ACCEPTABILITY AND FEASIBILITY OF AN INTEGRATED HIV SELF-TESTING (HIVST) SERVICE DELIVERY MODEL IN QUEENSLAND

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Background: This study aims to pilot and evaluate an integrated model for HIVST service delivery in a peer-led Queensland community setting to increase access to HIVST, particularly for men who have sex with men (MSM) living in regional, remote and rural areas. It seeks to provide evidence that would overcome some of the key objections to HIVST.

Methods: Awareness of the trial was generated through adverts on dating apps, word of mouth, social media and HIV related websites. Recruitment strategies were designed to engage hard to reach MSM populations. Participants accessed an HIVST online ordering system hosted by an HIV community organisation, wherein they: 1) are given the choice to accept verbal pre-test information or not; 2) order the HIVST kit and complete an online survey (with demographic information and testing history etc.) 3) receive the kit; and 4) receive a follow-up phone-call. If non-reactive, clients can opt for test reminders. If reactive, referral to clinical services, peer navigation and support systems is provided.

Results: From November 2016 to May 2017, 289 HIVST kits were ordered. The majority of participants identified as MSM or bisexual males (66%), aged 20-29 years (47%), 32% of MSM and bisexual men <u>had never tested for HIV</u>. Condomless sex was the most common reason for testing for HIV (46%). Convenience was the most common requesting an HIVST (79%). The majority of participants did not want to engage in a pre-test discussion (91%).

Conclusion: This study addresses important gaps in understanding acceptable and feasible ways to integrate HIVST into the existing suite of HIV testing options in a manner that increases testing frequency. The findings will inform the actions needed to enhance access to HIVST for MSM wishing to use this technology in Australia, especially those who have never tested and infrequent testers.

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