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An evaluation of patient perspectives and knowledge regarding secondary HIV prevention

HPTN 065 Study

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Introduction

- Few data are available that shed light on the perspectives of HIV-infected patients about the use of antiretroviral therapy (ART) for HIV prevention.

- HPTN 065 examined the feasibility of a test, link-to-care, plus treat strategy for HIV prevention in the Bronx, NY and Washington, DC.

- Prevention for Positives (PfP) - evaluated the perspectives of people living with HIV
  - Assess patients' knowledge of and attitudes about the use of HIV treatment for prevention (TasP)
  - Investigate the influence of treatment on sexual risk behaviors

Methods

- HIV positive individuals receiving care at one of 10 care sites participating in HPTN 065 study
  - Four in the Bronx, NY Six in Washington, DC
- A tablet-based survey was administered at baseline and at month 12 (December 2013–December 2014)

Participants

- 1046 individuals who were established in HIV care - completed one or more care visits within the 7 months prior to screening
- 94% of the participants were on ART

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Methods Cont'd

Questions assessing knowledge of ART use for HIV prevention	
1. When an HIV positive person is taking HIV medicines, the chance of passing HIV to another person during sex without a condom is:	❑ **The same as when not taking HIV medicines** ❑ **Higher** ❑ **Lower** ❑ **Don't know**
2. When an HIV positive person has a low viral load, the chance of passing HIV to another person during sex without a condom is:	❑ **The same as when not taking HIV medicines** ❑ **Higher** ❑ **Lower** ❑ **Don't know**
3. If an HIV positive person has a viral load that is undetectable, is it possible for that person to pass HIV to another person through sex without a condom or sharing of needles?	❑ **Yes** ❑ **No** ❑ **Don't know**
4. HIV medicines lower the chance of passing HIV to others during sex without a condom.	❑ **Strongly agree** ❑ **Agree** ❑ **Disagree** ❑ **Strongly disagree**

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Participants characteristics

	Incomplete understanding of TasP	Correct understanding of TasP	P-value
Age			
Mean (Min, Max)	50.3 (18, 77)	45.7 (19, 71)	<0.01
Gender			
Female	294 (89%)	38 (11%)	0.07
Male	579 (82%)	123 (18%)	
Race n(%)			
White	90 (65%)	49 (35%)	<0.01
Black or African American	601 (88%)	84 (12%)	
Other*	185 (87%)	27 (13%)	
HIV transmission/risk category n(%)			
MSM	298 (76%)	93 (24%)	<0.01
Injection drug use (IDU)	12 (100%)	0 (0%)	
Heterosexual	463 (90%)	53 (10%)	

*Other includes Asian, Native Alaskan, American Indian, Native Hawaiian, or Pacific Islander.

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Healthcare facility and insurance status

	Incorrect understanding of TasP	Correct understanding of TasP	P- value
Type of facility			
Hospital (non-university affiliate)	208 (86%)	35 (14%)	<0.01
University-affiliated hospital or clinic	167 (84%)	33 (17%)	
Community health center/clinic	208 (85%)	37 (15%)	
Private medical practice	87 (73%)	32 (27%)	
VA facility	186 (89%)	22 (11%)	
Insurance			
Uninsured/refused to answer/other	72 (90%)	8 (10%)	<0.01
Public assistance (Medicaid, Medicare, ADAP)	561 (86%)	90 (14%)	
Military/VA	137 (89%)	17 (11%)	
Employer	78 (67%)	38 (33%)	
Self Pay	31 (79%)	8 (21%)	

