Prevalence of HIV testing among those ever diagnosed with another sexually transmitted disease is high, but not high enough

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Background

- In 2006, CDC recommended that patients seeking treatment for sexually transmitted diseases (STDs) be screened for HIV.
- In 2014, CDC recommended that a recent STD diagnosis, combined with a negative HIV test to rule out prior infection, indicate eligibility for HIV preexposure prophylaxis.
- We used data from the National Health and Nutrition Examination Survey (NHANES) to assess changes in the proportion of persons reporting being diagnosed with a selected STD who also report being ever tested for HIV.

Methods

- NHANES is an in-person survey of the U.S. civilian non-institutionalized population.
- Sexually active persons aged 20-59 years who reported ever being told that they had genital herpes or being told in the past 12 months by a healthcare professional that they had gonorrhea or chlamydia were classified as "diagnosed with a selected STD."
- The proportion reporting ever being tested for HIV was compared among those who did and did not report being diagnosed with these STDs, as well as other selected participant demographic and risk characteristics.
- Trends in these proportions were examined using 6 cycles of NHANES (2005-2006 through 2015-2016).
- Analyses were weighted to account for the complex NHANES survey design to provide national population estimates.

Results

EVALENCE

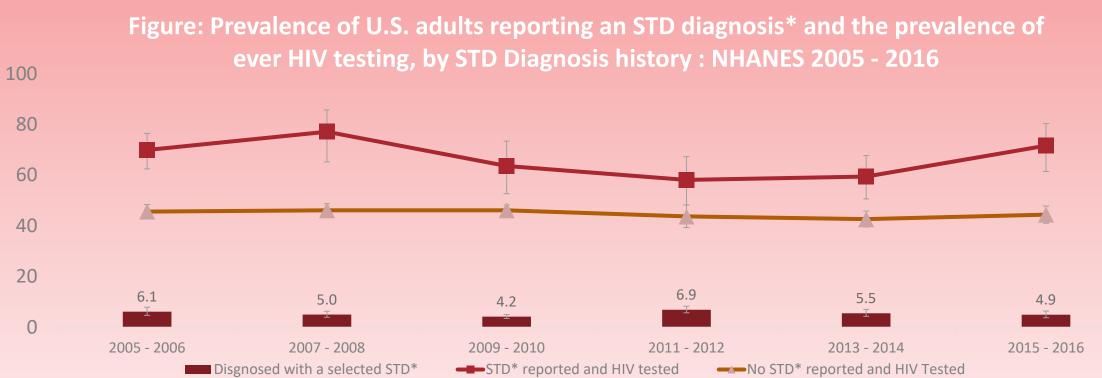


Table 1: Prevalence of ever testing for HIV by selected participant characteristics: NHANES, 2006-2016

elected STD"

	Ever tested for HIV					
	Unweighted N	Weighted %	95% CI	P Value		
TOTAL	8,972	44.3	43.1 - 45.6			
Gender				< 0.001	Т	OTAL
Male	3948	40.3	38.6 - 41.9		Ev	ver Inje
Female	5024	48.4	46.9 - 49.9			/es
Age (yrs)				< 0.001		
20-34	3,533	44.3	42.6 - 46.1			No
35-49	3,739	50.4	48.6 - 52.3		Se	exual O
50-59	1,700	35.1	33.0 - 37.3		F	leteros
Race/Ethnicity				< 0.001	F	lomose
Hispanic	2,126	39.4	37.2 - 41.6			ver Diag
Non-Hispanic white	3,479	42.8	41.3 - 44.4			
Non-Hispanic black	2,639	63.2	61.1 - 65.2			elected
Other	728	37.3	34.4 - 40.3		Y	les
Health care visit, past 12				< 0.001	N	No
months				< 0.001	*N	IHANES con
Yes	7,490	46.4	45.0 - 47.8			enital Herpe 05-2016. Pe
No	1,479	35.6	33.7 - 37.6			locted STD"

Table 2: Prevalence of ever testing for HIV by selected HIV risk behaviors: NHANES, 2006-2016

	Ever tested for HIV						
	Unweighted N	Weighted %	95% CI	P Value			
	8,972	44.3	43.1 - 45.6				
ect Drugs				< 0.001			
	323	67.9	62.5 - 72.9				
	8,520	44.0	42.7 - 45.3				
Prientation				< 0.001			
sexual	8,046	43.7	42.5 - 44.9				
exual/Bisexual	693	60.1	55.5 - 64.5				
gnosed with a STD*				< 0.001			
	642	66.2	62.1 - 70.0				
	7,951	44.7	43.4 - 46.0				

*NHANES consistently collected only self-report of ever being told by a healthcare professional that they have Genital Herpes, and/or being told in the past year that they have Chlamydia or Gonorrhea for all cycles from 2005-2016. Persons answering "Yes" to any of these questions were included in the group "Diagnosed with a

Results - Highlights

- There was no significant trend in HIV testing among those who reported diagnosis of the selected STDs from 2006 to 2016.
- However, there was an increase in the percentage ever tested for HIV from 2014 to 2016, which was not observed among those who did not report these STDs (Figure).
- Based on the pooled sample of NHANES respondents from 2005 to 2016 (unweighted N=8,972), 48.4% of females and 63.2% of non-Hispanic blacks in the US have ever tested for HIV (Table 1).
- The proportion reporting ever testing for HIV was significantly higher for those reporting they had seen a healthcare provider in the past 12 months (46.4%) compared to those who had not (35.6%).

Conclusions

- More than 30% of sexually active adults who report ever being diagnosed with genital herpes, or with chlamydia or gonorrhea in the past 12 months, have never been tested for HIV.
- This analysis does not include persons with other STDs, and some persons could have been tested for HIV prior to their STD diagnosis.
- These findings indicate missed opportunities for HIV screening of persons with diagnosed STDs, which suggests better integration of STD and HIV screening is still necessary.

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