Prevention for HIV-infected Persons in HPTN 065: Room for Improvement

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HPTN 065

BACKGROUND

- HPTN 065, a large study funded by NIAID, NIH and conducted by the HIV Prevention Trials Network (HPTN), examined the feasibility of a test, link-to-care, plus treat strategy for HIV prevention in the Bronx, NY and Washington, DC.
- Few data are available on the perspectives of HIV-infected patients about the effect and use of antiretroviral therapy (ART) for prevention.
- As part of the Prevention for Positives component of HPTN 065, we surveyed a sample of HIV-infected patients in care to assess their knowledge and attitudes about ART use for treatment and prevention, and its influence on sexual risk behaviors.

METHODS

- We recruited patients at 10 HIV care sites (Bronx 4, DC 6) that participated in the HPTN 065 study. Care sites included hospital-based HIV clinics, private physician practices, and community-based organization clinics.
- To be eligible, patients were required to be established in care at a participating HIV care site and must have attended one or more care visits in the seven months prior to screening.
- Patients used a computer tablet to complete a survey at baseline and during a 12 month follow-up visit, from December 2013–December 2014.
- Data from the tablets were locally stored on a server and then uploaded on a regular basis by the site to the data center. Site staff were unable to view patient responses.
- Data from the 12 month follow-up surveys were included in this summary.

RESULTS

Participant Characteristics

- 725 participants completed the 12 month follow-up survey. Key patient demographic characteristics are noted in Table 1.

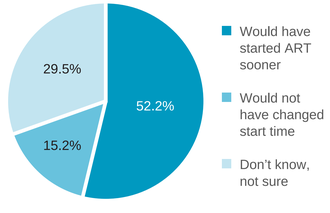
TABLE 1. Participant Characteristics (N=725).

Median Age (range)	52 years (18, 77)
Gender	500/725 (69%) male
Black	449/725 (62%)
Hispanic/Latino	140/725 (19%)
MSM	307/725 (42%)
On ART	691/725 (95%)

ART Use for Prevention

- Participants on ART (N=691) were provided with this statement: “Studies have shown that patients taking HIV medications early have lower viral load and are much less likely to transmit HIV to their partners.”
- They were then asked: “What does this mean to you personally?” Responses are noted in Figure 1. Fifty-two percent reported that they would have initiated ART sooner.

FIGURE 1.



Participant Attitudes on ART Initiation

- Participant responses to the statement “When patients are given HIV medicines by their provider, good reasons to take these medicines include” are listed below:
  - “to improve their own health” (90%)
  - “to stay healthy for the sake of their family and friends” (65%)
  - “to lower the chance of passing HIV to a sex partner” (62%)
- Respondents indicated ART should be started:
  - “when someone is sick from HIV” (76%)
  - “when a doctor tells a person they need HIV medicines” (73%)
  - fewer indicated ART should be started “to lower the chance of passing HIV to sex partners” (54%)

Participant Knowledge of Effects of ART on HIV Transmission (N=725)

- When asked about the chance of transmitting HIV during condomless sex while taking ART, participants indicated that the risk was:
  - –higher (24%)
  - –lower (35%)
  - –the same as when not taking ART (32%)
- When asked about the chances of transmission from a person with a low viral load, participants indicated risk was:
  - –higher (11%)
  - –lower (41%)
  - –the same as with a high viral load (38%)
- In a separate question, most participants indicated it was possible to transmit HIV with an undetectable viral load (87%).
- Participants were asked whether they agree or disagree with the following statement: “HIV medicines lower the chance of passing HIV to others during sex without a condom.” Participants responded that they:
  - –agreed/strongly agreed (62%)
  - –disagreed/strongly disagreed (35%)
  - –missing/do not know/refuse to answer (3%)
- Participants were also asked whether they agree or disagree with the following statement: “HIV medicines lower the chance of passing HIV to others when injecting drugs and sharing needles.” Participants responded that they:
  - –agreed/strongly agreed (38%)
  - –disagreed/strongly disagreed (57%)
  - –missing/do not know/refuse to answer (5%)

ART Use and Sexual Behaviors

- With regards to sexual behavior among participants on ART, Table 2 shows responses to two questions related to number of sexual partners and use of condoms.

TABLE 2. Sexual Risk Behaviors Reported by Survey Participants on ART (N=691).

Survey Item	Percent
“Since you have started taking HIV medicines, have you changed the number of sex partners you have?”	
No, I have the same number of partners	43
I am not having sex now	37
Yes, I have fewer partners	18
Yes, I have more partners	2
Do not know/Refuse to answer	1
“Do you think that taking HIV medicines has changed how often you use condoms when having sex?”	
No, I use condoms the same amount	45
Yes, I use condoms more often	39
I do not use condoms whether or not I am on HIV medicines	6
Yes, I use condoms less often	4
Do not know/Refuse to answer	5

Provider Counseling

- Fewer than half of the 614 (85%) participants who saw an HIV provider within the last 3 months reported discussing the following topics with a member of the health care team:
  - sex partners (48%)
  - condom use (48%)
  - sex partner HIV status (30%)
  - disclosing their HIV-positive status to sex partners (29%)
- Only a minority of participants reported being asked about substance use:
  - alcohol (49%)
  - meth/crystal/speed (20%)
  - crack/powder cocaine (31%)
  - injection drugs (24%)
  - Viagra, Cialis, or Levitra (15%)
  - other street/club drugs (20%)
  - prescription drugs “to get high” (17%)
  - not asked about substance use (28%)

CONCLUSIONS

- We found no evidence of any significant increase in unsafe sexual practices since starting HIV medicines among patients on ART. Only a very small percentage of participants on ART stated they had more sex partners or used condoms less often since starting ART.
- Overall, participants favored using ART for their own health. Patients had more limited knowledge about the effect of ART and low viral load on the risk of HIV transmission to partners.
- Most participants reported the health care team had not discussed risks for HIV transmission during their most recent visit.
- HIV providers need to better utilize patient encounters to assess ongoing HIV risk behaviors and to discuss the importance of ART and viral suppression for the prevention of HIV transmission.

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