

# A Randomized Controlled Trial of a Multi-Infection Counseling & Testing Intervention to Reduce HIV Risk Behavior in San Francisco, California: The Take 5! Study

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## Context

HIV counseling and testing (C&T) programs have become a standard component of HIV prevention efforts. HIV shares similar transmission routes with other blood-borne and sexually transmitted diseases (STDs). An HIV prevention intervention that combines HIV C&T with enhanced screening, treatment, and immunization for hepatitis B virus (HBV), hepatitis C virus (HCV), neisseria gonorrhoeae (GC) and chlamydia trachomatis (CT) may further reduce HIV risk behavior, subsequent infection, and co-infection among high-risk populations.

## Objectives

To evaluate the effectiveness of a multi-infection C&T intervention compared to standard confidential HIV C&T when offered to high-risk persons seeking confidential HIV testing.

## Design

Randomized controlled trial with 3- and 6-month follow-up.

## Setting

The HIV Assessment and Prevention Service (HAPS) Program, a publicly-funded HIV C&T program at San Francisco General Hospital (SFGH).

## Subjects

A total of 660 outpatients seeking confidential HIV C&T, who report one or more of the following: (a) sharing injecting equipment in last 30 days (b) MSM with anal sex in last 3 months, (c) heterosexual with >1 partner in the last 3 months, (d) new STD in the last 12 months; and who plan to remain in the San Francisco Bay Area for the next 6 months.

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## Intervention

The experimental intervention offers same-site, confidential, multi-infection C&T for HIV, HBV, HCV, GC and CT. Participants in the experimental arm receive two additional risk-reduction counseling sessions; single-dose treatment, partner treatment and partner referral for GC and CT; and free immunizations against HBV. Control arm participants receive standard HIV C&T plus referrals to other publicly-funded clinics for counseling, testing, treatment and immunization for other infections. All participants receive the multi-infection C&T intervention at the 6 month follow up visit. (See algorithm at right.)

## Main Outcome Measures

Self reported HIV-associated risk and protective behavior (eg. sexual and drug use behavior, health care seeking behavior, serostatus disclosure); psychological correlates of behavior (eg., Beck Depression Inventory; Cohen Perceived Stress scale, perceived self-efficacy and outcome expectancies for sexual and drug-related risk reduction behavior); baseline prevalence and 6-month incidence of HIV, HBV, HCV, GC, and CT.

## Baseline Risk Profile

Baseline Risk Behavior	Experimental Arm		Control Arm		Total	
	N = 51	%	N = 51	%	N = 102	%
IDU w/ equipment sharing =<30days	31	60.8	33	64.7	64	62.7
>1 sex partner of opposite sex =<3 mos	24	47.1	25	49	49	49
MSM with anal sex =<3mos	7	13.7	4	7.8	11	10.8
STD =<12 mos	1	2	2	3.9	3	2.9



## Demographics

Demographics	Experimental Arm		Control Arm		Total	
	N=51	%	N=51	%	N=102	%
Race:						
White	24	47	25	49	49	48
Black	13	25.5	12	24	25	24
Latino	8	15.7	2	4	10	9.5
Asian	0	0	1	2	1	2
Pacific Is.	1	2	0	0	1	2
Mixed	1	2	2	4	3	3
Other	4	7.8	8	16	12	11.5
Sex:						
Male	41	80.4	41	80.4	82	80.4
Female	10	19.6	10	19.6	20	19.6
Age Range:	26-56		24-57		24-57	

