Cooch Behar

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2014-15	R15	400	2	0.50	0.00	1.19	
Total		400	2	0.50	0.00	1.19	

## xx. Kaliyaganj Rural Hospital, Uttar Dinajpur

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2005	R9	400	1	0.25	0.00	0.74	0.00
2006	R10	400	9	2.25	0.80	3.70	
2007	R11	400	0	0.00	0.00	0.00	
2008-09	R12	400	0	0.00	0.00	0.00	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		2400	10	0.42	0.16	0.67	

## xxi. Gangarampur Sub-Divisional Hospital, Dakshin Dinajpur

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2008-09	R12	379	1	0.26	0.00	0.78	0.00
2012-13	R14	399	0	0.00	0.00	0.00	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		1178	1	0.08	0.00	0.25	

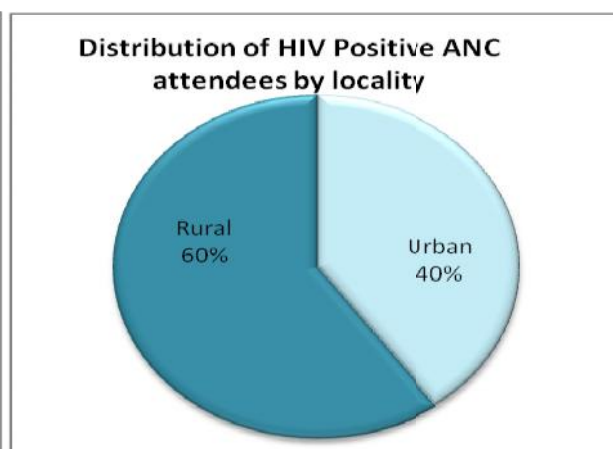
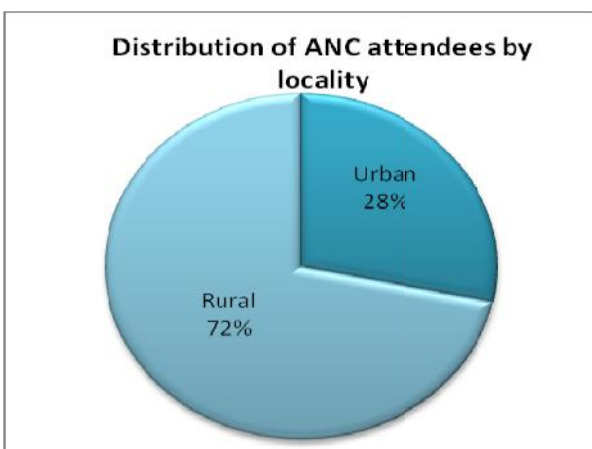
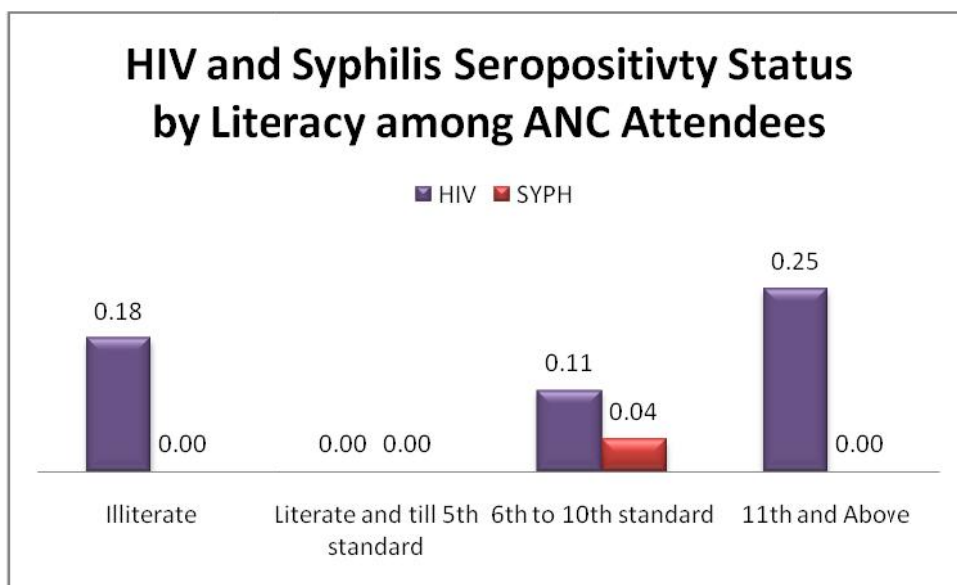
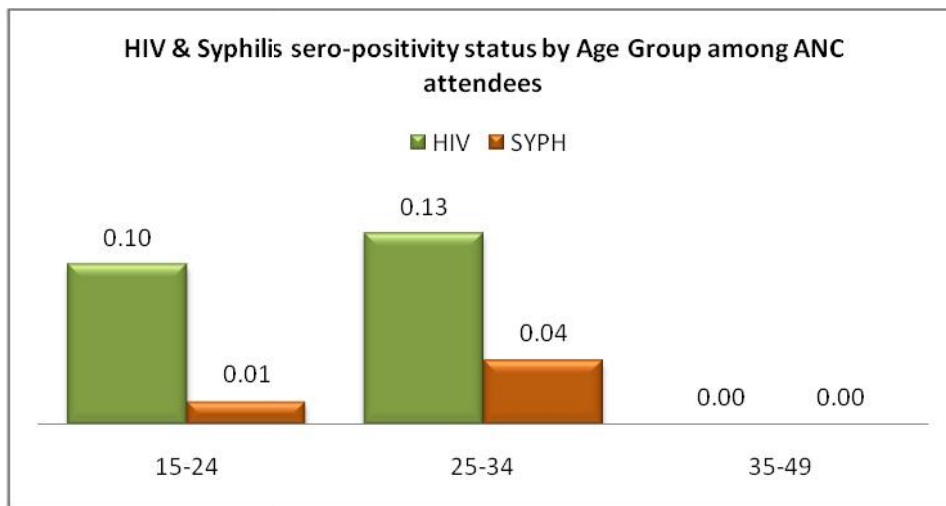
## xxii. Manikchak Rural Hospital, Maldah

