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

Judith Dean¹, Sara FE Bell¹, Jime Lemoire², Joseph Debattista³, Andrew M Redmond²,4, Charles F Gilks C¹, Owain D Williams OD¹

¹School of Public Health, University of Queensland, ²Queensland Positive People, ³Metro North Public Health Unit, ⁴Metro North Hospital and Health Service.

Background

- HIV self-testing (HIVST) addresses known barriers and increases HIV testing¹,²,³,⁴,⁵

- Lack of regulated kits on Australian market
  - Obstacle to HIVST uptake
  - Ordering of substandard kits⁶

- Important to gather evidence on the contexts and methods by which HIVST can be disseminated and used.⁵,⁷
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 Squirt 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 \((p=0.09)\).

![Pre-test information choices](image)

**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

Contact details

Dr Judith Dean
j.dean4@uq.edu.au

Ms Sara Bell
sara.bell@uq.edu.au
References


