

HIV Incidence Among Anonymous & Confidential Testers

Christina Thibault¹, Joanne Stekler², Gary Goldbaum^{2,3}, Susan Buskin^{1,2}¹Public Health – Seattle & King County, Seattle, WA, USA; ²University of Washington, Seattle, WA, USA; ³Snohomish Health District, Everett, WA, USA

BACKGROUND

- Measures of HIV acquisition are useful for public health planners in selecting populations to target for HIV prevention activities
- Confidential (name-based) positive HIV test results are reportable to an HIV case surveillance system, but anonymous (code-based) positive HIV results are not
- Risk behaviors & other characteristics may influence whether a person chooses an anonymous or a confidential HIV test
- HIV prevalence and incidence may be different for anonymous and confidential testers

OBJECTIVE

- Compare HIV prevalence & incidence among people seeking anonymous and confidential HIV testing in a publicly-funded setting

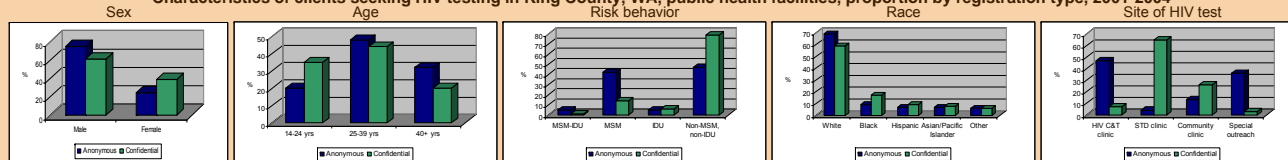
METHODS

- Data from a convenience sample of clients seeking voluntary HIV testing at publicly-funded HIV testing sites in King County, Washington, 2001-2004
- Client characteristics obtained during routine counseling & testing (C&T) session
- Used demographic information recorded at time of first positive test or, if person did not have positive result, at last negative test; if person had >1 test and reported different risks at each test, highest-ever reported risk assigned to each test
- Suspected recent infection was determined by testing remnant diagnostic sera of confirmed HIV-positive specimens with the less sensitive enzyme immunoassay (LS-EIA) following client consent or record de-linking (varied by study period)
- Applied the serologic testing algorithm for recent HIV seroconversion (STARHS) to calculate HIV incidence and adjusted to account for the intertest intervals of repeat testers

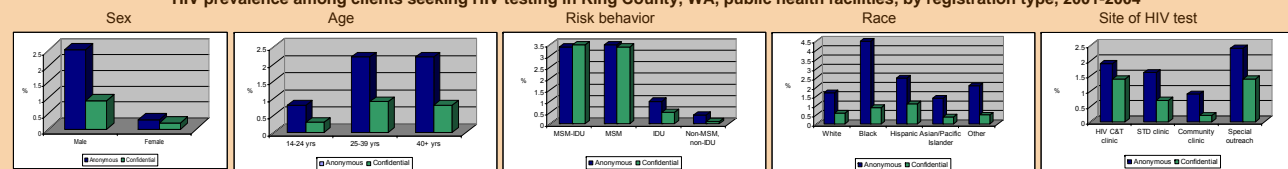
RESULTS

- There were 44,269 tests among 35,128 individuals who sought HIV testing; 22% tested anonymously and 78% tested confidentially at their most recent HIV test
- Overall, HIV prevalence was higher among anonymous (1.9%) than confidential (0.6%) testers ($p \leq 0.01$)

Characteristics of clients seeking HIV testing in King County, WA, public health facilities, proportion by registration type, 2001-2004



HIV prevalence among clients seeking HIV testing in King County, WA, public health facilities, by registration type, 2001-2004



HIV incidence (infections per 1000 person-years) among clients who underwent HIV testing in King County, WA, public health facilities, 2001-2004

		Anonymous		Confidential	
		Incidence	95% CI	Incidence	95% CI
Total		1.3	(0.8, 2.0)	0.4	(0.3, 0.6)
Sex	Male	1.6	(1.0, 2.6)	0.6	(0.4, 1.0)
	Female	n/c	n/c	0.1	(<0.1, 0.2)
Age	14-24 years	0.6	(0.1, 1.8)	0.2	(0.1, 0.5)
	25-39 years	1.5	(0.8, 2.6)	0.6	(0.3, 0.9)
	≥40 years	1.3	(0.6, 2.6)	0.4	(0.2, 0.9)
Mode	MSM-IDU	3.4	(1.0, 8.7)	1.9	(0.4, 6.2)
	MSM	2.1	(1.2, 3.5)	2.2	(1.3, 3.5)
	IDU	0.7	(<0.1, 4.1)	0.2	(<0.1, 1.0)
	Non-MSM, non-IDU	0.1	(<0.1, 0.6)	<0.1	(<0.1, 0.1)
Race/ethnicity	White	1.2	(0.7, 2.1)	0.5	(0.3, 0.8)
	Black	1.8	(0.5, 5.0)	0.2	(<0.1, 0.5)
	Hispanic	2.0	(0.5, 6.0)	0.6	(0.2, 1.6)
	Asian/Pacific Isl	0.8	(0.1, 3.6)	0.3	(0.1, 1.1)
	Other	1.0	(0.1, 4.7)	0.3	(<0.1, 1.2)
Site of HIV test	HIV C&T clinic	1.2	(0.6, 2.3)	0.9	(0.3, 2.3)
	STD clinic	n/c	n/c	0.5	(0.3, 0.8)
	Community clinic	0.4	(<0.1, 1.9)	n/c	n/c
	Outreach	1.6	(0.8, 3.0)	0.6	(<0.1, 2.6)

n/c=not calculable because no recent infections were detected

RESULTS (continued)

- Of 320 total HIV-infected clients, 91% of anonymous and 76% of confidential registrants had LS-EIA results available ($p \leq 0.01$)
- Proportions of HIV-infected persons with LS-EIA results indicating recent infection were similar among anonymous and confidential registrants (34% vs. 36%, respectively, $p = 0.73$)

CONCLUSIONS

- In this cohort of HIV testers at public health sites, overall HIV prevalence and incidence were greater among anonymous than confidential testers
- HIV prevalence and incidence were higher among anonymous registrants within all subgroups examined, except for MSM and MSM-IDU where anonymous and confidential registrants had similar rates
- Measures of incidence that exclude anonymous testers may underestimate the true incidence in a population