

## **HIV Testing Literature Review**

Resource Inventory: **HIV Testing**

This is an optional resource for program development. The library is not exhaustive, and the programs and interventions described are not necessarily endorsed by HPS. The articles are offered only as a resource; applicants do not have to limit themselves to the models and approaches described in these articles.

All articles are available by request as a zip file from Betty Chan Lew. If you only wish one article, please reference the first author and title when making your request.

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## HIV Testing Literature Review

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## HIV Testing Literature Review

**PLoS One. 2010 May 3;5(5):e10448.**

**Effect of an online video-based intervention to increase HIV testing in men who have sex with men in Peru.**

**Blas MM, Alva IE, Carcamo CP, Cabello R, Goodreau SM, Kimball AM, Kurth AE.**

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### Abstract

**BACKGROUND:** Although many men who have sex with men (MSM) in Peru are unaware of their HIV status, they are frequent users of the Internet, and can be approached by that medium for promotion of HIV testing.

**METHODS:** We conducted an online randomized controlled trial to compare the effect of HIV-testing motivational videos versus standard public health text, both offered through a gay website. The videos were customized for two audiences based on self-identification: either gay or non-gay men. The outcomes evaluated were 'intention to get tested' and 'HIV testing at the clinic.'

**FINDINGS:** In the non-gay identified group, 97 men were randomly assigned to the video-based intervention and 90 to the text-based intervention. Non-gay identified participants randomized to the video-based intervention were more likely to report their intention of getting tested for HIV within the next 30 days (62.5% vs. 15.4%, Relative Risk (RR): 2.77, 95% Confidence Interval (CI): 1.42-5.39). After a mean of 125.5 days of observation (range 42-209 days), 11 participants randomized to the video and none of the participants randomized to text attended our clinic requesting HIV testing ( $p = 0.001$ ). In the gay-identified group, 142 men were randomized to the video-based intervention and 130 to the text-based intervention. Gay-identified participants randomized to the video were more likely to report intentions of getting an HIV test within 30 days, although not significantly (50% vs. 21.6%, RR: 1.54, 95% CI: 0.74-3.20). At the end of follow up, 8 participants who watched the video and 10 who read the text visited our clinic for HIV testing (Hazard Ratio: 1.07, 95% CI: 0.40-2.85).

**CONCLUSION:** This study provides some evidence of the efficacy of a video-based online intervention in improving HIV testing among non-gay-identified MSM in Peru. This intervention may be adopted by institutions with websites oriented to motivate HIV testing among similar MSM populations.

**TRIAL REGISTRATION:** Clinicaltrials.gov NCT00751192.

PMID: 20454667 [PubMed - indexed for MEDLINE]PMCID: PMC2862715Free PMC Article

## HIV Testing Literature Review

**Sex Transm Infect. 2007 Dec;83(7):567-70. Epub 2007 Oct 11.**

**Internet as a tool to access high-risk men who have sex with men from a resource-constrained setting: a study from Peru.**

**Blas MM, Alva IE, Cabello R, Garcia PJ, Carcamo C, Redmon M, Kimball AM, Ryan R, Kurth AE.**

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### Abstract

**OBJECTIVES:** In Peru, current interventions in high-risk men who have sex with men (MSM) reach a limited number of this population because they rely solely on peer education. The objective of this study was to assess the use of the internet as an alternative tool to access this population.

**METHODS:** Two nearly identical banner ads-both advertising an online survey but only one offering free HIV/syphilis tests and condoms-were displayed randomly on a Peruvian gay website.

**RESULTS:** The inclusion of the health incentive increased the frequency of completed surveys (5.8% vs 3.4% of delivered impressions;  $p < 0.001$ ), attracting high-risk MSM not previously tested for HIV but interested in a wide variety of preventive Web-based interventions. Eleven per cent (80/713) of participants who said they had completed the survey offering free testing visited our clinic: of those who attended, 6% had already been diagnosed as having HIV, while 5% tested positive for HIV. In addition, 8% tested positive for syphilis.

