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Frequent HIV testing of MSM and TGW of color results in earlier diagnosis

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BACKGROUND

- Few clinical studies exist to support recommendations for more frequent than annual HIV testing of persons at increased risk for HIV
- Frequent testing allows earlier diagnosis of HIV and initiation of ARV medications to preserve immune function and prevent HIV transmission, and provides more opportunities for PrEP counseling and initiation
- We studied the effect of HIV testing frequency on time to diagnosis and diagnostic yield of testing among MSM and TGW of color in the THRIVE demonstration project

METHODS

- We analyzed a longitudinal database that included HIV tests and results for a cohort of persons enrolled in THRIVE from September 2016 to March 2019
- All MSM and TGW of color enrolled in THIRVE were at increased risk for HIV
- We excluded persons who were PrEP users
- Among persons who had an initial negative HIV test and at least one additional test, we estimated the median number of HIV tests and conducted Kaplan-Meier analyses to determine the time to diagnosis since an initial negative HIV test
- We defined frequent testing as a mean interval between tests of ≤180 days and non-frequent testing as >180 days.
- We estimated the yield of HIV testing as the number of new diagnoses per tests performed. All results were stratified by testing frequency

Frequent HIV testing of MSM and TGW of color at increased risk of acquiring HIV resulted in a shorter time to diagnosis and no reduction diagnostic yield

RESULTS

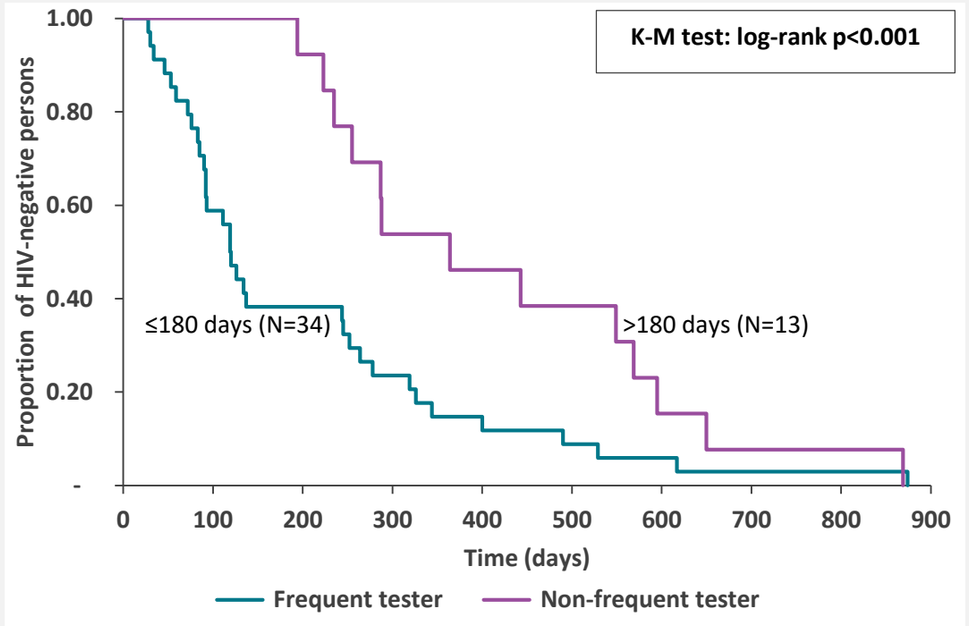

Figure. Kaplan-Meier curve of time to HIV diagnosis among MSM and TGW of color by frequency of HIV testing — THRIVE, September 2016 – March 2019

RESULTS

- In THRIVE, 20,956 clients received an HIV test
  - –26% (5408) had an initial negative test and at least one additional test
  - –1338 were MSM or TGW of color who did not use PrEP
    - •47 (4%) had a subsequent positive test.
- Overall, the median time to diagnosis was 235 days (IQR 92–364). Frequent testers were diagnosed earlier than non-frequent testers (p<0.001)
- Among 34 frequent testers, the median time to diagnosis was 120 days (IQR 83–278), the median number of tests was 3 (IQR 2–4), and the median interval between tests was 84 days (IQR 53–119).
- Among 13 non-frequent testers, the median time to diagnosis was 364 days (IQR 255–569), the median number of tests was 2 (IQR 2–3), and the median interval between tests was 255 days (IQR 198–325).
- The diagnostic yield among MSM or TGW of color who were frequent testers was 1.2% (34/2846) and among non-frequent testers 1.0% (13/1281).
- Among all other THRIVE clients, the diagnostic yield was 0.2% (12/6056).

CONCLUSIONS

- The diagnostic yield was similar for MSM and TGW of color who were tested frequently or non-frequently, but frequent testing was associated with a shorter time to diagnosis.
- These data support the CDC recommendation to test persons at risk of HIV more often than annually

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