

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,  
AND UNIVERSITY OF ARIZONA

\*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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## Institutional and structure stigma found at over half of HIV testing sites

Stigma is a barrier to HIV health seeking but it is not well understood. Most prior research has focused on stigma at the individual or social levels and on the experience of people living with HIV/AIDS.

Several studies document the relationship between individual and social expressions of stigma and HIV testing. What remains unclear is how testing sites reproduce stigma through means other than social or perhaps through means in addition or in concert with social expressions. This is important because 20% of HIV-infected population in the U.S. does not know it is infected and 40% test positive late in the disease process.

This study identifies and examines structural and institutional expressions in HIV testing to help inform the development of frameworks to understand the phenomena.

### Methodology

Data included 81 transcribed reports by ethnographer-informants who sought an HIV test at state funded testing sites in a Midwestern state.

Twenty-two HIV-negative men and women (“test visitors”),

reflecting the diversity of those at risk for this state, sought an HIV test at 33 testing sites between January to April 2011.

### Outcomes of the Study

Major findings include:

- Expressions of structural and institutional stigma were found with over half of the testing sites.
- Stigma experiences seemed to occur at three testing stages: initial encounter of the testing site, encounters at entrance or reception, and encounters with the testing staff.
- The central phenomenon was stigma: causal conditions appeared to be race/ethnicity, disclosure of unprotected sex or injection drug use, and gay male sexual orientation.
- Relative to first encounter, many test visitors reported being lost in a maze of phone menus as they tried to identify how to get an HIV test.
- From leaving a voicemail message requesting an HIV test some expressed discomfort giving personal information on an unknown voice mail and disappointment in calls not being returned.
- Test visitors reported feelings of

difference or ‘otherness’ and discomfort when encountering testing environments that did not clearly speak to HIV.

- During the testing experience visitors reported experiences of stigma and discrimination involving both judgment of behaviors and breaches of confidentiality.

### Implications for Prevention

This study found expressions of structural and institutional stigma at the majority of testing sites and at three stages of the HIV testing visit.

Whether intentional or unintentional, the discrimination had a deleterious effect on the experience of HIV testing. Ethnographers expressed feelings of otherness, shame or culpability for the problems of access as well as refusing to return to the testing site.

Findings can guide organizations seeking to reduce HIV testing barriers.

### SOURCE:

Meyerson, B., et al. (2014). Institutional and structural barriers to HIV testing: Elements for a theoretical framework. *AIDS Patient Care*, 28, 22-27.

### Many HIV+ youth have high CD4+ levels and viral loads

The objective of this study was to describe the HIV viral load levels and CD4+ cell counts of youth in 14 United States cities. Baseline HIV viral load and CD4+ cell count data were electronically abstracted anonymously without ability to link codes to individual cases.

The study looked at HIV cases in youth between 12 and 24 years old who were seeking care in 2010-2011. Among 1409 HIV-positive youth, 34% had CD4+ counts of 350 or less, 27% had cell counts from 351 to 500, and 39% had CD4+ cell counts greater than 500. The mean viral load of young MSM, about 125,000 copies/ml, was significantly higher than the typical 47,000 copies/ml found in their heterosexual counterparts.

The researchers concluded that most HIV-infected youth have CD4+ cell counts and viral load levels associated with high rates of sexual transmission. They concluded that the high viral loads may be associated with early diagnosis among youth.

SOURCE: Ellen, J. M., et al. (2014). HIV viral load levels and CD4+ cell counts of youth in 14 US cities. *AIDS*, doi: 10.1097/QAD.000000000000183

### Behaviors other than anal sex contribute to PS and UGC

Rates of syphilis, chlamydia, and gonorrhea continue to be serious STIs among men who have sex with men. The study quantified the proportion of primary syphilis (PS), urethral chlamydia (UCT) and urethral gonorrhea (UGC) attributable to sexual practices other than anal sex.

Medical records for MSM who attended the Melbourne Sexual Health Centre between July 2002 or January 2006 were examined.

A substantial and significant risk of PS and UGC for MSM who had not had anal sex was found, and this risk was not different to the risk of these infections in MSM reporting anal sex. But, the risk of UGC was significantly higher for MSM reporting anal sex. For MSM reporting anal sex, condom use was protective for all three infections.

Programs to control PS and UGC need strategies such as frequent testing and condom use promotion.

SOURCE: Nash, J. L, et al. (2013). Contribution of sexual practices (other than anal sex) to bacterial sexually transmitted infection transmission in men who have sex with men: A cross-sectional analysis using electronic health records. *Sexually Transmitted Infections*. doi:10.1136/sextrans-2013-051103.

### Drug-resistant HIV spread by persons not being treated

Swiss Cohort Study data showed that drug-resistant HIV is mostly transmitted by people not being treated for HIV. One in 10 newly infected persons in Switzerland had viruses that were resistant to one of the three classes of drugs used to treat the disease. Researchers were surprised by findings thinking resistant viruses were from patients whom treatment had failed.

SOURCE: Drescher, S, M., et al. (2014). Treatment-naive individuals are the major source of transmitted HIV-1 drug resistance in men who have sex with men in the Swiss HIV Cohort Study. *Clinical Infectious Diseases*, 58, 285-294.

### Hepatitis varied widely among Hispanics

Hepatitis infection in US varied widely among Hispanic groups but more often among Puerto Rican Hispanics. Hispanic women had lower rates than Hispanic men.

SOURCE: Kuniholm, M. H., et al. (2014). Prevalence of hepatitis C virus infection in US Hispanic/Latino adults: Results from the NHANES 2007-2010 and HCHS/SOL Studies. *Journal of Infectious Diseases*. doi: 10.1093/infdis/jit672.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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