



HOSPITAL NOSSA SENHORA DA CONCEIÇÃO GHC PORTO ALEGRE, RS BRAZIL



SITE 12201

HPTN Annual Meeting, April 2008

RECRUITMENT STRATEGIES FOR HPTN 052

CURRENT STATUS OF SCREENING AND ENROLMENT OF POTENTIAL PARTICIPANTS

LAST CD4	CURRENT STATUS
514 (Aug/06)	Serodiscordant couple. Called in for CD4 control and for partner to be re-tested
489 (Mar/08)	Eligible serodiscordant couple. Called in for screening
420 (Dec/07)	Partner refuses to be tested.
446 (Sep/07)	Partner refuses to be tested.
516 (Apr/07)	Partner refuses to be tested.
924 (03/07)	Clinic: waiting partner to order the test
444 (06/06)	Serodiscordant couple. Called in for CD4 control and for partner to be re-tested
623 (12/07)	Did not reveal HIV diagnosis to partner
541 (11/07)	Partner died due to untreated HIV cause
512 (09/07)	Partner refuses to be tested.
409 (02/08)	Eligible serodiscordant couple. Called in for screening
451 (02/08)	Eligible. CD4 above threshold
418 (02/08)	Separated from partner recently
444 (01/08)	Partner refuses to be tested
755 (03/07)	Currently single
519 (01/07)	Partner once negative. Refuses to be retested
336 (10/07)	Currently single
737 (02/08)	Eligible. CD4 above threshold
396 (08/07)	Currently single
2621 (12/07)	Currently single
389 (08/07)	Currently single
186 (01/06)	Serodiscordant couple. Index case started treatment (AS175) due to low CD4

LAST CD4	CURRENT STATUS
414 (10/07)	Eligible serodiscordant couple. Called in for screening
243 (04/06)	Serodiscordant couple. Index case started treatment (AS175) due to low CD4
608 (11/06)	Index case not eligible due to other medical problem
1114 (02/08)	Eligible. CD4 above threshold
721 (06/07)	Eligible. CD4 above threshold
492 (06/06)	Serodiscordant couple. Called in for CD4 control and for partner to be re-tested
387 (03/08)	Eligible serodiscordant couple. Called in for screening
602 (03/08)	Eligible. CD4 above threshold
391 (12/07)	Currently single
651 (08/07)	Partner refuses to be tested.
582 (12/07)	Partner refuses to be re-tested after a previous negative result
454 (08/07)	Serodiscordant couple eligible but in process of separation
423 (02/08)	Currently single
752 (04/07)	Currently single
499 (02/08)	Currently single
394 (01/06)	Called in for CD4 control and for partner to be tested
440 (04/07)	Currently single
553 (12/07)	Currently single
482 (02/08)	Partner refuses to be tested.
457 (11/07)	Clinic: waiting partner to order the test
228 (01/06)	Serodiscordant couple. Index case started treatment (AS175) due to low CD4
496 (08/06)	Called in for CD4 control and for partner to be tested
568 (06/07)	Currently single
536 (10/07)	Eligible, but partner does not have the time to attend appointments
493 (12/06)	Currently single
702 (12/07)	Currently single
408 (09/07)	Currently single
729 (12/07)	Eligible. CD4 above threshold

LAST CD4	CURRENT STATUS
706 (01/08)	Currently single
719 (07/07)	Clinic: waiting partner to order the test
812 (06/07)	Did not reveal HIV diagnosis to partner
365 (08/07)	Eligible serodiscordant couple. Called in for screening
357 (12/07)	Partner called in for testing
445 (11/06)	Did not reveal HIV diagnosis to partner
215 (01/06)	Serodiscordant couple. Index case started treatment (AS175) due to low CD4
531 (12/07)	Clinic: waiting partner to order the test
1051 (12/07)	Partner called in for testing
497 (12/07)	Currently single
370 (03/08)	Currently single
359 (11/06)	Serodiscordant couple. Called in for CD4 control and for partner to be re-tested
410 (12/07)	Eligible, screened but failed to show up at randomization visit due to partner not available to attend appointments.
360 (09/07)	Serodiscordant couple but partner refuses to take part of the study
354 (12/07)	Eligible serodiscordant couple. Called in for screening
361 (11/06)	Serodiscordant couple. Called in for CD4 control and for partner to be re-tested
499 (02/08)	Eligible serodiscordant couple. Called in for screening
488 (07/06)	Currently single
698 (10/06)	Serodiscordant couple. Called in for CD4 control and for partner to be re-tested
536 (12/07)	Currently single
413 (10/07)	Partner called in for testing
348 (04/07)	Partner called in for testing
786 (07/07)	Currently single

Recruitment strategies



Some of the investigator team members

RETENTION

Site has been able so far to attain 100% of retention

SOURCE OF POTENTIAL PARTICIPANTS

- Outpatient clinic- > 500 patients/month including a dedicated clinic to naïve patients
- Dedicated clinic to HIV infected pregnant women (Unit for Prevention of Vertical Transmission)
- Former pregnant women recruited and followed by an observational study (NISDI)
- Blood banks- HIV+ blood donors in large hospitals
- Basic Health Units- 12 BHU covering approximately 150,000 inhabitants, under our hospital management
- VCTs
- NGOs

INCEPMENTS TO HELP PARTICIPATION

- No need to queue up for a doctor appointment
- No need to queue up at the lab for blood collection
- No need to go to the pharmacy to pick up drugs
- Reimbursement of costs incurred by the visit (transport, snack)
- Groceries bag with day by day food items
- Friendly environment with response to every and each medical and non-medical needs

RECRUITMENT ACTIVITIES

Advertising

- Newspapers
- Newspapers edited by NGOs directed to particular communities
- Radio and TV interviews
- Printed material distributed to Basic Health Units and NGOs

TARGETING POPULATIONS

- MSM
- Sex workers
- Blood bank HIV+ donors
- Regular clinic attendees
- Referral from other doctors



Printed material: Poster and flyer

BARRIERS TO PARTICIPATION

- ARV are provided free of charge to every HIV infected person meeting government criteria for treatment (no need to join a clinical trial in order to receive treatment)
- Lack of information due to low education
- Fear of exposure
- Lack of time to attend appointments, particularly by the uninfected partner
- Partner refusal of testing
- Non-infected partner needs to engage in a medical environment
- Plethora of procedures in each visit

COMMUNITY INVOLVEMENT

CAB activities

- Bring public attention to the study
- Translate the study objectives into lay language
- Regular open meetings
- Hot number to answer questions
- Outreach visits to NGOs and other venues
- Specific population directed newspapers articles and interviews



Outreach team with CAB members



CAB institutional poster