Peer Recruiters Can Draw Gay Men and Trans Women With HIV Into Care

An NIH-sponsored peer-recruitment study is part of a larger push to figure out how to drive up the viral suppression rate in the U.S.

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A program that used peer recruitment to engage those with untreated HIV into ongoing medical care showed promise in its ability to steadily improve the viral suppression rate among a population of transgender women and cisgender men who have sex with men (MSM).

Chris Beyrer, MD, MPH, of Johns Hopkins University, presented findings from the HPTN 078 study at the 10th International AIDS Society Conference on HIV Science in Mexico City (IAS 2019).

“The HPTN 078 findings demonstrate that populations not engaged in care are indeed reachable when a concerted effort is made,” Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID) said in a press release, “underscoring the importance of developing and optimizing strategies to identify people with HIV and connect them to HIV treatment services.”

The study was sponsored by the National Institute of Mental Health and NIAID, both of which are divisions of the National Institutes of Health (NIH).

HPTN 078 sought to identify MSM and trans women with unsuppressed HIV by relying on a small group of people who recruited peers, who in turn recruited others and so on. The study investigators also recruited potential participants. Operating in four cities hit hard by the virus—Atlanta, Baltimore, Birmingham and Boston—the study screened 1,305 people and identified 154 who had unsuppressed HIV. A total of 144 (94%) of them enrolled in the study.

The men had a median age of 39 years old. Ninety-seven percent identified as male and the remainder as trans female. Eighty-four percent were Black, 13% were white and 7% were Latino (meaning there was overlap between the Black and Latino groups). Ten percent did not have a high school diploma, 65% reported an annual income below $20,000 and 67% were unemployed.

Fourteen percent had previously been treated for substance abuse. Fifteen percent were coinfected with hepatitis C virus (HCV), and 35% had syphilis. Eighty-one percent had health insurance. Eighty-six percent had previously taken antiretrovirals (ARVs). The average CD4 count

was 357.

The participants were randomly assigned to receive a case-management intervention or the local standard of care. Those in the intervention group received help from case managers who aided them in the navigation of health care and other supportive services and also provided tailored support to encourage them to adhere to their ARV regimen. Those in the standard-of-care group were offered existing programs at HIV clinics to help them engage in care and adhere to their medications.

Ninety-one percent of the enrollees remained in the study through the 12-month mark. The proportion of participants with full suppression of HIV was 28% three months into the study, 36% after six months, 39% after nine months and 48% after one year. At that final point, there was no significant difference in the viral suppression rate between the two study groups.

The study authors were very encouraged by the ultimate rate of viral suppression.

“However,” Beyrer said, “additional issues—such as high levels of poverty, social factors like stigma and individual-level factors, including mental health and substance use—must be addressed to achieve higher rates of viral suppression among disenfranchised men who have sex with men and transgender women in the United States.”

Indeed, investigators are designing a new study that builds on what they learned in HPTN 078 in which they will search for effective means of engaging MSM with HIV in the South, where the U.S. epidemic is the most severe. Another planned HPTN study will seek to improve HIV prevention among transgender women.

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