PARTNER SERVICES COMPLEMENT ROUTINE TESTING FOR EARLY HIV DIAGNOSIS AMONG OLDER ADULTS

Linley et al. report that late diagnoses are more common among older persons newly diagnosed with HIV than among younger persons nationwide and conclude by emphasizing the need for full implementation of the Centers for Disease Control and Prevention’s 2006 recommendation for routine HIV screening for persons aged 13 to 64 years. In New York City, we also noted a higher proportion of concurrent (within 31 days) HIV/AIDS diagnoses among older persons (37% among persons aged ≥50 years vs 22% overall in 2010). While we agree that routine HIV screening is key to making diagnoses of HIV among older persons earlier in the course of their infection, partner services (PS) for all persons newly diagnosed with HIV, including those aged 50 years or older, are also important.

Challenging the perception of an “asexual” older age, we have found that persons aged 50 years or older are well represented both among the 4678 persons interviewed for PS from 2007 to 2011 (890 or 19% were ≥50 years old at interview) and among those persons named as recent sex partners by all PS clients during the same time period (8% of 6371 named were aged ≥50 years). Of the 890 newly diagnosed persons aged 50 years or older we interviewed for PS, 89% reported sexual activity before their HIV diagnosis, and more than half (52%) reported having had at least one sex partner in the year before diagnosis. There were 410 named partners who were 50 years old or older located for HIV exposure notification. Of those located, 183 (45%) were previously diagnosed with HIV infection, and 227 (55%) had negative or unknown HIV status at notification. Of the notified partners aged 50 years or older with negative or unknown HIV serostatus, 81% (183/227) were tested for HIV, and among them 20 (11%) were newly diagnosed with HIV as a result of PS. Of these 20 newly diagnosed persons aged 50 years or older, 4 (20%) were concurrently diagnosed with HIV/AIDS. Late diagnoses were averted in 16 (80%) of 20 older persons diagnosed following PS, and they were linked to care at an earlier stage of disease.

While routine HIV screening in clinical settings can accelerate time to diagnosis in persons aged 50 years or older, PS complements this approach, enabling HIV testing of older adults with recent HIV exposure and HIV diagnoses early in the course of infection.

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T. R. Webster conceptualized and conducted the data analysis and drafted the letter. C.-C. N. Udeagu gave advice on the analysis and provided comments on drafts of the letter. C. W. Shepard reviewed and commented on drafts of the letter.

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References