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An Overview of 'Positive Prevention' Approaches to HIV Risk Reduction among HIV- infected MSM

cúdate '94

mi amigo es positivo
yo le quiero.



Siempre a mano



HIV in the United States

- There are an estimated **1.2 million** people living with HIV in the United States¹
- About **75%** know their serostatus²
- Those unaware of their status are **3.5 times more likely** to engage in HIV transmission risk behavior²



Prevention with HIV Positives

- 70% of people who know they are living with HIV are sexually active¹
- Many engage in sex that puts others at risk (range of 10% to 60%)
- Nearly half of new infections result from people who know they have HIV⁴
- Prevention with positives is now a central component of CDC's approach to fighting the HIV epidemic⁵

¹Crepaz & Marks, 2002; ²Kalichman, 2000; ³Weinhardt et al., 2004;

⁴Crepaz, Marks, & Janssen, 2006; ⁵CDC, 2003;



Prevention & HIV Positive MSM

- Men who have sex with men (MSM)
 - CDC found that in 2005, new HIV diagnoses among MSM rose by 13%
 - 56% of all new HIV infections in the U.S.
 - Are the only group with an increasing incidence of new HIV infections
- Secondary prevention interventions have not yet been *comprehensively* tested with HIV infected MSM



Meta Analyses of Secondary Prevention Interventions

- Two reviews to date^{1,2}
 - 18 studies
 - 3934 HIV-positive participants
 - Young
 - Mostly heterosexual
 - 50-100% on HIV treatment
 - Interventions ranged 2 wks to 1 yr



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Meta Analyses Conclusions

HIV prevention interventions had little effect on:

- Injection risk behavior
- Reducing number of partners
- Reducing overall sexual behavior



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Meta Analyses Conclusions

- However, HIV prevention interventions were effective in
 - Increasing condom use
 - Decreasing substance use
 - Decreasing incidence of other STIs



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Effective Secondary Prevention Interventions

- Individually focused
- Were delivered by professionals
- Had motivational/behavioral skill training components
 - E.g. condom use and condom negotiation



Effective Secondary Prevention Interventions (cont.)

- Integrated into care setting
 - I.e. where PLWH receive routine services/medical care
- Addressed environmental issues
 - E.g. mental health, medication adherence, sexual risk behavior
- *Few MSM participants...*



MSM & Effective Interventions

- Four studies in the meta analyses featured primarily MSM participants
 - Brief, one-time sessions
 - Lengthy interventions
 - Average of 12 sessions over a 14-week period
 - Informational, motivational, OR behavioral components
 - People who had been living with HIV for an average of 5.5 years (range 2 to 7yrs)



MSM & Intervention Results

- No significant difference in unprotected intercourse at follow-up was found for interventions that were
 - Brief
 - Information only
 - Done via telephone or peer-led
 - Were “positively framed”
 - I.e. Positive consequences of safer-sex



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MSM & Intervention Results

- The two effective interventions
 - Were Longer
 - Had booster sessions over time
 - Accounted for mental health issues
 - Combined information with behavioral/motivational skills



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MSM & Intervention Results

- The two effective interventions also
 - Accounted for life complexities
 - Addressed more prominent participants concerns (housing, employment, safety)
 - Were integrated into care settings/service agencies
 - Used a “negative consequences” approach
 - I.e. negative consequences of unsafe sex



Prevention & HIV Positive MSM

56% of all new HIV infections in the U.S.

- Are the only group with an increasing incidence of new HIV infections
- Secondary prevention interventions need to be tested with HIV+ MSM, as well as the risk factors specific to this population