Abstract category: B8 HIV testing (including new algorithms, rapid/point of care testing and strategies)

Title: Best Practices for Incentivized Social Network Recruitment for HIV Case Finding

Authors: K. Jacobson¹, S. Arora², S. Jain³, S. Morris⁴, K. Corado⁵, M. Dube⁶, R. Bluthenthal⁷, F. Wan⁸, R. Haubrich⁹, California Clinical Trials Group Team

Institution(s): 1California Clinical Trials Group, Department of Family Medicine, Ventura, United States, ²California Clinical Trials Group, Los Angeles County + University of Southern California, Emergency Medicine, Los Angeles, United States, ³University of California San Diego, Biostatics Core, San Diego, United States, ⁴California Clinical Trials Group, University of California, San Diego, Medicine, Division of Infectious Disease, San Diego, United States, ⁵California Clinical Trials Group, Harbor University of California Los Angeles, Internal Medicine, Division of Infectious Disease, Long Beach, United States, ⁶California Clinical Trials Group University of Southern California, Internal Medicine Division of Infectious Disease, Los Angeles, United States, ⁷California Clinical Trials Group University of Southern California, Preventative Medicine, Los Angeles, United States, 8 California Clinical Trials Group Data Unit, University of California, sand Diego, CCTG Data Unit, San Diego, United States, 9 California Clinical Trials Group, University of California San Diego, Internal Medicine Division of Infectious Disease, San Diego, United States

Text: Background: Social network recruitment for HIV testing may aid in the identification of more unidentified HIV- infected individuals. Previous work has shown an HIV prevalence of over 5% within social networks, making this a significant at risk cohort. We evaluated the feasibility of social network recruitment for HIV case finding and define factors that may facilitate successful social network recruitment.

Methods: California Clinical Trials Group (CCTG) 596 provides a cash incentive for new/returning-to-care HIV-infected subjects, as well as high-risk HIV uninfected subjects to function as Index Peer Recruiters (IPR) to recruit individuals from their social networks to have an HIV test, (Network Tested Subjects; NTS). In an attempt to increase recruitment, we explored \$10 versus \$20 incentives and recruiting only from existing study participants versus a general HIV clinic population.

We compared two outcome metrics: i) rate of IPR and ii) NTS successfully enrolled per calendar study month (subjects per month) over study periods where changes were made in the protocol to augment recruitment. We evaluated rates over three study periods: i) 9 months of the \$10 incentive protocol; ii) 3 months with increase in the incentive to \$20; and iii) and 3 months of an expanding IPR possible subject pool to include all HIV clinic

Results: During the period when we offered a \$10 incentive, few subjects agreed to serve as IPRs and even fewer came in for testing, (4.3 IPR and 1.1 NTS per month). Increasing the incentive to \$20 had a slightly higher enrollment of IPR (6.3/mo, p= 0.4) but only a small impact on recruited NTS (3.3 /mo, p=0.32). Expanding recruitment to all patients at a Los Angeles County HIV clinic with the same \$20 incentive increased Index Peer Recruiters (9 /mo, p=.82) and markedly impacted the number who were willing to be recruited in for testing (17/mo, p=0.27).

Conclusions: Social network recruitment for HIV testing success is somewhat influenced by incentive value but is highly driven by finding the appropriate recruiter population.

Country of research: United States

Key Population: Partners/family of People living with HIV, People living with HIV (PLHIV)

Ethical research Yes declaration: