

# National HIV Testing Day

June 27, 2004

It's Better to Know!

## Florida's Response

June 27, 2004, marked the tenth annual 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). Underscoring the critical role that testing plays in HIV prevention and treatment, this year's theme was "**It's Better to Know.**" Knowing one's status is essential as early detection of HIV allows for early treatment, which can both prolong and improve the quality of life. Negative results underline the importance of reviewing one's risk and modifying behaviors in order to decrease the chances of infection.

Dr. Agwunobi, Secretary of the Florida Department of Health, opened this year's testing day activities in Fort Lauderdale, with a press conference at the Broward County Sheriff's Office Jail Facility. Dr. Agwunobi spoke about how it was critical for everyone to know their HIV status. Data show that people who know they are infected take steps to prevent the transmission of the virus to their partners. He added that in Florida about 100,000 people are infected with HIV and 25% of them don't know it.

The Bureau of HIV/AIDS utilized a number of marketing strategies in its promotion of this year's NHTD campaign. Pre-paid phone cards were utilized to encourage clients to return for their test results. The department's "We Make the Change" website provided a comprehensive listing (in both English and Spanish) of events being held throughout the state. Participation was very high in all areas of state. Examples of activities include the following:

- **AREA 1** – Collaboration between area county health departments (CHD) and local agencies to offer free anonymous and confidential testing events with music and incentives such as phone card/key tags. Testing was provided throughout the week at various locations in predominately rural areas.
- **AREA 2** – Area CHDs, AIDS services organizations (ASOs) and CBOs offered free anonymous and confidential testing events. Local radio and television news coverage announced locations in which testing was being provided.
- **AREA 3** - Local CHDs, CBOs, and faith-based organizations (FBO) provided free anonymous and confidential testing at various sites. By raising awareness of the importance of testing through local radio, organizations outreached and tested a diverse population.
- **AREA 4** – Local FBOs, CBOs and CHDs provided community outreach and free confidential/anonymous testing at various sites including local churches. Local CHDs and CBOs concentrated their efforts in communities with high HIV prevalence.
- **AREA 5** – Local CHDs partnered with CBOs to target at-risk individuals outside of traditional settings (e.g., local community park) offering free testing and education. Local

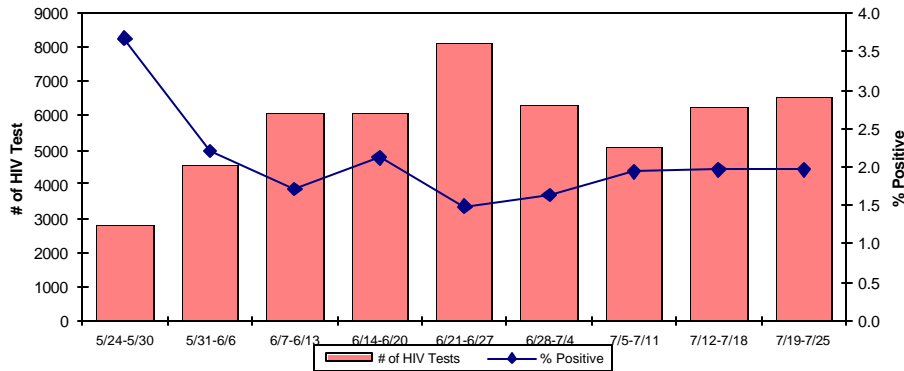
television and radio stations assisted with informing area residents of testing locations and times. Incentives included phone cards and other donated items.

