

Utilisation of HIV Self-Testing Among Rural Gay and Bisexual Men and Ethnic Minorities in New Zealand

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Te Tūāpapa Mate Āraikore o Aotearoa



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Background

HIV transmission in New Zealand is concentrated among gay, bisexual and other men who have sex with men (GBM), and migrant communities. In 2016, the number of newly diagnosed HIV infections among GBM was the highest ever recorded and accounted for 89% of HIV notifications where infection was considered locally acquired¹.

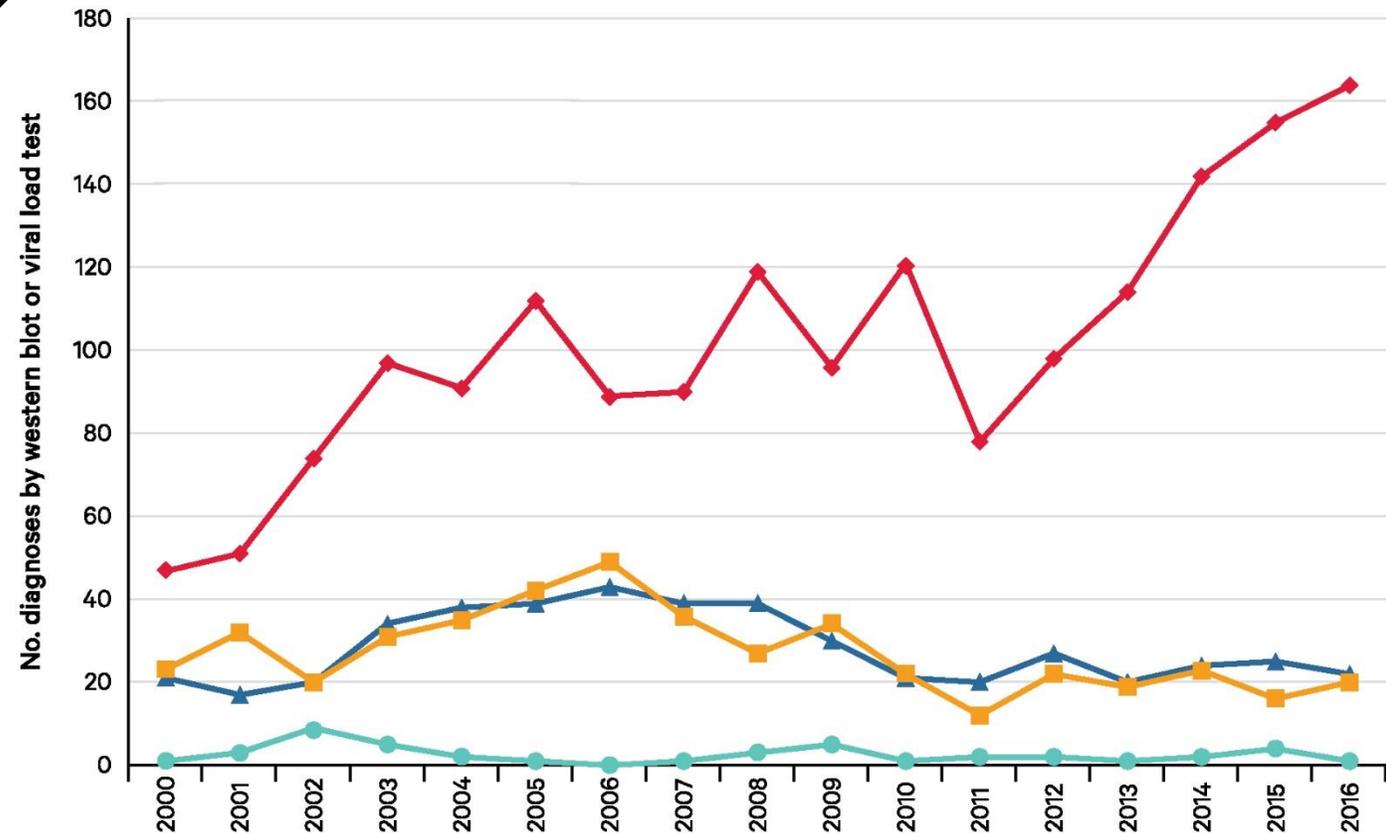
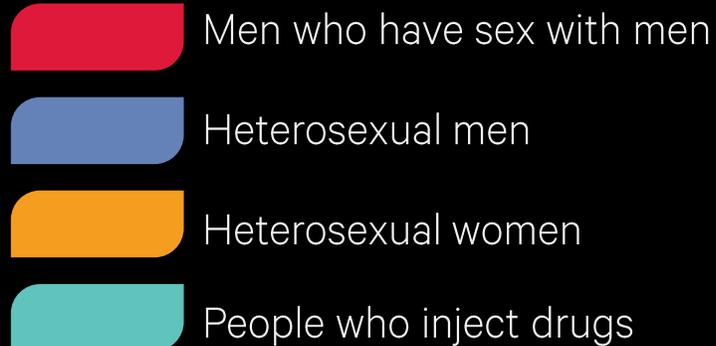
Although past HIV prevention efforts have kept HIV prevalence and incidence low compared to other countries, evidence suggests that sexual risk-taking may be rising among GBM and that reducing the levels of undiagnosed HIV within sexual networks is necessary to realise the preventative benefits of early treatment².