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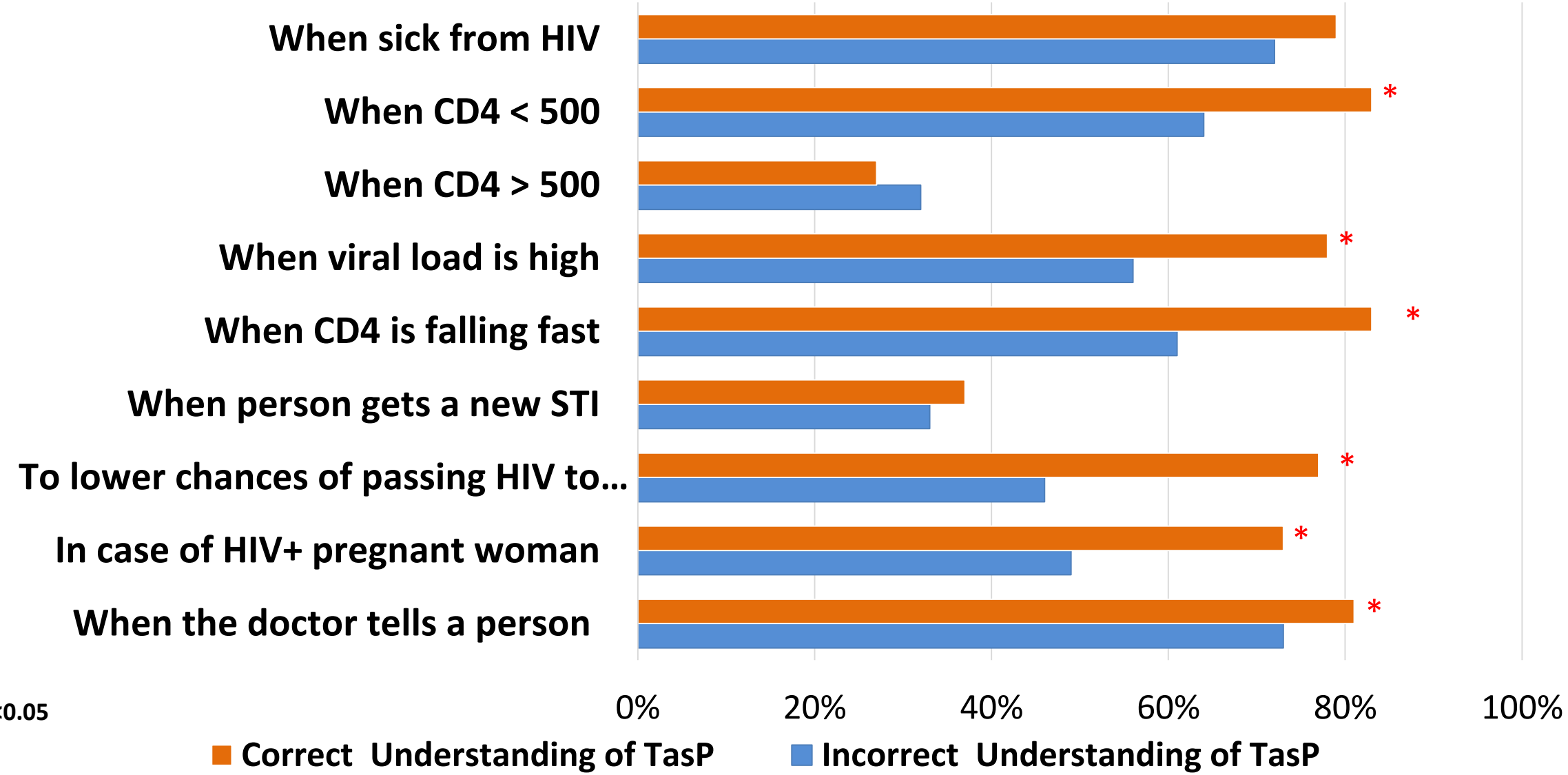
Good reasons to start taking HIV treatment



* P<0.05

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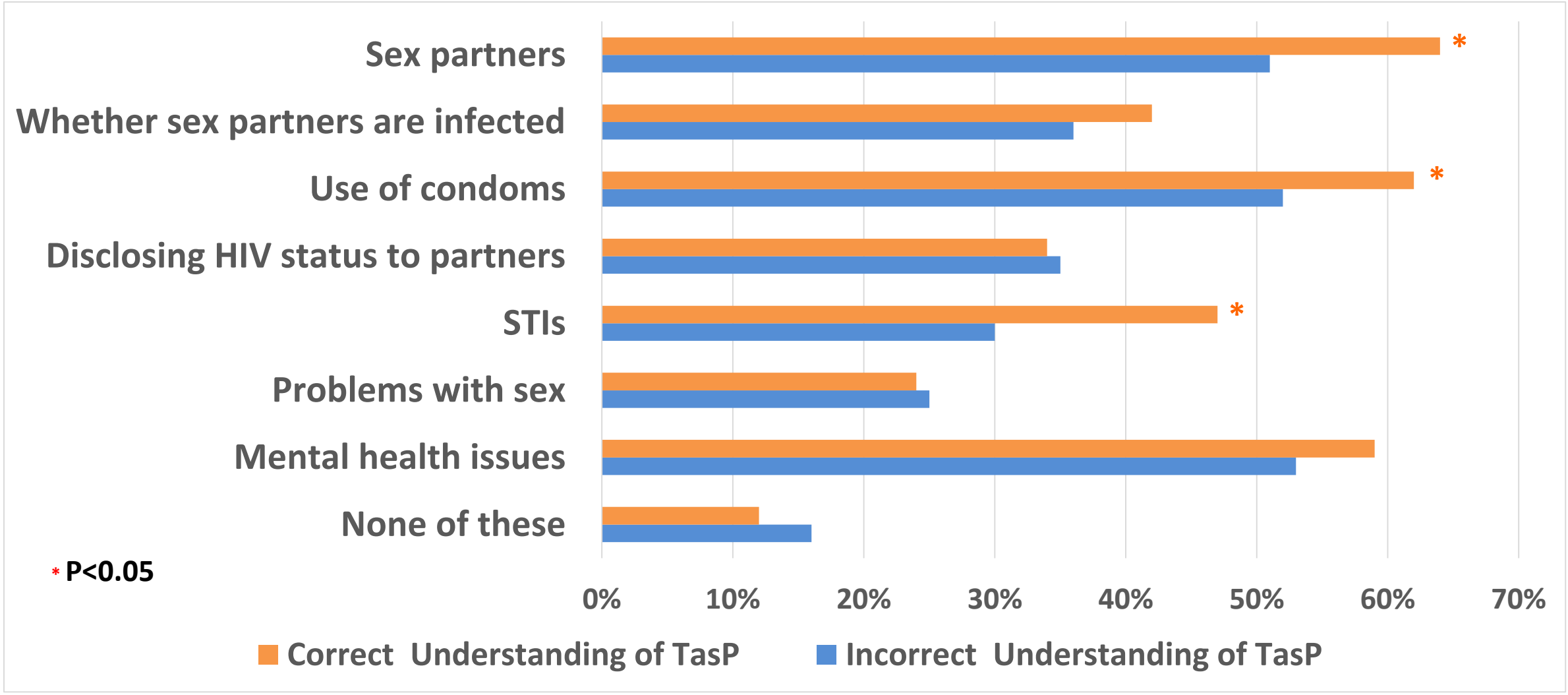
Topics of discussion with HIV care provider in the last three months



