

# Experiences of using an online HIV self-testing (HIVST) dissemination service in Queensland

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Create change

## Background

- Ⓜ HIV self-testing (HIVST) addresses known barriers and increases HIV testing<sup>1,2,3,4,5</sup>
- Ⓜ Lack of regulated kits on Australian market
  - Obstacle to HIVST uptake
  - Ordering of substandard kits<sup>6</sup>
- Ⓜ Important to gather evidence on the contexts and methods by which HIVST can be disseminated and used.<sup>5,7</sup>



1. Figueroa et al AIDS Behav 2015; 2. Krause et al BMC PH 2013;  
3. Pai et al PlosOne 2013; 4. Brown et al ANJPH 2016;  
5. Jamil et al Lancet HIV 2017; 6. Williams et al AIDS care 2016;  
7. Dean et al AIDS Care 2018.



Create change

## Aim

- ✶ Develop and evaluate a free online oral HIVST dissemination model, integrated into an existing rapid HIV testing led by trained lay providers from the key target population (MSM), hosted by a peer-led People Living with HIV (PLHIV) community organisation.
  
- ✶ Increase access to supported HIVST
  - Non-testers and infrequent testers
  - Regional living Queenslanders.



## Delivery Model

### ✶ Recruitment strategies

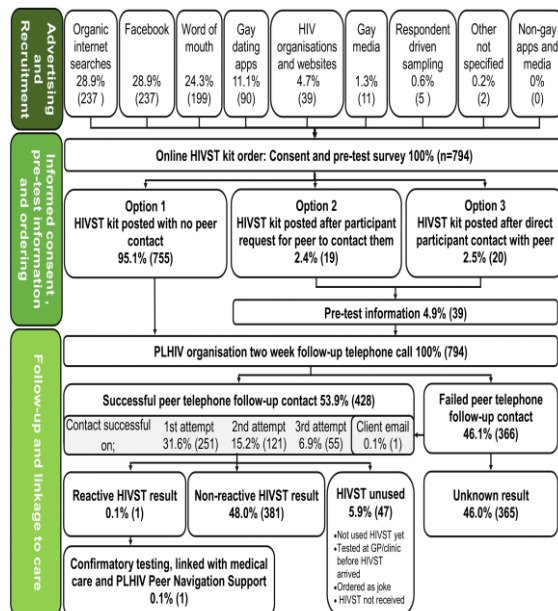
### ✶ Online ordering page

- Participants registered details
- Participant Information Sheet.
- Offered three pre-test information options.

### ✶ 2-week peer follow-up

- Test results & linkage to care
- Consent to send a post-test survey and be contacted for an in-depth interview.

✶ Poster No: 34



## Mixed Method Evaluation

### 1. Ordering a kit (794 individuals - 927 kits)

- Demographics, HIV testing history
- Pre-test information preference

### 2. Peer phone call at 2-week (53.9% 428)

- Test results and linkage-to-care

### 3. On-line post-test survey (30.8%, 245)

- Exploring testing experience and kit resources

### 4. Phone interview with researcher (17)



## Advertising & recruitment

### 🚫 Interest based geo-targeted advertising targeting people outside of South-East Queensland

- Banners on Dating apps Squirr and Grindr
- QPP Facebook paid advertisements & “boosted” paid organisational posts

