

BACKGROUND

- There were 107,800 people living with HIV in the United Kingdom (UK) in 2013
 - Prevalence: 2.8/100,000 population
 - 24% undiagnosed and unaware of their infection
- The most affected population subgroups are:
 - Men who have sex with men (MSM; N=43,500; 16% undiagnosed)
 - Heterosexuals of black African ethnicity (N=38,800; 34% undiagnosed; figure 1)
- HIV test uptake is higher in MSM (94.5%) attending sexual transmitted infection (STI) clinics in England, compared to black African heterosexuals (84.7%; 2014 data)
- Increased testing among black Africans will reduce the undiagnosed proportion

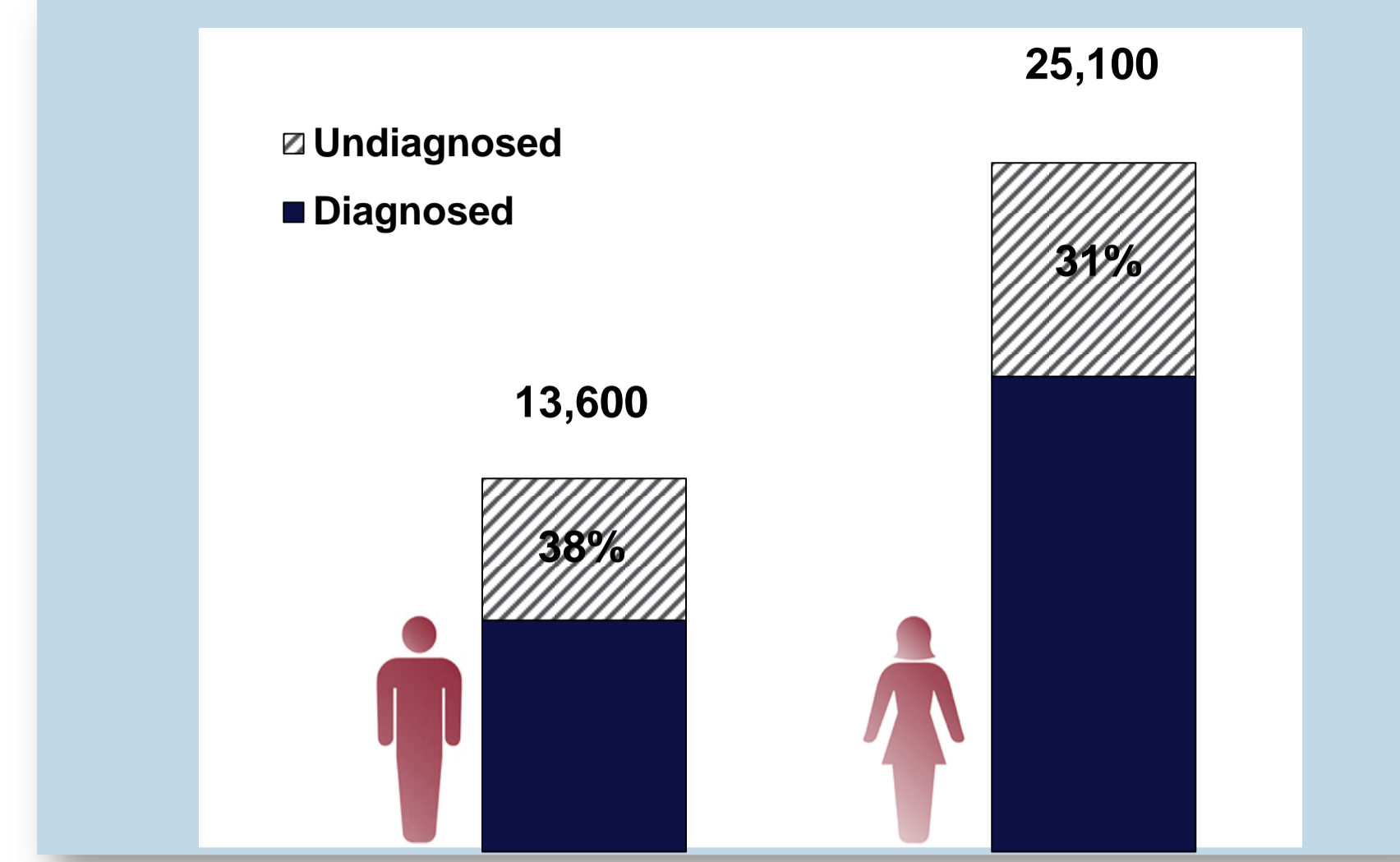


Figure 1 – Number of heterosexual people of black African ethnicity living with HIV, by sex and whether their infection is diagnosed, UK, 2013