* P<0.05

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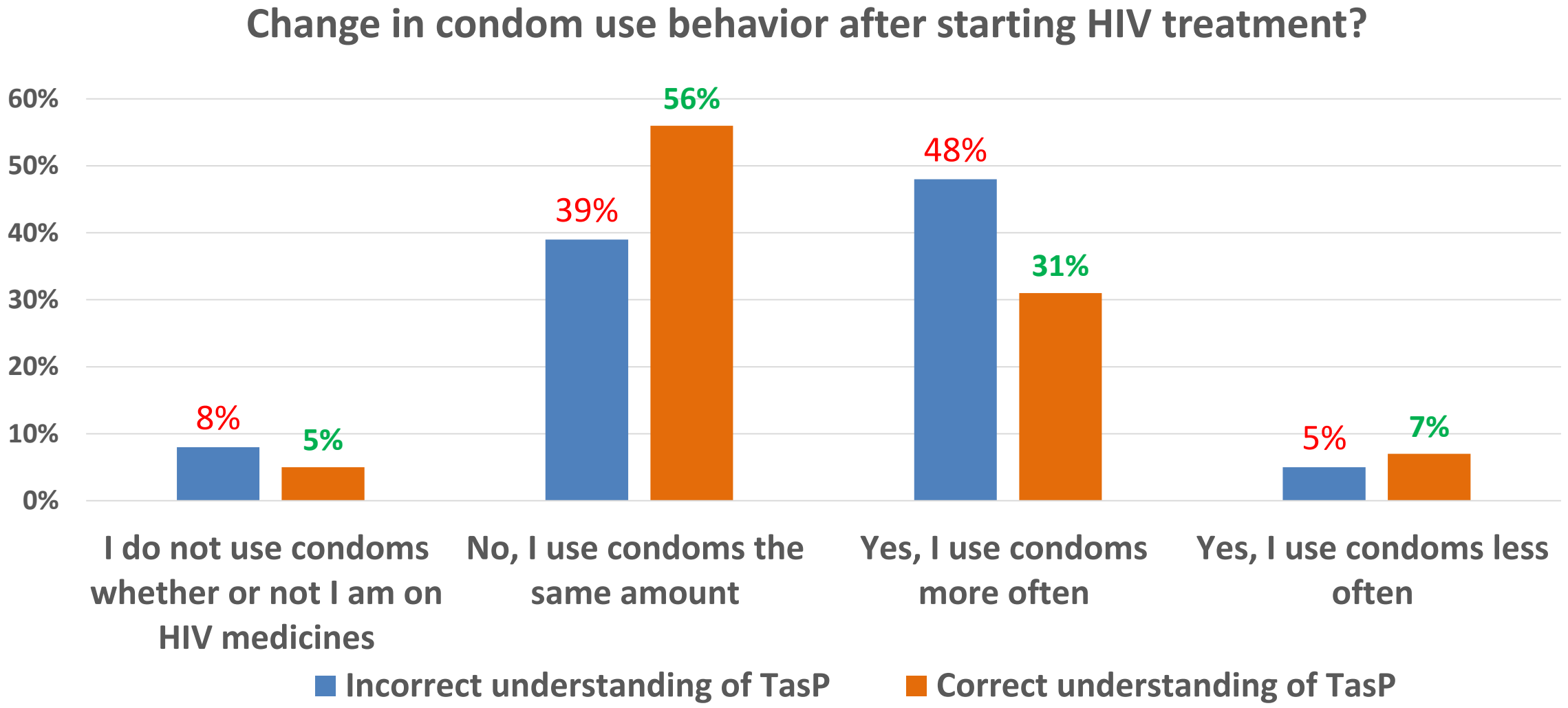
HIV treatment and number of sexual partners



