

CLUSTERS AND TRANSMISSION NETWORKS

Background

Georgia DPH routinely collects and analyzes HIV data including information about the specific virus strain. HIV virus strain data is captured through drug resistance testing. People who have very similar strains of HIV virus are part of a **transmission network**, also referred to as a “cluster”.

People who are part of these clusters are only a portion of all the people in the transmission network. Some people in the transmission network are not yet diagnosed or haven't yet started HIV care.

Why do transmission networks matter?

When people have highly similar strains of HIV virus, that means that transmission has happened very rapidly among them. It also means that HIV prevention and care have not effectively reached that community. Recognizing these networks helps Public Health identify areas where improvements are needed, and augment services related to HIV prevention.

Transmission networks **cannot** provide information about the direction of transmission or about links between individuals.

HOW ARE DATA COLLECTED?

When a person with HIV initiates HIV care, their medical provider orders an HIV drug resistance test to find out if their virus strain is resistant to any drugs/medications. Reference laboratories report results to providers but also to Public Health agencies, and these are analyzed for similarities monthly. The genetic information that is collected is **not** the genetic information of the person, but the genetic information of the HIV virus.

Health Departments look after these networks and determine whether there are new clusters or if the current networks are expanding. The data are stored securely, along with all other HIV data. The confidentiality of our community is of the highest priority.

HOW DOES PUBLIC HEALTH USE THE INFORMATION?

The goal of collecting this information is to increase community access and engagement to HIV-related services, and ultimately stop transmission within these networks.

Efforts are made to ensure that cluster members get a Partner Services (contact tracing) interview if they were diagnosed recently. These activities may help identify network members who are HIV positive and had not yet been diagnosed,

as well as people who would benefit from HIV Prevention Services, such as Pre-exposure prophylaxis (PrEP), and individuals who might need help re-engaging in care. For clusters that continue to grow, or those with special characteristics indicating potential for even more rapid growth (for example members include people who inject drugs), additional efforts are initiated to understand more about what is contributing to ongoing HIV transmission.

CLUSTER DETECTION AND RESPONSE IN ACTION—METRO ATLANTA 2022

Background

In 2021 GA DPH HIV Surveillance staff noted several clusters in metro Atlanta that involved all or mostly Latino/Hispanic gay and bisexual men. This was a new pattern in Georgia, and one of the clusters grew to be the largest in the state, including 45 people as of July 2022.

Because of the size and continuing growth of this cluster, we felt that we needed to learn more about factors contributing to transmission, specifically gaps in prevention and care.

Interviews

Interviews were conducted to find out what they perceived or experienced as barriers to HIV prevention and care.

- 65 medical providers who provide primary care services and those who provide HIV care to Latino/Hispanic populations
- 29 Latino/Hispanic gay and bisexual men living in metro Atlanta were recruited through social media, and community organizations.

WHAT DID WE LEARN?

Main barriers to prevention

Structural barriers

- Language barriers
- Fear of deportation
- Lack of transportation
- Lack of health insurance

Low STD awareness, limited community outreach and marketing, limited screening in primary and urgent care.

Barriers to PrEP use, misinformation, stigma, and concern about side effects

Barriers to treatment, bureaucratic processes, limited appointment availability, and high complexity navigating the system.

Response priorities

Language Justice

Intentional hiring of culturally aware, bilingual staff at HD, medical and social service agencies, and translation of information, materials, forms, portals.

Partnerships

Reinforce and maintain engagement between Hispanic/Latino-serving organizations as well as medical and public health organizations to strengthen community outreach efforts.

Service Delivery models

Comprehensive services through low barrier one stop shop models.

HIV Prevention and treatment messaging

Culturally sensitive, at venues and online platforms frequented by Latinos/Hispanics.

WHAT'S HAPPENING AS A RESULT?

- Culturally and linguistically competent social media campaigns addressing HIV prevention
- In-person outreach to venues serving Latino/Hispanic communities
- Spanish translation of materials (educational materials, forms, etc.)
- New partnerships with community-based organizations that serve Latino/Hispanic communities
- Development of best practices guidelines for the hiring of bilingual staff
- Intentional hiring of bilingual staff by health departments
- Grant funding for Bilingual Navigator Services, to connect the community to sexual health services across Metro Atlanta.