

National HIV Testing Day

June 27, 2005

Take the Test, Take Control!

Florida's Response

June 27, 2005, marked the eleventh annual observance of National HIV Testing Day (NHTD) sponsored by the National Association of People with AIDS (NAPWA-US) and the Centers for Disease Control and Prevention (CDC). The theme of this year's NHTD was "Take the Test, Take Control," underscoring the critical role of testing in HIV prevention and treatment. Early detection of HIV infection empowers individuals to take control of their lives by beginning early treatment, which can both prolong and improve the quality of one's life. Knowledge of one's serostatus also enables the individual to take control of their own potentially high-risk behaviors. By knowing their status, individuals have the power to alter their behaviors and take steps to protect themselves and their partners from infection.

The Bureau of HIV/AIDS (BHA) used a number of marketing strategies in its promotion of this year's NHTD campaign. Local press coverage was supported by a press release from the Department of Health (DOH), which highlighted the success of HIV testing programs in jails and correctional facilities throughout the state and promoted the idea of making HIV testing a more routine component of medical care.

According to the press release, "People with HIV and AIDS come into doctor's offices, clinics and hospitals all the time and are never offered an HIV test. These are missed opportunities," said [former] DOH Secretary John Agwunobi, M.D. M.B.A., M.P.H. "Routine, voluntary HIV testing can lead to less stigma related to HIV testing. Patients don't feel singled out based on their risk and are more likely to accept testing when the health care provider encourages it." "I urge everyone to get tested today. If not for yourself, do it for your partner," said Agwunobi. "I also urge our partners in the medical community to talk to your patients about HIV and to incorporate routine, voluntary HIV testing into your practice."

Currently an estimated 100,000 people in Florida are living with HIV infection. Of those infected, it is estimated that 20 to 25 percent are unaware that they are living with the virus. "The county health departments and our community-based partners have done a great job of identifying persons living with HIV and linking them with medical care and other needed services," said Tom Liberti, chief of the Bureau of HIV/AIDS. "But if we are to really turn the corner in the epidemic, we need for the private sector to test their patients routinely for HIV."

In addition, local activities were promoted on the DOH "We Make the Change" website and the DOH, BHA Internet web site. A map of Florida was posted that allowed the user to click on a specific county to display a listing of all of the registered NHTD events taking place in each county. A clock that counted down the days to NHTD also enhanced the website.

The bureau took advantage of the popularity of colored, vinyl promotional wristbands by distributing nearly 10,000 wristbands to community partners and county health departments throughout the state. The red bands, inscribed with the message "Take the Test, Take Control" in English, Spanish and Haitian-Creole, were used to promote NHTD activities and as an incentive item to either encourage people to get tested or to return for their results. The wristbands proved to be very popular among teens and young adults in Florida's communities, and encouraged many among those age groups to

get tested. Local county health departments and community partners provided additional promotional items such as food, pens, flashlights and prepaid phone cards.

