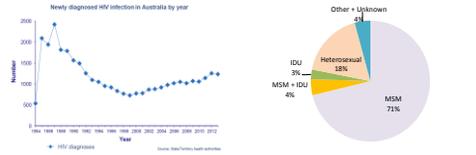**Burnet Institute**
Medical Research. Practical Action.

Who's coming and who's coming back? Characteristics of rapid testers and return testers at the PRONTO! community-based HIV testing service.

K Ryan, D Leitinger, A Wilkinson, S Powell, A Pedrana, C El-Hayek, M Hellard, M Stoové

HIV epidemiology in Australia

HIV notifications by exposure category, Victoria, 2013

- HIV notifications have doubled since 1999

- 306 new HIV diagnoses in Victoria in 2013
  - 75% of these notifications were in men who have sex with men (MSM)

- The Kirby Institute (2014) *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2014.*
- The Victorian Department of Health (2015) *HIV/AIDS monthly surveillance report May 2015*

Combination Prevention

$$\left[\begin{array}{c}\text{TEST}\\\text{MORE}\end{array}\right] + \left[\begin{array}{c}\text{TREAT}\\\text{EARLY}\end{array}\right] + \left[\begin{array}{c}\text{STAY}\\\text{SAFE}\end{array}\right] = \left[\begin{array}{c}\text{E N D}\\\text{I N G}\\\text{H I V}\end{array}\right]$$
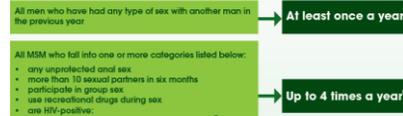
A combination of
- Structural
- Behavioural
- Biomedical interventions

is most effective at reducing transmission of HIV

- UNAIDS (2010) *Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections*

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HIV testing in MSM in Australia

After behavioural risk assessment and appropriate pre test discussion, **all of the STI tests** listed should be offered to:

All men who have had any type of sex with another man in the previous year	**At least once a year**
All MSM who fall into one or more categories listed below: • any unprotected anal sex • more than 10 sexual partners in six months • participate in group sex • use recreational drugs during sex • are HIV-positive	**Up to 4 times a year**

- In Victoria:
  - 88% of MSM report EVER testing for HIV
  - 72% of MSM report testing in the past 12 months

- However
  - Surveillance data shows that 53% of MSM test annually
  - Sero prevalence study estimates that 30% of HIV in community is undiagnosed

- Lee et. al. (2014). Gay Community Periodic Survey Melbourne 2014.
- STIGMA Group. (2014). Australian Sexually Transmitted Infection & HIV Testing Guidelines 2014 for Asymptomatic Men Who Have Sex With Men.
- Wilkinson et. al. (2015) "Seek, Test, Treat" Lessons from Australia: A study of HIV testing patterns from a cohort of men who have sex with men.
- Pedrana et.al. (2012) High rates of undiagnosed infections in a community sample of gay men in Melbourne, Australia

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Barriers to Testing

- Barriers to testing include:
  - Psychological
    - Belief of not being risky
    - Lack of symptoms
    - Fear of HIV disease

  - Structural
    - Return to clinic to receive results
    - Inconvenient opening hours

We need innovative models to reduce the barriers to testing for GBM in Australia

- Prestage et. al. (2012). *Barriers to HIV testing among Australian gay men.*
- Deblonde et. al. (2010). *Barriers to HIV testing in Europe: a systematic review.*

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PRONTO!

- Partnership between Victorian Department of Health, VAC, Burnet Institute
- 24 month trial service (Aug2013-Aug2015), located in Fitzroy
  - Now funded for four more years

Department of Health   **VICTORIAN AIDS COUNCIL** WORKING TOGETHER   **Burnet Institute** Medical Research. Practical Action.

AIMS
1. Increase the frequency of HIV testing among sexually active and high risk MSM in Victoria
2. Reduce barriers to MSM in Victoria accessing HIV testing at the recommended frequency
3. Provide high quality evidence of the impact of community-based and rapid-point-of-care HIV testing for reducing HIV transmission risk among MSM in Victoria
4. Enhance access to rapid syphilis testing and treatment and primary and secondary sexual health services among sexually active and high risk MSM in Victoria
5. Provide recommendations for future models of HIV testing in Victoria and nationally

PRONTO!

- Community based
- Shop front
- Peer led
- Free
- After hours (4-8pm Tues-Fri, 1-5pm Sat)
- Outreach testing introduced July 2014
  - Bars, SOPVs, Festivals

Rapid Point of Care test
- Trinity Biotech Unigold HIV POCT
  - 10 minute incubation
- Alere Determine Syphilis POCT
  - 15 minute incubation
  - From June 11 2014

A typical appointment at PRONTO!