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2005	R9	349	0	0.00	0.00	0.00	0.00
2006	R10	400	0	0.00	0.00	0.00	
2007	R11	400	0	0.00	0.00	0.00	
2008-09	R12	400	2	0.50	0.00	1.19	
2012-13	R14	400	0	0.00	0.00	0.00	
2014-15	R15	400	0	0.00	0.00	0.00	
Total		2349	2	0.09	0.00	0.20	

## xxiii. Jalpaiguri District Hospital, Jalpaiguri

Year	Round	No. of samples		Prevalence Rate	95% CI		Median Prevalence
		Tested	Positive		Lower	Upper	
2014-15	R15	400	0	0.00	0.00	1.19	
Total		400	0	0.00	0.00	0.00	

10.3. Demographic Characteristics found among ANC Site attendees of West Bengal: HSS 2014-15



## HIV &amp; Syphilis Sero-positivity status by Occupation (Self) among ANC attendees: 2014-15

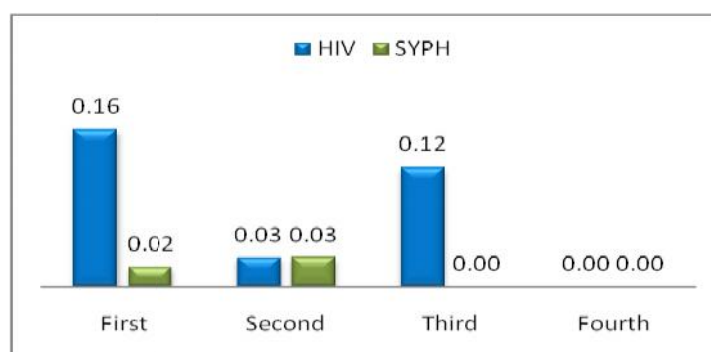
Occupation	Sample Tested	HIV Positive	% Positive HIV	Syphilis Positive	% Positive SYPH
<b>Housewife</b>	<b>8670</b>	<b>10</b>	<b>0.12</b>	<b>2</b>	<b>0.02</b>
<b>Student</b>	<b>75</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Labour &amp; Skilled/semi skilled worker</b>	<b>311</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Domestic servant/Hotel staff</b>	<b>23</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Petty business / small shop owner</b>	<b>28</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Large business/self employed</b>	<b>14</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Service (Govt./private)</b>	<b>52</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>

## HIV &amp; Syphilis Sero-positivity status by Occupation (Spouse) among ANC attendees: 14-15

Occupation	Sample Tested	HIV Positive	% Positive HIV	Syphilis Positive	% Positive SYPH
<b>Student/Unemployed</b>	<b>105</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Labour &amp; Skilled/semi skilled worker</b>	<b>5273</b>	<b>4</b>	<b>0.08</b>	<b>1</b>	<b>0.02</b>
<b>Domestic servant/Hotel staff</b>	<b>138</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Truck driver/Local transport worker</b>	<b>709</b>	<b>1</b>	<b>0.14</b>	<b>0</b>	<b>0.00</b>
<b>Petty business / small shop owner</b>	<b>1346</b>	<b>2</b>	<b>0.15</b>	<b>1</b>	<b>0.07</b>
<b>Large business/self employed</b>	<b>133</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Service (Govt./private)</b>	<b>714</b>	<b>1</b>	<b>0.14</b>	<b>0</b>	<b>0.00</b>
<b>Not available</b>	<b>760</b>	<b>2</b>	<b>0.26</b>	<b>0</b>	<b>0</b>

## HIV &amp; Syphilis Sero-positivity status by Order of Pregnancy among ANC attendees

Order of Pregnancy	Sample Tested	HIV Positive	% Positive HIV	Syphilis Positive	% Positive SYPH
<b>First</b>	<b>4869</b>	<b>8</b>	<b>0.16</b>	<b>1</b>	<b>0.02</b>
<b>Second</b>	<b>3316</b>	<b>1</b>	<b>0.03</b>	<b>1</b>	<b>0.03</b>
<b>Third</b>	<b>803</b>	<b>1</b>	<b>0.12</b>	<b>0</b>	<b>0.00</b>
<b>Fourth</b>	<b>184</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
<b>Total</b>	<b>9172</b>	<b>10</b>	<b>0.11</b>	<b>2</b>	<b>0.02</b>



## 11. Key Highlights

- ✚ In West Bengal, HIV Sentinel Surveillance 2014-15 was conducted at 23 ANC sentinel sites. A total of 9,182 samples were collected across the State and tested during HIV Sentinel Surveillance 2014-15.
- ✚ A declining HIV trend among ANC clinic attendees was noted in the State of West Bengal. [\*]
- ✚ All States in the country (except Nagaland) and all districts in our State have shown less than 1% HIV prevalence among ANC clinic attendees in this most recent 14<sup>th</sup> round (HSS 2014-15).
- ✚ Kolkata is a district of West Bengal where 1% or more HIV prevalence among ANC clients was recorded in a single sentinel site (Abinash Dutta Maternity Home) for at least three rounds of ANC surveillance since 2005. Though, West Bengal is traditionally not been considered as high prevalent State, Kolkata with a mature epidemic require sustained high-intensity prevention interventions.
- ✚ HIV prevalence among different population groups in 2010-11

shows that HIV is concentrated among MSM (5.09%) and IDU (2.72%) population in the State.

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[\*] Source: HIV Sentinel Surveillance 2014-15: A Technical Brief, NACO





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