

Barriers to targeted HIV testing in a culturally diverse urban setting in Australia: should we adopt routine HIV testing in priority settings?

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Background:

Eleven percent of people with HIV in Australia remain unaware of their diagnosis; missed opportunities for diagnosis may be related to Australia's targeted HIV testing strategy. HIV testing has reduced HIV transmission; however, the relative proportion of new HIV diagnoses among culturally and linguistically diverse (CALD) communities is increasing. Western Sydney Local Health District (WSLHD) has a large CALD population. HIV testing remains low outside of sexual health clinics with the exception of antenatal settings. To understand why HIV testing rates are low, we first need to identify health care worker (HCW) barriers to HIV testing.

Methods:

An anonymous on-line survey of staff working in WSLHD through intranet communication in September 2019. Participants' responses including Likert scale and free text were analysed using Chi-squared and Kruskal-Wallis statistical tests.

Results:

Approximately 3% of WSLHD's estimated 13,000 employees responded (n=420, including 171 nurses, 65 doctors, 56 allied health professionals [AHP], 25 midwives and 103 employees in non-clinical roles). Staff worked across a variety of in-patient/out-patient settings (emergency departments, n=29, 6.9%; mental health, n=14, 3.3%; drug health, n=4, 1.0%). Many staff (291/420, 69%, 95%CI=64.9%-73.7%) were unaware that HIV testing is offered in their areas, doctors (82%) and midwives (80%) were more aware than nurses (23%) and AHPs (11%) (p<0.0001). Doctors and midwives were significantly more comfortable than nurses/AHPs to discuss and confidently offer HIV tests (p<0.0001). The top-five barriers were procedural knowledge, identification of patients-at-risk, HIV knowledge, positive result management and privacy concerns. Free text responses highlighted stigma, testing/result responsibilities and resource challenges as barriers.

Conclusion:

This is the first assessment of HIV testing barriers in a health district in Australia. Prioritising strengthening clinical leadership and HCW education is a first step to implementing routine HIV testing in priority settings to decrease stigma and avoid missed HIV testing opportunities.

Disclosure of Interest Statement:

None.