

Research for HIV Testing



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This booklet is produced by UCSF Center for AIDS Prevention Studies and UCSF Prevention Research Center. You might use it to:

- Stay up-to-date on our latest research
- Provide materials in trainings and presentations
- Advocate for services and funding
- Write grants
- Develop new or modify existing HIV prevention programs
- Connect with us. The Investigators are listed for each study
- [Contact us](#)

Acronyms

NHTD: National HIV Testing Day

MSM: We use the acronym MSM to include all gay, same gender loving, bisexual and other men who have sex with men.

MSMW: We use the acronym MSMW to refer to all men who have sex with men and women. They may identify as gay, straight, bisexual, same gender loving, or prefer to use another term, or none at all.

Youth and Antiretroviral Therapy

Comprehensive, tailored, technology-based intervention to improve virologic suppression among youth and young adults living with HIV

Investigators: **Parya Saberi, Mallory Johnson, Tor Neilands, Valerie Gruber, Caravella McCuistian, Marie Stoner (RTI), Celeste Balaban, Kristin Ming, Louis Smith**

In the US, young adults with HIV (YWH) have lower rates of antiretroviral therapy (ART) initiation, suboptimal ART adherence and retention in care, and higher rates of virologic failure, compared to older age groups. Additionally, there is an increased risk of substance dependence, psychiatric disorders, and mortality with increased risk of substance use at a younger age. Mental health (MH) and substance use (SU) impact every step of the HIV care continuum from diagnosis to viral suppression and exacerbate socioeconomic challenges of linkage and sustained access to healthcare.

In collaboration with the nonprofit AIDS Healthcare Foundation (the largest provider of HIV care) and a Youth Advisory Panel, Parya Saberi and her team propose to address these barriers by implementing an entirely remotely-conducted randomized clinical trial (RCT) study among 200 YWH (18–29 years old where home-based viral load testing will be conducted at baseline, 16, 32, and 48 weeks using a Hemaspot device.

This tailored technology-based intervention with the use of an adaptive treatment strategy (ATS) will 1) test the efficacy of video-counseling+app vs standard of care on virologic suppression, 2) assess the impact of video-counseling+app vs standard of care on MH and SU, and 3) explore ATS to individualize the intervention.

Given the severe shortages of MH providers when MH and SU challenges of YWH are critical barriers to care, this innovative intervention grounded in a well-established theoretical model of care and formative research, and with community partnership is critical to the U.S. “getting to zero” and ending the HIV epidemic.

CDC recommends that everyone 13-64 get tested for HIV at least once.



Some groups, including people with more than one sex partner, should be tested at least once a year. Sexually active gay and bisexual men may benefit from even more frequent testing, every 3 to 6 months.

Gay, Bisexual and MSM

Project T: Men who have Sex with Men (MSM) and HIV Self Testing

Investigators: **Marguerita Lightfoot (PI), Sheri Lippman (Co-PI), Nicholas Moss (Alameda County Department of Public Health)**

Project T aimed to enhance identification of undiagnosed HIV infection and increase linkage to HIV care among African American and Latino gay and other MSM in Alameda County. We enlisted 34 members of the African American and Latino MSM and Transgender communities to act as recruiters. Each was asked to identify 5 MSM peers they believe to be sexually active to complete a HIV self-test. A total of 143 self-test kits were distributed to social and sexual network members. Research Finding: Compared with MSM who used the County's sponsored testing programs, individuals reached through the peer-based self-testing strategy were significantly more likely to have never tested for HIV (3.51% vs. 0.41%, $P < 0.01$) and to report a positive test result (6.14% vs. 1.49%, $P < 0.01$).

Mobile Clinics

HOPE: A Status-Neutral Mobile Unit for African Americans Experiencing Homelessness in Alameda County

Investigators: **Co-PIs: Albert Liu, Natalie Wilson**

African American people experiencing homelessness in Alameda County face many social and economic challenges putting them at risk for HIV, sexually transmitted infections (STI), and Hepatitis C (HCV). The highest rates of HIV, HCV, and STIs are seen in African Americans, accounting for half to two-thirds of all these infections in Alameda County. This project is a collaboration between academic, public health, and community-based organizations to develop and test a mobile health clinic model, called HOPE (Healthy Outcomes for People Everywhere), offering services to reduce HIV, STIs, and hepatitis C with prevention and treatment. The clinic will provide clinic services to the homeless community and offer ways to prevent HIV and education for those that test negative and treatment and referral services for those who test positive. The project includes building a coalition of providers committed to providing care to homeless communities to coordinate care and share outcomes.



