

## Research for HIV Testing



**CAPS**  
CENTER FOR AIDS  
PREVENTION STUDIES



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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 for training 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.

UCSF Center for AIDS Prevention Studies (CAPS)

UCSF Prevention Research Center (PRC)

Contact us - <https://prevention.ucsf.edu/contact>

## 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.

**Article** - <https://bmjopen.bmj.com/content/13/10/e077676> iVY: protocol for a randomised clinical trial to test the effect of a technology-based intervention to improve virological suppression among young adults with HIV in the USA. (P Saberi, C Balaban, K Ming, L Smith, T Neilands, M Johnson (CAPS/PRC))



## 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 (STIs), 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.

## 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 people's 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

## **The Owete Study: The effect of social network-based intervention to promote HIV testing and linkage to HIV services among fishermen in Kenya**

Investigators: **Carol Camlin** (UCSF), **Harsha Thirumurthy** (Univ. of Pennsylvania)

In sub-Saharan Africa, highly mobile men like fishermen have low uptake of HIV testing, prevention and treatment. With the advent of HIV self-testing and the success of social network-based peer interventions among men, opportunities exist to test the efficacy of a combined intervention to increase mobile men's engagement with HIV testing and linkage to HIV prevention and treatment. This study examined whether an HIV status-neutral, social network-based intervention could improve HIV testing and linkage to prevention and treatment among fishermen in Kenya. We mapped the male social networks of fishermen in three communities in western Kenya and identified distinct social networks ("clusters") with a highly connected, network-central man ("promoter") in each network. Clusters were randomized to an intervention group in which promoters were trained and offered multiple HIV self-tests to offer to cluster members, and transport vouchers to encourage those members to link to HIV treatment or pre-exposure prophylaxis (PrEP). In control clusters, promoters received HIV information and referral vouchers for a free self-test or provider-administered test in nearby clinics that they were encouraged to offer to cluster members. We compared self-reported HIV testing in the past three months and linkage to HIV services among participants in intervention

and control clusters at a three-month follow-up visit using a cluster-adjusted two-sample test of proportions. A total of 934 men in 156 social network clusters were mapped. Of these, 733 completed baseline and 666 completed follow-up surveys. HIV testing via any modality at three months was higher in intervention compared to control clusters (66 vs. 31%). Self-reported HIV testing with self-tests at three months also was higher in intervention clusters (60 vs. 10%). Additionally, following testing, linkage to HIV treatment or PrEP among those who tested was higher in intervention clusters (67 vs. 16%). This social network-based, status-neutral intervention in Kenya significantly improved men's HIV testing and linkage outcomes and is a promising way to engage hard-to-reach, highly-mobile populations such as fishermen.

Visit the Owete website: <https://owete.ucsf.edu>



# 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.](#)

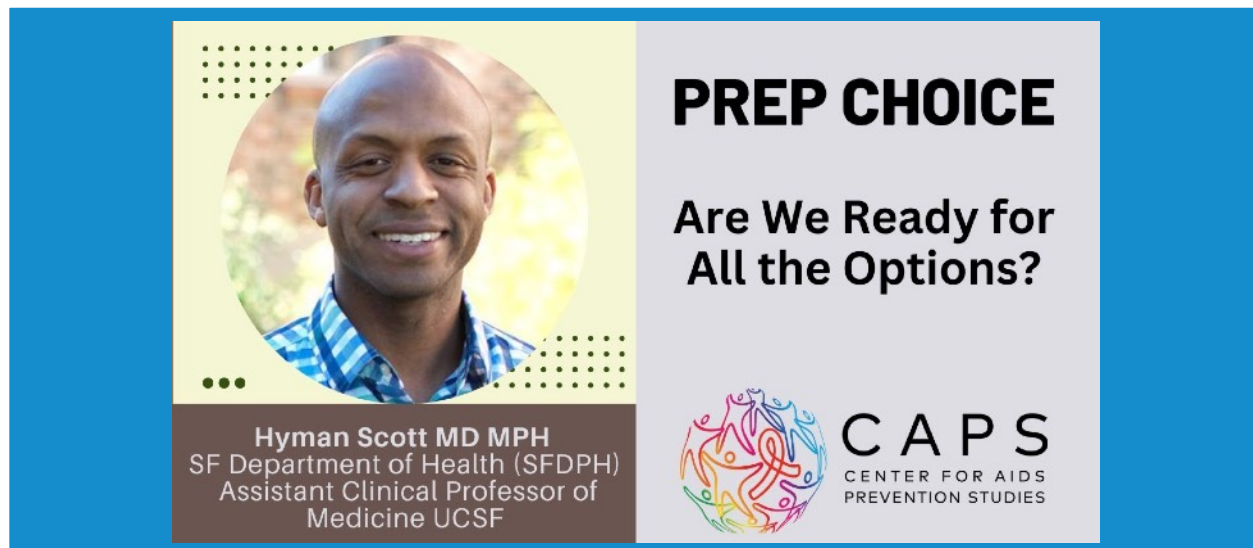
Visit the [Manas por Manas](#) site in Brazil.



## Additional Resources

There are many places to get an HIV test. Find one near you: [locator.HIV.gov](https://locator.HIV.gov)

**TOWN HALL VIDEO.** PrEP Choice: Are we ready for all the options? Hyman Scott, MD, MPH  
Clinical Research Medical Director, Bridge HIV San Francisco Department of Public Health  
(SFDPH) Assistant Clinical Professor of Medicine, UCSF.



## 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-Discrimination Initiative

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



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