

Anonymous Surveillance in the State of Texas: Who Accesses Publicly Funded Counseling & Testing

Focused Assessment of Counseling and Testing (FACT) Study - Texas

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Background

- The State of Texas has collected HIV counseling and testing data since 1989 at publicly funded sites.
- However these data only describe testing episodes and do not allow a count of people tested or give an accurate rate of infection.
- In addition, it has not been possible to identify new infections and monitor emerging risk groups.

Background

- The Focused Assessment of Counseling and Testing (FACT) Study was designed to improve the usefulness of collected data by:
 - Counting the number of persons tested rather than the tests performed.
 - Monitoring testing patterns by frequency and location.
 - Describing characteristics of one-time and repeat testers.
 - Identifying new HIV infections.

Methods

- UT/TDH developed a Unique Testing Code (UTC) to add to existing CTS records
- The UTC is composed of pieces of non-identifying personal information
 - Letters from the first and last names
 - Birth date
 - Codes for gender and race/ethnicity

Methods

- UTC codes are added to the Texas Counseling and Testing System (CTS) for analysis; the CTS database includes self-reported risk behavior, demographic and test result information for each test session.

Methods

- Repeat testers are compared with one-time testers on a diverse group of factors including gender, race/ethnicity, age, risk behaviors, testing settings and geographical location.
- Data collection for this analysis was from December 1997 through July 1999.

Results

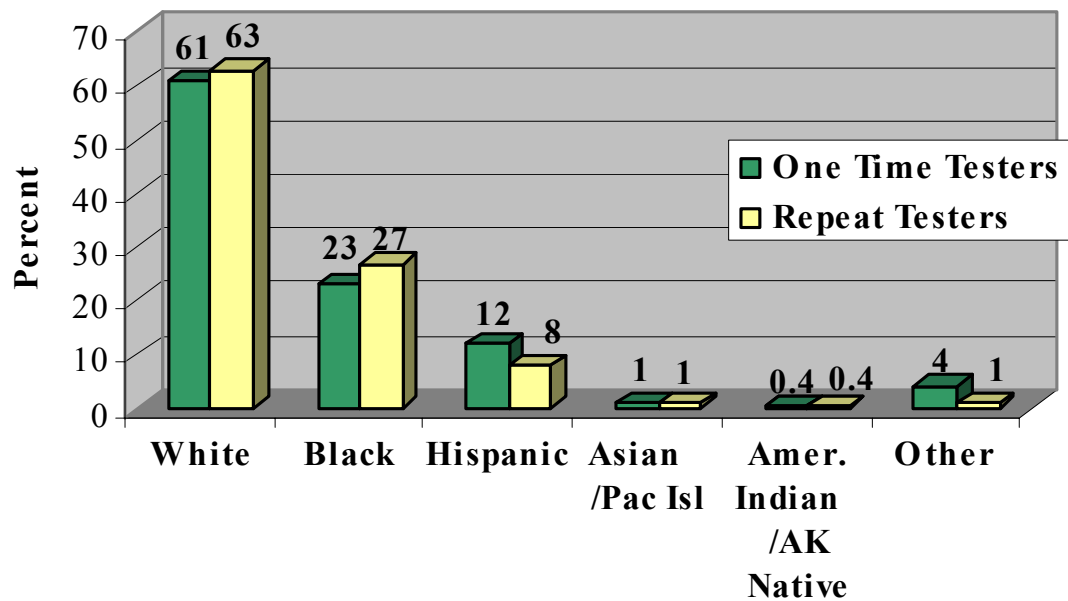
- From 59,899 test sessions, a total of 57,675 UTCs were constructed.
- The UTC system observed the following testing frequencies: one-time/55,633; two-times/1,877; three-times/149; four-times/15; and five-times/1.
- The rate of HIV infection for one-time and repeat testers was 1%.