Self Testing

Home-based lab collection for HIV pre-exposure prophylaxis (PrEP) + COVID-19 testing

Investigators: **Parya Saberi, Tor Neilands, Mallory Johnson, Wayne Stewart, Albert Liu, Hyman Scott, Kristin Ming**

Due to the COVID-19 pandemic, many clinics had limited lab appointments and some patients did not feel comfortable coming to the clinic to complete labs. We began offering patients who were on PrEP the option to complete one-time PrEP continuation labs and COVID-19 testing via home-based test kits. Test kits included: a dried blood spot card (for HIV antibody/antigen, serum creatinine, syphilis, and Hep C antibody, as needed); urine sample, throat and rectal swabs (for STIs); and a nasal swab (for SAR-CoV-2 PCR). This pilot study originated from a parent study "[PrEP Optimization Intervention \(PrEP-OI\)](#)" initiated by Parya Saberi and colleagues. PrEP-OI was initiated in 2018 to examine the impact of a PrEP panel management strategy involving a PrEP Coordinator and a web-based panel management tool on PrEP initiation in 12 SFDPH primary care clinics. The PrEP-OI study was fully underway when the San Francisco pandemic shelter-in-place orders went into effect in 2020.

Findings

High levels of feasibility and acceptability with the use of home-collected laboratory samples and improved mean time from sample collection to receipt of test results are reported, indicating that home-collected laboratory samples for patients on PrEP is a viable option that should be offered as an alternative to clinic-collected laboratory samples.

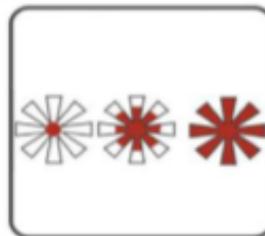
- Almost 80% of the 92 individuals who participated mailed back their home collected kit.
- Nearly 88% were extremely to moderately satisfied with the ability to complete the laboratory tests without having to come into a clinic.
- About 49% of participants chose this home-collection method as their first choice for providing laboratory samples.
- Mean time from sample collection to receipt of test results was reduced from the first quarter of the study (17 days) to the last quarter of the study (5 days).



Stick finger with lancet



Add 2 drops of blood.



Wait 1 minute.



Close lid and ship.

Late Diagnosis

Identifying Reasons for Late Diagnosis of HIV: An Academic Community Partnership to Improve Health Outcomes

Investigators: **Natalie Wilson (PI); Jae Sevelius (Mentor)**

Late HIV diagnosis is associated with poor treatment outcomes and, in turn, less viral suppression, greater transmission of HIV to those who are not infected, and increased HIV-related morbidity and mortality. The goal of reducing HIV by increasing peoples' awareness of their HIV status cannot be achieved without addressing late diagnosis. Given the many individuals who are diagnosed late, the aim of this study is to elucidate the reasons for late diagnosis and to uncover strategies for increasing early detection of HIV. We will interview 20 late-diagnosed individuals and 20 individuals who were not diagnosed late. We will work in partnership with the Alameda County Public Health Department to examine the individual-, social-, and structural level factors that fuel late HIV diagnosis within a multilevel framework. This study will help us to develop public health strategies to address late diagnosis.

International

HIV Self-Testing Among Young Women in Rural South Africa

Investigators: **Audrey Pettifor (UNC), Sheri Lippman (UCSF), Kathleen Kahn (Wits, South Africa)**

HIV testing rates in many hyper-endemic areas of sub-Saharan Africa are lower than needed to curtail the HIV epidemic. We conducted a randomized trial to assess whether women offered the choice of either HIV self-testing or clinic-based testing would test more frequently than women offered only clinic-based testing invitations. Women in the choice arm of the trial had the option of giving their friends and partners either HIV self-test kits or clinic-based testing invitation cards. Women in the clinic-based testing arm only had the option of providing their friends and partners with invitations to test at the clinic. In the choice arm, 95% of 141 women enrolled chose HIV self-testing; three months after the HIV self-tests and clinic invitations were provided, 92% had tested compared to only 43% of clinic-based testing participants. Ninety-four percent of participants in the choice arm invited peers and partners to test compared to 76% in the clinic-based arm. Overall, few male partners were invited to test; invitations to male partners were three times more common in the choice arm than the clinic-based testing arm. Giving young women and their friends and partners a choice in increased testing uptake.

