

Characteristics associated with missed opportunities for HIV testing in a high prevalence urban community—NHBS—Washington, DC

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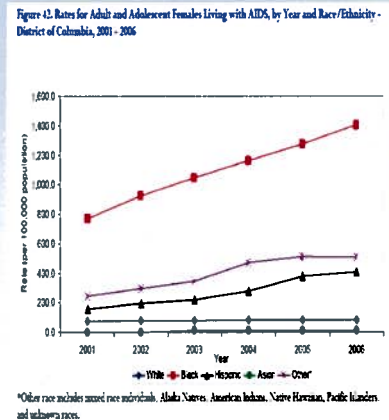
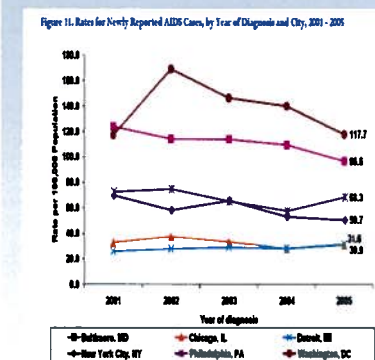
Background

Washington, DC has the highest AIDS rate in the US, yet little is known about the relationship between HIV testing and sexual behaviors among a non-IDU, heterosexual population. Gender differences in behavior are poorly characterized locally, yet may contribute to the spread of HIV.

The most recent District of Columbia HIV/AIDS Epidemiology Annual Report (2007) characterizes the “Modern Epidemic” in Washington, DC:

- ✓ Washington, DC had the highest AIDS case rate nationally
- ✓ Heterosexual contact leads new transmissions
- ✓ Heterosexual contact was most common mode of acquisition of HIV (61%) for women
- ✓ Black women accounted for 90% of all reported HIV/AIDS cases.
- ✓ The number of women living with HIV has increased over 76% during the past 6 years.

(District of Columbia, HIV/AIDS, Epidemiology Annual Report, 2007. Available at www.doh.dc.gov)



Acknowledgements

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Methods

Data were collected as a part of the CDC-funded National HIV Behavioral Surveillance (NHBS) system in Washington, DC, serial cross-sectional study focusing on populations at high risk for HIV, including men who have sex with men (MSM), injecting drug users (IDU), and heterosexuals at high risk of HIV infection (HET).

The purpose of this analysis was to identify characteristics of persons who have experienced missed opportunities for HIV testing, defined as visiting healthcare providers (HCP) in the past year but were not offered an HIV test.

NHBS activities in DC included:

- Face-to-face anonymous survey between 12/06 and 10/07
- OraQuick ADVANCE[®] Rapid HIV-1/2 Antibody Test (OraSure Technologies, Inc., Bethlehem, PA)
- Individualized weights used in RDSAT (Ithaca, NY) to adjust for respondent driven sampling (RDS) strategy
- Stata v9.0se (College Station, TX) was used to describe HIV testing behaviors and missed opportunities using unadjusted and adjusted logistic regression.

NHBS Inclusion Criteria

In order to be eligible, participants had to be

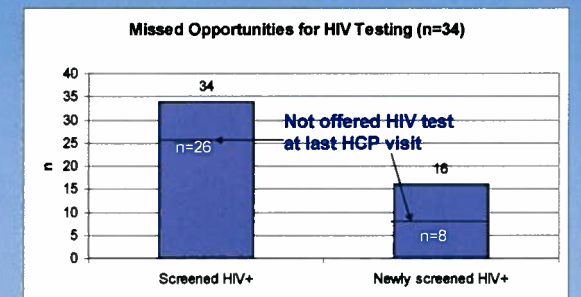
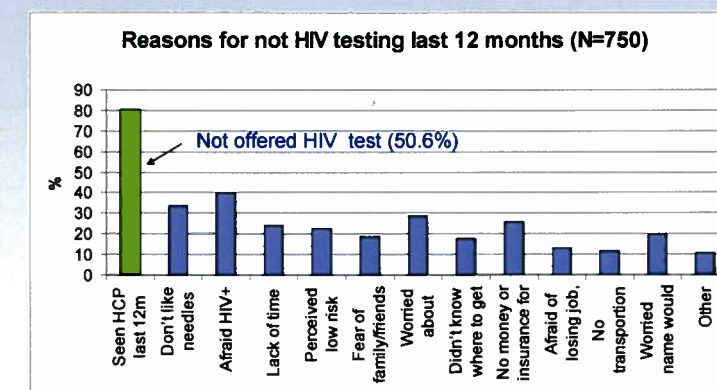
- 18-50 years
- Live in the metropolitan statistical area
- Be male or female
- Have had vaginal/anal sex with person of opposite sex in past 12 months
- Offer informed consent, and
- Able to complete interview in English or Spanish.

Results

Between December 2006 and October 2007, N=750 completed eligible interviews. The majority of participants were:

- African American (92.3%)
- Over 30 years old (61.4%),
- Never been married (61.6%)
- Unemployed (43.7%)
- Income < \$10,000 (60.0%)
- 79.7% tested for HIV (lifetime), 76.0% (past 24 m), 60.9% (past 12m)
- Preliminary HIV+: 5.2% (95% CI 2.9% - 7.2%)
- Women were more likely to be positive than men: 6.3% vs. 3.9%

HIV testing had not yet become standard of care at the time of this study, and there remained missed opportunities for HIV screening.



Adjusted* characteristics associated with being offered an HIV test the last time participant saw a HCP:

- For men:
 - current health insurance
 - OR 0.48, 95% CI 0.25-0.94
- For women:
 - age ≥ 35 years
 - OR 0.60, 95% CI 0.39-0.93
 - having > 1 sex partner
 - OR 0.56, 95% CI 0.38-0.91
 - non-injection drug use in the past 12 months
 - OR 1.60, 95% CI 1.04-2.49

Conclusions

Despite widespread testing availability at the time of data collection, missed opportunities for identification and linkage into HIV care remained. These data were used to inform recent expansion of DC HIV-testing programs; future years of NHBS will be analyzed to observe changes following testing scale-up. Use of universal screening for HIV is necessary to decrease missed opportunities for screening and care.