ONLINE HIV SELF-TESTING (HIVST) SERVICE IN QUEENSLAND: USERS, USAGE AND USABILITY

SARA BELL1, JUDITH DEAN1, JIME LEMOIRE2, IZRIEL DURKIN2, JOSEPH DEBATTISTA3, ANDREW REDMOND4, 4 CHARLES GILKS5, OWAIN WILLIAMS1

1School of Public Health, The 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 in conventional HIV testing models1,2,3,4. However, lack of access to regulated HIVST kits on the Australian market remains an obstacle to testing. People wishing to test for HIV at home may acquire substandard kits online from overseas5. This study piloted an integrated model of online ordered free HIVST kits including written participant information, hosted by a peer-led People Living With HIV (PLHIV) community organisation, to increase access to HIV testing.

METHODS

Recruitment strategies, outlined in Figure 1, were designed to engage men who have sex with men (MSM), especially non and infrequent testers and/or those living outside major Queensland cities.

Participants accessing the HIVST online ordering web page were directed to a series of registration questions, to collect demographics, HIV testing history and other factors, and access to a Participant Information Sheet.

Participants were offered three options for pre-test information and/or telephone contact with a peer prior to mailing the HIVST kit including written pre and post-test information and instructions for use.

A two week follow-up telephone call ascertained participants’ test results, consent to a follow-up testing experience survey and in-depth interview.

Univariate, bivariate and multivariable analyses were performed.

RESULTS

From 1 October 2016 to 17 April 2018, 794 participants ordered 927 HIVST kits.

Of 794 first orders;

- 62.3% (494) were MSM
- 47.8% (380) 20-29 years old
- 38.4% (305) lived outside a major city
- 59.1% (469) earnt <$50,000/annum
- 10.2% (81) had no Medicare card
- 49.5% (393) were willing to pay for HIVST
- 1.7% (13) were willing to pay more than AU$51 (equivalent USA and UK retail price)
- 44.5% (353) had not previously tested for HIV. This was significantly associated with otherwise testing elsewhere without this project (Fisher’s Exact Test (FET) p=0.018).

Reasons for use of HIVST included;

- 78.9% (616) Convenience
- 44.2% (345) Not having to wait for results
- 52.4% (253) Not wanting to talk to anybody
- 23.4% (183) Fear of stigma
- 95.1% (755) chose not to engage with a peer test facilitator pre-test, with lack of engagement being significantly associated with no previous HIV testing (FET p=0.046).

REFERENCES


ACKNOWLEDGEMENTS

Our gratitude is extended to the study participants for their generous gift of time and engagement.

Disclosure of Interest Statement

The Pilot and Evaluate Integrated HIVST Service Delivery in Queensland for Policy and Service Development project was funded by an HIV Foundation Queensland grant. No pharmaceutical grants were received in the development of this study.