OFFICE OF AIDS RESEARCH

Routine HIV Testing and Late Presentation for Care

Panacea or Puzzle Piece?

Victoria A. Cargill, M.D., M.S.C.E.
Office of AIDS Research, NIH
DHHS

Presentation Goals

- To review the characteristics of late testers.
- To identify attitudes and characteristics of populations that can present as late testers.
- To present 2 distinct cases that raise other challenges to testing.
- To suggest a few synergistic steps to move forward.

Late vs. Early Testers – 16 sites data

- Early Testers N=1573
- Older
- ***Self perceived risk***
- ***Desire to know HIV status***
- ≥ High school education
- ***Routine check up***

- Late Testers N=1877
- Younger (18 – 29)
- ***Tested due to illness***
- ***Almost 90% tested at an acute care facility or referral medical setting***
- ***Black or Hispanic***

Persons with Recently acquired HIV

- Characteristics of persons with an HIV dx within 170 days from seroconversion:
  - **Male**
  - **Caucasian**
  - **MSM**
  - **Known HIV+ partner**
- Less frequently:
  - **African American**
  - **Latino**
  - **heterosexual**

Schwarz, Weinstock, Louie et al. JAIDS 2007;44(1): 112-115.

Case 1. You talking to me?

- J.G. 25 y o AA male MSM presents for a check up due to ‘white stuff’ in his mouth.
- Reports to having a partner who is currently sick (clinic staff note partner hospitalized w/ Crypto meningitis)
- Exam compatible with advanced HIV including thrush, OHL, lymphadenopathy, rash
- HIV test +, CD_4=25, CD_4/CD_8= 0.15

Case 1. Not aimed at me (2)

- J.G. ‘surprised’ at the result, was HIV- 2 years ago
- Never sought repeat testing, despite ongoing sexual risk
- J.G. has some HIV awareness, but is unaware of his increased risk as an AA MSM
- “I saw the HIV poster in the drug store but it showed white men so I figured that wasn’t me.”

Case 2. Stigma of HIV

- SW 34 y o AA female social worker had a former partner who used drugs
- Went to get an HIV test 4 years ago but was afraid to return for result.
- Presented to ER with kidney infection, and white count of 2,000/mm^3
- Given Rx and sent to hematology for workup
- Heme included an HIV test in the workup
- Test returned as positive

Case 2. Stigma of HIV

- SW stated she suspected she was HIV+ as she learned former partner died of ‘pneumonia’.
- She never went back for the result because she “didn’t want to know”. Was ashamed of former partner’s addiction.
- SW now worries about who to tell, the shame she feels because “I’m a social worker and am ‘supposed to know better'. How am I supposed to deal with this? How can I tell my family?”

What routine testing can do…

- Increase HIV testing rate in medical settings
- Increase ***acceptance*** of HIV testing in medical settings.
- Bring HIV testing to non-medical settings.
- Help disseminate the message that one test is not enough
- Increase the numbers of people who know their HIV status.
- With linkages to care help decrease the numbers who present late with infection.
- Through dissemination increase recognition of testing as part of health maintenance.

Routine testing CANNOT…

- Enhance access to medical care
- Increase awareness of the need for HIV testing among those with mental health/substance abuse issues who are marginalized.
- Decrease denial regarding ongoing or past risk behavior
- Routine testing WILL NOT decrease HIV associated stigma.
- Routine testing will not decrease the barriers to accessing HIV care.
- Routine testing will not change the disparities in who receives timely ARV therapy and who does not.

OFFICE OF AIDS RESEARCH

Suggested steps

- Identify ways to provide interventions that are synergistic
- Social marketing of HIV testing as part of a campaign to decrease HIV associated stigma
- Holistic inclusion of routine HIV testing as part of STI screening for the sexually active
- Focused studies of introducing HIV testing within high risk social networks with ‘key informants’ to increase acceptance and uptake.
- Partnerships with CBOs and key stakeholders to campaign to ‘take the test’

All great deeds and great thoughts have a ridiculous beginning.

—Albert Camus