

Protocol for Human Immunodeficiency Virus (HIV) Serosurvey
in Seasonal and Migrant Farmworkers

Target population

Seasonal farmworkers (i.e., individuals whose principal employment is in agriculture on a seasonal basis) and migrant farmworkers (i.e., individuals whose principal employment is in agriculture on a seasonal basis and who establish for the purposes of such employment a temporary abode).

Participating Survey Sites

The following clinics provide health care to seasonal and migrant farmworkers, and have voluntarily agreed to participate in the HIV serosurvey:

<u>Clinical Site</u>	<u>State</u>	<u>Contact person</u>
1. Delmarva Rural Ministries	DE	Debra Singletary
2. Migrant Family Health Services	NC	Barbara Garrison
3. Southwest Florida Health Centers	FL	Lailai Hamric
4. MARCHA	MI	Velma Hendershott
5. Utah Rural Development Corporation	UT	Donna Olsen-Arbab
6. Brownsville Community Health Center	TX	Paula Gomez
7. Yakima Valley Farmworkers Clinic	WA	Juan Olivares
8. El Progreso del Desierto	CA	Sam Maestras

Eligibility Criteria

All adult (18 years or older) seasonal and migrant farmworkers (male and female) who have blood drawn for laboratory tests during routine clinic visits at these health centers.

Methods

All adults who require laboratory tests while attending the participating clinics routinely have about 15 milliliters of blood collected. Blood not necessary for the requested laboratory tests from eligible persons will be sent to CDC. These tubes will be labeled with a preprinted survey number and demographic information will be recorded in a master list (by survey number). The blood will be centrifuged and refrigerated. Blood samples collected Monday, Tuesday, and Wednesday should be mailed to CDC on Wednesday afternoons. Blood samples collected Thursday and Friday should be kept refrigerated until Monday morning, and mailed to CDC. Each health center

will collect approximately 1000 consecutive blood samples from eligible participants (500 migrant and 500 seasonal farmworkers) and implement a system to avoid duplicate testing of the same persons.

The following information is routinely available from the clinic records and will be recorded for each of the participating individuals: age (years) or year of birth, gender (male, female), race/ethnicity (white, black, Asian or Pacific Islander, Native American, Haitian, Hispanic, other), clinic visited (STD, prenatal, other), and state or country of residence ("homebase"). The year of birth (or age) will be recorded as it appears in the chart because this will be easier and less susceptible to error than having clinic personnel assign records to age groups. (This will not pose a threat to anonymity because all HIV tests will be done at CDC and only tabulations will be returned to the clinics--see Data Management below). All clinics participating in this serosurvey will post the following sign in the laboratory: "Notice to Our Patients: our clinic has been chosen to be part of a national survey of the AIDS virus. All tests are done without names." The sign will be translated into Spanish and Haitian creole. Eventhough the clinic staffs realize that the signs may cause some concern among patients, it is the concensus of the local collaborators that the population of clinic attendees should be aware of the survey.

Preprinted labels, test tubes, special mailers, signs, and forms for the collection of information will be provided by CDC to each of the participating centers. CDC will cover mailing costs and notify the appropriate state health departments about this serosurvey; Migrant Health Program, HRSA, will notify the appropriate regional health administrators.

HIV Tests

Blood samples will be tested at CDC for antibodies to HIV by an enzyme-linked immunosorbent assay (ELISA). All positive results will be confirmed with a supplementary antibody test (Western-blot).

Data Management

A new specimen number will be assigned to the blood sample and demographic information upon receipt at CDC. At that time, the preprinted study number will be discarded without link to the new specimen number. Information supplied to CDC along with the test results will be analyzed and tabulated.

No individual results will be returned to the local collaborators. Tabulated results which include no cell size less than 10 will be made available to the participating centers. By tabulating at CDC only broad age, sex, race/ethnicity cells of greater than or equal to 10 it will be possible to avoid any potentially (inadvertently) identifying information being available. A report with the findings and interpretation of results will be prepared by the project officer at CDC. The contribution of each participating center will be duly acknowledged, and Migrant Health Program project officers will collaborate and share coauthorship of the published report.

Technical Assistance

Technical assistance with any aspect of this survey will be provided by the Epidemiology Branch, AIDS Program, Centers for Disease Control. Please feel free to contact Dr. Kenneth Castro, or John Narkunas at (404) 639-3162.

HIV Serosurvey in Migrant Farmworkers

ALGORITHM