OBJECTIVE

To identify factors associated with HIV test refusal among people of black African ethnicity attending STI clinics in England

METHODS

- Data from all 216 STI clinics in England obtained from the genitourinary medicine clinic activity dataset version 2 (GUMCADv2)
 - Mandatory surveillance system for all STI diagnoses and services in England
- Ethnicity defined by patient self-report
- HIV test refusal defined as: *HIV test offered and refused*

DATA ANALYSIS PLAN

- All attendances at STI clinics in 2014 were considered in the analysis
- Exclusion criteria:
 - Diagnosed with HIV within 6 weeks of an attendance
 - Unspecified gender, sexual orientation or ethnicity (<5% of records)
- Frequencies of patient characteristics and HIV test refusal determined (figure 2)
- Ethnic variations in HIV test refusal, adjusted for gender/male sexual orientation, determined using generalised estimating equations (GEE) logistic regression (figure 3)
- Analyses then restricted to Black Africans:
 - Unadjusted and adjusted associations between demographic and clinical factors with HIV test refusal assessed using GEE logistic regression (figures 4 and 5)

RESULTS

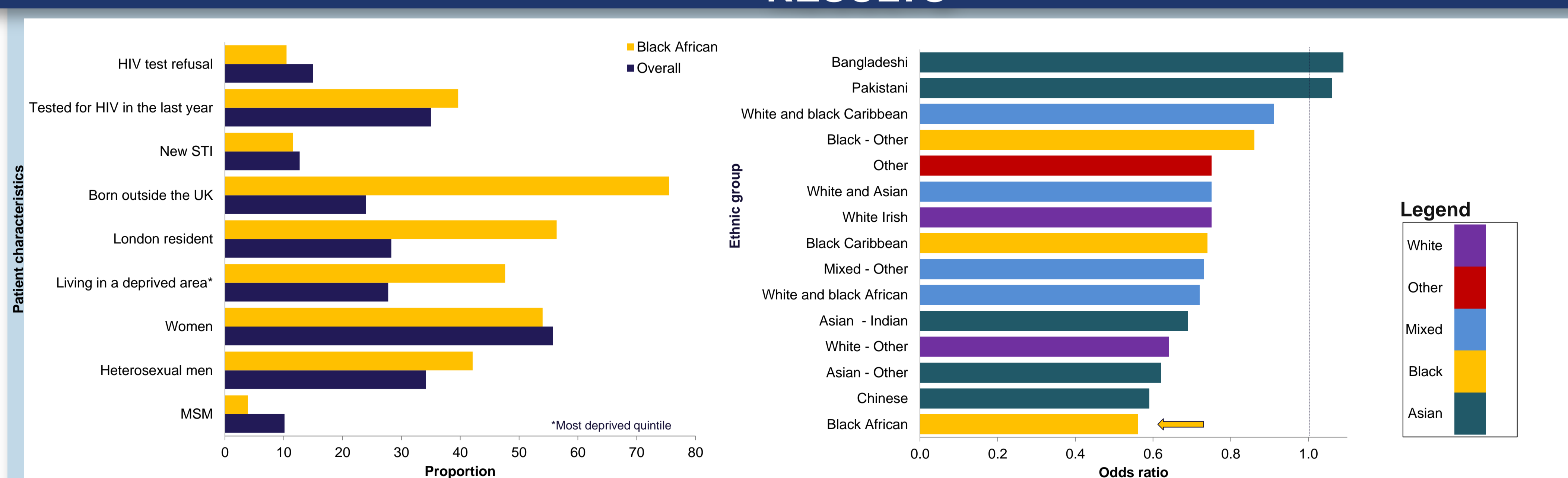


Figure 2. Frequencies of patient characteristics in all patients and those of black African ethnicity attending STI clinics in England, 2014

Figure 3. Odds ratios for gender/male sexual orientation-adjusted associations between ethnic group and refusal of an HIV test at STI clinics, England, 2014¹

