Feasibility Study of a Community-level, Multi-component HIV Intervention for Black men who have sex with men
Background

- MSM comprise the single largest group of individuals in the US who have become infected with HIV
- Black MSM are greatly disproportionately affected
  - HIV Prevalence: Black MSM 46% vs. white MSM 21% (NHBS, 2004-05)
  - HIV Incidence: Black MSM 2 times more likely to become infected, controlling for risk behaviors (EXPLORE)
Why is HIV infection highest among Black MSM?

Sexual risk behaviors and substance use do not explain the differences in HIV infection between Black and White MSM.

The most likely causes of disproportionate HIV infection rates among Black MSM are:

- Low frequency of HIV testing among Black MSM
- High HIV prevalence in Black MSM networks
- High prevalence of other STIs facilitating transmission
- Barriers to health care access and HIV/STI treatment
HIV testing status awareness

Exposure

HIV prevalence networks

Intermediate outcomes

Identify undiagnosed HIV

Screening for HIV

Identify/treat current STIs

Screening for GC, CT, syphilis

Reduce HIV incidence

Enroll network members of Black MSM who are newly diagnosed or HIV-infected but not in care

Medical care Social services, ↓ PVL

Identify undiagnosed HIV

↓ risk

↑ disclosure

↑ testing

Intermediate outcomes

Substance use, Mental health issues

Health care barriers

↑ HIV prevalence networks

↑ HIV testing status awareness

↓ Exposure

↑ STI prevalence

Epidemiology

Intermediate outcomes

Enhanced counseling, Peer health navigators

Peer health navigators

Clinical care

Outcome

↑ PVL

↓ risk

Reduce HIV incidence

Outcome
HPTN 061: Primary Objectives
To obtain information needed to design the full community-randomized trial in the areas of:

Recruitment of Black MSM

Uptake of the intervention components, including:
- proportion who agree to *HIV and STI testing*
- proportion who utilize *peer navigation*.

Estimating in the course of the study:
- proportion of participants who are *newly diagnosed* with HIV at enrollment
- *increase in condom use* from enrollment to week 52
- *decrease in viral load* among HIV infected participants from initiation of HAART to week 52
- *decrease in STIs* from enrollment to week 52

Satisfaction of Black MSM with intervention components.
HPTN 061: Secondary Objectives

Collect samples, behavioral data and HIV test results to improve laboratory measures of HIV incidence in cross-sectional studies.

Estimate HIV incidence rate under intervention condition.

Estimate intervention effect on HIV incidence rate through mathematical modeling.

Describe social and sexual networks of Black MSM based on individually self-reported network data.

Describe risk behaviors of sexual network members of Black MSM, especially of those who are newly diagnosed with HIV infection, or previously diagnosed but not in care.

Assess attitudes of Black MSM toward other prevention interventions.
HPTN 061: Secondary Objectives

Use qualitative research methods to:

- Examine individual, interpersonal, cultural, institutional, and geographic-specific processes that influence study participation and uptake of intervention components

- Understand how and to what extent stigma and discrimination (and other emergent themes) influence HIV testing and access to care by geographic region
HPTN 061: Sites
HPTN 061: Eligibility

Types of participants
  – Community-recruited
  – Index:
    • newly diagnosed with HIV
    • HIV-infected but not in care and UA with -/unk status partners
    • HIV uninfected men – random sample, then all
  – Referred – Black MSM sexual partners of index

Eligibility Criteria
  – Self-identify as a man, or male at birth
  – Self-identify as Black, African American, Caribbean Black or multiethnic Black;
  – Unprotected anal intercourse with a man in last 6 mos
  – Age ≥18 years
### Summary of enrollment

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescreened</td>
<td>6,195</td>
</tr>
<tr>
<td>Prescreen eligible</td>
<td>2,639</td>
</tr>
<tr>
<td>Enrolled</td>
<td>1,554</td>
</tr>
<tr>
<td>Community recruited</td>
<td>1,385</td>
</tr>
<tr>
<td>Referred</td>
<td>169</td>
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</table>
# Summary of enrollment

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-</td>
<td>1169</td>
<td>75%</td>
</tr>
<tr>
<td>New HIV+</td>
<td>180</td>
<td>12%</td>
</tr>
<tr>
<td>Prior HIV+, not in care, UAI with -/unk</td>
<td>70</td>
<td>5%</td>
</tr>
<tr>
<td>Prior HIV+, in care, UAI with +</td>
<td>80</td>
<td>5%</td>
</tr>
<tr>
<td>Refuse HIV testing</td>
<td>54</td>
<td>3%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1554</td>
<td>100%</td>
</tr>
</tbody>
</table>
Referred participants (n=169)

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-</td>
<td>86</td>
<td>51%</td>
</tr>
<tr>
<td>New HIV+</td>
<td>43</td>
<td>25%</td>
</tr>
<tr>
<td>Prior HIV+, not in care, UAI with -/unk</td>
<td>17</td>
<td>10%</td>
</tr>
<tr>
<td>Prior HIV+, in care, UAI with +</td>
<td>20</td>
<td>12%</td>
</tr>
<tr>
<td>Refuse testing</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>169</td>
<td>100%</td>
</tr>
</tbody>
</table>
Age distribution (n=1554)

