

C.S.T.E. TRIP REPORT: HIV/AIDS BEHAVIORAL SURVEILLANCE INITIAL
PRINCIPAL INVESTIGATORS MEETING – At request of CDC/NCHSTP/DHAP, Ida
Onorato

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This was a working meeting of the staff PIs of the 15 urban AIDS programs for the newly awarded HIV Behavioral Surveillance Cooperative Agreement. Representatives of the former Young Men's Survey sites (YMS, a behavioral study of young gay men) and of HITS (HIV testing study) were also present as resources.

This Cooperative Agreement finally implements the beginning of HIV behavioral surveillance, which has been discussed and expected for at least the last 6 years. Such surveillance of ongoing risk behaviors in the highest-risk subgroups is essential if we are to be able to design our effective prevention programs to "get ahead of the epidemic" and also to evaluate the effectiveness of our prevention programs. Such behavioral surveillance should also be able to sample hard-to-reach or "hidden" populations such as married bisexual men ("men on the down-low") or injection drug users (IDU). SHAS does not really provide such data well enough because it surveys persons already infected, often infected years before interview, and because its sampling design employs essentially a convenience sample in a limited number of regions if the US (I can say this because SC is a SHAS state).

Dr Onorato discussed the political background for this new initiative: CDC (and all of us) are under substantial and increasing pressure from the federal level to demonstrate that HIV prevention programs are making a difference. CDC cannot ignore this imperative longer. The new HIV incidence initiative and behavioral surveillance are their strategies for measuring in a scientifically valid way the disease incidence impact, and the behavioral outcomes, that we expect from our prevention programs. Thus there is pressure to get these two initiatives off the ground and generating data ASAP, hopefully by the end of 2003.

CDC/DHAP is funding 15 urban sites in FY 2003 and plans to fund 5 more in 2004 and hopefully 5 more in 2005, with the goal of building the infrastructure to do ongoing behavioral surveillance in most or all the major AIDS-affected states in the reasonably near future.

The HIV Behavioral Surveillance programs (HBSP) will have a specific focus each year in a 3-year cycle, with a focus on men who have sex with men (MSM), IDUs, and heterosexuals in succeeding 3-year cycles. The initial focus for the 15 new awarded sites will be on MSM in 2003-2004, and will use a modification of the methods of the YMS (see above), which employed venue-based sampling using randomly selected time-space blocks. The most effective venues were gay-oriented bars and dance clubs, and these will probably be the focus for MSM surveillance. The group agreed however that this time, this sampling method should be supplemented by adding a smaller number of men selected using the new "Respondent-Driven Sampling" method (RDS) which has the advantages of reaching "hidden" subpopulations successfully, is more representative of the population targeted, and can yield estimates of the size of such hard-to-reach subpopulations. It was also agreed that RDS should probably be the main sampling method for the IDU surveillance planned for the next year. There will also be more emphasis on ethnographic studies of these populations.

Conclusions: 1) This new initiative will be of substantial benefit to many CSTE member states if it is adequately funded by CDC and Congress. We should advocate for continued expansion of these Cooperative Agreements beyond the initial 15 urban sites.

2) At issue was the suggestion that such surveillance projects might be contracted out rather than done by health department personnel, in order to get going quickly. However, this would not build health department infrastructure, and I suggest that CSTE's position should be to encourage such core surveillance to be done by health department staff rather than contractors whenever possible.