- **AREA 6** – Collaborative efforts were made between CHDs, CBOs, ASOs, and FBOs to provide free anonymous or confidential testing within numerous ethnic communities. Several agencies held activities during the weekend and collaborated with resources within the community that could provide other pertinent health screenings for cholesterol, diabetes, syphilis and tuberculosis.
- **AREA 7** - Community agencies and CHDs provided free anonymous confidential testing and literature, as well as refreshments and incentives. Advertisements and public service announcements were sent to local TV and radio stations to generate awareness.
- **AREA 8** – Collier CHD held a health fair which included blood pressure screening, blood sugar testing, HIV testing, immunizations and information about communicable diseases. An article was placed in the daily paper publicizing the success of the event. Incentives were provided to encourage testing. Other CHDs and CBOs conducted events to encourage testing, collaborating with various neighborhood service organizations and promoting activities through TV and radio.
- **AREA 9** – The CHD and various CBOs collaborated to conduct outreach and testing. Advertisements and public service announcements were utilized to inform the community of the various locations and extended hours for testing.
- **AREA 10** – On June 24<sup>th</sup>, Broward was the official launch site for statewide NHTD activities with a press conference held at Broward County Sheriff's Office Jail Facility. Dr. Agwunobi spoke on the impact of knowing one's status and new testing technologies, namely OraQuick. Area 10 events were diverse and extended throughout the week to increase awareness about testing, education and access to medical care. CHDs and CBOs collectively provided HIV testing and counseling services within the community.
- **AREA 11A and 11B** - CHDs and various local CBOs, FBOs and colleges worked together to offer anonymous and confidential HIV testing, hepatitis screening and safer sex kits. A former NFL player had been invited and provided an inspirational prevention message to the audience that attended the health fair. Phone cards were used as incentives to increase the return rate for testing.
- **AREA 12** - CBOs, FBOs and CHDs provided free anonymous and confidential testing, literature, refreshments and incentives. Advertisements and public service announcements were sent to local TV and radio stations to generate awareness.
- **AREA 13** - Local CHDs, CBOs, and FBOs provided free anonymous and confidential testing at various sites. Local television and radio stations repeated public service announcements to increase awareness and the importance of knowing one's status.
- **AREA 14** - Partnerships with CHDs were utilized by agencies needing assistance in providing anonymous and confidential testing. Extended hours and community outreach was conducted to allow the community to participate in events.

- **AREA 15-** Local CHDs and CBOs collectively provided free confidential testing and extended hours for greater access to services. CBOs provided incentives and phone cards to increase return rates and community awareness.

According to the data collected in the statewide HIV Counseling and Testing System, approximately 7,826 tests were conducted during the week of NHTD<sup>1</sup>, 116 of which were positive (1.5%). This includes all tests conducted between 6/21/04 and 6/27/04 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 32% increase in testing during the week of NHTD compared to the 5,943 HIV tests conducted during the previous week (June 14-20). In the week following NHTD (6/28-7/4), the number of tests performed decreased by 22% (6,105), however this week included July 4. Although less people were tested during the week before and after NHTD, the positivity rates were higher compared with the week of NHTD (2.1% and 1.6% respectively).

Figure 1. HIV Testing in the Weeks Surrounding NHTD



Of the 7,826 tests administered during the NHTD week, 39.3% (3,072) were among those who were identified as non-Hispanic blacks and 35.7% (2,795) were among non-Hispanic whites; Hispanics accounted for 21.4% (1,674). The remaining 285 (3.6%) were missing racial/ethnicity data or were recorded in the “other”<sup>2</sup> category. Blacks accounted for more than half of the positive tests (52.6%), as compared to whites (27.6%) and Hispanics (18.1%). The positivity rates were 2.0% for blacks, 1.1% for whites and 1.3% for Hispanics.

Over half of the HIV tests conducted during the NHTD week (4,498) were administered to females. However, males accounted for the majority of the positives (77/116), yielding a 2.5% positivity rate, as compared to 0.7% for females. There were 295 HIV tests with missing gender data with a positivity rate of 2.7%.

Young people under 20 accounted for 1,482 (18.9%) tests conducted during the NHTD week. However, they made up 6% of the positives, for a positivity rate of 0.5%. 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

<sup>1</sup> Since NHTD was on a Sunday and some of the labs were closed, it was decided to look at data from the entire week. (6/21-27/04).

<sup>2</sup> The “other” category includes American Indians, Asians, and those who identified their race/ethnicity as other.

aged 50+ accounted for 8.8% of the tests, 16 of which were positives, resulting in a 2.3% positivity rate. There were 77 tests with missing age data, no positives were recorded.

