

Engaging a Hidden Population to Stop HIV

HPTN 078

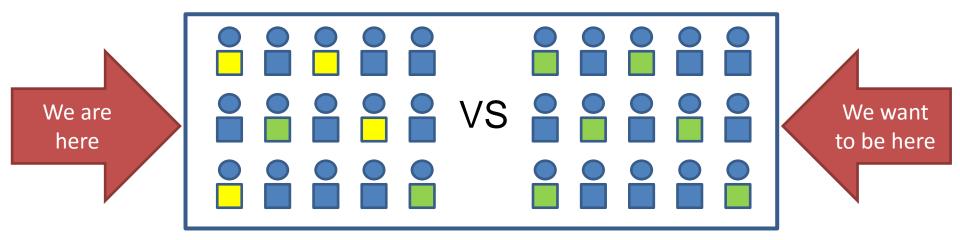
Theresa Gamble, PhD HPTN LOC, FHI 360 Durham, NC, USA April 11, 2017



- In the US, MSM remain the most affected by HIV
 67% of new HIV diagnoses are MSM (2014)
- US MSM have low rates of viral suppression
 34% in White MSM, 16% in Black MSM

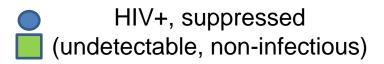


- MSM who are HIV+ and virally unsuppressed serve as the reservoir for HIV and drive the epidemic
- If every one became virally suppressed, HIV transmission would stop





HIV+, unsuppressed (detectable, infectious)





Who makes up the HIV reservoir?

HIV+, Virally Unsuppressed

HIV+ Unaware Of Status

HIV+ Aware, Not In Care HIV+ Aware, In Care, Not Suppressed



Who makes up the HIV reservoir?

HIV+, Virally Unsuppressed

EASY TO FIND

HIV+ Aware, In Care, Not Suppressed



Who makes up the HIV reservoir?

HIV+, Virally Unsuppressed

HIV+ Unaware Of Status

HIV+ Aware, Not In Care

HARD TO FIND (HIDDEN POPULATION)



HPTN 078 tests two critical ideas

- How can we find MSM who are HIV+ and unsuppressed (detectable and infectious)
- When we find them, how can we help these MSM become suppressed (undetectable and non-infectious)

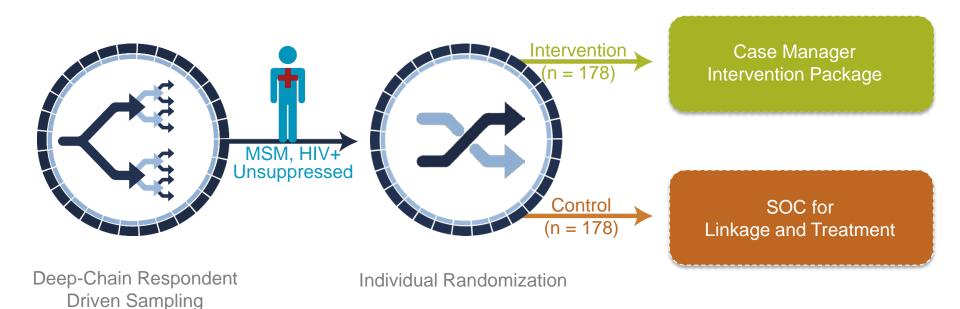


(DC-RDS)

Study Design, Population and Duration

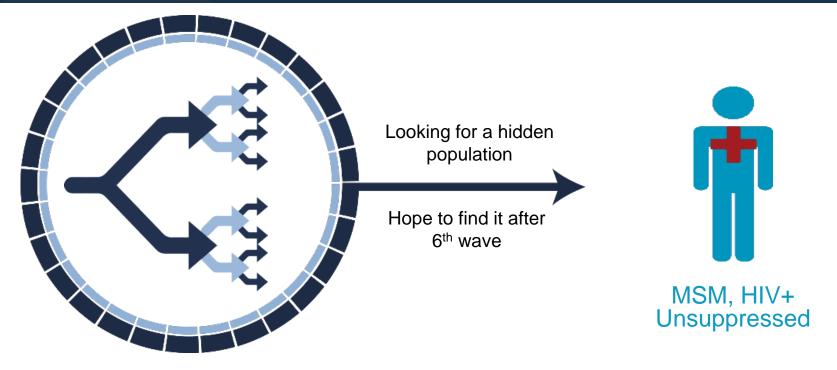
Screened population	Enrolled participants		
2700	356		
MSM >= 16 yo	MSM HIV+, Unsuppressed		
Study Duration: 24 M Follow-up			

