



Targeted HIV Testing: What's Important to Know?

Gillian Miles

Health Scientist

Division of HIV/AIDS Prevention

The Centers for Disease Control and Prevention





Outline

- What do the data tell us?
- What is targeted HIV testing?
- How to target/identify your focus population
- How to recruit your focus population
- Pitfalls to avoid and best practices
- Resources



What do the data tell us?



1 in 7 People with HIV do not know they have HIV

1 in 2 People with HIV have the virus at least **3 years** before diagnosis

1 in 4 People with HIV have the virus at least **7 years** before diagnosis



Diagnosing and linking people with HIV to effective care is critical for stopping new HIV transmissions

HIV TRANSMISSIONS IN 2016		
% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
15%	didn't know they had HIV	38%
23%	knew they had HIV but weren't in care	43%
11%	in care but not virally suppressed	20%
51%	taking HIV medicine and virally suppressed	0%

8 in 10
NEW INFECTIONS COME FROM PEOPLE WHO ARE NOT IN HIV CARE.

*Values do not equal 100% because of rounding

How are our testing programs doing?

Table 1. HIV testing goal and number of tests conducted under PS12-1202, by test setting in the United States, Puerto Rico, and U.S Virgin Islands (2012 – 2016)

	Total tests combining health care & non-health care settings					Health care settings		Non-health care settings	
	Goal	Total tests	Subtotal	Goal reached (%)	Newly diagnosed positive tests	Newly diagnosed positive tests		Newly diagnosed positive tests	
						Total	%	Total	%
Total	3,300,000	2,894,154	(405,846)	87.7	10,514	7,105	0.3	3,400	0.6

Table 2. Number of HIV tests and newly diagnosed HIV positivity, by test setting, 61 CDC-funded health departments in the United States, Puerto Rico, and U.S. Virgin Islands, 2017

	Health care settings				Non-health care settings			
	HIV tests		Newly diagnosed HIV-positive tests		HIV tests		Newly diagnosed HIV-positive tests	
	Total	%	Total	%	Total	%	Total	%
Total	2,388,928	76.8	7,280	0.3	712,278	22.9	4,539	0.6



What is targeted HIV testing?



Targeting and recruitment

“Targeting and recruitment is the process by which persons from your focus population are located, engaged, and motivated to access HIV testing services.”

*“**Targeting** is the process for defining how you will direct your HIV testing services to identify persons who are unaware of their HIV status and who are at greatest risk for HIV infection.”*

*“**Recruitment** begins once you have defined your focus population and identified where and how to reach them.”*



How to target/identify your focus population



Questions to inform your focus population(s)

- What is your catchment area?
- What data sources are available to you?
- Do you have flexibility with your funder to determine your focus population?
- What other testing services are in your catchment area or reaching your focus population?
- What is segmentation and why is it important?

What to do next?

1st Phase Gather as much information as you can

2nd Phase Consider each source of information against one another

3rd Phase Make decisions around who to focus your resources on. (who to target)



How to recruit your focus population



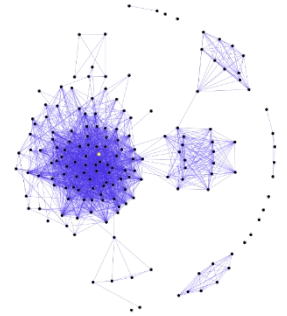
Questions to inform your recruitment strategy (ies)

- Are there physical spaces in which your target population can reliably be reached?
 - If yes, map where they are
- Are there virtual spaces your focus population can be reached?
 - If yes, consider ringfencing
- Is your population networked?
- Are there any overlapping testing providers?
- Who do they trust/find safe/accept?
- Where to test?
- Where to locate your office?
- How do you find the answers to these questions?
 - Ask until you hear redundancy

This is doable and low cost

Recruitment strategies

- Social networking
- Contact tracing
- Internet outreach
- Street-based and venue-based outreach
- Social marketing
- Internal referrals
- External referrals