A large number of HIV tests administered during the NHTD week were to persons who identified heterosexual sex as their highest risk behavior<sup>3</sup> (5,145 or 65.7%); of those, 27 tested positive (0.5% positivity rate). Men who have sex with men (MSM) and men who have sex with men and use injecting drugs (MSM/IDU) represented 569 tests (7.3%), 38 of which were positive resulting in a 6.7% positivity rate. Persons who had ever been diagnosed with an STD accounted for 466 tests (6%, 2.1% positivity rate). Persons who identified as intravenous drug users (IDU) represented 289 tests (3.7%), 3 of which were positive (1.0%). There were 17 tests with missing risk exposure data and 7 of them were positive.

Table 1 shows testing data from 1996 to 2004 for the week before and the week of NHTD. In general, higher numbers of tests have been recorded in the week of NHTD (June 21-27) as compared to the preceding week (June 14-20). However, in 2004, this increase was not as great compared to prior years. There was a difference of 1,864 tests during those two weeks. Overall, positivity rates during the week of NHTD have not been significantly different from those of the week prior. A higher rate was reported in 1996 and 2002 during the week of NHTD, whereas in the other years, the rate was lower or remained the same.

**Table 1. HIV testing during the week before and the week of NHTD, 1996-2004**

	Year								
Time of Tests	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>June 14-20 (Preceding Week)</b>									
Number of Tests	4,962	4,695	4,825	4,694	4,828	5,490	5,544	5,812	5,943
Number of Positives	105	105	120	108	111	143	106	133	126
Percent Positive	2.1%	2.2%	2.5%	2.3%	2.3%	2.6%	2.0%	2.3%	2.1%
<b>June 21-27 (NHTD Week)</b>									
Number of Tests	5,169	5,300	5,409	6,136	6,972	8,763	9,318	10,302	7,826
Number of Positives	130	111	94	138	122	174	211	174	116
Percent Positive	2.5%	2.1%	1.7%	2.2%	1.7%	2.0%	2.3%	1.6%	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
Number of HIV+ Tests	+25	+6	-26	+30	+11	+31	+105	+41	-10

<sup>3</sup> Because individuals may engage in more than one risk behavior, each record of an HIV tests is categorized according to the highest level of risk reported by the client.

A comparison of testing levels for the week of NHTD in 2003 and 2004 by area<sup>i</sup> is shown in Table 2. There was an overall 24.0% decrease in testing from 2003 to 2004; from 10,304 tests to 7,826. Almost all areas had decreases in testing from 2003 to 2004. Only two areas had increases in 2004 compared with the year before, areas 1 and 13.

**Table 2. Comparison of testing by area on June 24-30 in 2003 and 2004**

Area	Tested 2004	Tested 2003	% Change in # Tested from 2003	Positivity Rate 2004	Positivity Rate 2003
1	308	300	2.7	1.0%	0.0%
2A	137	256	-46.5	1.5%	0.0%
2B	317	415	-23.6	0.9%	0.7%
3	290	523	-44.6	1.0%	1.0%
4	678	905	-25.0	1.9%	2.4%
5	462	531	-13.0	1.3%	0.9%
6	611	827	-26.1	1.1%	0.6%
7	780	934	-17.2	1.0%	2.2%
8	427	569	-25.0	1.9%	0.9%
9	670	767	-12.5	1.0%	0.9%
10	738	1,632	-54.9	2.6%	2.3%
11A	1,256	1,457	-18.7	2.1%	3.4%
11B	78	112	-30.4	1.3%	1.8%
12	187	195	-4.1	0.5%	1.0%
13	360	275	30.9	0.6%	1.8%
14	260	334	-22.2	1.9%	1.2%
15	267	272	-1.8	0.4%	0.4%
<b>Total</b>	<b>7,826</b>	<b>10,304</b>	<b>-24.8</b>	<b>1.5%</b>	<b>1.7%</b>

<sup>i</sup> 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

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## **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 has seen a major shift in the way HIV prevention is conducted around the country. Implementation of 'Advancing HIV Prevention' has brought about significant changes in the way we do HIV counseling, testing and linkage in Florida. This CDC initiative emphasizes creative strategies for finding persons who don't know they are infected with HIV. Given the focus on 'quality' over 'quantity', it is not surprising that fewer tests were conducted during the week of NHTD than in previous years. 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.