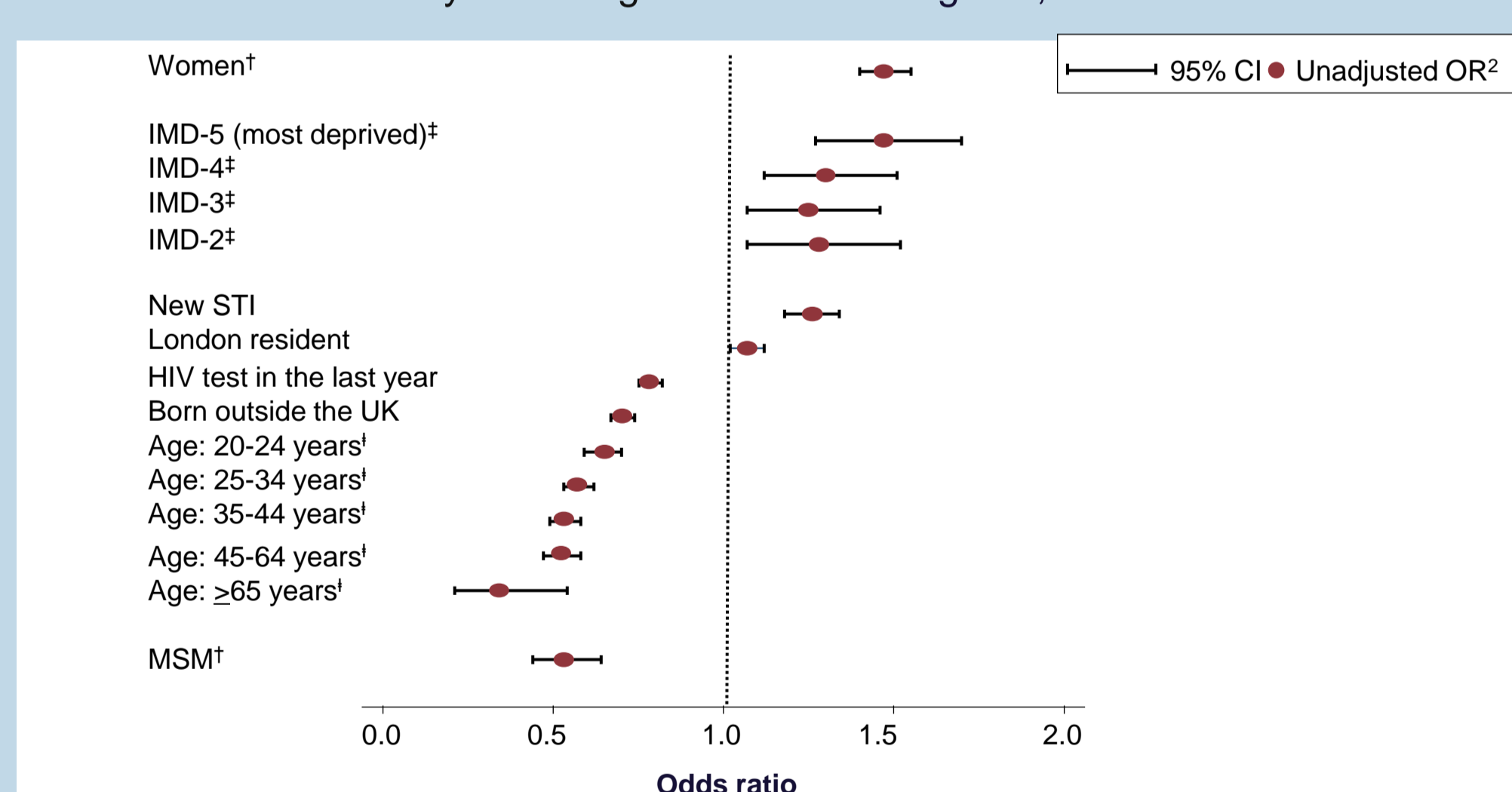


Figure 4. Unadjusted associations with refusal of an HIV test by people of black African ethnicity attending STI clinics in England, 2014