HPTN 078: Enhancing Recruitment, Linkage to Care and Treatment for HIV-Infected Men Who Have Sex with Men (MSM) in the United States





Deep-Chain Respondent Driven Sampling (DC-RDS)



Example Coupons



Expires:

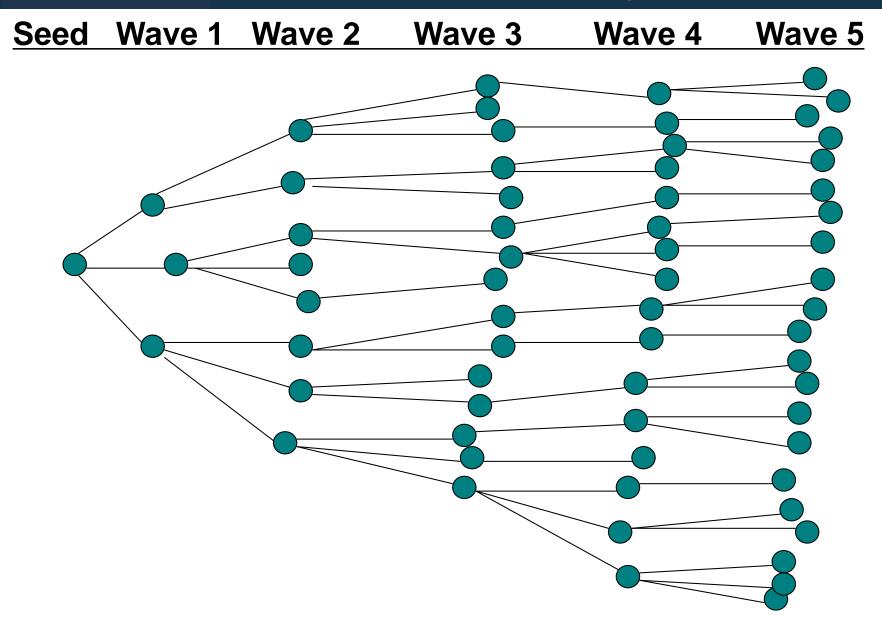
Call or text (443) 310-6738 for more information or to schedule an appointment (days, nights or weekends)

STICKER





Deep-Chain Respondent Driven Sampling (DC-RDS)