### 🚫 30.8% Organic internet searches

### 🚫 30.5% Facebook

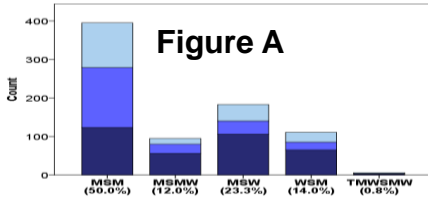
### 🚫 25.9% Word of mouth

### 🚫 11.9% Gay dating apps



## Who ordered a test? (First orders =794)

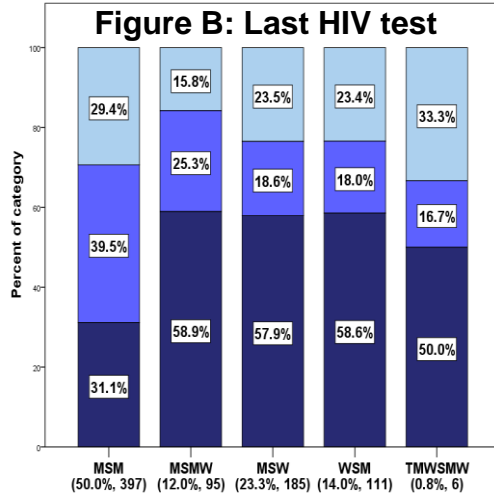
🚫 62% MSM or Bisexual



🚫 10.4% No Medicare card

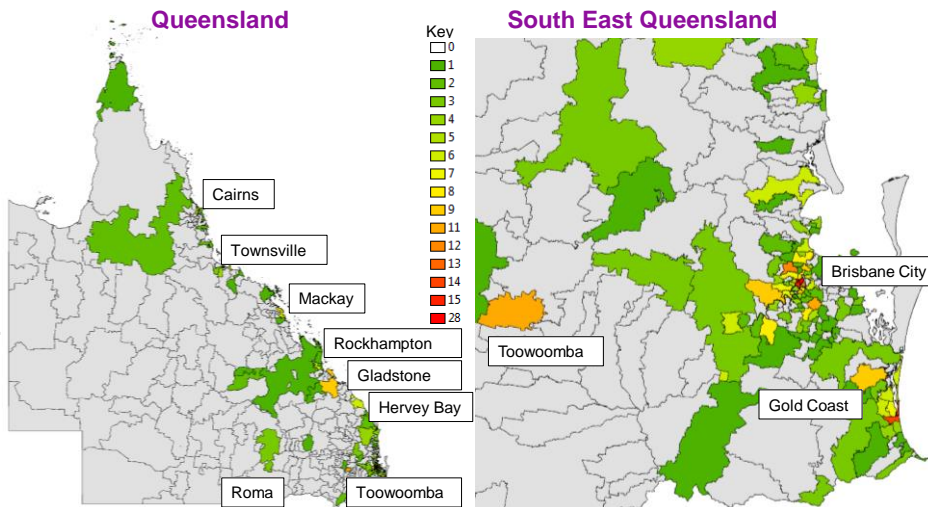
🚫 Last HIV test

- 25.4% <12 months
- 29.6% >12 months
- 44.5% Never tested



## Who ordered a test? (First orders by postcode)

🚫 38.4% lived in regional or remote area



## Reasons for use

- 🚫 On ordering
  - 79.4% Convenience
  - 44.0% Not wanting to wait for results
  - 32.6% Not wanting to talk sex with anyone
  - 29.3% Not having time to go for a test
  - 22.4% Fear of stigma
  - 7.2% Lack of local HIV testing services
  
- 🚫 Of the 245 post-test online survey
  - 84.9% preferred to test for HIV at home.



## Reasons for use

*“I thought gee that will be easy. Rather than having to make time it will appear and when I’m ready to do it I can do it on the spot.”*

*“I think it’s a great idea to encourage self-testing and certainly in the privacy of your own home it takes away that stigma of confronting the GP for a test.”*

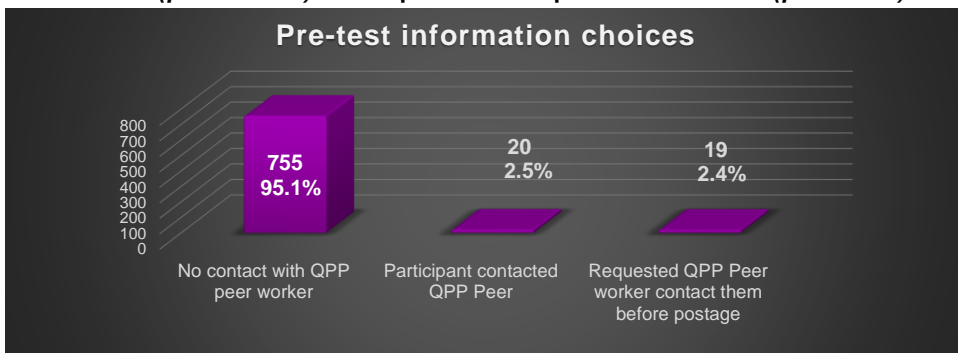
*“I live in a small town and I don’t want to get tested here as I know the phlebotomist”*



## Pre-test information

*“Very important, you never can tell what the results might be....it can help you prepare for whatever the outcome is”*

- 🚫 No significant difference between never-testers and previous testers in perception of benefit from pre-test ( $p=0.066$ ) and post-test peer contact ( $p=0.09$ ).



## Kit information & use

*“Clear and easy to follow instructions”*  
*“enough information provided to guide someone if the result was reactive”*



## Recommendations

- 🚫 Translation of material
- 🚫 24-hr telephone support

*“the person on the phone should be able to direct you to the nearest clinic or specialist... within the hour... streamlined for someone that’s got a positive result and just about to have a nervous breakdown.”*



## Results

*“HIVST save trips to the doctor but you need home kits for other STIs”*

*“a negative of HIVST is that you don’t have the opportunity to talk more holistically with your GP or health care provider about other elements of your health?”*


*“Once you’ve got the results there might be some concern particularly if it shows a negative outcome [reactive result]. But there’s always a helpline, there’s always a GP, there’s always someone you can contact, or ring QPP and say look I’ve done this test this has happened what does that mean.”*



## Positive experience & linkage to care

*“I thought this is fantastic, it came so quickly. It was very discrete which I liked.....I waited till Friday night to do the test...it’s got to be when I don’t have work the next day.....”*

*“I was surprised obviously, I actually thought I was .....immune or something.... I’d taken so many risks..... So that was more of my shock. But was I distressed or distraught? No. Obviously I wasn’t happy, I still had to go for a confirmatory test, but I was quite confident in the test, I knew it was a quality test.”*

 Kit resources provided support to successfully self-navigate pathway to confirmatory HIV testing and linkage with an HIV care provider and QPP Peer Navigation Program.

***“Definitely still done a self-test.”***

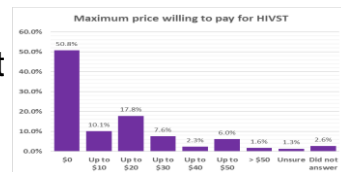


## Conclusions

- ✚ On-line dissemination of free HIVST supported by adequate kit information and additional on-line resources is acceptable and feasible.
  - Consider options for improving follow-up mechanisms
  - Amendment to HIV notification forms to collect data on HIVST usage
- ✚ Ability to talk to peers or trained lay testing providers is valuable

*“I trust their [peers] concern for the community its genuine”*

- ✚ Usage dependant on market cost
  - 51.3% willing to pay
  - 79% pay up to \$20



## Acknowledgements :

Our gratitude is extended to the study participants for their generous gift of time and engagement.

RAPID Peer Testing providers and all the team at QPP

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## Disclosure of Interest Statement

The *Pilot and Evaluate Integrated HIVST Service Delivery in Queensland for Policy and Service Development* project was funded by an HIV Foundation Queensland grant.

## Trial Registration Details

UQHREC Approval No:  
2016001333

Clinical Trial Notification Scheme  
Protocol Number CTN-04237-1





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