

Reaching High Risk Populations: Patient Social Networks to Promote Rapid HIV Testing and Linkage to Care

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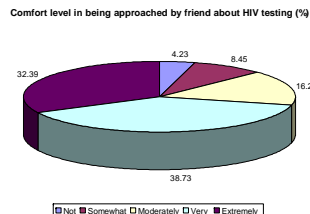
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BACKGROUND AND STUDY OVERVIEW

Identification of new cases of HIV infection through the social networks of persons with HIV provides an innovative approach to uncovering previously undiagnosed HIV infections. Persons who do not know their own serostatus cannot be the focus of targeted efforts to change behaviors that put others at risk for acquiring HIV. We applied this strategy within an HIV specialty clinic in Oakland, California, drawing on the social networks of our existing patients to bring individuals from the community in for rapid HIV testing. Our key objectives were to evaluate the effectiveness of this strategy for reaching individuals at high risk for HIV, the feasibility of linkage to care for newly identified cases, and in clinic acceptability.

PRINCIPAL OBJECTIVES

- 1) Evaluate the effectiveness of utilizing the social, sexual and drug use networks of HIV-infected individuals in care to recruit high-risk network associates for rapid HIV testing and counseling, potentially enabling the identification of new HIV cases.
- 2) Evaluate the feasibility and acceptability of providing rapid HIV antibody testing in a clinical setting, where immediate support is available from social workers, nurses, and peer advocates, in conjunction with access to seamless medical care.
- 3) Field a survey among recruiters on social networks; and among network associates on health care contact and utilization patterns; previous opportunities for HIV testing; and knowledge, attitudes and beliefs regarding HIV and risk behavior.



Number of Sexual Partners in Past Year and Ever (%)

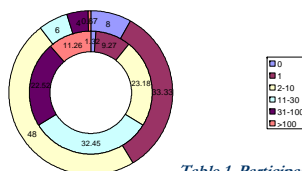


Table 1. Participant Characteristics and HIV Rates

	Peer Recruiters N=30 (%)	Network Associates N= 251 (%)	HIV Positive Rate % (95% CI)
Gender			
Male	19 (63.3)	150 (59.8)	5.3 (2.3, 10.2)
Female	9 (30.0)	98 (39.0)	4.1 (1.1, 10.1)
Transgender M → F	2 (6.7)	3 (1.2)	100 (29.2, 100)* *one sided 97.5 CI
Race			
African American	23 (76.7)	172 (90.5)	6.4 (3.5, 10.5)
Latino	5 (16.7)	5 (3.0)	1.6 (0.04, 64.1)
White	1 (3.3)	10 (5.0)	0
Asian/PI	1 (3.3)	1 (0.5)	0

METHODS

- The study was conducted at the East Bay AIDS Center (EBAC) at Alta Bates Summit Medical Center.. EBAC has socio-economically diverse patient base of approximately 1,200 that includes predominantly people of color (more than 60% African American and 10% Latino), 29% women, and a substantial number of youth
- Current HIV patients were trained as peer recruiters, and asked to encourage their social, sexual and drug contacts to come for HIV testing and counseling.
- Patients were given cards with clinic information to give to their contacts. Post-testing, contacts could be enrolled as peer recruiters.
- Patients were given \$10 for each referral, and network associates were given \$10 for taking a OraQuick rapid HIV-1/2 antibody test, and \$10 for completing the survey.
- All network associates received pre-test risk assessment and post-test counseling. Those with positive OraQuick results were also immediately introduced to a social worker on site that facilitated additional counseling and follow-up care appointments.
- Blood draws were conducted for a confirmatory HIV-1/2 ELISA, Western blot, and viral load. CD4 and other indicators were done on a case by case basis.

PRELIMINARY RESULTS

- Between September 2007 and June 2008, 310 cards were distributed to 30 peer recruiters who brought in 251 network associates for HIV testing.
- Peer recruiters were primarily African American or Latino with a mean age of 36.1 years (range: 16-58 years). Network associates were similarly diverse with a mean age of 43.1 years (range: 16-72 years).
- HIV incidence among network associates was 5.9% (95% CI: 3.4%, 9.6%), and varied by gender and race.
- Risk for HIV was highest among transgenders (RR= 20.7, 95% CI: 11.9, 35.9).
- All new HIV-positive cases were linked to a social worker for follow-up; approximately 25% entered care at our clinic.
- A subset of participants (n=151) took the survey.
- Among those, 30.1% said they would not have gotten tested if not asked by their friend.
- Nearly 74% of respondents had thought about getting an HIV test in the past.
- Only 15.6% of respondents always used a condom with anal sex, and 17.7% with vaginal sex. Over 17% of respondents reported never using a condom during sex.

CONCLUSIONS

Utilizing patient social networks offers a promising way to target high risk populations for HIV testing, while valuing our patients as a resource. Incidence rates in our study population were higher than those seen previously in emergency room screening programs in our region suggesting that we did reach high risk populations. Though the Centers for Disease Control (CDC) recently announced plans to recommend that physicians offer voluntary HIV Testing to all U.S. residents ages 13 to 64 as part of routine medical exams in private practices, clinics, hospitals and emergency departments, it is unclear how these recommendations will be implemented and how effective they will be in rapidly identifying HIV-positive individuals. Targeted screening efforts focusing on accessing high risk population are likely to identify larger proportions of HIV-infected individuals. Basing these efforts within clinical care settings allows for the necessary linkage to medical care and social services for newly identified sero-positive individuals.

