

New study supports more frequent HIV screening among high-risk young men who have sex with men

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A new study has found that HIV screening every three months compared to annually will improve clinical outcomes and be cost-effective among high-risk young men who have sex with men (YMSM) in the United States. The report, led by researchers at the Massachusetts General



Hospital (MGH), is being published online in *Clinical Infectious Diseases*.

"Young men who have sex with men account for one in five new HIV infections in the United States. Yet, more than half of young men who have sex with men and who are living with HIV don't even know that they have it," says Anne Neilan, MD, MPH, investigator in the MGH Division of Infectious Diseases and the Medical Practice Evaluation Center, who led the study.

"With so many youth with HIV being unaware of their status, this is an area where there are opportunities not only to improve care for individual youth but also to curb the HIV epidemic in the U.S. Despite these numbers, the Centers for Disease Control and Prevention previously determined that there was insufficient youth-specific evidence to warrant changing their 2006 recommendation of an annual HIV screening among men who have sex with men."

HIV screening refers to testing of individuals who do not have symptoms of the infection. As defined by the study, high-risk refers to a recent history of condomless anal intercourse, sexually transmitted infection, or multiple sexual partners. Given the disproportionate impact of the HIV epidemic on YMSM, screening for HIV more frequently than current recommendations could identify infections that would otherwise be missed

The study used data from the Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN) on how often HIV occurs in each age group, as well as the stage of disease at the time of diagnosis, to project the probable results of screening every three months, six months, or yearly.

Because a traditional study design to examine how often young men who



have sex with men should be screened would be nearly impossible to conduct, the authors used a well-published computer microsimulation model developed by members of the research team.

The analysis revealed that HIV screening every three months, in addition to existing patterns of HIV screening among YMSM, would most improve HIV transmission and life expectancy among these men while remaining cost-effective. However, the results do not apply to youth who do not meet high-risk criteria.

Andrea Ciaranello, MD, MPH, investigator MGH Division of Infectious Disease, senior author of the study, says, "The improvements in life expectancy and reduction in HIV transmission were substantial. With more frequent screening, we also estimated that there would be additional, important improvements in the proportion of YMSM who are able to engage in HIV treatment and have excellent control of their HIV infection."

The authors also highlighted the opportunities for improved implementation of current annual screening recommendations. "If even the current CDC recommendations for annual HIV screening among YMSM could be fully met, important gains could be made both for the health of youth with HIV and in working toward our goal of ending the HIV epidemic," says Ciaranello. "Ultimately, our study underscores the value of ongoing research to examine the most effective ways to increase HIV screening among youth."

Neilan adds, "We found that screening every three months was cost-effective, even if the screening program itself cost up to \$760 per person screened. The test itself cost \$38-76; this suggests that a large additional investment in innovative HIV screening approaches for youth, including venue-based screening or mobile screening units, would be of good value in the U.S." Neilan is also an instructor in medicine, and Ciaranello is an



associate professor of medicine at Harvard Medical School.

More information: Anne M Neilan et al. Cost-effectiveness of frequent HIV screening among high-risk young men who have sex with men in the United States, *Clinical Infectious Diseases* (2020). DOI: 10.1093/cid/ciaa1061

Provided by Massachusetts General Hospital

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