HIV self-testing (HST) was identified as a tool to address barriers to testing for typically hard to reach GBM, including indigenous Māori and other ethnic minorities, those in rural areas, and African migrants. The New Zealand AIDS Foundation (NZAF) conducted an HST pilot project with 500 HST kits, seeking to study utilization, acceptability, and pre- and post-test health seeking behaviours.

1. McAllister S et al. 2017 AIDS - New Zealand. Dunedin: AIDS Epidemiology Group, University of Otago. 2017; issue 76.

2. Saxton PJ, Hughes AJ, Giola M. HIV prevention today: with coordinated action, we can end transmission. NZ Med J. 2015; 128 (1426): 8-15.

HIV diagnoses in New Zealand 2000-2016



Description

The service was launched without advertising to enable effective triaging of target groups. Individuals searching for the nearest HIV testing service on the NZAF website, via Google, were shown HST as an option, free of charge, alongside community testing centres and sexual health clinics.

To ensure the limited number of test kits for the pilot reached the target groups, visitors to the website were triaged electronically and the free HST service was only shown as an option to gay, bisexual and other men who have sex with men (GBM), trans men and women, and heterosexual Africans who:

- Lived in Auckland, Wellington or Christchurch and have never tested or not tested in the previous 12-months; OR
- Lived elsewhere in New Zealand.

During the ordering process clients were asked to verify their contact phone number using a unique code via SMS. The shipped order contained an Oraquick Advance Rapid Test, printed instructions, educational materials, and links to an instructional video. During the order process an option was provided for additional telephone support. Two SMS reminders to report results were sent to clients. If no results were reported at 28-days after shipment, a peer educator attempted to contact the client.

Instructional Video Guide



Process

Recruitment Pathway

Existing visitors to website (e.g. from Google)

Triaging and ordering

Online order form visible only to GBM, trans men and women and heterosexual Africans who:

- Live in Auckland, Wellington or Christchurch and have never tested or not in the last 12-months; OR
- Live elsewhere in New Zealand

Contact details verification

Client enters unique verification code sent via SMS to verify phone number. Once verified, client receives email confirming order.

Dispatch

Test kit dispatched from Burnett Centre within 3 days of order. Client receives email confirming dispatch and with peer tester contact details.

Client choices for pre-test information

Option 1

No peer contact prior to test

Option 2

Client-initiated peer tester call prior to test

Option 3

Peer tester-initiated contact prior to test

Process (cont.)

Follow-up

14 days after dispatch

Client receives SMS with link to follow-up survey for reporting results. Includes contact details for peer tester.



21 days after dispatch

If no contact, client again receives SMS with link to follow-up survey for reporting results. Includes contact details for peer tester.



28 days after dispatch

If still no contact, peer tester receives notification to call client.



HIV status

Preliminary Positive

Invalid

Negative



Linkage to follow-up care and peer support

BP Peer Navigator
and/or NZAF
Counsellor

Sexual Health
or hospital ID
referral

Encourage repeat / regular testing

Lessons Learned

The uptake of the service among target groups, and HIV positivity rate, compared favourably with rapid HIV tests conducted in community settings.

	HIV self-test kits shipped by NZAF between 1 Dec 2017 and 31 May 2018 (n=498)	Rapid HIV tests completed at NZAF community centres 1 Jul 2017 – 31 May 2018 (n=4,120)
% clients GBM	88%	84%
% GBM clients indigenous Māori	8.9%	5%
% GBM clients Pacific Islander	2.3%	2.3%
% clients African	3.6%	1.9%
% clients outside Auckland, Wellington or Christchurch	51%	0.9%
% GBM reporting non-recent testing (never or not in last 12 months)	81%	32%
% clients who had reported results back at 28 days	69%	N/A
# preliminary positive results reported	5 (4 linked to care)	13 (12 linked to care)
Positivity rate (positives per 1000 tests)	10.0	3.2

Conclusions and next steps

HST increased HIV testing among populations underserved by NZAF centres, although further efforts will be required to increase uptake among Pacific Island GBM. Five preliminary positives from 498 tests suggests that the service reached the right people.

With investment, HST could be scaled-up and play a key role in reducing undiagnosed HIV in New Zealand. From July 2018, NZAF will begin selling HST kits to clients who do not meet triage criteria. Proceeds from this initiative will be used to continue providing the service free-of-charge to priority populations and open up the possibility to promote the service.

Thank You

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