**CONCLUSIONS:** The internet can be used as a tool to access MSM in Peru. The compensation of a free HIV/syphilis test increased the frequency of participation in our online survey, indicating that such incentives may be an effective means of reaching this population. However, as only a small percentage of participants actually reported for testing, future research should develop and assess tailored internet interventions to increase HIV/STI testing and delivery of other prevention services to Peruvian MSM.

PMID: 17932128 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**Public Health Rep. 2008 Nov-Dec;123 Suppl 3:78-85.**

**Implementing rapid HIV testing in outreach and community settings: results from an advancing HIV prevention demonstration project conducted in seven U.S. cities.**

**Bowles KE**, Clark HA, Tai E, Sullivan PS, Song B, Tsang J, Dietz CA, Mir J, Mares-DelGrasso A, Calhoun C, Aguirre D, Emerson C, Heffelfinger JD.

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### **Abstract**

**OBJECTIVES:** The goals of this project were to assess the feasibility of conducting rapid human immunodeficiency virus (HIV) testing in outreach and community settings to increase knowledge of HIV serostatus among groups disproportionately affected by HIV and to identify effective nonclinical venues for recruiting people in the targeted populations.

**METHODS:** Community-based organizations (CBOs) in seven U.S. cities conducted rapid HIV testing in outreach and community settings, including public parks, homeless shelters, and bars. People with reactive preliminary positive test results received confirmatory testing, and people confirmed to be HIV-positive were referred to health-care and prevention services.

**RESULTS:** A total of 23,900 people received rapid HIV testing. Of the 267 people (1.1%) with newly diagnosed HIV infection, 75% received their confirmatory test results and 64% were referred to care. Seventy-six percent were from racial/ethnic minority groups, and 58% identified themselves as men who have sex with men, 72% of whom reported having multiple sex partners in the past year. Venues with the highest proportion of new HIV diagnoses were bathhouses, social service organizations, and needle-exchange programs. The acceptance rate for testing was 60% among sites collecting this information.

**CONCLUSIONS:** Findings from this demonstration project indicate that offering rapid HIV testing in outreach and community settings is a feasible approach for reaching members of minority groups and people at high risk for HIV infection. The project identified venues that would be important to target and offered lessons that could be used by other CBOs to design and implement similar programs in the future.

PMID: 19172705 [PubMed - indexed for MEDLINE]PMCID: PMC2567007Free PMC Article

## HIV Testing Literature Review

**MMWR Morb Mortal Wkly Rep. 2007 Jun 22;56(24):602-4.**

**Rapid HIV testing among racial/ethnic minority men at gay pride events--nine U.S. cities, 2004-2006.**

**Centers for Disease Control and Prevention (CDC).**

### **Abstract**

In the United States, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) disproportionately affect men from racial/ethnic minority groups.

Approximately half of the HIV/AIDS cases among non-Hispanic black and Hispanic males reported by 33 states using name-based HIV surveillance during 2001-2005 were among men who have sex with men (MSM). Each year, approximately 100 gay pride events are held in cities across the United States to celebrate diversity, demonstrate solidarity of the gay community, and heighten awareness of topics of importance to the gay community. These events are attended by several hundred to several hundred thousand MSM. Certain gay pride events are focused on celebrating solidarity in the minority gay community and are attended primarily by MSM from racial/ethnic minority groups. These events offer an opportunity for community-based organizations (CBOs) and health departments to provide HIV-prevention education and outreach. In 2004, CBOs and health departments, with technical assistance from CDC, began conducting rapid behavioral assessments at gay pride events and at minority gay pride events. This report describes the results of assessments and rapid HIV testing conducted at 11 events in nine U.S. cities during 2004-2006; most of these events were attended primarily by MSM from racial/ethnic minority groups. A total of 543 attendees who participated in the assessments reported at the time of the event that they had not had HIV infection diagnosed previously. Of these, 133 (24%) were tested for HIV during the event, and eight (6%) of those tested during the event had a positive rapid test result. All eight were subsequently confirmed to be HIV positive by Western blot testing. Testing at gay pride events provides an opportunity to identify new HIV infections among MSM outside of health-care settings, particularly those from racial/ethnic minority groups.

