

Odds for detecting HIV varies by method, new study finds

August 10 2011

The odds for effectively detecting HIV in African-American men vary by method, researchers have found. The study, which appears in the *Annals of Behavioral Medicine*, suggests that HIV-prevention efforts must be multi-faceted, taking into account differences in within this demographic.

The study was done by researchers at New York University's Steinhardt School of Culture, Education, and Human Development, the U.S. [Centers for Disease Control and Prevention](#), and Harlem United Community AIDS Center.

The research sought to address findings from a 2008 Centers for Disease Control (CDC) report. The survey showed that men who have sex with men (MSM) accounted for more than 50 percent of new HIV cases and African Americans comprised 74 percent of new infections. Overall, among African Americans, approximately half of new infections were among MSM; in New York City, African American MSM accounted for 38 percent of the new HIV diagnoses.

Responding to the 2008 CDC report, which underscored the need for increased testing of African American MSM, the researchers sought to comprehend which methods are best at identifying positive cases of HIV among this heterogeneous demographic.

To do so, they examined three different avenues for testing among African American MSM in New York City and looked at which methods

showed the highest rates of positive [HIV tests](#). By linking a method for getting tested with positive HIV results, the researchers could then better understand which methods were most likely to identify new HIV cases.

The three approaches for HIV testing included the following:

- Partner services, which involves identifying, locating, and interviewing HIV-infected persons to provide names and contact information of their sex and needle-sharing partners, notifying partners of their exposure to HIV, and providing HIV counseling, testing, and referral services to those partners;
- Alternative venue testing, in which [rapid HIV testing](#) is conducted in bars, churches, or mobile units;
- The social networks strategy, where HIV testers engage either HIV-positive individuals or those at high risk of seroconversion to become "recruiters." Through active enlistment and coaching processes, staff build relationships and help recruiters engage people in their social circles into HIV testing.

For the study, the researchers collected data on HIV testing from local sources matching each of these three methods. For "Partner services," the New York City Department of Health and Mental Hygiene provided Harlem United with HIV testing data for African American MSM engaged in partner services during the studied period (April 2008-August 2009). For "Alternative venue testing," the researchers used the results from a mobile health van placed in locations throughout New York City known to have significant African American MSM populations. For "Social Networks," the researchers recruited men through Harlem United who identified other men, through a first name or nickname only, in their social and/or sexual network(s) to engage for HIV testing.

The detection rates of HIV-positive cases varied by method. Alternative venue testing showed a rate of 6.3 percent, much lower than the rates for the social networks strategy (19.3 percent) and partner services (14.3 percent). The odds for detection of HIV-positive MSM were 3.6 times greater for the social networks strategy and 2.5 times greater for partner services than alternative venue testing.

The researchers also noted differences within the studied group. For instance, men tested through alternative venue testing were younger and more likely to identify themselves as "gay" than men tested through the social networks strategy. Meanwhile, men who tested through the social networks strategy reported more sexual risk behaviors than men tested through alternative venue testing.

"[HIV](#) prevention efforts must not view African American MSM as a monolith but rather as a diverse group of individuals, where differences in developmental stage and sexual identity are crucial factors in understanding both the risk behaviors of these men and also the environments and venues in which they may socialize," said NYU Steinhardt Professor Perry Halkitis, one of the study's co-authors and director of NYU's Center for Health, Identity, Behavior & Prevention Studies (CHIBPS).

Provided by New York University

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