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 a transmission route with other blood-borne and sexually transmitted infections (STIs). An HIV prevention intervention that combines HIV C&T with enhanced screening, treatment, and circumcision for hepatitis B (HBV), hepatitis C virus (HCV), trichomoniasis (Gonorrhea & CT) and cytomegalovirus (CM), could reduce transmission of HIV and prevent STIs. This study describes a multi-infection C&T intervention for HIV, HBV, HCV, GC and CT that reduces HIV and STI risk behavior, behavior change, follow-up, and cost.

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 the last 30 days or MSM with same sex last 6 months, (b) association with 3 partner in the last month, (c) new STI in the last 12 months, and who plan to remain in the San Francisco Bay Area for the next 6 months.

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: multi-infection, partner treatment and partner referral for GC and CT; and free immunizations against HBV. Control arm participants receive stand-alone HIV C&T plus referrals to publicly-funded health care centers or other settings for treatment of any 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, and drug-related risk reduction behavior); baseline prevalence and 6-month incidence of HIV, HBV, HCV, GC, and CT.

Baseline Serostatus

Baseline Risk Profile

Demographics

Retention Rates as of Feb. 1, 2001

Baseline multi-infection testing Experimental arm Control arm Total

HIV
1
1
2

Hepatitis C Positive
36
70.6
30
63.0

Hepatitis B Positive (Ag or Ab)
31
60.8
25
56.3

Chiarylia (urethral)
1
2

Gonorrhea (urethral)
0
0

Gonorrhea (pharyngeal)
0
0

Take5! Algorithm

Baseline multi-infection testing Experimental arm Control arm Total

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