

HIV Risk Behaviors and Seroprevalence in an Urban Population Over The Age of 50 Undergoing HIV Rapid Testing

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Objective

To describe sexual and drug use HIV risk behaviors, HIV testing history, HIV risk perception and HIV seroprevalence in the over-50 age group in an urban population undergoing routine HIV rapid testing at Philadelphia District Health Centers.

Methods

HIV rapid testing was offered to individuals over the age of 13 seeking care at the walk-in clinics or urgent care centers of Philadelphia's District Health Centers between July 1, 2007 and July 30, 2008. Demographic information, testing history, risk estimation and risk behavior data were collected for all individuals tested. Data for the over-50 age group were compared to data for the 13-49 age group.



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Results

Philadelphia District Health Centers tested 897 individuals over 50 years of age and 4,072 individuals under age 50. Of the over-50 age group, 51% were women, 83% were African American, 6% Hispanic and 8% foreign-born. This contrasts with 58% women, 70% African American, 11% Hispanic and 12% foreign-born in the under-50 group. While 71% of the under-50 group had been tested for HIV in the past, and 82% of those received results, only 51% of the over-50 group had been tested, of which 67% received results. Five percent of the over-50 group, and 7% of the under-50 group reported same-sex encounters, and 7% of each group reported ever exchanging sex for drugs or money. In the over-50 group, 20% reported cocaine use while 2% reported heroin and 12% reported alcohol use. In the under-50 group, 11% reported cocaine use, while 1% reported heroin and 11% reported alcohol use. Approximately 57% of the over-50 group estimated their own HIV risk as zero and 37% estimated low HIV risk. In the under-50 group, 40% estimated their risk as zero, and 50% estimated their HIV risks as low. HIV seroprevalence was 1.1% in both age groups.

Conclusion

When compared to the under-50 cohort, the over-50 age group seeking care at District Health Centers of the Philadelphia Department of Public Health more frequently estimated their HIV risk as zero, and were less likely to have ever been tested for HIV. This is in spite of similar HIV risk behaviors and HIV seroprevalence to the under-50 cohort. Routine HIV screening should be an important public health priority for the over-50 population in urban areas.