Results

- Four seroconversions (negative to positive) were observed among repeat testers.
- 16% of one-time testers and 15% of repeat testers chose anonymous testing. 84% of one-time testers and 85% of repeat testers chose confidential testing.
- 54% of one-time testers were male and 46% were female. 58% of repeat testers were male and 42% were female.

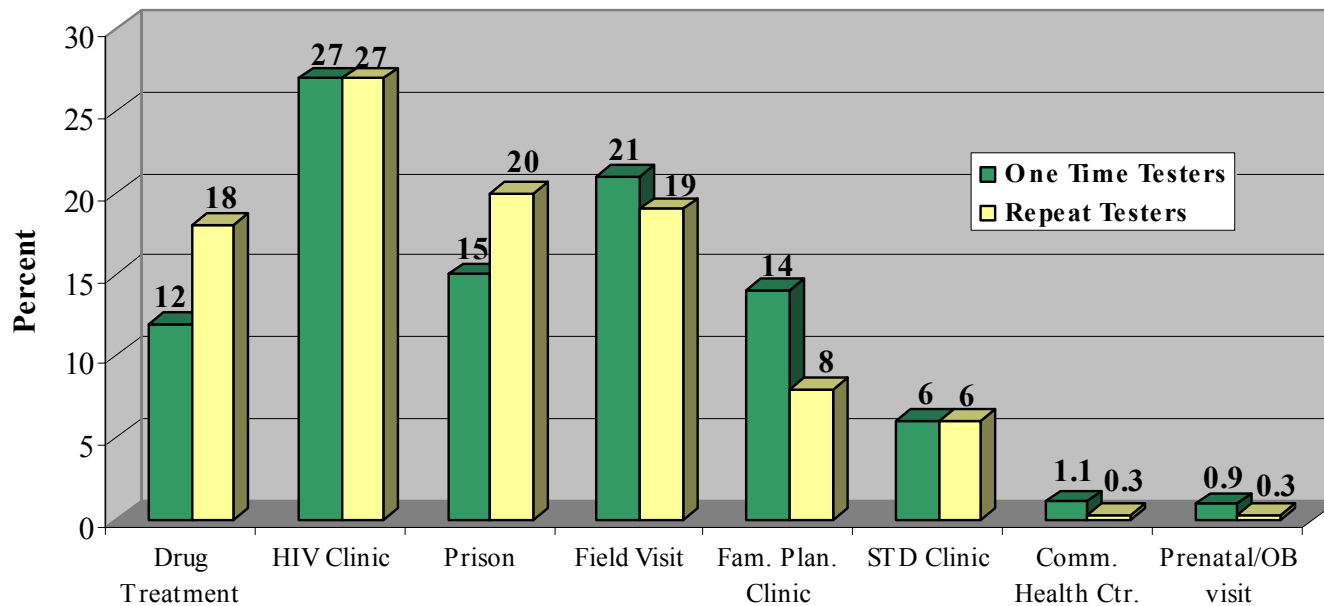
Results

Race/Ethnicity of One Time and Repeat Testers



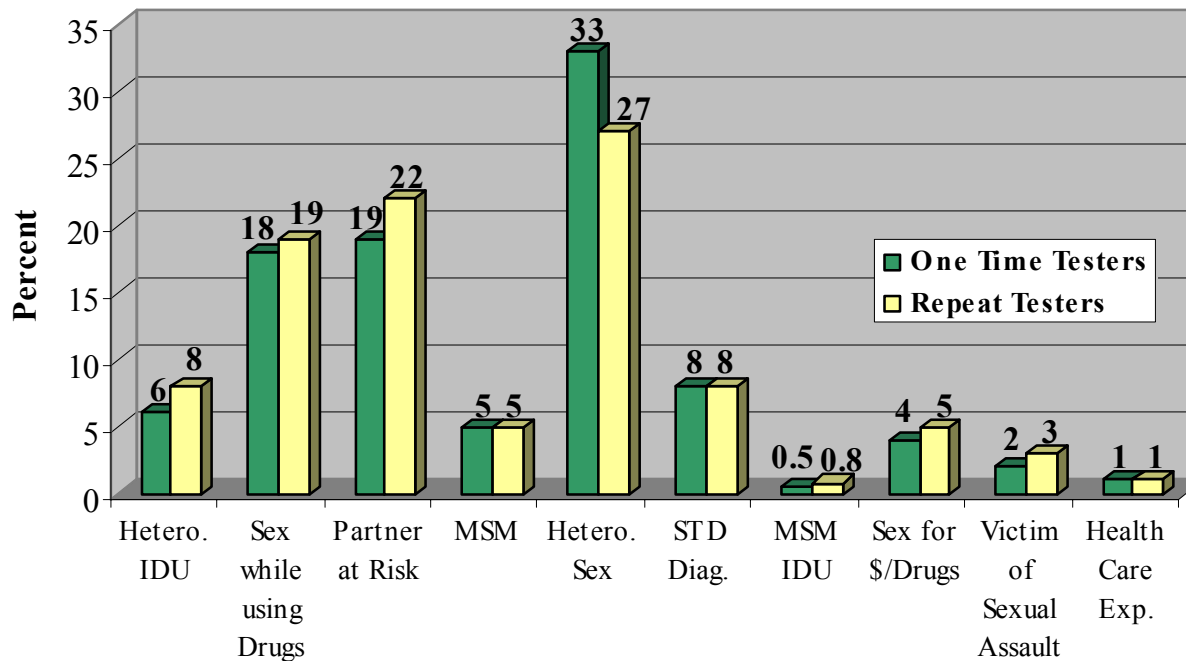
Results

Selected Testing Site Types by One Time and Repeat Testers



Results

Selected Self-Reported Risk Behaviors for One Time and Repeat Testers*



*Each tester may report multiple risk behaviors.

Discussion

- Sites participating in FACT successfully constructed UTCs for the majority of their testing clients.
- As the FACT database grows, differences between one-time and repeat testers become less apparent, i.e., males are only slightly more likely to repeat test than females. However, differences are present in smaller subsets such as among injecting drug users.

Discussion

- Higher repeat testing was observed in drug treatment and prison populations, perhaps reflecting the influence of targeted prevention programs.
- Lower rates of repeat testing were observed in family planning clinics and may reflect lower perceived risk for HIV among family planning clients or a pattern of testing less frequently.

Discussion

- African American and White testers were more likely to be repeat testers and Latinos less likely.
- There were not significant differences in testing frequency among people reporting higher risk behaviors, however differences may be present when risk behaviors are examined in sub-populations defined by factors such as race or age.