PMID: 17585289 [PubMed - indexed for MEDLINE]Free Article

## **HIV Testing Literature Review**

**MMWR Morb Mortal Wkly Rep. 2002 Aug 23;51(33):733-6.**

**Unrecognized HIV infection, risk behaviors, and perceptions of risk among young black men who have sex with men--six U.S. cities, 1994-1998.**

**Centers for Disease Control and Prevention (CDC).**

The incidence of human immunodeficiency virus (HIV) infection among young black men who have sex with men (BMSM) is among the highest of all risk groups in the United States. Two important strategies to reduce HIV transmission among young BMSM are to increase the proportion of men who are aware of their HIV infection and to increase the consistent use of condoms among sexually active men. However, limited information is available to help develop HIV-testing and condom-promotion programs for young BMSM. To address this need, data from CDC's Young Men's Survey (YMS) were used to evaluate the prevalence of unrecognized HIV infection, barriers to testing, and reasons for nonuse of condoms among BMSM aged 15-22 years. This report summarizes the results of the survey, which indicated that of the 16% of young BMSM participants who were infected with HIV, nearly all were unaware of their infection. Few young BMSM reported testing frequently for HIV, and many reported engaging in behaviors that could transmit HIV because they perceived themselves or their partners to be at low risk for infection. These findings underscore the urgency of expanding and improving prevention efforts for young BMSM by increasing the demand for and availability of HIV-testing services and by providing high-quality prevention counseling that includes assessment and clarification of perceived risks for infection.

PMID: 12201605 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**AIDS Patient Care STDS. 2008 Mar;22(3):205-12.**

**Patients' attitudes about rapid oral HIV screening in an urban, free dental clinic.**

**Dietz CA, Ablah E, Reznik D, Robbins DK.**

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The 2006 Centers for Disease Control recommendations for routine HIV screening in all health care settings could include dental clinics an important testing venue. However, little is known about patients' attitudes regarding the routine use of rapid oral HIV screening at an urban free dental clinic. This pilot study seeks to evaluate the patient perspective on rapid HIV screening in this setting. In June 2007, patients at a free dental clinic in Kansas City, Missouri, were provided an attitude assessment survey prior to their dental visit. This dental clinic serves a diverse patient population consisting of approximately 37% white, 47% black, 6% Hispanic, 4% Asian, and 1% Native American uninsured patients. Results were analyzed for acceptance of testing and potential barriers. Of the 150 respondents, 73% reported they would be willing to take a free rapid HIV screening test during their dental visit. Overall, 91% of Hispanics, 79% of Caucasians, and 73% of African American patients reported they would be willing to be screened. Patients with a history of multiple prior screening tests for HIV were more likely to agree to oral rapid HIV screening in the dental clinic. The majority (62%) reported that it did not matter who provided them with the screening result, although some (37%) preferred their dentist above any other provider. Low self-perception of risk (37%) and having already received screening elsewhere (24%) were the main reasons for not accepting a free, rapid HIV screening. Overall, dental clinic patients widely accepted the offer of rapid oral HIV screening. Rapid HIV screening in the dental clinic setting is a viable option to increase the number of individuals who know their HIV status.

PMID: 18290751 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**J Health Care Poor Underserved. 2009 Aug;20(3):756-65.**

**Increasing the reach of HIV testing to young Latino MSM: results of a pilot study integrating outreach and services.**

**Erausquin JT**, Duan N, Grusky O, Swanson AN, Kerrone D, Rudy ET.

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**BACKGROUND:** In the U.S., HIV infections are increasing among men who have sex with men (MSM), particularly young, racial/ethnic minority MSM. **OBJECTIVE:** To examine the feasibility of increasing HIV testing among young Latino MSM by integrating tailored outreach strategies with testing, counseling, and HIV medical services. **DESIGN:** Descriptive study comparing demographic characteristics, behaviors, and HIV test results of clients from the intervention period with clients who tested during other time periods.

**RESULTS:** Clients in the intervention period were younger and more likely to be Latino than those in other time periods. In addition, clients who received outreach were more likely than those who did not receive outreach to report methamphetamine use, sex with an HIV-positive person, and sex with a sex worker.

**CONCLUSION:** Venue-based and selective media outreach, in combination with linking rapid testing to HIV care, may help overcome some of the barriers to testing among high-risk young Latino MSM.

