HPTN 061- Early Results Presented at AIDS 2012

K.H. MAYER, B. KOBLIN, D. WHEELER FOR THE HPTN 061 PROTOCOL TEAM
Purpose of HPTN061

- To determine the feasibility and acceptability of a multi-component intervention for Black MSM, including peer health system navigation
HPTN 061 Methods

- Conducted in Atlanta, Boston, Los Angeles, New York City, San Francisco and Washington DC between 7/09-10/10
- Black MSM recruited from the community or referred by sexual partners
- Eligibility criteria:
  - At least 18 years old
  - Identified as a man, or male at birth
  - Identified as Black, African American, Caribbean, African or multi-ethnic Black
  - At least one episode of unprotected anal intercourse with a man in the past six months
- Participants were offered incentives to refer up to 5 Black sexual partners for participation in the study
HPTN 061 Study Methods

- Demographic information collected and behavioral assessment using ACASI
- Social and sexual network questionnaire completed with an interviewer
- Tested for HIV, Gonorrhea, Chlamydia, Syphilis
- Risk-reduction counseling
- Offer of services of a peer community navigator to link to clinical and social services
- Participants testing positive for any infection linked to treatment and medical care services
HPTN 061 Participant Categories

- HIV-uninfected at enrollment
- Newly HIV-infected at enrollment
- Prior HIV diagnosis, but not engaged in care, and/or having unprotected sex with partner(s) who were uninfected or of unknown HIV status
- Prior HIV diagnosis and in care or only having sex with positive partners limited to not more than 10 per site
Study population

- 1,553 men were enrolled
  - 174 reported a prior HIV diagnosis
- 1,379 without a prior HIV diagnosis
  - 46 refused testing and/or a baseline specimen was not available for confirmatory testing at the HPTN NL
  - 165 (12.4%) were newly diagnosed, including 3 with acute infection (identified by the HPTN NL)
  - 1,168 uninfected at baseline
  - 1,009 tested for HIV during study follow-up
Study population (n=1553)

- 34% were 30 yrs or younger
- 46% had some college education or more
- 31% worked full or part time
- 60% had annual income less than $20,000
- 2% transgender
- 30% identified as gay/homosexual
An Evolving Concentrated Epidemic: Comparison of Newly Diagnosed, Previously Diagnosed and HIV-Uninfected Black Men Who Have Sex with Men in 6 U.S. Cities

FOR THE HPTN 061 PROTOCOL TEAM
Comparison of Black MSM found to be Newly Infected and those who were HIV-Uninfected

<table>
<thead>
<tr>
<th>Variable</th>
<th>O.R.</th>
<th>95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprotected receptive anal intercourse</td>
<td>1.90</td>
<td>(1.21, 2.91)</td>
</tr>
<tr>
<td>Age &gt;30</td>
<td>3.73</td>
<td>(2.28, 6.10)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2.42</td>
<td>(1.48, 3.95)</td>
</tr>
<tr>
<td>Lack stable housing</td>
<td>0.41</td>
<td>(0.18, 0.98)</td>
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<tr>
<td>Household annual income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $10,000</td>
<td>3.60</td>
<td>(1.49, 8.65)</td>
</tr>
<tr>
<td>$10,000 to $49,999</td>
<td>3.26</td>
<td>(1.41, 7.51)</td>
</tr>
<tr>
<td>City of Enrollment (compared to Boston)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYC, Harlem</td>
<td>4.22</td>
<td>(1.89, 9.42)</td>
</tr>
<tr>
<td>Washington D.C.</td>
<td>3.35</td>
<td>(1.43, 7.84)</td>
</tr>
<tr>
<td>Atlanta</td>
<td>2.32</td>
<td>(1.09, 4.94)</td>
</tr>
<tr>
<td>STI diagnosed at visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2.02</td>
<td>(1.21, 3.39)</td>
</tr>
<tr>
<td>&gt;1</td>
<td>6.64</td>
<td>(2.71, 16.3)</td>
</tr>
</tbody>
</table>

**Multivariate Logistic Regression**
Conclusions

• The rates of undiagnosed HIV and STIs among Black MSM in this 6 city U.S. study were very high

• Structural, behavioral, and biological factors (i.e. poverty, unemployment, local environment, unprotected receptive anal sex, being older, and STIs) were associated with undiagnosed HIV infections among Black MSM

