



# Opt-Out HIV Testing: The Teen Health Clinic Experience

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## BACKGROUND

- The Centers for Disease and Control (CDC) estimate that approximately 20% of persons infected with HIV are unaware of their status.
- This proportion is greater among adolescents at about 50% and even higher for young MSMs at 80%. In order to address this high number of individuals who are unaware of their status, in 2006 the CDC recommended routine HIV screening over targeted testing.
- Since the implementation of HIV Opt-Out testing at the clinics in 2008, testing has increased 320%, while the numbers of new HIV cases have increased 300%. The clinics have seen an 80% acceptance rate for testing among their clients.
- The testing rates and HIV positivity have increased the most within some of the most vulnerable populations, MSMs, due to the increased outreach efforts to encourage males to access family planning clinics.

## OBJECTIVES

- The objectives of the study were as follows:
1. Compare risk behaviors, as documented on the HIV Risk Assessment of young men who tested positive for HIV to a group of men who did not test positive for HIV.
  2. Identify specific risk behaviors that may increase the likelihood of HIV exposure of young men.
  3. Develop prevention education to address specific behaviors that place males at high risk for HIV exposure based on data generated from the study.

## METHODS

- This was a retrospective chart review study.
- The HIV Risk Assessments of men who tested positive for HIV in the last five years were compared to an equal number of randomly selected charts of males who had a negative HIV test result.
- Demographic information (ethnicity, age) of the males was also abstracted from their charts.
- The HIV Risk Assessment documents a variety of behaviors that can increase the risk for HIV exposure. The study was approved by the affiliated Institutional Review Board (IRB) that waived the consent form.

The HIV Risk Assessment examined the following:

- Condom use
- Type of sex (anal, vaginal)
- Partner history
- Number of sexual Partners
- Recreational drug use
- Incarceration
- Exchanging sex for drugs or money
- Past sexual assault



## RESULTS

- The study included 92 males ages 18 to 23 who attended family planning clinics between 2008-2011 and had an HIV test.
- Of the 92 males, 70 (76%) were Black, 18 (20%) were Hispanic and 4 (4%) were White (Figure 1).
- A total of 46 were HIV-Positive and 46 were HIV-Negative.
- Those that had engaged in anal sex, had vaginal sex, had given or received sex for drugs or money, or were sexually assaulted were significantly more likely to test positive HIV (Table 1).
- There were no condom use differences between the groups.
- Testing HIV positive was also significantly associated with the number of lifetime and past 12 months sexual partners and partner's number of lifetime sexual partners (Table 2).

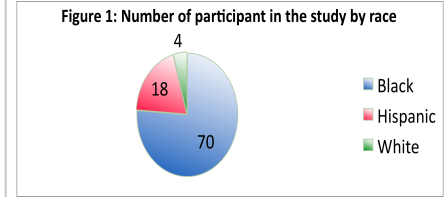


Table 1. Associations between risk behaviors and HIV status

Risk Behavior	HIV-Positive	HIV-Negative	P Value
Sex Without a Condom	91.1%	88.9%	.469
Had Anal Sex	84.1%	17.9%	.000
Had Vaginal Sex	41.0%	88.6%	.000
Shared a Needle or Syringe	6.7%	0%	.078
Given or Received Sex for Drugs or Money	13.9%	0%	.012
Forced to Have Sex or Been Sexually Assaulted	17.4%	0%	.003
Had sex with a partner infected with HIV/AIDS	11.6%	0%	.009

## RESULTS

Table 2. Associations between number of sexual partners and HIV status

	HIV Status	Mean	SD.	P Value.
Number of Male Sexual Partners in Lifetime	Positive	13.60	17.01	.000
	Negative	.77	2.58	
Number of Male Sexual Partners in last 12 months	Positive	3.67	4.22	.005
	Negative	.30	.77	
Partner's Number of Male Sexual Partners in Lifetime	Positive	22.43	53.15	.017
	Negative	5.06	4.45	
Number of Female Sexual Partners in last 12 months	Positive	.63	1.44	.001
	Negative	2.68	2.01	
Number of Female Sexual Partners in Lifetime	Positive	4.27	6.35	.000
	Negative	11.76	12.98	

## CONCLUSIONS

- The stigma of HIV and societal homophobia have a negative impact on the mental health of HIV positive MSM.
- Studies found a correlation between internalized homophobia and overall poor sexual health.
- The HIV epidemic is a major public health problem and has many negative effects on individuals and society.
- Prevention efforts should focus on MSMs in order to help them avoid behaviors that can increase their risk for HIV exposure.
- Family planning clinics are accessible and more likely to be utilized by groups where HIV risk and prevalence is high.
- Increasing male participation in family planning clinics can increase opportunities for males to learn about their HIV status.

## ACKNOWLEDGEMENTS

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