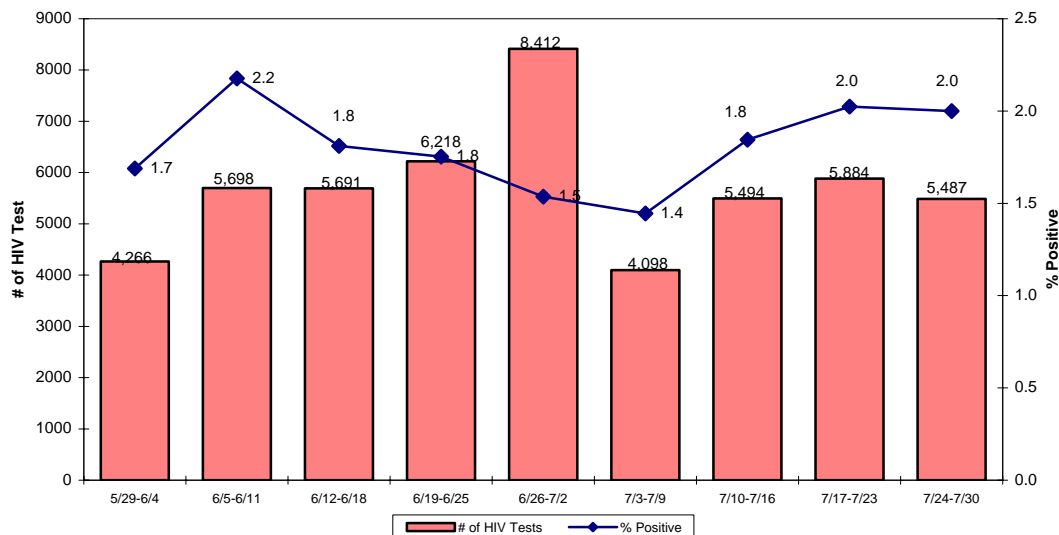
This year's NHTD was also enhanced by the expansion of rapid HIV testing throughout the state. Rapid testing, which delivers results in as little as twenty minutes, was available from several community-based organizations and county health departments for the first time this year. Organizations offering rapid testing found that the convenience of receiving same-day results was a major incentive for testing.

Perhaps one of the greatest achievements of NHTD was the collaboration between BHA staff, county health departments, and community-based partners. Early Intervention staff spent National Testing Day in communities around the state in support of local activities, including outreach and counseling and testing. Many local organizations were encouraged by the support and commitment of bureau staff in the fight against HIV/AIDS. Likewise, local county health departments collaborated with local organizations in providing manpower, incentives and testing supplies for NHTD events.

Participation in National HIV Testing Day was very high and activities were well attended across the entire state. Local events included: free testing at sites and outreach locations; increased hours of operation for additional access to testing opportunities; health fairs that offered additional testing services such as blood pressure screening; community fun days; media events; and outreach activities that targeted high-risk and traditionally underserved minority communities.

According to the data collected in the statewide HIV Counseling and Testing System, approximately 8,412 tests were conducted during the week of NHTD, 129 of which were positive (1.5%). This includes all tests conducted between 6/26/05 and 7/2/05 by registered testing sites, not only those conducted in conjunction with special events. Figure 1 shows the increase in the volume of testing during the week of NHTD compared to the number of tests performed during the weeks prior to and following the week of NHTD. There was nearly a 35% increase in testing during the week of NHTD compared to the 6,218 HIV tests conducted during the previous week (June 19-25). In the week following NHTD (July 3-9), the number of tests performed decreased by 51% (4,098), with a positivity rate of 1.4%, however this week included July 4. Although fewer people were tested during the week before NHTD, the positivity rate was higher compared with the week of NHTD (1.8% vs. 1.5%).

Figure 1. HIV Testing in the Weeks Surrounding NHTD



Of the 8,412 tests administered during the NHTD week, 42.0% (3,535) were among those who were identified as non-Hispanic blacks and 33.9% (2,850) were among non-Hispanic whites; Hispanics accounted for 21.2% (1,781). The remaining 246 (2.9%) were missing racial/ethnicity data or were recorded in the “other”¹ category. Blacks accounted for almost half of the positive tests (49%), as compared to whites (28.7%) and Hispanics (18.6%). The positivity rates were 1.8% for blacks, 1.3% for whites and Hispanics.

Over half of the HIV tests conducted during the NHTD week (5,072) were administered to females. However, males accounted for the majority of the positives (77/129), yielding a 2.3% positivity rate, as compared to 1.0% for females. There were 23 HIV tests with missing gender data with a positivity rate of 4.3%.

Young people under 20 accounted for 1,384 (16.5%) tests conducted during the NHTD week. However, they made up 4.3% of the positives, for a positivity rate of 0.1%. Persons between the ages of 20-29 represented the highest proportion of HIV tests (37.4%), yet accounted for 22 (19%) of the positive tests, yielding a 0.8% positivity rate. Persons aged 30-39 represented 19.7% of the total HIV tests, 31 of which were positive, resulting in a 2.0% positivity rate. With only 14.2% of the tests conducted, the 40-49 age group had a positivity rate of 3.6%. Persons aged 50+ accounted for 8.8% of the tests, 16 of which were positives, resulting in a 2.3% positivity rate. There were 80 tests with missing age data, and 3 were positives with a positivity rate of 3.8%.

