

An investigation into the experiences' of MSM when engaging in the partner notification process three months following an HIV diagnosis

Jonathan Roberts, Eileen Nixon, Nicky Perry, Daniel Richardson, Nigel Sheriff.


The Lawson Unit
LEADING HIV CARE FOR BRIGHTON



University of Brighton

Brighton and Sussex
University Hospitals



NHS Trust

Disclosures

- **Educational Grant received from ViiV to attend NHIVNA Conference**

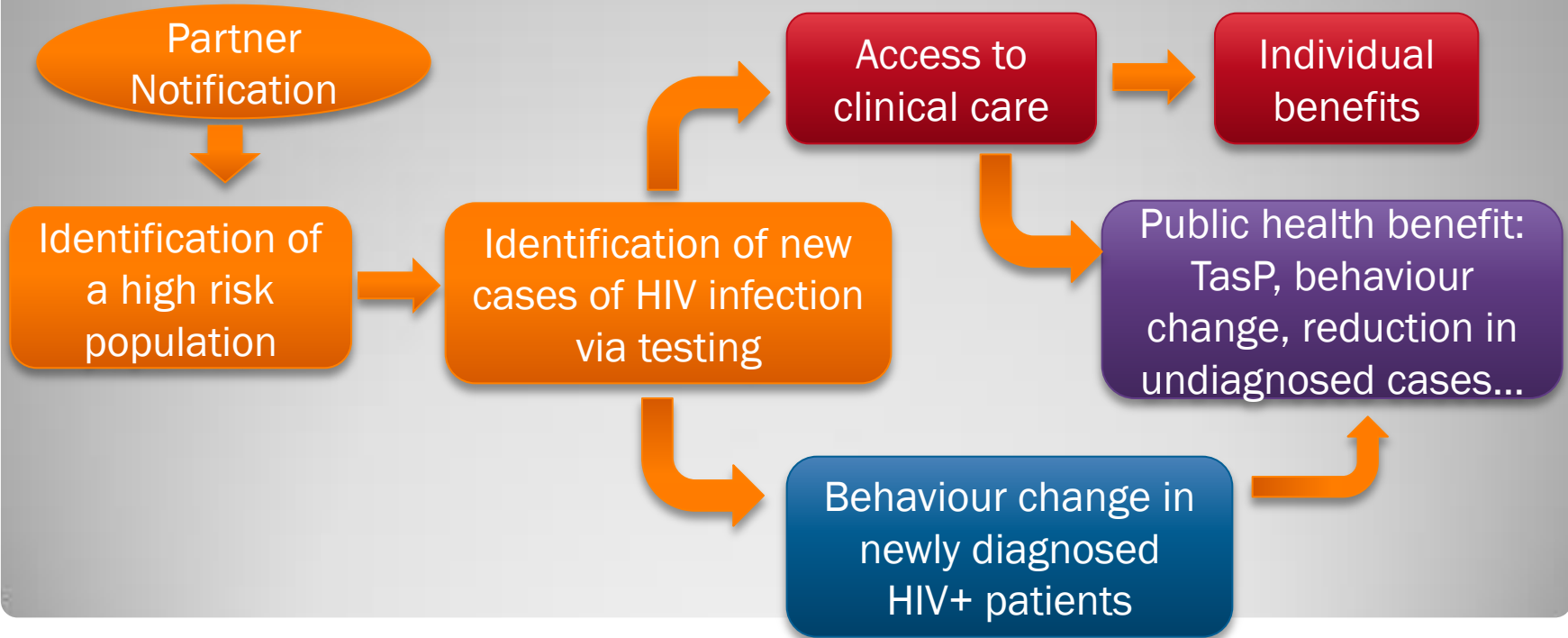
Rationale

Research Questions

Methods

Results

Conclusions



HIV PN

- Limited Research - EDCPC (2013)
- Audit based outcome/process (2012)
- BHIVA/BASSH/SSHA/ NAT report on HIV PN : A neglected intervention (May 2012)
- Limited qualitative research into lived experiences



