

HIV testing in six U.S. cities using behavioral surveillance data for the TLC-Plus (HPTN 065) study

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BACKGROUND

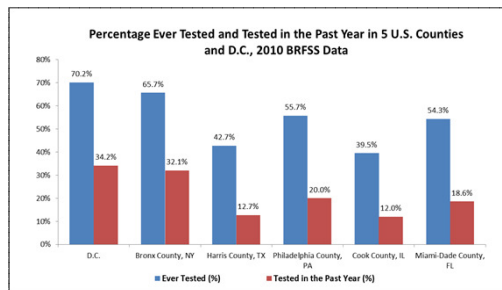
HIV testing is the first step in the HIV treatment continuum and prompts linkage to care, initiation of effective antiretroviral therapy and achievement of viral suppression.

- The primary purpose of the TLC-Plus (HPTN 065) study is to assess the feasibility of a community-level test, link to care, plus treat strategy in the U.S.
- The Expanded HIV Testing Component evaluates interventions to increase HIV testing through:
 - Community mobilization with targeted messaging to promote testing for MSM
 - The adoption of routine testing in emergency departments and hospital inpatient admissions at selected facilities in the intervention communities
 - Intervention communities (2): Bronx, NY and D.C.
 - Non-intervention communities (4): Chicago, IL, Houston, TX, Miami, FL, and Philadelphia, PA
- HPTN 065 Target population: Persons ≥18 of age
- HPTN 065 Study duration: 36-month period
 - The Expanded Testing Component began in February 2011

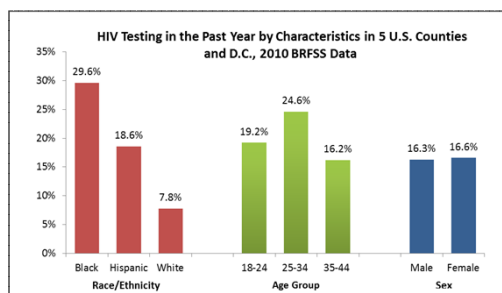
METHODS

- Examined baseline prevalence of:
 - HIV testing ever
 - Denominator includes participants that had a Yes/No response
 - HIV testing within the past year
 - Participants with missing/unknown testing dates were excluded
- Study Population: D.C. and 5 counties that include cities participating in HPTN 065
 - Bronx County, NY; Harris County, TX; Philadelphia County, PA; Cook County, IL; Miami-Dade County, FL
- Data were obtained from the 2010 Behavioral Risk Factor Surveillance System (BRFSS)
 - Established in 1984 as a cross-sectional telephone survey to collect information on health conditions, risk behaviors, preventive health practices, and health care access
 - State health departments conduct monthly telephone surveys using a standardized questionnaire and submit responses to CDC.
 - Disproportionate stratified random sampling (DSS)
 - Adults ≥18 years of age; 1 per household
 - ~350,000 interviews completed each year
 - Data are weighted for the probability of selection of a telephone number, and the number of adults and telephones in a household.

RESULTS



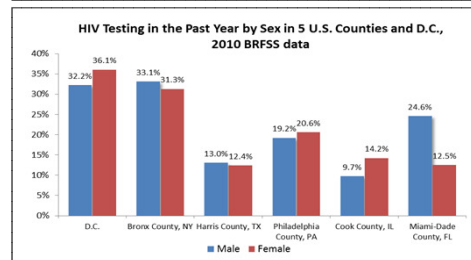
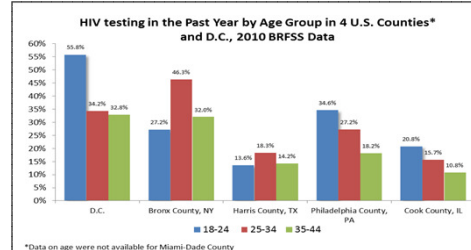
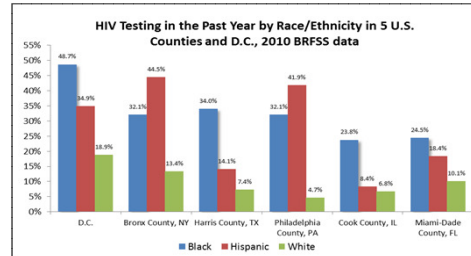
- HIV testing ever
 - Ranged from 39.5%-70.2%
 - Significantly higher in the intervention cities (D.C.: 70.2%, Bronx: 65.7%) compared with non-intervention cities (range: 39.5%-55.7%)
- Reported testing within the past year
 - Ranged from 12.0%-34.2%
 - Significantly higher in the intervention cities (D.C.: 34.2%, Bronx: 32.1%) compared with non-intervention cities (range: 12.0%-20.0%)



- Testing within the past year was generally higher among:
 - Blacks (29.6%, 95% CI: 25.6%-33.5%, range: 23.8%-48.7%) and Hispanics (18.6%, 95% CI: 13.9%-23.3%, range: 8.4%-44.5%) vs. whites (7.8%, 95% CI: 6.2%-9.4%, range: 4.7%-18.9%)
 - Persons aged 25-34 years (24.6%, 95% CI: 19.4%-29.9%, range: 15.7%-46.3%) vs. 18-24 years (19.2%, 95% CI: 14.1%-24.4%, range: 13.6%-55.8%) and 35-44 years (16.2%, 95% CI: 13.2%-19.2%, range: 10.8%-32.8%)

Survey Participants by Jurisdiction*				
Jurisdiction	N	Black (%)	Hispanic (%)	White (%)
District of Columbia	404,059	44.1	6.0	38.3
Bronx County, NY	855,777	31.4	39.5	14.0
Harris County, TX	2,529,313	13.3	28.4	49.6
Philadelphia County, PA	914,700	43.3	8.5	39.5
Cook County, IL	3,323,846	26.6	17.0	44.8
Miami-Dade County, FL	1,511,298	16.0	58.1	18.8

*All data presented have been weighted.



LIMITATIONS

- County level data does not directly overlap with the HPTN 065 cities
 - E.g., Houston is larger than Harris County while Cook County is larger than Chicago
- BRFSS does not collect HIV-related risk factor information
- Recall bias
 - E.g., BRFSS survey participants may have received an STD test and incorrectly assumed they were tested for HIV
- Response rate
 - 2010 BRFSS median response rate for all states: 54.6% (range: 39.1%-68.8%)

CONCLUSIONS

- The percentage ever tested for HIV was higher in the intervention than the non-intervention communities before HPTN 065 started.
- Recent testing was highest among blacks and Hispanics, suggesting that testing is being expanded among populations with higher HIV prevalence.
- Substantial variation exists across cities within specific population groups highlighting the importance of consistent efforts to overcome policy-based, logistical, social, and educational barriers to HIV testing.
- Monitoring trends in testing patterns by city will be important for understanding outcomes of HPTN 065.
- Routine HIV testing in health-care settings as recommended by CDC and supported by HPTN 065 could assist in achieving high testing rates in the U.S.



For more information on this poster contact
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