ANALYSIS

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• Measured associations between sexual behavior and VL detectability (outcome) using multivariable logistic regression

Diagnostics factors (gender, age, race/ethnicity) and sexual partnering were examined as potential covariates

• Multivariable models included demographic variables and risk behaviors correlated in bivariant analysis with VL detectability (p<0.05), controlling for clinic

RESULTS

Patient demographics, risk-related behavior, and viral detectability (Table 1)

• Majority of sexually-active patients were male (77%), >26 years of age (17%), and MSM (54%)

• Nearly half of patients (49%) reported at risk behavior; the commonest was multiple sexual partners (30%)

• Nearly one-third of patients (31%) were virally detectable at their last VL test

Correlates of viral detectability (Figure 2, Tables 2-3)

• Prevalence of all sexual behaviors measured by the screen was significantly greater in virally detectable patients than un检测able, with the exception of exchange sex (Figure 2)

• In bivariant analysis, clinic, younger age, and reported engagement in condomless sex, sex under the influence, multiple sexual partners, and a STI diagnosis in the past 3 months were associated with viral detectability (Table 2)

• In the multivariable model, viral detectability remained associated with age≥35 (adjusted OR 1.99 CI: 1.62-2.48) and SUI (OR 1.59 CI: 1.21-2.0) (Table 2)

METHODS

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• 18-month sexual behavior screen and counseling project conducted at four academic medical center-affiliated HIV primary care clinics in New York City

• Analysis included data from baseline (first) screen from all HIV-positive patients with a quarterly visit between April 2013 and May 2015

Study Population:

• HIV-positive patients who:
  - Reported sexual activity within the last 3 months
  - Had an HIV-1 RNA test within 12 months of baseline (first) screen

Data Collection:

• Trained nursing staff administered a 9-question sexual and HIV-related survey during intake at quarterly visits and recorded responses in the EMR (Figure 1)

• Brief risk behavior screening/sexual history taking can be integrated as standard of care within HIV primary care clinics.

• Clinicians have a special interest in discussing the overlapping issues of HIV transmission risk and substance use with their patients, providing counseling or referrals as needed.

• Summary: A combination of counseling on risk reduction strategies and medication adherence support is key in the provision of optimal care for PLHWA.

LIMITATIONS

• 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

• Data may not be generalizable to other HIV primary care clinic populations including those in smaller practices or those outside of NYC

ACKNOWLEDGEMENTS

Funding provided by a cooperative agreement for HIV prevention (PS02-2201) between the Centers for Disease Control and Prevention and the NYC DOHMH Bureau of HIV Prevention and Control. The author wish to thank and acknowledge all clinic partners and staff for their participation and dedication.

PRESENTING AUTHOR: Nana Mensah

Phone: 347-396-7725

New York City Department of Health & Mental Hygiene

42-29 28th Street, Long Island City, NY 11101

CONTACT:

Nana Mensah, MPH

Phone: 347-396-7725

New York City Department of Health & Mental Hygiene

42-29 28th Street, Long Island City, NY 11101

Email: mensahn@health.nyc.gov

New York City Department of Health and Mental Hygiene, Queens, NY; Comprehensive Health Program, Mount Sinai Health System, New York, NY; Division of Infectious Diseases, STAR Program, SUNY Downstate Medical Center, Brooklyn, NY; Division of Infectious Diseases, New York Hospital Queens, Queens, NY; Division of Infectious Diseases, Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, NY; Division of Infectious Diseases, Department of Medicine, Columbia University College of Physicians and Surgeons, New York, NY.