



HIV PREVENTION TRIALS NETWORK



HPTN
061

HPTN 061: The Brothers Study

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ON BEHALF OF HPTN 061



Background

- Black MSM are disproportionately impacted by HIV/AIDS and have higher morbidity and mortality
- HIV prevention and care cascade interventions are needed to address the disproportionate burden



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HPTN 061- Early Results Presented at AIDS 2012

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



Purpose of HPTN 061

- To determine the feasibility and acceptability of a multi-component HIV prevention 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 7/09-12/11
- Black MSM recruited from the community or referred by sexual partners
- Participants were offered incentives to refer up to 5 Black sexual partners for participation in the study

HPTN 061 Methods

- 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

HPTN 061 Study Methods

- Demographic information collected by interview and behavioral assessment using ACASI (Audio Computer-Assisted Self Interview)
- Social and sexual network questionnaire completed with an interviewer
- Tested for HIV, Gonorrhea, Chlamydia, Syphilis

HPTN 061 Study Methods

- Risk-reduction counseling
- Offer of services of a peer health 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
 - 252 reported a prior HIV diagnosis or were considered to be previously diagnosed based on testing positive for HIV with low or undetectable viral load, and having ARVs consistent with ART detected on testing

Study population

- 1,301 without a prior HIV diagnosis
 - 38 refused testing and/or a baseline specimen was not available for confirmatory testing at the HPTN Laboratory Center
 - 96 (7.6%) were newly diagnosed with HIV, including 3 with acute infection (identified by the HPTN Laboratory Center)
 - 1,167 HIV-uninfected

Study population (n=1553)

- 33% were 30 yrs or younger
- 45% had some college education or more
- 31% worked full or part time
- 38% had annual income less than \$10,000
- 3% transgender
- 30% identified as gay/homosexual



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Concomitant Socioeconomic, Behavioral, and Biological Factors Associated with the Disproportionate HIV Infection Burden among Black Men Who Have Sex with Men in 6 U.S. Cities

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Comparison of Black MSM found to be Newly Infected and those who were HIV-Uninfected

Multivariate Logistic Regression

<u>Variable</u>	<u>O.R.</u>	<u>95% C.I.</u>
Unprotected receptive anal intercourse	2.3	(1.4, 3.8)
Unemployed	2.6	(1.4, 4.6)
Insufficient Income fairly often/very often vs never	0.4	(0.2, 0.9)
Having HIV+ male partner Any vs none	3.8	(2.3, 6.3)
STI Any vs none	2.3	(1.4, 4.0)



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Infrequent HIV Testing and Late HIV Diagnosis Are Common Among a Cohort of Black Men Who Have Sex with Men in 6 US Cities

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STUDY TEAM**



Definitions

- **Infrequent HIV Testing:** Participants reporting past HIV-uninfected or unknown status at enrollment and no HIV testing within the prior 12 months

Results

- Infrequent HIV testing was reported by 21.2% of participants at enrollment; 12.1% reported never having an HIV test prior to this study
- Infrequent HIV testing was associated with unemployment, not having seen a medical provider in the prior 6 months, and high internalized HIV stigma



HIV PREVENTION TRIALS NETWORK

Correlates of HIV Acquisition Among Black Men Who Have Sex with Men in 6 U.S. Cities (HPTN 061)

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Baseline behaviors in prior 6 months (n=1,164)

- Median no. of biological male partners: 3 (IQR: 2 - 5)
- Unprotected anal intercourse: 47% receptive, 76% insertive
- Transactional Sex: 29.9% received money/goods, 16.3% provided money/goods
- 38% used stimulants

Summary and conclusions

- In the largest prospective cohort of black MSM in the US, HIV incidence was high (3.0%; 95% CI: 2.0,4.4), particularly among
 - **Young men, 18-30 years- 5.9% (95% CI: 3.6, 9.1)**
 - **Young men also more likely to not have a usual place for health care**
- Findings do not represent all black MSM in US

Summary and conclusions cont.

- Structural, behavioral, and biological factors (i.e. unemployment, unprotected receptive anal sex, having an HIV+ male partner, 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



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Conducting Research with Black MSM-Lessons Learned from Conduct of 061

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Lessons Learned: Peer Health Navigator

- Preliminary expectations of Peer Health Navigation goals differed significantly from participant driven goals
 - Initially theorized HIV prevention services would be the most common needs, however, participants' reported needs centered on broader social issues
 - Housing for HIV-negative individuals
 - Employment
 - Immigration status
 - Drug and alcohol abuse

Lessons Learned: Peer Health Navigator

- Other lessons learned
 - Most common needs are sometimes most hard to meet
 - Those who are in crisis are often those who do not make PHN appointment
- A broad range of experience is crucial for PHN
 - Different backgrounds and work experience
 - Understanding of the community
 - Links to community resources

Lessons Learned: Peer Health Navigator

- **Moving Forward**
 - Work to overcome homophobia within the community
 - Push cultural awareness in the community, esp. providers, institutions
 - Identify short-term, achievable goals in addition to more ambitious long-term goals
 - Work within constraints of available resources

Summary and conclusions

- 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

Next Steps post HPTN 061

- HPTN 073: PrEP demonstration project for Black MSM including Client-Centered Care Coordination (currently running)
- Consideration of how to address structural aspects of HIV risk (e.g. poverty) in future studies

For More Information...

- All presentations, posters, publications, press releases, etc. available at

www.HPTN.org/research_studies/HPTN061Results.asp

HPTN 061 Acknowledgements

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