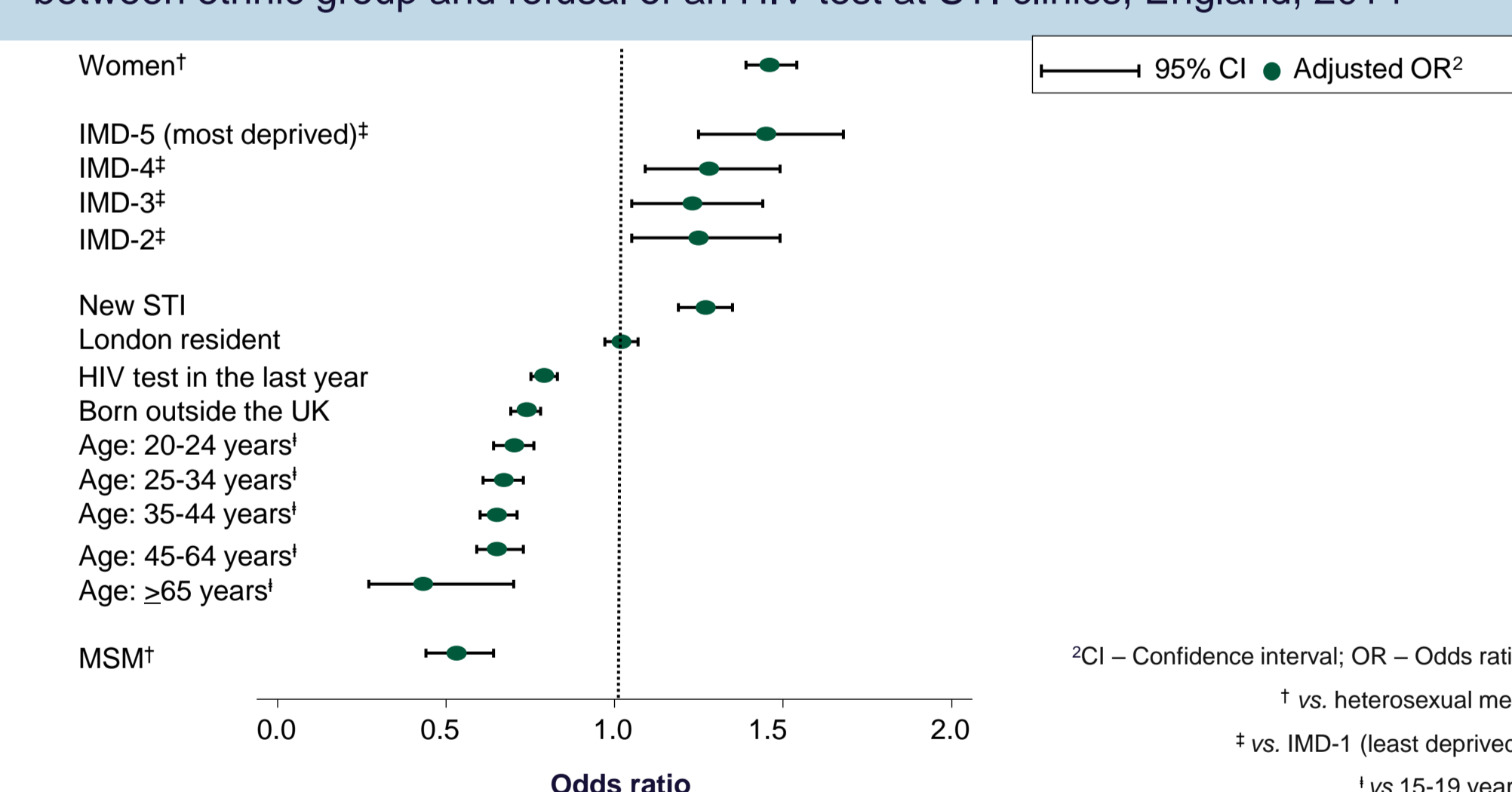


Figure 5. Adjusted associations with refusal of an HIV test by people of black African ethnicity attending STI clinics in England, 2014

¹Reference: White British ethnicity
All odds ratios are statistically significant
Gender/male sexual orientation: MSM, heterosexual men and (all) women

MSM – Men who have sex with men
STI – Sexually transmitted infection
IMD – index of multiple deprivation (arranged in descending order by quintiles: IMD-1—IMD-5; this is a measure of area-level socioeconomic status)

DISCUSSION

- Overall, people of black African ethnicity are the 3rd least likely ethnic group to refuse an HIV test (data not shown) but, after adjustment for gender and sexual orientation, they are least likely to refuse (44% less likely than white British people; figure 3). This is because of differences in the distribution of gender, sexual orientation and deprivation (figure 2).
- Among people of black African ethnicity (figure 5), the likelihood of refusing an HIV test is significantly:
 - **Higher** in women (45%, vs. heterosexual men), those living in more deprived areas (45% for most deprived, vs. least deprived areas) and those diagnosed with a new STI (27%)
 - **Lower** in MSM (43%, vs. heterosexual men), older age-groups (57% for 65+, vs. 15-19 years old), those born outside the UK (26%) and those tested for HIV in the past year (21%)
- HIV test refusal may be lower among black African MSM due to more effective health promotion targeted to gay and bisexual men
- HIV test refusal may be higher among black African women as they may access testing at other types of services
- Increased refusal in those living in more deprived areas may be due to limited awareness of the risks of HIV
- Increased refusal among those diagnosed with a new STI may be due to patients' decisions to postpone testing until the end of an HIV testing window period

LIMITATIONS

- Unable to link patients across STI clinics
- No record of HIV testing at other services

CONCLUSIONS

- The refusal of HIV tests varies among black African STI clinic attendees
- Targeted health promotion is needed to increase the uptake of HIV tests at STI clinics and decrease the proportion of undiagnosed black Africans living with HIV