Discussion

- The use of unique testing codes provides a viable system of surveillance for anonymously monitoring the HIV testing population.
- UTCs combined with recently developed testing technologies to identify new infections greatly improves the capacity of testing programs to monitor the leading “edge” of HIV infection.

Challenges

- Though tester compliance with providing the personal data required for constructing a UTC is not included in this analysis, earlier results show a tester compliance rate of above 95%.
- Errors by testing sites in collecting the UTC data can be highly variable and will continue to be an important factor for successfully using UTCs.

Challenges

- To increase compliance, on-going communication between FACT staff and testing sites is emphasized. Sites are sent update newsletters on study progress and receive biannual data reports for their own evaluation and prevention planning.
- At State level, cooperation and planning between prevention and epidemiology departments is necessary.

Future Use of UTCs

- CDC and cooperating institutions have developed a new and relatively simple method for identifying recent HIV infections.
- The Serologic Testing Algorithm for Determining Recent HIV Seroconversion (STARHS) uses a less sensitive ELISA combined with the very sensitive and routinely used ELISA.

Future Use of UTCs

- STARHS can identify an infection that has occurred within the previous five to six months and is approved for research only.
- STARHS combined with a UTC system provides a very useful system for improved monitoring of HIV infection trends in testing populations.
- Results can be used for prevention planning and evaluation at site and regional levels.