

DOES ACCESS TO HIV SELF-TESTING (HIVST) SUSTAIN HIGHER LEVELS OF HIV TESTING IN HIGH-RISK MSM: FINDINGS FROM A WAIT-LIST RANDOMISED CONTROLLED TRIAL (FORTH)

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Background: A randomised controlled trial in Australia (FORTH) showed access to free HIVST doubled the frequency of testing in high-risk men who have sex with men (MSM) over 12 months. However, it is possible that increase may have been related to the novelty of the technology and only short-lived. By using data from the second year of the wait-list FORTH trial we aimed to assess whether the increase observed in year 1 was sustained in the second year.

Methods: Participants were higher -risk MSM, based on reporting condomless anal intercourse or > 5 male partners in the past 3 months. We examine HIV testing frequency in participants randomised to HIVST in year 1, who also had access to HIVST in Year 2 (HIVST arm). We also compared HIV testing frequency in men in the HIVST arm in Year 2 to the standard care arm (clinic testing only, no HIVSTs) in Year 1.

Results: 296 men completed the follow-up survey in year 1 (153 HIVST, 143 SC) and 196 in year 2 (97 HIVST, 99 WL). The overall mean number of HIV tests per person was lower in HIVST arm in year 2 compared to year 1 (3.4 vs 4.2, RR:0.83, 95%CI:0.73-0.95), but the frequency was similar among non-recent testers (tested >2 year ago or never tested) (2.3 vs 2.6, RR:0.88, 95%CI: 0.56-1.38) and migrant (born outside Australia) testers (4.0 vs 4.3, RR:0.97, 95%CI:0.78-1.19). The testing frequencies in the HIVST arm overall, and among subgroups in Year 2 were all significantly higher than standard care in Year 1

Conclusion: HIVST was able to sustain higher HIV testing frequencies after two years, particularly among infrequent testers and migrant men, suggesting the strategies could be targeted to these subgroups to increase testing. Implementation studies are needed to assess uptake outside of trials.

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