A large number of HIV tests administered during the NHTD week were to persons who identified heterosexual sex as their highest risk behavior² (5,790 or 68.8%); of those, 37 tested positive (0.6% positivity rate). Men who have sex with men (MSM) and men who have sex with men and use injection drugs (MSM/IDU) represented 607 tests (7.2%), 42 of which were positive resulting in a 6.9% positivity rate. Persons who had a partner at risk or no identifiable risk accounted for 386 tests (4.6% of the total; 3.9% and 1.3% positivity rate, respectively). Persons who had ever been diagnosed with an STD represented 346 tests (4.1%), 8 of which were positive (2.3%). There were 7 tests with missing risk exposure data, no positives were recorded.

Community-based organizations accounted for one quarter of tests conducted during the NHTD week (2,280 or 25.9%); of those, 52 tested positive (2.4% positivity rate). 1,442 (17.4%) tests were conducted in STD clinics, of which 21 were positive (1.5% positivity rate). Family Planning clinics accounted for 1,098 tests (13.1% and 0.2% positivity rate).

During the NHTD week, 4,384 tests were recorded using blood (52.1%), 3,090 tests using OraSure (36.7%), and 938 using OraQuick (11.2%); the positivity rates were 1.4% for blood, 1.6% for OraSure, and 1.8% for OraQuick.

Table 1 shows testing data from 1996 to 2005 for the week before and the week of NHTD. In general, higher numbers of tests have been recorded in the week of NHTD as compared to the preceding week. In 2005, this increase (35%) was greater than 2004 (32%) but not as great as compared with 2003 (77%). Higher rates were reported in 1996 and 2002 during the week of NHTD, whereas in the other years, the rate was lower.

¹ The “other” category includes American Indians, Asians, and those who identified their race/ethnicity as other.

² Because individuals may engage in more than one risk behavior, each record of an HIV test is categorized according to the highest level of risk reported by the client.

Table 1. HIV testing during the week before and the week of NHTD, 1996-2005

| | Year | | | | | | | | | |
|--|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|
| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
| June 27, Day of Week | Thurs | Fri | Sat | Sun | Tues | Wed | Thurs | Fri | Sun | Mon |
| June 19-25 | | | | | | | | | | |
| Number of Tests | 4,962 | 4,695 | 4,825 | 4,694 | 4,828 | 5,490 | 5,544 | 5,812 | 5,943 | 6,218 |
| Number of Positives | 105 | 105 | 120 | 108 | 111 | 143 | 106 | 133 | 126 | 109 |
| Percent Positive | 2.1% | 2.2% | 2.5% | 2.3% | 2.3% | 2.6% | 2.0% | 2.3% | 2.1% | 1.8% |
| June 26 - July 2 | | | | | | | | | | |
| Number of Tests | 5,169 | 5,300 | 5,409 | 6,136 | 6,972 | 8,763 | 9,318 | 10,302 | 7,826 | 8,412 |
| Number of Positives | 130 | 111 | 94 | 138 | 122 | 174 | 211 | 174 | 116 | 129 |
| Percent Positive | 2.5% | 2.1% | 1.7% | 2.2% | 1.7% | 2.0% | 2.3% | 1.6% | 1.5% | 1.5% |
| <i>Comparison between the week of NHTD and the previous week</i> | | | | | | | | | | |
| Number of Tests | +207 | +605 | +584 | +1,442 | +2,144 | +3,273 | +3,774 | +4,490 | +1,883 | +2,194 |
| Number of HIV+ Tests | +25 | +6 | -26 | +30 | +11 | +31 | +105 | +41 | -10 | +20 |

A comparison of testing levels for the week of NHTD in 2004 and 2005 by area¹ is shown in Table 2. There was an increase of 7.5% in testing from 2004 to 2005; from 7,826 tests to 8,412. More than half of the areas had increases in testing from 2004 to 2005, the highest increase was observed in area 10 followed by areas 12 and 2A. The biggest decrease in testing was observed in areas 11A and 13. The positivity rate decreased in 10 of the 17 areas and increased in the other seven.

