

Uptake and Outcomes of Community-led Dual HIV/Syphilis Testing Initiative for Men Who Have Sex With Men in Vietnam

Authors:

Nguyen HT¹, Nguyen HTT¹, Hoang TN¹, Chu TV², Nguyen TV², Luc D², Nguyen TT², Nguyen BK¹

¹: Division of Global HIV&TB, U.S. Centers for Disease Control and Prevention (U.S. CDC), Hanoi, Vietnam, ²: Project entitled Enhancing HIV Program Innovations and Collaboration in Viet Nam (EPIC), Vietnam Ministry of Health/Vietnam Administration for AIDS Control (VAAC) – U.S. CDC Project

Background/Approach: The prevalence of both HIV and syphilis exceeds 10% among Vietnamese men who have sex with men (MSM). Following the recommendations by WHO and many health agencies, the HIV program in Vietnam has integrated syphilis screening into HIV testing services (HTS) for MSM. Designed to improve access to HIV and syphilis testing, the dual HIV/syphilis rapid diagnostic tests have been offered to MSM clients through a testing initiative led by community-based organizations (CBOs) since April 2021. We assessed the uptake and outcomes of CBO-led dual HIV/syphilis testing services to inform program improvement.

Analysis/Argument: Data reported from all MSM who participated in 24 CBO-led testing sites in six provinces of Vietnam from April 2021 to June 2022 were analysed. Proportions were calculated to assess the uptake of dual HIV/syphilis testing, HIV and syphilis positivity and referrals to ART and pre-exposure prophylaxis (PrEP) services.

Outcome/Results: Of 3351 MSM clients offered HIV/syphilis testing service, 1592 (48%) accepted the HIV/Syphilis Duo test. Among 1592 MSM who received Duo test (median age of 26 years), 61 (3.8%) tested HIV-positive, 217 (13.6%) tested syphilis-positive, and 6 (0.38%) were dual positive. Among 61 HIV-positive MSM, 57 (93%) initiated ART. Among 1317 MSM who tested negative with both HIV and syphilis, 228 (17%) initiated PrEP. Among 211 MSM who tested HIV-negative and syphilis-positive, 10 (4.7%) initiated PrEP.

Conclusions/Applications: Dual HIV/syphilis testing provided through CBOs was feasible among MSM. Although the HIV positivity rate was moderate, high syphilis positivity suggested that the testing initiative was able to reach MSM networks at high risk for sexually transmitted infections. We found low PrEP referrals among HIV-negative MSM, especially those who were syphilis-positive. Better understanding of reasons for low PrEP referrals will inform the development of health promotion strategies to address this issue.

Disclosure of Interest Statement: “The authors declare no potential conflicts of interest in publication and presentation of this work.”