PMID: 19648703 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**Behav Med. 2010 Winter;35(4):101-11.**

**Staff strategies for improving HIV detection using mobile HIV rapid testing.**

**Grusky O, Roberts KJ, Swanson AN, Rhoades H, Lam M.**

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This paper examines the performance of 13 mobile testing units (MTUs) and rapid HIV testing technology in Los Angeles County as reflected in the relationship between the cognitive strategies used by MTU staff regarding instructions to clients about picking up their test results and returning for test results, and following up with those clients who did not return, and the spatial distribution of MTUs and AIDS rates in 2003. Maps were created using geographic information systems (GIS) data on 93 MTU testing locations and 2003 AIDS cases data. MTU staff (N = 45) were interviewed and several themes were identified. MTU testing locations were clustered near high AIDS rate areas. Staff reports were obtained on 24 clients in the past 6 months who received HIV-negative test results and 24 clients during the same time period who received HIV-positive test results. Staff strategies that were used included keeping clients with them while rapid test results were being processed and adjusting to clients' schedules when arranging for picking up test results. Some staff used tangible incentives such as vouchers for area businesses to encourage preliminary HIV-positive clients to return for confirmatory test results. Staff also sought to convince clients who preliminarily tested HIV-positive to convert from anonymous to confidential testing in order to facilitate clients' linkage to treatment. The GIS findings and client risk data support the Centers for Disease Control and Prevention policy of implementing MTUs and rapid testing in large urban communities with high AIDS rates.

PMID: 19933057 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**J Urban Health. 2009 Jan;86(1):119-31. Epub 2008 Dec 9.**

### **HIV testing rates, testing locations, and healthcare utilization among urban African-American men.**

**Petroll AE, DiFranceisco W, McAuliffe TL, Seal DW, Kelly JA, Pinkerton SD.**

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African-American men bear a disproportionate burden of HIV infection in the United States. HIV testing is essential to ensure that HIV-infected persons are aware of their HIV-positive serostatus, can benefit from early initiation of antiretroviral therapy, and can reduce their risk of transmitting the virus to sex partners. This cross-sectional study assessed HIV testing history and healthcare utilization among 352 young African-American men recruited in urban neighborhoods in a Midwestern city. The self-administered survey measured sexual risk behaviors, factors associated with HIV testing, and barriers to testing. The acceptability of community venues for HIV testing was also assessed. Of the respondents, 76% had been tested for HIV at some time in their lives, 52% during the prior 12 months. Of the participants, 70% had unprotected intercourse during the prior 12 months, 26% with two or more partners. Nearly three-quarters (72%) of participants had seen a healthcare provider during the prior year. In univariate analyses, those who had at least one healthcare provider visit during the prior 12 months and those who had a primary doctor were more likely to have been tested in the prior 12 months. In multivariate analyses, having a regular doctor who recommended HIV testing was the strongest predictor of having been tested [OR=7.38 (3.55, 15.34)]. Having been diagnosed or treated for a sexually transmitted disease also was associated with HIV testing [OR=1.83 (1.04, 3.21)].

The most commonly preferred testing locations were medical settings. However, community venues were acceptable alternatives. Having a primary doctor recommend testing was strongly associated with HIV testing and most HIV testing occurred at doctors' offices. But, a substantial proportion of persons were not tested for HIV, even if seen by a doctor. These results suggest that HIV testing could be increased within the healthcare system by increasing the number of recommendations made by physicians to patients. The use of community venues for HIV testing sites could further increase the number of persons tested for HIV.

PMCID: PMC2629519

PMID: 19067176 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**AIDS Educ Prev. 2008 Oct;20(5):408-19.**

**Locating unrecognized HIV infections among men who have sex with men: San Francisco and Los Angeles.**

**Raymond HF**, Bingham T, McFarland W.

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### **Abstract**

Unrecognized HIV infections, where the individual is unaware of his or her HIV serostatus, may play the most important role in the continued spread of HIV. Using venue-level data from the National HIV Behavioral Surveillance System, we conducted preliminary bivariate analyses to identify variables associated with unrecognized HIV infection and subsequently entered those variables into multiple logistic regression models to then characterize unrecognized HIV infections in Los Angeles and San Francisco. In Los Angeles, public sex environments have the highest likelihood of having men who have sex with men (MSM) with unrecognized HIV infection (adjusted odds ratio (AOR) 3.2, 95% confidence interval (CI) = 1.3-7.9). For San Francisco, MSM with unrecognized HIV infection are most likely found in adult bookstores (AOR = 8.0, 95% CI = 2.8-39). We identified opportunities to promote HIV testing through specific locations where unrecognized infections among MSM are found in highest concentrations.