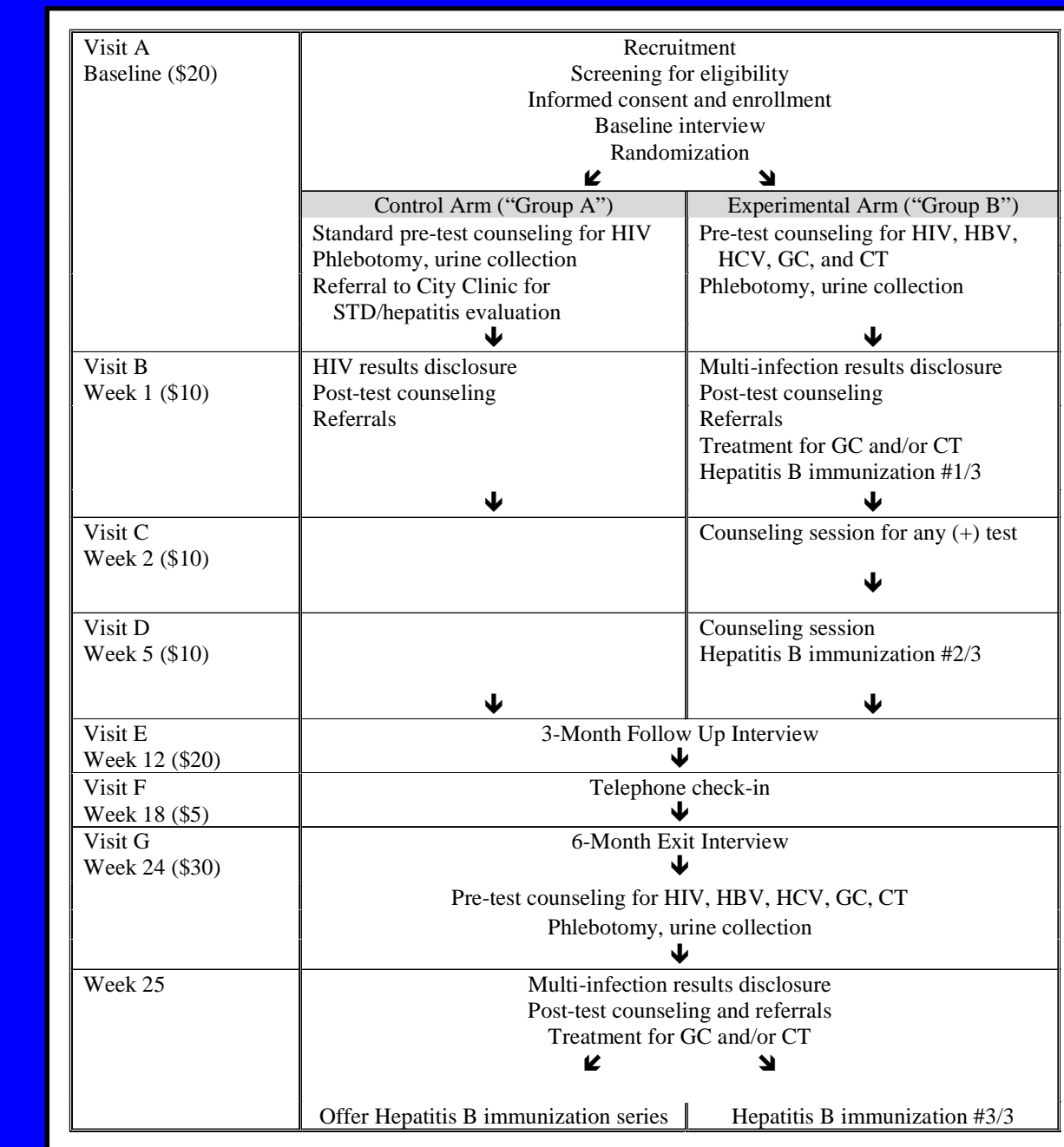
## Baseline Serostatus

Baseline multi-infection testing	Experimental arm		Control Arm	
	51	%	51	%
HIV	1	2	1	2
Hepatitis C Positive	36	70.6	--	--
Hepatitis B Infection (sAg or cAb)	31	60.8	--	--
Chlamydia (urethral)	1	2	--	--
Gonorrhea (urethral)	0	0	--	--
Gonorrhea (pharyngeal)	0	0	--	--

## Retention Rates as of Feb. 1, 2001

Follow-up Visit Type	Total Retention
3-month	74.7%
6-month	79.4%

## Take5! Algorithm



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