Sexual Risk Behavior and Viral Suppression among HIV-infected Adults Receiving Medical Care in New York City (NYC), 2013-2015.

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BACKGROUND

• Adherence to antiretroviral medication and subsequent viral load (VL) suppression improve health outcomes for people living with HIV/AIDS (PLWHA) and make the probability of forward transmission negligible.
• Despite the benefits of VL suppression, it is estimated that over half of PLWHA exhibit detectable viral loads.
• Providers may not be aware of sexual behaviors that put virally detectable patients and their partners at risk of HIV/STD transmission.

METHODS

• PLWHA: People Living with HIV/AIDS
• MSM: Men who have sex with men
• Exchange sex: Sex in exchange for drugs, money, gifts, or housing
• SU: Sex under the influence of drugs or alcohol
• YL: Detecting HIV RNA from <50 copies/mL
• STE: Sexually Transmitted Infection

Data Collection:
• Trained nursing staff administered a 28-question sexual behavior screen during intake at quarterly visits and recorded responses in the EMR (Figure 1).
• Behavior screen measured engagement in sexual activity and sexual behaviors in the past 3 months, specifically condomless sex (yes/no), multiple partners, SU, and exchange sex.
• Sexual behavior screen results, patient demographic data, and viral suppression status were extracted quarterly by each clinic, de-identified and sent to the Department of Health for analysis.

ANALYSIS

• Measured associations between sexual behavior and VL detectability (outcome) using multivariable logistic regression
• Demographic factors (gender, age, race/ethnicity) and sexual partnering were examined as potential covariates
• Multivariable models included demographic variables and risk behaviors correlated in bivariable analysis with VL detectability (p<0.05), controlling for clinic.

RESULTS

• Overall of the project, >3,000 HIV-positive patients were screened; we estimated that this was between 75%-100% of each clinic's population.
• Brief risk behavior screening/sexual history taking can be integrated as standard of care with HIV primary care clinics.

LIMITATIONS

• We used self-reported measures; social desirability or reporting bias may have been introduced.
• Data from this project are cross-sectional so we cannot infer causality.

DISCUSSION

• Sexual activity and engagement in risk behaviors were prevalent in this diverse, urban patient population with half of sexually active patients reporting sexual risk behaviors.
• Over the course of the project, >3,000 HIV-positive patients were screened; we estimated that this was between 75%-100% of each clinic's population.

• Clinicians have a special role in providing support and counseling to younger PLWHA who are most strongly associated with viral detection.
• Providing additional support (e.g., adherence support, counseling/education) to younger PLWHA is critical.

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PREVENTING HIV INFECTION IN YOUNG PLWHA: A FOCUSED APPROACH

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