Use of diverse modalities to facilitate access to HIV testing for New Zealand key populations

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Background/Purpose

Reducing rates of undiagnosed HIV in New Zealand is a core strategic goal for the New Zealand AIDS Foundation (NZAF). Ensuring NZAF provides testing services to gay, bisexual and other men who have sex with men (GBM) that are equitable, accessible and acceptable is essential.

The NZAF delivers a range of rapid HIV testing service types both within and beyond clinic settings, to meet the diverse needs of priority populations. These testing modalities include:

- point-of-care rapid testing delivered by peers at community health centres (booked appointments or walk-in),
- outreach testing at sex-on-site (SOS) venues
- HIV self-testing distributed online and through events.

All modalities except HIV self-testing include complementary rapid syphilis testing, and in some cases gonorrhoea/chlamydia self-collected samples.

The aim of this project was to assess whether providing additional testing modalities effectively targets more diverse client sub-populations.

Figure 1. Left to right: Outreach testing at a sex-on-site venue; Clients waiting for walk-in testing at an NZAF community health centre; A peer-delivered point of care rapid HIV test; A man using an oral fluid HIV self-test.

Approach

We analysed NZAF HIV testing client data from the period between May 2018 and April 2019. It includes ethnicity, reported condom use, and previous testing. We compared client characteristics associated with different testing modalities. Pearson's Chi-squared test of trend was used to determine significant variation between testing modalities.

Outcomes/Impact

Significant variance was found for each of the client variables examined by testing modality.

Clients who tested via HIV **self-testing** were more likely to identify as Māori, more likely to report non-recent testing and more likely to report infrequent condom use when compared to other testing modalities.

Clients who tested via **sex-on-site venue** outreach were less likely to report infrequent condom use when compared to other testing modalities, but interestingly, more likely to have a positive test result.

Innovation and Significance

Understanding demographic profile and risk factors of clients using different testing service types is useful in evaluating their effectiveness. These insights can support how NZAF apportion future testing resources and more importantly the ways that we can target testing communication in relation to each testing opportunity.

Complementary STI screening across some modalities provides opportunistic screening for this population who experience a high STI burden. Ongoing challenges include providing access to STI screening for HIV self-testing clients.

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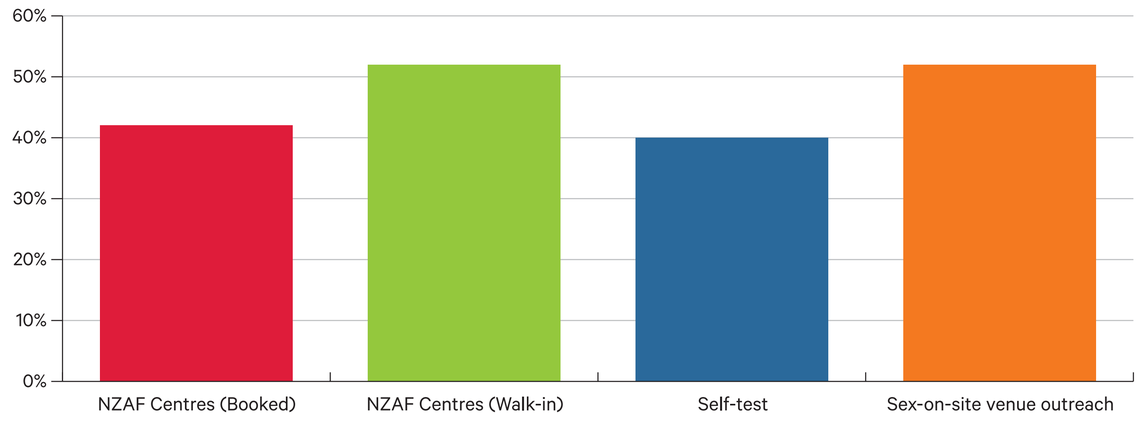

Figure 2. % of GBM clients identifying as non-European/Pākehā, by testing modality

