

1530. No Decrease in HIV Risk Behaviors among Clients Repeatedly Screened for HIV in a State-Funded Counseling, Testing and Referral Program: Missed Opportunities for Risk-Reduction Interventions?

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Background. Prior research suggests that the majority of clients screened for HIV in community-based testing programs have been previously tested, and that repeat testers are more likely to report high-risk behaviors compared to one-time testers. While a main goal of many HIV counseling, testing and referral (CTR) programs is to provide counseling regarding behavioral risk reduction, the effectiveness of such counseling has not been well-described. We undertook a longitudinal study of clients utilizing CTR programs in Wisconsin to evaluate the impact of existing programs for reducing risk among repeat testers.

Methods. Between January 2008 and December 2012, all clients receiving HIV testing at a publicly-funded CTR site completed a standardized risk behavior questionnaire. We analyzed data from the subset of clients who (1) were first-time

testers and (2) returned for at least one subsequent test 12 months or more after their first test, to determine whether clients reduced their risk behavior during the year following their first HIV test. HIV risk was quantified as the number of risky behaviors reported on the risk questionnaire during the preceding 12 months. Changes in risk behavior between the first and second test date were examined using the Wilcoxon signed rank test.

Results. During the study period, 576 unique individuals received their first HIV test through CTR and later received at least one additional test 12 months later. Of these, 113 (19.6%) indicated fewer HIV risk behaviors during the year preceding the second test compared to year preceding their initial HIV test; 273 (47.4%) reported a greater number of HIV risk behaviors at the time of the second test; 190 (33%) reported no change in the number of risk behaviors. The mean number of HIV risk behaviors increased by 0.6 between the first and second test ($p < 0.001$). Compared to other risk groups, men who have sex with men (MSM) were more likely to report a decrease in risk behaviors at the time of the second test (35% vs 12.1%, $p < 0.001$). Five clients were newly HIV-positive at the time of repeat testing.

Conclusion. Most clients who repeatedly utilize CTR services continue to engage in risky behavior after receipt of a first negative HIV test. Effective approaches to promoting behavioral risk reduction are needed for repeat testers, particularly for non-MSM.

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