PMID: 18956982 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

This is a preprint of an article whose final and definitive form has been published in AIDS Care, 2010, copyright Taylor & Francis; AIDS Care is available online at:

<http://dx.doi.org/10.1080/09540121.2010.534436>

### **Identifying Barriers to HIV Testing: personal and contextual factors associated with late HIV testing.**

Sandra Schwarcz, T. Anne Richards, Heidi Frank, Conrad Wenzel, Ling Chin Hsu, Chi Sheng Jennie Chin, Jessie Murphy, James Dilley

#### **Abstract**

Late diagnosis of HIV is associated with increased morbidity, mortality, and health care costs. Despite the availability of HIV testing, persons continue to test late in the course of HIV infection. We used the HIV/AIDS case registry of San Francisco Department of Public Health to identify and recruit 41 persons who developed AIDS within 12 months of their HIV diagnosis to participate in a qualitative and quantitative interview regarding late diagnosis of HIV. Thirty-one of the participants were diagnosed with HIV because of symptomatic disease and 50% of the participants were diagnosed with HIV and AIDS concurrently. Half of the subjects had not been tested for HIV prior to diagnosis. Fear was the most frequently cited barrier to testing. Other barriers included being unaware of improved HIV treatment, free/low cost care, and risk for HIV. Recommendations for health care providers to increase early diagnosis of HIV include routine ascertainment of HIV risk behaviors and testing histories, stronger recommendations for patients to be tested, and incorporating testing into routine medical care. Public health messages to increase testing include publicizing that 1) effective, tolerable, and low cost/free care for HIV is readily available, 2) early diagnosis of HIV improves health outcomes, 3) HIV can be transmitted to persons who engage in unprotected oral and insertive anal sex and unprotected receptive anal intercourse without ejaculation and from HIV-infected persons whose infection is well-controlled with antiretroviral therapy; 4) persons who may be infected based upon these behaviors should be tested following exposure; 5) HIV testing information will be kept private, and 6) encouraging friends and family to get HIV tested is beneficial.

## HIV Testing Literature Review

**AIDS Patient Care STDS. 2010 Mar;24(3):165-73.**

### **Feasibility and acceptability of door-to-door rapid HIV testing among latino immigrants and their HIV risk factors in North Carolina.**

**Seña AC, Hammer JP, Wilson K, Zeveloff A, Gamble J.**

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Latino immigrants in the United States are disproportionately impacted by the HIV epidemic but face barriers to clinic-based testing. We assessed a community-based strategy for rapid HIV testing by conducting "door-to-door" outreaches in apartments with predominately Latino immigrants in Durham, North Carolina, that has experienced an exponential growth in its Latino population. Eligible persons were 18 years or older, not pregnant, and reported no HIV test in the previous month. Participants were asked to complete a survey and offered rapid HIV testing. Of the 228 Latino participants, 75.4% consented to HIV testing. There was a high prevalence of sexual risk behaviors among participants, with 42.5% acknowledging ever having sex with a commercial sex worker (CSW). Most (66.5%) had no history of prior HIV testing. In bivariate analysis, perceived HIV risk, no history of HIV testing, sex with a CSW, sex in exchange for drugs or money, living with a partner, and alcohol use were significantly associated with test acceptance. In the multivariate analysis, participants who had never been tested for HIV were more likely to consent to rapid HIV testing than those who had tested in the past (adjusted odds ratio 2.5; 95% confidence interval [CI], 1.1, 5.6). Most participants supported rapid HIV testing in the community (97%). Door-to-door rapid HIV testing is a feasible and acceptable strategy for screening high-risk Latino immigrants in the community. Factors associated with HIV risk among Latino migrants and immigrants in the United States should be considered along with novel testing strategies in HIV prevention programs.