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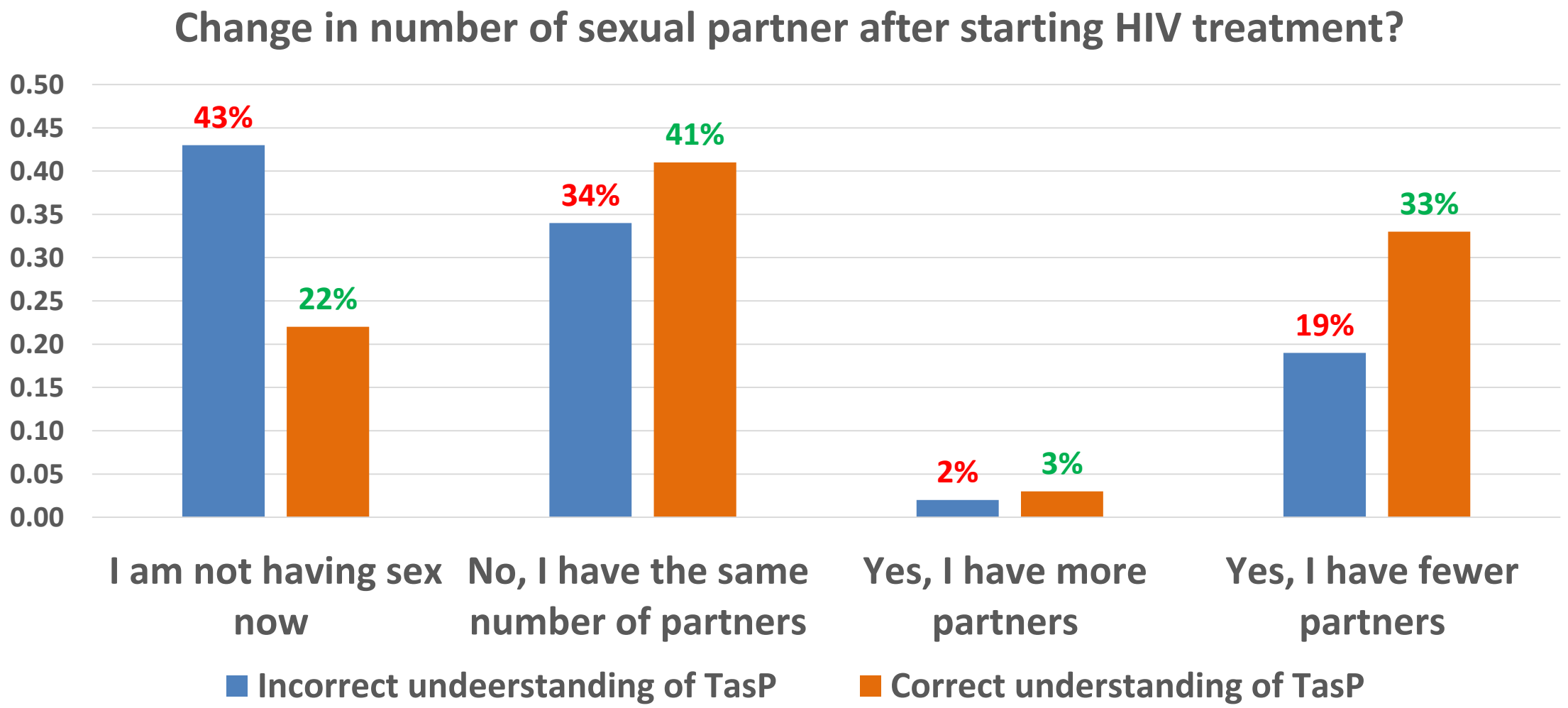
HIV treatment and condom use behavior



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Summary

- People living with HIV have a limited knowledge of treatment as prevention, suggesting that patient education on the importance of ART and viral suppression to prevent HIV is needed.
- There was no evidence suggesting an increase in sexual risk behavior after initiation of ART.
- Most people with correct understanding of TasP had the same or fewer number of partners and used condom as they did in pre ART time.
- A larger percentage of people with incomplete knowledge of TasP used condom more often or were not sexually active since starting ART.
- People with correct understanding of TasP were more likely to discuss about STIs, sexual behavior, and condom use with their care provider in the most recent visit.

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