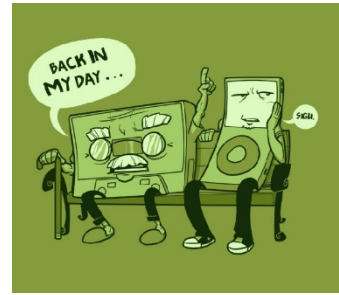


Recruitment strategies: pros and cons

Recruitment strategy	Underlying assumption	Pros	Cons
Social Networking Strategy (SNS)	population is networked/hidden	highly effective if done right, reaches deeply hidden segments who may be of greatest risk for HIV	requires continuous monitoring and works best with a dedicated SNS supervisor
Contract tracing, or Partner Services	people know the names and contact information of their drug using and sexual partners	highly effective	requires a special skillset, is time consuming
Social marketing	people will see/hear the medium and be motivated to test	reaches a large audience	can be difficult to measure efficacy, can be expensive
Street-based and venue-based outreach	people are visible and reliably locatable	meets people where they are, reduces burden on client, can be inexpensive	requires flexible working hours, could be less effective with physical hangout spaces disappearing
Internet outreach	population is reachable through chat rooms, social networking sites, mobile apps	reaches people in their natural environments; can reach people who are hidden and not willing to seek services or in-person self-identify.	can be time consuming, may be difficult to scale
Internal referrals	population will utilize services at the same organization, assumes that multiple services are offered	inexpensive, time saving	Relies on person actively coming into a service
External referrals	people have the time, the means, and the will to go somewhere else	Can offer people a variety of support services, including HIV testing	time, expense to commute, taking off from work



What's new and what does this mean for recruitment?



- Visible venue based spots to reach people are disappearing
- People are buying drugs online, selling sex online, making sexual connections online
- Self-testing and secondary distribution
- Are there non-targeted yet high yield options for testing such as pharmacy-based testing?



Pitfalls to avoid and best practices



Pitfalls to avoid and best practices

Pitfalls to avoid

- Don't oversimplify defining your focus population
- Lack of peer involvement
- Lack of management buy-in
- Doing the same old same old
- Lack of planning – no recruitment plan, no investigation, no critical thinking

Best practices

- Key informants should be from varied segments of your target population(s)
- Improving your testing yield means reducing what's not working, and adding what might work (easier said than done)
- Seek peer involvement as much as possible
- Diversify your recruitment strategies (if needed)
- Management buy-in and support
- Get creative, consider peer distribution of tests
- Hire the right people, incentivize, and show appreciation
- Systematically monitor your program data and tweak your efforts



Continuous review and adjustment

- Set reasonable targets/goals
- Systematically review performance in easily digestible time periods
- Gear yourself to be flexible and try incremental tweaks
- Document, communicate findings, brainstorm solutions (include peers as much as possible)
- Ask peer organizations for help



Resources

Resources

- Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers, May 2, 2016
https://www.cdc.gov/hiv/pdf/testing/CDC_HIV_Implementing_HIV_Testing_in_Nonclinical_Settings.pdf
- DHAP Capacity Building Branch resources on targeted testing
- AIDSVU
- CDC TRAIN <https://www.train.org/cdctrain/welcome>
- <https://www.cdc.gov/hiv/basics/testing.html>
- <https://www.cdc.gov/hiv/testing/index.html>
- https://www.cdc.gov/hiv/pdf/testing/hiv-tests-advantages-disadvantages_1.pdf
- <https://www.cdc.gov/hiv/pdf/testing/cdc-hiv-factsheet-false-positive-test-results.pdf>
- <https://www.cdc.gov/hiv/pdf/testing/rapid-hiv-tests-non-clinical.pdf>



The screenshot shows the CDC website's HIV Testing Basics page. At the top, the CDC logo and name are visible, along with a search bar and a 'CDC-A-Z INDEX' dropdown. The main navigation menu on the left lists various HIV-related topics, with 'HIV Testing' selected. The main content area features a large image of a doctor and a patient, with a prominent green call-to-action button that reads 'Visit our Testing Basics page.' Below this, there is a 'Background' section with text about HIV prevalence and testing importance, and a 'Requests for Information and other Notices' section.

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SEARCH

CDC-A-Z INDEX

HIV

HIV Basics
HIV by Group
HIV Risk and Prevention
HIV Testing
Laboratory Tests
Home Tests
Testing in Nonclinical Settings
Research
Policy, Planning and Strategic Communication
Program Resources
HIV Funding and Budget
HIV Guidelines
Training and Conferences
Statistics Center
Resource Library
News: Access Clinical Information
Partners
Let's Stop HIV Together
HIV at Work
About the Division of HIV/AIDS Prevention
VH En Español

HIV Testing

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Personal questions about HIV testing?
Visit our Testing Basics page.

Background

An estimated 1.1 million people in the United States have HIV, including about 162,000 people who are unaware of their status. Nearly 40% of new HIV infections are transmitted by people who do not know they have the virus. For people with undiagnosed HIV, testing is the first step in maintaining a healthy life and reducing the spread of HIV.

CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* advises routine HIV screening of adults, adolescents, and pregnant women in health care settings in the United States. The recommendations also call for reducing barriers to HIV testing. In April 2013, the *U.S. Preventive Services Task Force* issued similar recommendations.

Requests for Information and other Notices

The Division of HIV/AIDS Prevention (DHAP) currently has the following notice in the *Federal Register*: with open comment period.

Revised Update of the CDC's 2010 *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health*

Success is relationship dependent



Disclaimer

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Q+A and Thank you!

Gillian Miles hsu1@cdc.gov

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