Median age = 39 years
Educational level (n=1554)
Employment status (n=1554)
## Peer health navigation

<table>
<thead>
<tr>
<th></th>
<th>HIV+</th>
<th>HIV-</th>
<th>Refuse test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. eligible for PHN</strong></td>
<td>256</td>
<td>1172</td>
<td>44</td>
</tr>
<tr>
<td><strong>Accept</strong></td>
<td>144 (56%)</td>
<td>638 (54%)</td>
<td>15 (34%)</td>
</tr>
<tr>
<td><strong>No. attended</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>65 (45%)</td>
<td>390 (61%)</td>
<td>8 (53%)</td>
</tr>
<tr>
<td>1</td>
<td>23 (16%)</td>
<td>89 (14%)</td>
<td>2 (13%)</td>
</tr>
<tr>
<td>2</td>
<td>11 (8%)</td>
<td>41 (6%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>3+</td>
<td>45 (31%)</td>
<td>118 (18%)</td>
<td>5 (33%)</td>
</tr>
</tbody>
</table>
## Retention

<table>
<thead>
<tr>
<th>Month</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>81</td>
</tr>
<tr>
<td>12</td>
<td>75</td>
</tr>
</tbody>
</table>
## Baseline STI Prevalence

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>PREVALENCE</th>
<th>RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>3%</td>
<td>0 TO 7%</td>
</tr>
<tr>
<td>Rectal GC</td>
<td>4%</td>
<td>1% TO 10%</td>
</tr>
<tr>
<td>Urethral GC</td>
<td>1%</td>
<td>0 TO 5%</td>
</tr>
<tr>
<td>Rectal CT</td>
<td>7%</td>
<td>2% TO 14%</td>
</tr>
<tr>
<td>Urethral CT</td>
<td>2%</td>
<td>1% TO 3%</td>
</tr>
<tr>
<td>At least 1 STI</td>
<td>12%</td>
<td>4% TO 29%</td>
</tr>
</tbody>
</table>
PEP/PrEP Knowledge and Experience

PEP knowledge: 21.5%
  Range: 13.4% ATL to 29.7% BOS

PEP experience: 18/329 (5.5%)
  Range: 0 in ATL to 6 in SF, BOS

PrEP knowledge 9.5%
  Range: 7.0% in LA to 14.5% NYBC

PrEP experience: 1/149 (<1%) in ATL
Partnerships

Strong partnerships created
  – Community stakeholders in each city
  – HPTN Black Caucus
  – HPTN 061 Community Working Group
  – Black Gay Research Group
  – National Black Gay Men Advocacy Coalition

HPTN Scholars program
Ongoing analyses

- Sociocultural and Psychological Factors in Relation to HIV Sexual Risk Behavior in Black MSM (Wilton, Shoptaw)
- Factors associated with prevalent bacterial sexually transmitted infections among Black MSM in 6 U.S. cities (Mayer)
- Intimate Partner Violence, Psychological Factors, and HIV Sexual Risk Behavior in Black MSM (Williams, Wilton)
- Finding a Community Match for African American MSM and MSMW (Williams, Wilton)
- How does relationship type influence intercourse frequency with female partners among Black MSMW? (Harawa)
- The HPTN 061 Process Project (Magnus)
Ongoing analyses

• It’s Not Right, But It’s Ok: The Paradoxical Relationship of the Black Church in the Lives of Black MSM (Perkins)
• Community Norms, Stigma, and Perceptions About the AIDS Epidemic among Black MSM: A Qualitative Investigation (Wilton)
• PHN Process Project (Bradford/Barnum)
• Lessons Learned: Clinical Supervision of Peer Navigators in a Community-Level Intervention for Black Men who Have Sex with Men (Humphrey)
• Crack use, health outcomes, and quality of life measures among Black MSM (Lucas)
HPTN Scholars Working on HPTN 061

Dr. LaRon Nelson- Explore the relationship between childhood religious experiences, mental health outcomes, and unprotected sex among Black MSM

Dr. Typhanye Penniman- Comparing the social, psychological, and behavioral characteristics between MSM and MSMW

Dr. Risha Irvin- Exploring the relationship between healthcare utilization, HIV testing, and perceived discrimination among Black MSM

Dr. Russell Brewer- Explore the relationship between incarceration history, HIV/STI risk and status, and other key demographic and psychosocial characteristics among Black MSM
- Black MSM PrEP Demonstration Project? Could enhanced clinical care coordination increase uptake and adherence?

- Social and Structural Interventions? Engaging partners, community supports

- Scaling up to demonstrate efficacy Multi-site community randomization?
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Acknowledgments

♦ HIV Prevention Trials Network (HPTN)
♦ Sponsored by NIAID, NIDA, NIMH under Cooperative Agreement # UM1 AI068619