International

Continued

Sukuma Ndoda (Stand up Man) HIV Self-Screening and Assisted Linkage Project for men in Johannesburg

Investigators: **Sheri Lippman (UCSF), Jessica Grignon (I-Tech,UW)**

HIV testing rates among men remain below national targets in South Africa. We provided HIV self-testing (HIVST) kits to community health workers (CHWs) at 6 clinics in low-income areas of Johannesburg to distribute to men in the area who had not recently tested for HIV. CHWs at three of the clinics registered participants in an automated short message service (SMS) follow-up system – asking participants if they tested and linking them to care if positive. CHWs at the other three clinics followed up with participants personally to encourage testing and linkage to care. Preliminary research findings (final analyses ongoing): Among 4,793 eligible men who enrolled in the project, 62% had never tested for HIV. Overall, 83% reported back through the automated system or personally to the CHWs: 75% used the kits and 8% did not. Testing uptake in the clinic catchment areas more than doubled, increasing from 4% of all eligible men when only clinic-based testing was available to 9.9% when both HIVST and clinic-based testing were available. Test use was higher for men followed by CHW personally (99% vs 68% in SMS); however, significantly more men reported positive results in the SMS group, compared to the personal follow-up group (6.4% vs 2.0%), yielding more ART initiation in the SMS group as compared to personal follow-up (23 vs 9; $p < 0.01$).

Manas por Manas: Reducing Intersectional Stigma Among Transgender Women in Brazil to Promote Uptake of HIV Testing and PrEP

Investigators: **Sheri Lippman (UCSF), Jae Sevelius (UCSF) Maria Amelia Veras (Brazilian PI)**

Globally, trans women experience extreme social and economic marginalization due to intersectional stigma. Among trans women, gender- and race-based stigma intersect with certain social positions, such as engagement in sex work and substance use, creating a social context of increased vulnerability and HIV risk. In Brazil, trans women are the ‘most at risk’ group for HIV; in addition, HIV testing and pre-exposure prophylaxis (PrEP) among trans women is significantly lower than in other at-risk populations. Our team has developed the only trans-specific conceptual framework, gender affirmation theory, to describe intersectional stigma faced by trans women, to frame investigations into how intersectional stigma results in health disparities, and to develop and test interventions to address intersectional stigma among trans women. Informed by gender affirmation theory, we are testing a multi-level intervention to mitigate intersectional stigma and thereby increase HIV prevention uptake (HIV testing and PrEP use) by randomizing 400 Brazilian trans women to either the Manas por Manas intervention or a wait-list control.

Center of Excellence for Transgender Health
[Manas por Manas site.](#)

Visit the [Manas por Manas](#) site in Brazil.



Additional Resources

There are many places to get an HIV test. Find one near you: locator.HIV.gov

VIDEO. A National Vision for PrEP. Join national experts to learn current and emerging strategies in the PrEP funding landscape, including PrEP4All, 340B drug pricing, Ready Set PrEP, PrEP Assistance Programs, and more.

Panelists include Jeremiah Johnson, Acting Executive Director PrEP4All; Jim Pickett, Senior Advisor AIDS Vaccine Advocacy Coalition; Kenyon Farrow, PrEP user, writer, and activist; Tim Horn, Director Health Care Access NASTAD.

A NATIONAL VISION FOR PREP
Financing, Equity, Advocacy

Jeremiah Johnson - PrEP4All
Jim Pickett - AVAC
Kenyon Farrow - PrEP User, Writer/Activist
Tim Horn - NASTAD

UCSF Prevention Science
Department of Medicine

Fact Sheets

- [HIV Testing in the U.S.](#) (2021)
- [Transwomen Women and HIV Prevention and Care](#) (2021)
- [See our complete list of Fact Sheets](#)

Survey Instruments and Scales- [Topics include counseling and testing, healthcare providers, risk behavior, adherence, coping, substance use and knowledge/attitudes.](#)

Transgender Resources - [The HIV Testing Toolkit, Transgender Health Factsheets and Recommendations for Inclusive Data Collection of Transgender People in HIV Prevention.](#)

FREE. [Order a HIV Self-Test Kit in 3-minutes.](#) (United States).

UCSF Anti-Racism Initiative

<https://diversity.ucsf.edu/antiracism-initiative>



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