

Transmission Network Targeting: Incorporating Social Network and Partner Testing with an Emergency Department HIV Screening Program

Robbie E. Paulsen MD¹, Andrew H. Ruffner MA LSW¹, Christopher J. Lindsell PhD¹, Kimberly W. Hart MA¹, Christopher M. Barczak MS¹, Alexander T. Trott MD¹, Carl J. Fichtenbaum MD², Michael S. Lyons MD MPH¹
 University of Cincinnati Department of Emergency Medicine¹, Division of Infectious Diseases²



Background

- Social network and partner testing use contact information to target those at unusually high risk of having undiagnosed HIV.
- Transmission network targeting (TNT) is a strategy that uses information from high-risk or HIV-positive individuals to access social networks and partners
- Social networking strategies have not been incorporated into the healthcare setting
- Relative importance of TNT to existing targeted testing methods is unknown

Objective

- We evaluated a counselor-based TNT strategy implemented by an established emergency department (ED) HIV screening program, its infectious disease center (IDC) and local health department .

Methods

- Implemented from May 2011 to mid-August 2011
- Sites included an urban, academic ED that sees 90,000 adult visits, the affiliated IDC serving 1,800 patients, and the local health department
- Local HIV prevalence of 1%.
- Index criteria included
 1. Heterosexual with multiple partners
 2. IV drug use
 3. Exchange of sex for drugs or money
 4. MSM
 5. HIV-positive sex partner
 6. Known HIV-positive individual
- Index cases provided access to their networks by
 1. Compensated coupon-based peer referral
 2. On-site testing of companions present with them
 3. Partner notification by Cincinnati Health Department (CHD)
- Contacts provided by indexes were offered participation as next-generation index cases if they were high-risk or HIV-positive.

Results

Program Flow

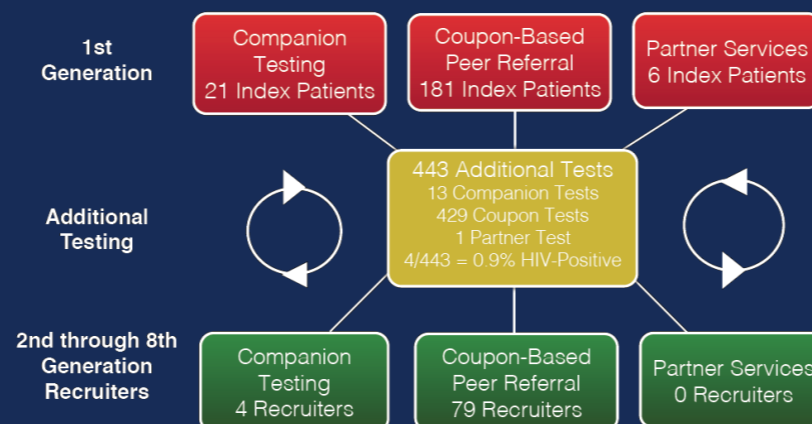


Figure 2. Program Flow.

- Each eligible index was offered participation in each arm of TNT, though Partner Services were only offered to known positives by CHD.
- Over up to 8 generations of recruitment, 443 additional tests were performed by all three testing modalities.

Index-Contact Relationships

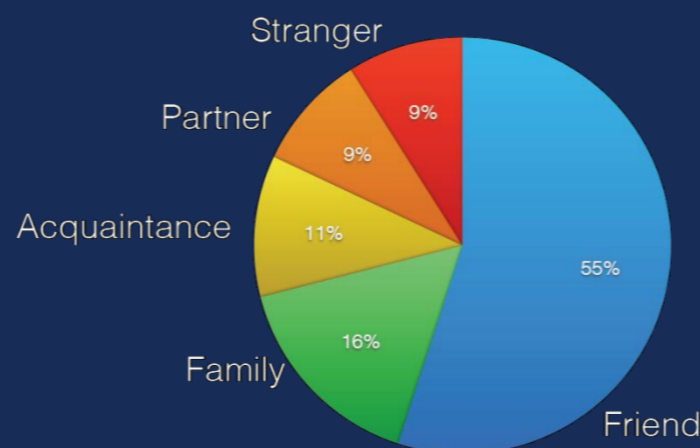


Figure 3. Index-Contact Relationships. Individuals referred for HIV testing through the TNT program were asked to define their relationship to their referring index case.

Demographics

- First generation: 81% AA, 65% male, median age of 37yrs with range of 18-59yrs
- 2nd-8th generations: 86% AA, 58% male, median age of 34yrs with range of 18-67yrs

Of the 443 tests performed, 0.9% (4/443) were newly diagnosed as HIV-positive.

Risks Among TNT Participants

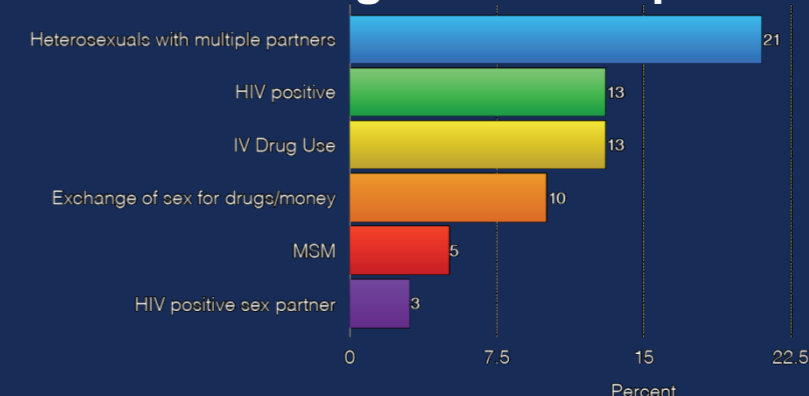


Figure 4. Risks Among TNT Participants. Counselors screened all indexes and referral cases for high-risk behaviors. Figure includes risks for indexes and all generations of redeemers

Conclusions

- It was possible to implement a comprehensive TNT program seeded by ED screening and IDC patient encounters
- Many high-risk patients were identified as a result of the program
- Whether combining TNT with healthcare screening represents an opportunity to capitalize on resources expended for healthcare screening is an area of ongoing study

Acknowledgements

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