Booked online <48 hours before the appointment

When clients attend
- Complete a client registration form then behavioural survey
- Called into the clinical room by a peer test facilitator
- Peer test facilitator conducts both HIV and syphilis rapid test
- During incubation - Client centred health promotion discussion
- Results are read after 10 minutes for HIV and 15 minutes for syphilis
  - If positive – client counselled and blood drawn for confirmatory serology
  - If negative – client recommended a date to return for routine testing

Entire appointment lasts 30 minutes


Aim of this presentation

- Characterise the demographics, sexual risk and testing history of GBM testing at PRONTO! in it's first 12 months of operations

- Identify factors associated with returning to test within 3 and 6 months from first test

Methods

- Data collection
  - Each client is assigned a unique numerical identifier at their first appointment
  - At each appointment clients complete a behavioural survey
    - Includes demographics, testing history, sexual and other risk questions (6 month recall period)
  - Behavioural and test result data are linked
  - Individuals can be matched over time

- Analysis
  - Restricted to men with any self reported male to male sex, aged over 16, testing 15Aug2013-14Aug2014
  - Descriptive statistics performed on all clients first test at the service
  - Univariate logistic regression performed
    - compared characteristics of men not returning with those that returned within 3 or 6 months
    - Test data extended to 14Feb2015 to allow each client 6 months to return from index test

PRONTO! 12 months of testing data
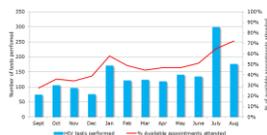
- 1615 HIV RPOC tests performed on 1317 individuals

- 1441 HIV RPOC tests performed in 1228 men classified as GBM
  - 1209 men first tested at fixed site
  - 19 men first tested in outreach setting

Demographics and Testing history

- Median age – 31 years
- Australian born – 731 (60%)

At their first test at PRONTO!
- 17% (n=203) had never tested for HIV before

- Of those who had previously tested for HIV (n=1006)
  - 47% had previous test <= 6months prior
  - 85% tested for STIs with their last HIV test

- 67% (n=813) reason to test was regular check-up
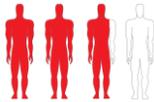- 27% (n=333) reason to test was recent risk exposure

Sexual Risk

The STIGMA guidelines were used to classify high risk

Of those reporting anal sex in the past 6 months (n=1116):

- >10 anal sex partners-   12% (n=134)
- Condomless sex with casual partner* –   46% (n=449)
- Condomless sex with regular partner* –   65% (n=451)
- Group sex with two or more men –   34% (n=381)
- Drug use before or during sex –   15% (n=165)

69% (n=842) classified as high risk by STIGMA guidelines

* Of those reporting anal sex with casual or regular partners, respectively

Returning to test

22% (n=273) GBM returned within 6 months of first test
13% (n=156) GBM returned within 3 months of first test

Percentage of GBM returning to PRONTO!
within 3 and 6 months, by STIGMA risk profile
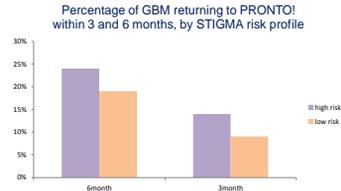
Returning to test – 6 months

22% of GBM (n=273) returned to test within 6 months

Assessed all demographic, testing history and risk for associations with returning to test, only those with significant, or near significant results are shown.

	n (%)	OR[a]	95% CI
Born overseas	125 (46)	1.35	1.03-1.77
Any casual partner	239 (90)	1.80	1.16-2.77
High risk by STIGMA guidelines[b]	201 (75)	1.34	1.01-3.64
<= 6 months since previous test	127 (66)	2.76	1.97-3.87

a- univariate logistic regression
b- At least one of: >10 anal sex partners, any condomless anal intercourse, any group sex, any recreational drug use before or during sex

Returning to test – 3 months

13% of GBM (n=156) returned to test within 3 months

Assessed all demographic, testing history and risk for associations with returning to test, only those with significant, or near significant results are shown.

	n (%)	OR	95% CI
Born overseas	73 (47)	1.38	0.98-1.93
Any casual partner	137 (90)	1.76	1.01-3.08
CAI[a] with casual partner	74 (54)	1.49	1.04-2.15
High risk by STIGMA guidelines[b]	120 (78)	1.63	1.08-2.44
<= 6 months since previous test	74 (34)	2.45	1.62-3.72
Recent risk exposure	57 (37)	1.65	1.16-2.36

a- Univariate logistic regression
b- Condomless anal intercourse
c- At least one of: >10 anal sex partners, any condomless anal intercourse, any group sex, any recreational drug use before or during sex

Limitations

- Short follow up period
  - Only analysed returning from first test at service
  - Plan to analyse with rolling index test

- Only recorded testing at PRONTO!
  - Qualitative data suggests clients use multiple sites
    - The percentage testing at recommended intervals is likely an underestimate
  - Explored further in in-depth evaluation survey and focus groups

Summary

In the first 12 months of operations

- GBM testing at PRONTO! were
  - Young and naïve to HIV testing
  - Higher risk (according to national guidelines)

- Less than ¼ returned within recommended periods
  - Those who returned were higher risk
  - Those who returned had good testing history

Conclusion

- The service attracted the target population and reduced many barriers to testing.
- However, most clients did not return within the recommended periods and further refinement of the model should be explored to have a population level effect.

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  - All PRONTO! clients

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