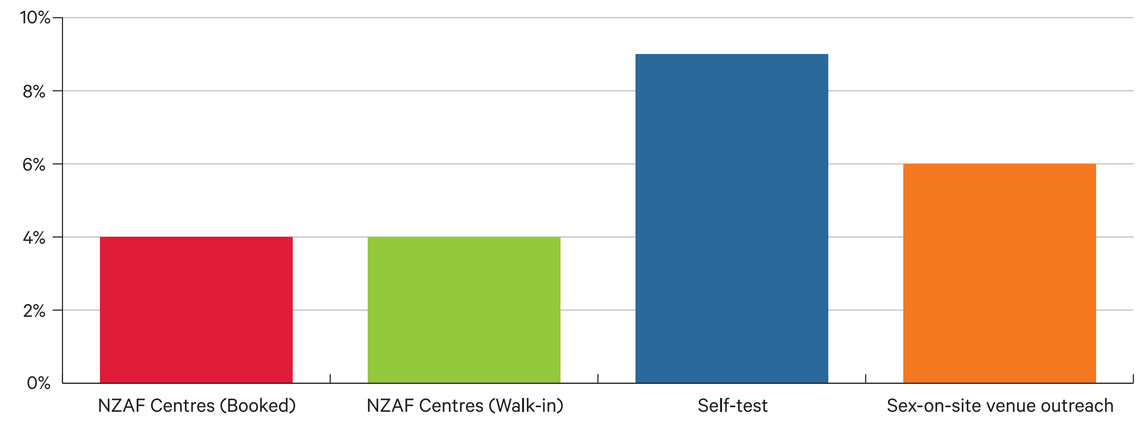

Figure 3. % of GBM clients identifying as Māori, by testing modality

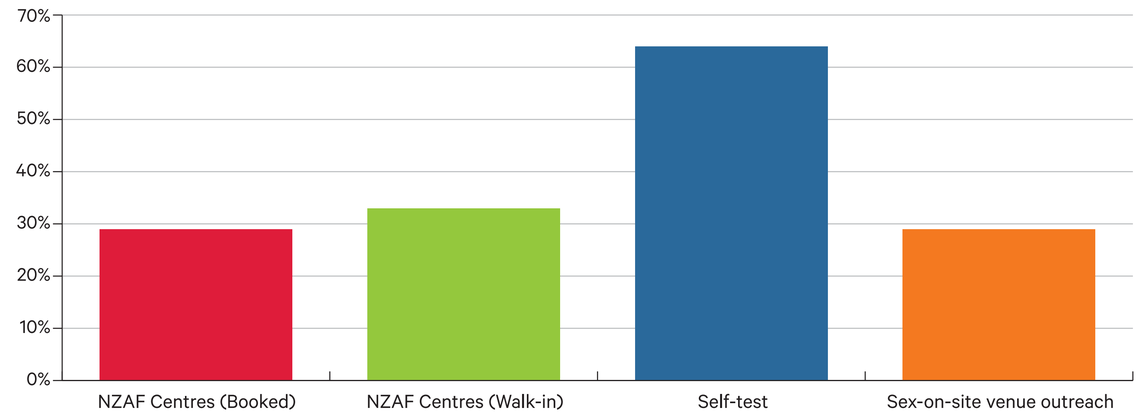

Figure 4. % of GBM clients reporting non-recent testing (never or not in last 12 months), by testing modality

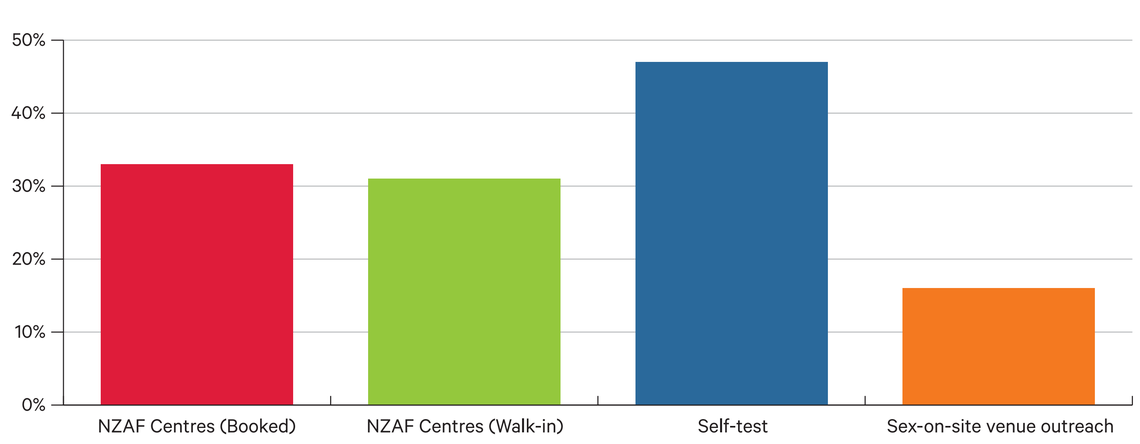

Figure 5. % of GBM clients reporting infrequent condom-use with casual partners, by testing modality

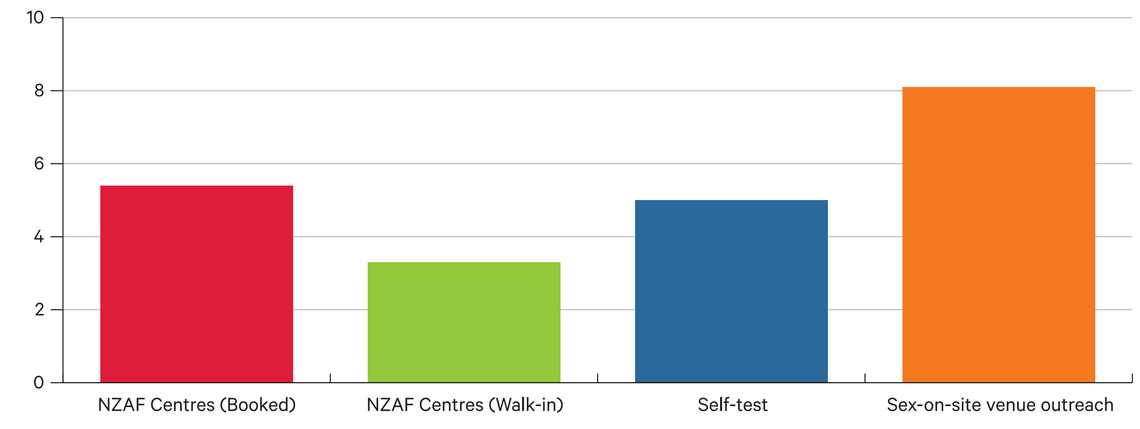

Figure 6. HIV positivity rate (positives per 1000 tests), by testing modality

Numbers for Figures 2–6: *NZAF Centres (Booked): 2206. NZAF Centres (Walk-in): 611. Self-test: 1261. Sex-on-site venue outreach: 124.*
Chi-squared value for Figures 2–5: *P=<0.001*