

# HIV Testing, Disclosure & Serosorting: What's Our Message?

Dano Beck, MSW





# **HIV testing**

**among MSM, PWID, & partners of PLWH**

# What do public health agencies recommend?

## United States Preventive Services Task Force:

- The evidence is insufficient to determine optimal intervals for HIV screening
- Repeat screening of persons who are known to be at risk for HIV infection is a reasonable approach (e.g., every 1 to 5 years based on risk)

# What do public health agencies recommend?

## Centers for Disease Control and Prevention:

- Persons at high risk for HIV infection should be screened for HIV *at least* annually

## State and local agencies:

- Many agencies recommend testing every 3-6 months, though the messages are varied

# Considerations

- What frequency is needed to diagnose HIV early and break the chain of transmission?
- When is it easy to remember to test?
- When is it convenient to get tested?
- What motivates our priority populations to get tested?

# Considerations

- What are the implications for programs?
- What are the psychological implications for clients?
- How can we frame messages so that people feel a sense of choice and empowerment?

# How often should we recommend testing?

## Options

- Every month
- Every 3 months
- Every 3-6 months
- At least once per year
  - On your birthday
  - Every June for National HIV Testing Day
  - Every December for World AIDS Day
- Other interval?

# What other messages might help promote regular testing?

## A few options

- Test when dating someone new or you have a new sex partner
- Ask for a test whenever you visit a health care provider
- Get tested if you have a fever
- Other messages?





# **HIV Status Disclosure**

## How common is disclosure among PLWH?

Nearly 3/4 of sexually active MSM receiving HIV care in Oregon reported discussing their HIV status with all sex partners in the past 12 months before having sex for the first time

# Disclosure can be challenging

- **Stigma**
- **Social norms**
- **Fear of rejection**

“I feel vulnerable and I don’t want to be rejected... it hurts... so I won’t disclose.”

– MSM, HIV+, age 40

# Disclosure can be challenging

- **Feeling it's not one's responsibility**

“They [HIV- guys] should be asking me if I have HIV.”

- MSM, HIV+, age 28

“If you ask me my status, I'll give you an honest answer. [Otherwise] it's don't ask, don't tell.”

– MSM, HIV+, age 26

# Disclosure can be challenging

- **Indirect communication**

“In my [online] profile I would put ‘I’m not hung up on certain things like age and HIV status’. That was my subtle way of saying I was positive.”

– MSM, HIV+, age 25

## How can we encourage disclosure from people who are HIV negative or of unknown status?

### Potential benefits

- Models/encourages disclosure from the partner
- Helps inform decisions about risk reduction
- Starts a conversation about sexual health



# Serosorting

# What is serosorting?

- Serosorting is attempting to limit unprotected sex to partners with the same HIV status

“It’s easier for me to have sex with someone who is positive... it just takes a lot of pressure off me.”

– MSM, HIV+, age 36



# How common is serosorting?

## HIV+ MSM

Medical Monitoring Project data suggest that up to 1 in 5 people receiving HIV care in Oregon might be serosorting.

## HIV- MSM

Research suggests that the majority of HIV-negative MSM are serosorting.

# How are people serosorting?

- HIV testing
- Direct communication
- Indirect communication

# How are people serosorting?

- Assumptions

“I think... if he wants to bareback... then he’s positive. Although we never talked about it.”

– MSM, HIV+, age 61

“Knowing that he does meth, I just already assumed that he was HIV+ or very likely to be HIV+.”

– MSM, HIV+, age 29

## What do public health agencies recommend?

### Centers for Disease Control and Prevention (CDC)

- Does not recommend serosorting

### World Health Organization (WHO)

- For HIV-negative MSM and transgender persons, WHO recommends consistent condoms over serosorting, but recommends serosorting over not using condoms

# Is serosorting effective?

- Serosorting provides limited protection
  - Less effective than condom use
  - But more effective than not using condoms

## Concerns for PLWH who serosort

- Risk of STI infection
- Risk of “superinfection”
- Risk of HIV transmission to partners due to incorrect assumptions about partners’ HIV status

## Concerns for HIV-negative persons who serosort

- Risk of HIV infection
  - Some people are unaware of their infection
  - Assumptions about a partner's HIV status may be wrong
  - Some PLWH may not disclose their HIV status
- Risk of STI infection

# Thank you!

Dano Beck  
daniel.w.beck@state.or.us  
971-673-0170