PMCID: PMC2864055 [Available on 2011/3/1]

PMID: 20214484 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**J Public Health Manag Pract. 2010 Sep-Oct;16(5):457-64.**

**Cost-effectiveness of using social networks to identify undiagnosed HIV infection among minority populations.**

**Shrestha RK, Sansom SL, Kimbrough L, Hutchinson AB, Daltry D, Maldonado W, Simpson-May GM, Illemszky S.** Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia 30333, USA. [biu0@cdc.gov](mailto:biu0@cdc.gov)

### **Abstract**

**CONTEXT:** In 2003, the Centers for Disease Control and Prevention launched the Advancing HIV Prevention project to implement new strategies for diagnosing human immunodeficiency virus (HIV) infections outside medical settings and prevent new infections by working with HIV-infected persons and their partners.

**OBJECTIVES:** To assess the cost and effectiveness of a social network strategy to identify new HIV diagnoses among minority populations. **DESIGN, SETTINGS, AND**

**PARTICIPANTS:** Four community-based organizations (CBOs) in Boston, Philadelphia, and Washington, District of Columbia, implemented a social network strategy for HIV counseling and testing from October 2003 to December 2005. We used standardized cost collection forms to collect program costs attributable to staff time, travel, incentives, test kits, testing supplies, office space, equipment, and utilities. The CBOs used the networks of high-risk and HIV-infected persons (recruiters) who referred their partners and associates for HIV counseling and testing. We obtained HIV-testing outcomes from project databases.

**MAIN OUTCOME MEASURES:** Number of HIV tests, number of new HIV-diagnoses notified, total program cost, cost per person tested, cost per person notified of new HIV diagnosis.

**RESULTS:** Two CBOs, both based in Philadelphia, identified 25 and 17 recruiters on average annually and tested 136 and 330 network associates, respectively. Among those tested, 12 and 13 associates were notified of new HIV diagnoses (seropositivity: 9.8%, 4.4%). CBOs in Boston, Massachusetts, and Washington, District of Columbia, identified 26 and 24 recruiters per year on average and tested 228 and 123 network associates. Among those tested, 12 and 11 associates were notified of new HIV diagnoses (seropositivity: 5.1%, 8.7%). The cost per associate notified of a new HIV diagnosis was \$11 578 and \$12 135 in Philadelphia, and \$16 437 and \$16 101 in Boston, Massachusetts, and Washington, District of Columbia.

**CONCLUSIONS:** The cost of notifying someone with a new HIV diagnosis using social networks varied across sites. Our analysis provides useful information for program planning and evaluation.

PMID: 20689396 [PubMed - in process]

## HIV Testing Literature Review

**J Homosex. 2003;44(3-4):203-20.**

**Designing an HIV counseling and testing program for bathhouses: the Seattle experience with strategies to improve acceptability.**

**Spielberg F, Branson BM, Goldbaum GM, Kurth A, Wood RW.**

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Bathhouses are important venues for providing HIV counseling and testing to high-risk men who have sex with men (MSM), yet relatively few bathhouses routinely provide this service, and few data are available to guide program design. We examine numerous logistic considerations that had been identified in the HIV Alternative Testing Strategies study and that influenced the initiation, effectiveness, and maintenance of HIV testing programs in bathhouses for MSM. Key programmatic considerations in the design of a bathhouse HIV counseling and testing program included building alliances with community agencies, hiring and training staff, developing techniques for offering testing, and providing options for counseling, testing, and disclosure of results. The design included ways to provide client support and follow-up for partner notification and treatment counseling and to maintain relationships with bathhouse management for support of prevention activities. Early detection of HIV infection and HIV prevention can be achieved for some high-risk MSM through an accessible and acceptable HIV counseling and testing program in bathhouses. Keys to success include establishing community prevention collaborations between bathhouse personnel and testing agencies, ensuring that testing staff are supported in their work, and offering anonymous rapid HIV testing. Use of FDA approved, new rapid tests that do not require venipuncture, centrifugation, or laboratory oversight will further decrease barriers to testing and facilitate implementation of bathhouse testing programs in other communities.