British HIV Association
BHIVA

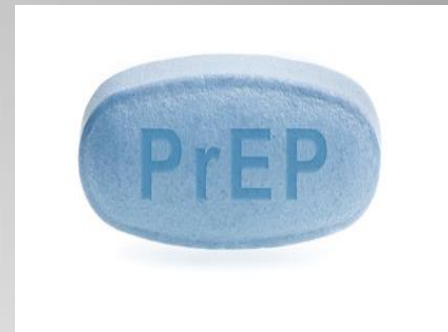
SSHA
Society of Sexual Health Advisers

BASHH



Implications of HIV PN avoidance

- **Onward Transmission**
- **Increased HIV diagnosis**
- **Morbidity & Mortality**



Research question

To explore the experiences of newly diagnosed HIV + MSM when undertaking partners notification with HCPs and partners

Aim: To identify the facilitating or prohibiting factors from HIV positive MSM when undertaking partner notification following their HIV diagnosis



Study design

- **HIV positive MSM diagnosed > 3/12**
- **Aged ≥ 18 years**
- **Single-site (specialist HIV clinic) in UK**
- **Semi Structured Interviews**
- **Convenience sample**



Framework Analysis

- **Familiarisation**
- **Identifying a thematic framework**
- **Indexing**
- **Charting**
- **Mapping and interpretation**

Demographics of MSM (N=10)



Age	Median
20 -53 years old	37 years old
Ethnicity	Number
White UK	8

Clinical Profiles of MSM (N=10)

	<i>Median</i>
Time since HIV diagnosis Range 3/12 – 12/12	8 months
CD 4 count @ diagnosis range 159- 620	430
Viral Load Range 4,768- 10,000,000	1,349,644

Clinical Profile (N=10 men)

	<i>Number</i>
On ARVs	9
Diagnosed at STI clinic	4
RMP @ diagnosis	6



Master Themes	Summary of findings
Perceptions of the PN Process	Previous experience of PN enhanced understanding, with most participants recalling a positive experience, although some stated the embarrassment of disclosure was an issue. There was a general acceptance and an awareness of necessity to initiate PN with immediacy given the potential risk of onward transmission.
Disclosure Issues	Stigmatization and criminalisation remain key concerns for newly diagnosed individuals.
Self-assessment of risk	The majority of participants were able to identify the potential source of HIV acquisition and partners that could be "at risk" or infected.
Social responsibility	Most expressed a moral duty to inform and disclose ones HIV status to people who may have been at risk.
Resources for HIV PN	All expressed a need for additional education and resources around HIV PN, suggesting that a greater understanding would give people an awareness of it importance from a public health position.

Perceptions of the PN Process

"No I think it was definitely the right time because had I gone a month and then somebody had approached me about partners, I would then have had to deal with potential guilt of the fact that I've infected someone else and they've had it for an extra month and they've not known about it." 001



Disclosure Issues



"I just couldn't tell them, I've got HIV, cos I think there is still a stigma around the whole situation of someone having HIV."

PN 004

Self-assessment of risk

*" No. I think I know where it came from.
And if it is the case, then I think that
person knew that they had it as well, yeh.
If I look back and look at how the whole
situation was, because I can see now that
something wasn't right."*

PN 009



Social Responsibility

“ I mean it’s one of those things where there never is an appropriate time and if you leave it longer, people are going to be infecting other people as well”
PN 005



Resources for HIV PN

*" There could be,
I mean you could have leaflets on past
experiences of people that have done it or
ways in which they've done it. Obviously
like when I told (name) who was the guy
that I told that I was dating, I was a bit
like, how the hell am I going to do this,
because I didn't really want to do it face
to face..."*

PN 008



Conclusion

- **HIV PN is a valued and acceptable to MSM diagnosed recently**
- **Support from HCPs is important to MSM in this process**
- **MSM may not objectively recognise all partners who require notification and may leave some partners untested.**

Acknowledgements

Involvements/ support

- **Study participants and the clinic staff**

Funders

- **National Institute of Health Research (NIHR)**