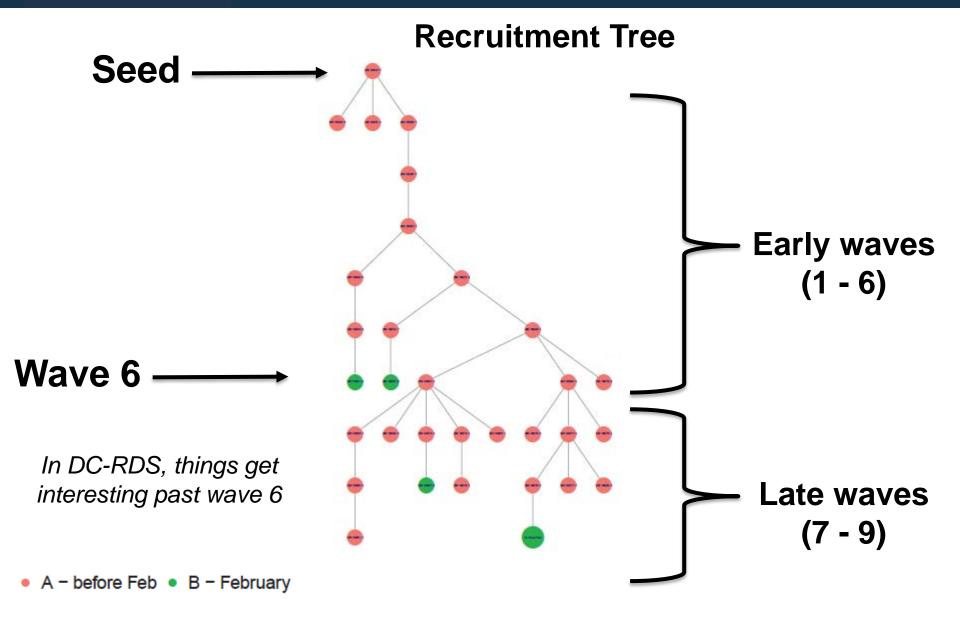
HPTN

HIV Prevention

Trials Network

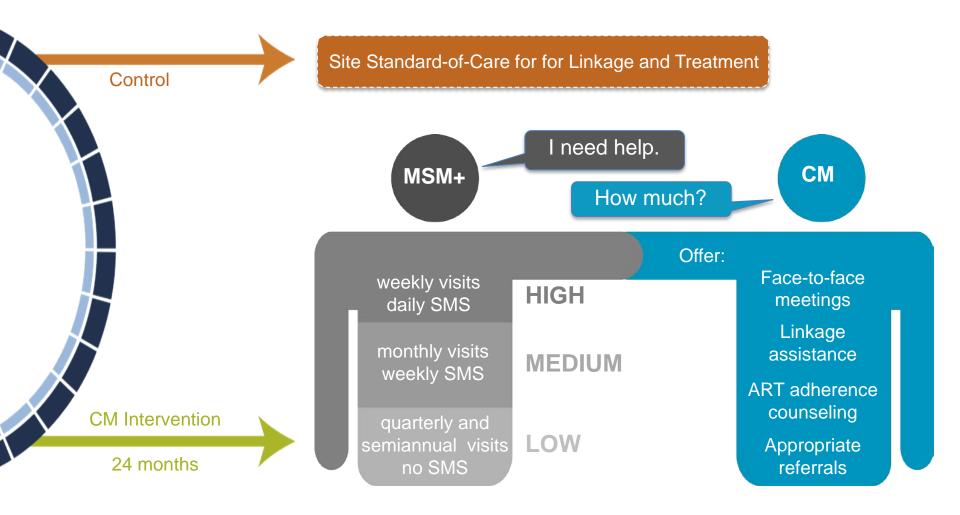


Deep-Chain Respondent Driven Sampling (DC-RDS)





Case Manager (CM) Intervention



The CM intervention includes patient choice, motivational interviewing and automated phone/email/text messages



Study Objectives

- Assess the ability of DC-RDS to identify and recruit HIV-infected MSM in the US who are unsuppressed.
- Compare the efficacy of the two study arms (CM intervention vs. SOC control) in achieving durable viral suppression 24 months after enrollment.



Clinical Research Sites



- Alabama CRS (Birmingham, AL)
- Fenway Health CRS (Boston, MA)
- Johns Hopkins University CRS (Baltimore, MD)
- Ponce de Leon Center CRS (Atlanta, GA)



Current Study Status

- DC-RDS is working all sites have recruitment trees that have reached waves 10 - 12
- In order to fully enroll, we have added direct recruitment activities in parallel to DC-RDS
 - Clinic/hospital referrals
 - Support group referrals
 - Alliances with testing programs
 - Study advertisements (flyers, social media posts)
 - Limited venue-based recruitment



Current Study Status

	S1 DC-RDS Visits	S1 Direct Recruitment Visits	Total Screened
Fenway	156	17	173
JHU	108	40	148
Ponce	78	52	130
Alabama	103	61	164
Total	445 (72%)	170 (28%)	615

	Enrolled via DC-RDS	Enrolled via Direct Recruitment	Total Enrolled	Randomized to CM Arm	Randomized to SOC Arm
Fenway	12	5	17	8	9
JHU	7	3	10	5	5
Ponce	21	6	27	14	13
Alabama	2	8	10	6	4
Total	42 (66%)	22 (34%)	64	33	31



Community Engagement

- DC-RDS did not require special community engagement
- Direct recruitment does sites have worked to form alliances for referrals and are starting to conduct venue-based activities.



ACKNOWLEDGEMENTS

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HPTN LC Staff (Vanessa Cummings, Paul Richardson, Dr. Sue Eshleman)

DC-RDS Expert: Dr. Stef Baral

MI Expert: Dr. Ivan Balan

Site loRs, Site Staff and Participants



Question and Answer Session