

within the past 3 months). Nine HIV + participants did not continue in the study: one elected to be treated at a non-study clinic, two had psychiatric problems that precluded enrollment, 5 refused to participate due to logistics and other reasons, and we were unable to re-contact 1. Slightly over half of the HIV-infected participants were linked to care within 7 days of HIV diagnosis.

Conclusions: Detection of acute and recent HIV infection and rapid linkage to care is possible. Successful linkage of such individuals to HIV care including ART can maximize TasP intervention and individual clinical benefits. This approach may be important for future cure strategies.

P52.04

Geographic Utilization of Gift Cards Used for Financial Incentives to Encourage Viral Suppression: Findings from HPTN 065

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Background: HPTN 065 (TLC-Plus) evaluated the feasibility and effectiveness of providing quarterly \$70 financial incentive gift cards to HIV-infected patients on antiretroviral therapy who maintained viral suppression (HIV RNA < 400 copies/mL). A total of 39,359 FI gift cards were dispensed over 2 years by 19 HIV care sites in the Bronx, NY and Washington, DC.

Methods: Data for each gift card disbursed included dispensing site, transaction amount, and location of transaction (zip code). Cards never used and transactions without valid zip codes were excluded. ZIP Code Tabulation Areas were used to map the location of transactions by venue (Bronx/DC) and dispensing site. Python programming and Microsoft Excel 2010 were used for all analysis and visualization. For transactions that occurred outside of the local jurisdictions of DC and the Bronx, a random sample of transactions was examined to identify transactions made in person versus by internet/phone.

Results: Of 78,529 transactions for gift cards distributed in the Bronx, 3,611 (4.6%) transactions occurred outside of NY, linked to 1,852 unique gift cards of the 23,268 distributed. Of 62,022 transactions for gift cards distributed in DC, 3,928 (6.3%) occurred outside of DC, Maryland (MD) and Virginia (VA), linked to 1,987 unique gift cards of the 16,091 distributed. Transactions occurred in all 50 US states, Puerto Rico, the Virgin Islands and international locations. Of gift cards distributed in the Bronx but used outside of NY state, 62% were used in person and 74% of the gift cards distributed in DC, but used outside of DC, MD and VA, were used in person.

Conclusions: Gift cards distributed in this study were primarily used locally; however, about 5% of transactions were outside the local jurisdictions and mostly in person. These data suggest that HIV-infected individuals in the Bronx and DC travel throughout the US and beyond; thus, research is needed to understand their migration/travel patterns and the implications for interventions using ART for prevention.

P52.05

HIV Ascertainment through Repeat Home-based Testing in the Context of a Treatment as Prevention Trial (ANRS 12249 TasP) in Rural South Africa

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Background: The ANRS 12249 TasP cluster-randomised trial evaluates whether HIV testing of all members of a community, followed by immediate antiretroviral treatment (ART) for infected people, will prevent onward sexual transmission and reduce HIV incidence at population level. Ascertaining the HIV status of a high proportion of the population regularly and repeatedly is key to the success of any universal test and treat strategy, as the first step of the HIV cascade.

Methods: Between March 2012 and March 2014, we implemented three six-monthly rounds of home-based HIV counselling and testing in ten local communities (clusters). At each home visit, individual questionnaires were administered and a rapid HIV test offered to all trial participants. We report early results on rates of HIV ascertainment, defined as undergoing a rapid HIV test or HIV-positive self-report.

Results: Of 12,911 eligible individuals (resident in the trial area and ≥ 16 years), 10,007 were successfully contacted at least once. At first contact, HIV status was ascertained for 7,628 (76.2% [95% CI: 75.4-77.1]) individuals. At second contact, among the 5,885 individuals contacted a second time, HIV status was ascertained for 2,829 (85.0% [95% CI: 83.7-86.2]) of the 3,328 tested negative at first contact and for 543 (45.7% [95% CI: 42.9-48.6]) of the 1,188 who refused a rapid test at first contact. Overall, HIV ascertainment rate was 89.0% (5,239/5,885 [95% CI: 88.2-89.8]) among trial participants contacted twice.

Conclusions: Repeat home-based HIV testing is acceptable and feasible in this rural area. Socio-demographic characteristics, behaviours, attitudes, household characteristics and experience of HIV infection and ART in the household will be explored for their association with HIV ascertainment uptake. This will inform whether this intervention reaches the individuals at higher risk in a rural South African region.

P52.06

Frequency of Achieving Viral Suppression among HIV-infected Persons in Serodiscordant Partnerships Initiating Antiretroviral Therapy

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