PMID: 12962183 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

**Am J Public Health. 2004 Jan;94(1):29-31.**

**Using peer recruitment and OraSure to increase HIV testing.**

**Vargo S, Agronick G, O'Donnell L, Stueve A.**

Education Development Center, Inc, Newton, MA 02458, USA. svargo@edc.org

### **Abstract**

We describe a community-based pilot study to boost HIV testing in a minority community through social network recruitment and a noninvasive HIV testing methodology. Over an 11-month period, the number of test takers at the intervention site increased by 71.7%, and the proportions of test takers with risk factors similar to those of peer recruiters (heterosexual sex and multiple partners) increased by 24.2% and 19.5%, respectively. At a comparison site, testing remained stable, while the proportion of test takers reporting heterosexual sex and multiple partners decreased by 42.5% and 21.8%, respectively. The use of a social network recruitment strategy in combination with an oral HIV test shows promise in increasing testing and in targeting populations.

PMID: 14713690 [PubMed - indexed for MEDLINE]

## HIV Testing Literature Review

Cochrane Database Syst Rev. 2005 Jul 20;(3):CD004775.

### Mass media interventions for promoting HIV testing.

Vidanapathirana J, Abramson MJ, Forbes A, Fairley C.

#### Abstract

**BACKGROUND:** Use of the mass media is one of the important strategies in communicating behavioral change in relation to HIV/AIDS prevention. Mass media are used to promote voluntary HIV counseling and testing and to sustain test-seeking behavior.

**OBJECTIVES:** To assess the effect of mass media interventions and the most effective form of mass media intervention at a general population level or in specific target populations, in relation to changes in HIV testing, compared with a control group or with pre-intervention levels.

**SEARCH STRATEGY:** We searched the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 2, 2004), MEDLINE (1966 to April 2004), EMBASE (1980 to April 2004), NLM Gateway, CINAHL (1982 to April 2004), AIDSearch (1980 to April 2004), and PsycINFO (1974 to April 2004), Sociological abstracts (1982 to April 2004), and Communication studies (1982 to April 2003). The reference lists of related reviews were searched and experts in the field were contacted to identify ongoing research. Relevant web sites of international agencies (UNAIDS, WHO, UNFPA, World Bank, and Centers for Disease Control and Prevention) were also searched. All these searches were done without language restriction. All databases were searched up to April 2004.

**SELECTION CRITERIA:** Randomized controlled trials, including cluster-randomized trials and controlled clinical trials, that compared either multimedia interventions or one type of media strategy with a control in relation to promotion of HIV testing were included. Interrupted time series analyses that assessed the effect of mass media against no media or an alternative intervention to promote HIV testing were also included.

**DATA COLLECTION AND ANALYSIS:** Two reviewers independently assessed trial quality and extracted data. Study authors were contacted for additional information. Types of mass media interventions, participants, and outcomes were extracted in every possible instance.

**MAIN RESULTS:** Of the 35 references that were identified, two randomized controlled trials, three non-randomized controlled studies, and nine interrupted time series were included in the final analysis. All individual studies concluded that mass media were effective, and this was confirmed by reanalysis of the interrupted time series studies which all had initial impact. Mass media interventions for promotion of HIV testing showed significant immediate (Random effect: Estimated mean = 5.487, 95%CI = 2.370 to 8.605) and overall (Random effect: Estimated mean = 6.095, 95%CI = 1.812 to 10.378) effect. No long-term effects were seen on mass media interventions for promotion of HIV testing (Random effect: Estimated mean = 4.447, 95%CI = -0.188 to 9.082).

**AUTHORS' CONCLUSIONS:** Mass media interventions have immediate and overall effects in promotion of HIV testing. No long-term effects were seen. There was no significant impact of detecting seropositive status after mass media intervention for promoting HIV testing, and this finding was limited to a small number of studies. Further research is required to identify possible effects on seropositivity status after mass media intervention for promotion of HIV testing among high-risk groups in epidemic countries. Additional research is needed to identify the effectiveness of different types of mass media interventions, the cost effectiveness of the interventions, and characteristics of messages.

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