Table 2. Comparison of testing by area on June 26-July 2 in 2004 and 2005

| Area | Tested 2005 | Tested 2004 | % Change in # Tested from 2004 | Positivity Rate 2005 | Positivity Rate 2004 |
|--------------|--------------|--------------|--------------------------------------|-------------------------|-------------------------|
| 1 | 311 | 308 | 1.0 | 0.3% | 1.0% |
| 2A | 189 | 137 | 38.0 | 0.5% | 1.5% |
| 2B | 416 | 317 | 31.2 | 0.5% | 0.9% |
| 3 | 375 | 290 | 29.3 | 1.1% | 1.0% |
| 4 | 597 | 678 | -11.9 | 1.2% | 1.9% |
| 5 | 406 | 462 | -12.1 | 1.2% | 1.3% |
| 6 | 695 | 611 | 13.7 | 1.9% | 1.1% |
| 7 | 734 | 780 | -5.9 | 1.4% | 1.0% |
| 8 | 502 | 427 | 17.6 | 0.6% | 1.9% |
| 9 | 656 | 670 | -2.1 | 2.3% | 1.0% |
| 10 | 1,407 | 738 | 90.7 | 2.0% | 2.6% |
| 11A | 978 | 1,256 | -22.1 | 3.1% | 2.1% |
| 11B | 91 | 78 | 16.7 | 1.1% | 1.3% |
| 12 | 265 | 187 | 41.7 | 0.8% | 0.5% |
| 13 | 286 | 360 | -20.6 | 0.3% | 0.6% |
| 14 | 241 | 260 | -7.3 | 2.5% | 1.9% |
| 15 | 263 | 267 | -1.5 | 0.0% | 0.4% |
| Total | 8,412 | 7,826 | 7.5 | 1.5% | 1.5% |

- ⁱ
- Area 1-Escambia, Santa Rosa, Okaloosa, Walton
 - Area 2A-Holmes, Washington, Bay, Jackson, Calhoun, Gulf
 - Area 2B-Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, Taylor
 - Area 3-Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Levy, Union, Bradford, Alachua
 - Area 4-Baker, Nassau, Duval, Clay, St. Johns
 - Area 5-Pasco, Pinellas
 - Area 6- Hernando, Hillsborough, Manatee
 - Area 7-Seminole, Orange, Osceola, Brevard
 - Area 8-Sarasota, Charlotte, Lee, Collier, Desoto, Glades, Hendry
 - Area 9-Palm Beach
 - Area 10-Broward
 - Area 11A-Miami-Dade
 - Area 11B-Monroe
 - Area 12-Flagler, Volusia
 - Area 13-Citrus, Marion, Sumter, Lake
 - Area 14-Polk, Hardee, Highlands
 - Area 15-Okeechobee, Indian River, St. Lucie, Martin

Conclusion

Once again Florida has conducted a successful National HIV Testing Day. This event would not have been possible without the collaborative efforts of local health departments, community-based organizations, and faith-based organizations. This year the NHTD was enhanced by the expansion of rapid HIV testing throughout the state. Many local organizations offering rapid testing found that the convenience of receiving same-day results was a major incentive for testing. Also during this year CDC's Advancing HIV Prevention initiative continues to emphasize strategies for finding persons who don't know they are infected with HIV. Given the focus on 'quality' over 'quantity,' HIV testing has become more targeted, risk screening has improved, and testing is done in a way that maximizes the proportion of persons who receive their test results. As the proportion of persons who know their HIV status in Florida continues to increase, it is more important than ever to implement creative, effective strategies to ensure that everyone has the opportunity to learn their HIV status and be linked to needed services.