



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

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BACKGROUND

HIV self-testing (HIVST) addresses known barriers in conventional HIV testing models^{1,2,3,4}. 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) earned <\$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 not 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
 - 32.4% (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 $p=0.046$).

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Disclosure of Interest Statement

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Trial Registration details

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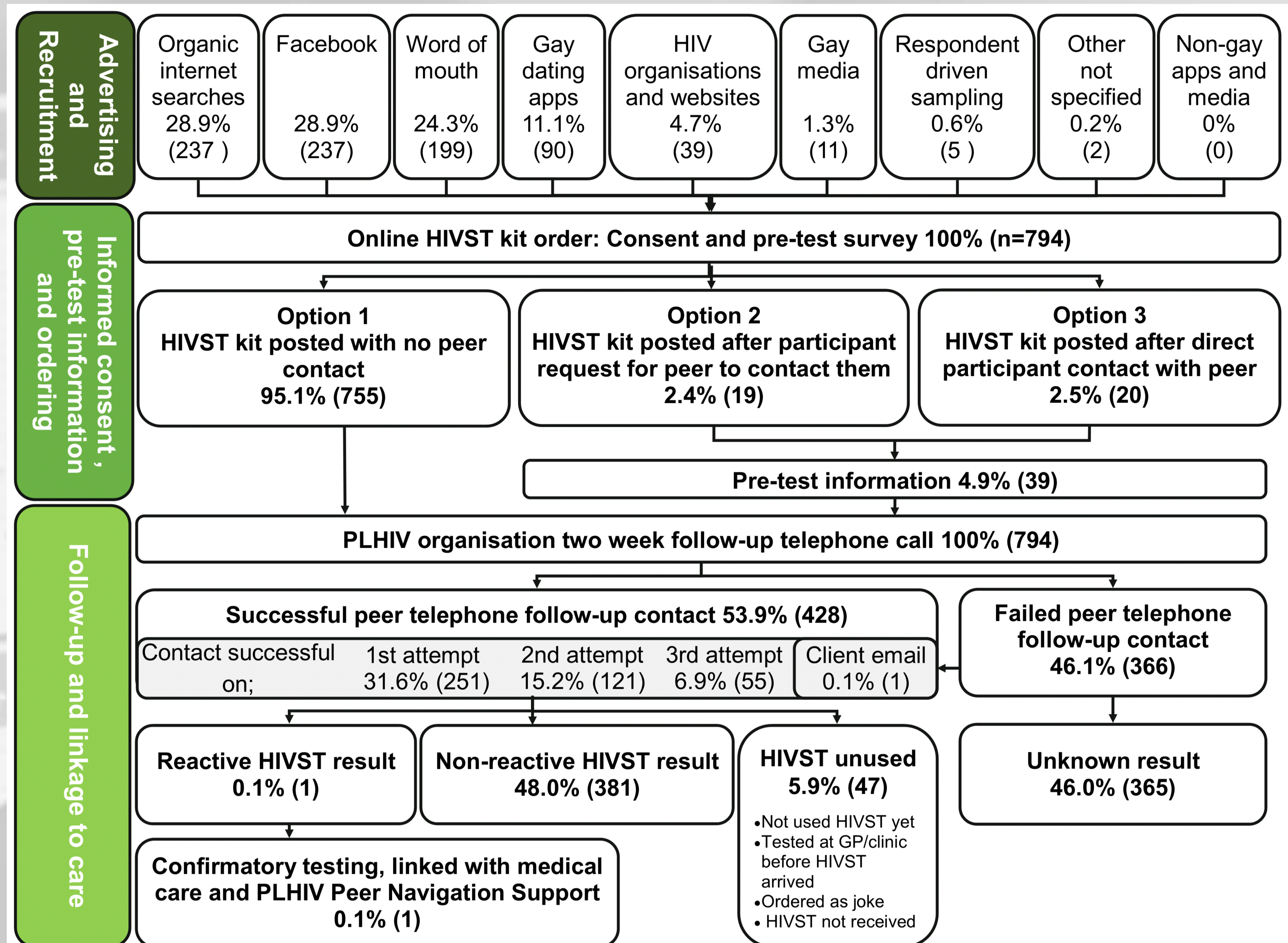


Figure 1: Online HIV self-testing study flow of first orders

(Note: percentages are of all first ordered HIVST (n=794))

- Generalized linear modelling indicated identifying as MSM to be a significant predictor for repeat ordering (Wald=6.139, $p=0.013$). Previous HIV testing and living outside a major Queensland city were not significant predictors.
- Failed follow-up contact (46.1%) was not associated with 'not wanting to talk to anybody' as a reason for self-testing (FET $p=0.401$) or previous HIV testing experience (FET $p=0.719$).
- 84.9% (208/245)** of the participants responding to the post-test online survey after their first order, **agreed or strongly agreed to a preference to test for HIV at home.**

CONCLUSION

- The study identified online access to HIVST as an important addition to the existing suite of testing options in Queensland, particularly for those who have never tested or who would not have tested through other methods.
- This well received model of HIVST distribution, hosted by a peer PLHIV community organisation, can ameliorate psychosocial, financial and geographical barriers to HIV testing whilst providing support for those wishing to test for HIV if desired.
- Reasons for the substantial failed follow-up contact are unknown; however a previous Queensland study found participants reluctant to engage with peer telephone contact⁴.
- With less than 2% of participants willing to pay the anticipated retail price, this study suggests market-driven online HIVST dissemination is unlikely to increase HIV testing rates. Government should consider implementing funded or subsidised HIVST programs.



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