• Culturally tailored interventions that encourage repeated HIV/STI testing, engagement with treatment/prevention, and that address social factors (e.g. poverty) are urgently needed for Black MSM
Nonadherence to HIV Testing Guidelines and Late HIV Testing Is Common Among US Black Men Who Have Sex with Men (MSM)

S. Mannheimer, L. Wang, H.V. Tieu, C. del Rio, S. Buchbinder, L. Wilton, S.N. Glick, V. Cummings, and K.H. Mayer for the HPTN 061 Study group
Definitions:

• **Nonadherence to HIV testing guidelines**: Participants reporting past HIV-uninfected or unknown status at enrollment and no HIV testing within the prior 12 months

• **Late HIV diagnosis**: Participants with newly diagnosed HIV at enrollment and CD4 count < 200 at the time of HIV diagnosis

Summary

• Nonadherence to HIV testing guidelines was reported by 23% of participants at enrollment; 14% reported never HIV testing prior to this study

• Nonadherence to testing guidelines was associated with age ≥ 35, unemployment, and not having seen a medical provider,

• 97.5% of HPTN 061 participants agreed to HIV testing through the study

• 19% of participants with previously undiagnosed HIV infection had CD4 < 200 when diagnosed (late HIV diagnosis)

• Late diagnosis was associated with age ≥ 35
Correlates of HIV incidence among black men who have sex with men in 6 U.S. cities (HPTN 061)


FOR THE HPTN 061 TEAM
Baseline behaviors in prior 6 months (n=1,009)

- Median no. of biological male partners: 3 (IQR: 2 - 5)
- Unprotected anal intercourse
  - 47% receptive
  - 76% insertive
- Transactional Sex
  - 23% received money/goods
  - 10% provided money/goods
- 38% used stimulants
- 4% had any STI
Summary and conclusions

• In the largest prospective cohort of black MSM in the US, HIV incidence was high (2.8%; 95% CI: 1.8, 4.1), particularly among
  – Young men, 18-30 years- 5.9% (95% CI: 3.6, 9.1)
  – Those reporting unprotected receptive anal intercourse- 4.9% (95% CI: 3.0, 7.4)
  – Gay/homosexual self-identified and those with male partners only- 4.3% (95% CI: 2.6, 6.7)
  – Those with STIs diagnosed at baseline- 6.0% (95% CI: 2.4, 12.5)
• Findings do not represent all black MSM in US
• Additional analyses will be conducted to assess changes in behaviors and uptake of peer health navigation during the study and relationship to HIV incidence
• Targeted, tailored and culturally appropriate combination HIV prevention strategies (behavioral, social, structural and biomedical) are urgently needed.
Sociocultural and psychological factors and HIV risk- \( L. \) Wilton, et al.

History of incarceration among BMSM and correlates of incarceration- \( R. \) Brewer, et al.
  - 60% BMSM reported history of incarceration

Differences between black MSM and black MSMW- \( T. \) Penniman, et al.
  - 47% of sample was MSMW
  - MSMW report more internalized homophobia, substance use, depressive symptoms and less social support
061 Posters Presented at IAS

• **Sexual Networks of BMSM and HIV risk** - H. Van Tieu, et al.
  – Having black partners associated with younger age and being HIV+
  – Among HIV- participants, serodiscordant, unprotected anal sex associated with non-overlap of social and sexual networks

• **Perceived discrimination and associations with healthcare utilization and HIV testing** - R. Irvin, et al.
  – Experiences of perceived healthcare discrimination common at 19%
  – Healthcare discrimination *positively* associated with healthcare utilization and testing

• **Lessons Learned from Implementing a Black Caucus into HPTN 061** - S. Fields, et al.
HPTN 061 Acknowledgements

• National Institutes of Health: NIAID, NIDA, NIMH
• Protocol Co-Chairs:
  – Beryl Koblin, PhD
  – Kenneth Mayer, MD
  – Darrell Wheeler, PhD, MPH
• HPTN 061 Protocol Team Members

Clinical Research Sites, Staff and CABs

• Emory University
• Fenway Institute
• GWU School of Public Health and Health Services
• Harlem Prevention Center

• HPTN 061 Study Participants
• HPTN Network Laboratory, Johns Hopkins Univ. School of Medicine
• Statistical and Data Management Center, SCHARP
• HPTN CORE Operating Center, FHI 360
• Black Gay Research Group
• 061 Black Caucus

Sponsored by NIAID, NIDA, NIMH under Cooperative Agreement # UM1 AI068619 and UM1-AI068613