



African HIV Research Forum

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HIV testing in community settings – the fasTest pilots

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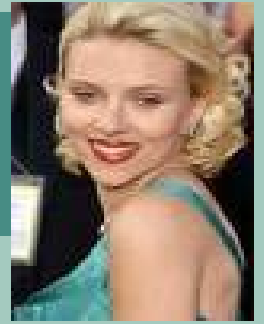
& the fasTest study group



CDC: Revised Recommendations for HIV Testing (2006)

“HIV screening is recommended for patients in all health-care settings ... unless the patient declines (opt-out screening). Persons at high risk for HIV infection should be screened for HIV at least annually.”

Scarlett Johansson



One has to be socially aware. It's part of being a decent human to be tested for STDs. It's just disgusting behaviour when people don't. It's so irresponsible."



Making it Count (2003)

“Reduce the average time between HIV infection and HIV diagnosis in men who become infected”.



fasTest sites



THT South in **Brighton**

THT West in **Bristol**

THT Yorkshire in **Leeds**

Lighthouse South in **South Central London**

Lighthouse West in **North West London**

Peckham Pulse Health & Leisure
in **South East London**



fasTest basics

FASTeST
Fast Accessible Simple

- Abbott determine HIV 1&2 test.
- Abbott positives gave immediate blood sample for confirmation.
- Abbott positives fast-tracked to the HIV clinic of the collaborator.



3 elements to the evaluation...

- [1] **Monitoring** of service provision and follow-up through HIV care services.
- [2] A self-complete 4 page **questionnaire** for all fasTest users.
- [3] All POSITIVES were asked to consent to a follow-up **telephone interview**.



Monitoring of service provision

192 fasTest sessions

at an average of 32 sessions per site

1278 clinical staff hours

1721 HIV tests

at an average of 9 tests per session, or
1 HIV test every 45 minutes of clinical
staff time



Users self-complete questionnaire

Given out by receptionist / greeters.

Accompanied by *Patient Information Sheet*.

Available in English & French.

Completed prior to test.. waiting

Emphasis of the questionnaire

Demographic profile;

Experience of HIV / STI services;

Sexual risk profile;

Reasons for choosing fasTest.

(expectation of HIV test outcome)

DATA 1: Who used fasTest?

Demographic profile of users

1530 people completed the questionnaire (a response rate of 90%), including 171 Africans

Africans using fasTest (n=171)

THT South = 0 (gm only)

THT West = 2 (1.7%)

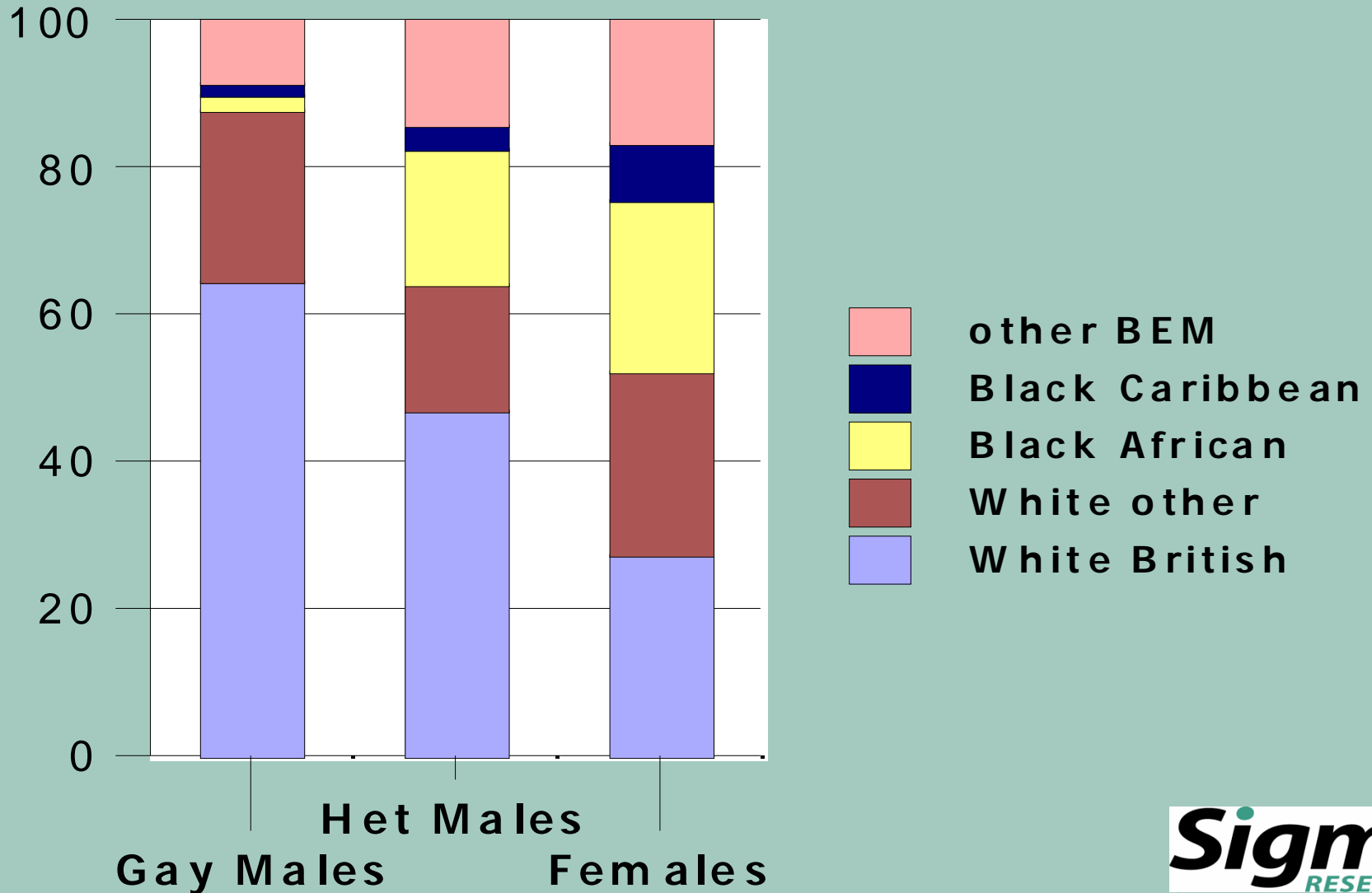
Lighthouse South = 16 (6.3%)

THT Yorkshire = 18 (8.1%)

Lighthouse West = 57 (12.8%)

Peckham Pulse = 78 (39.8%)

ALL: Ethnicity



ALL: Country of birth

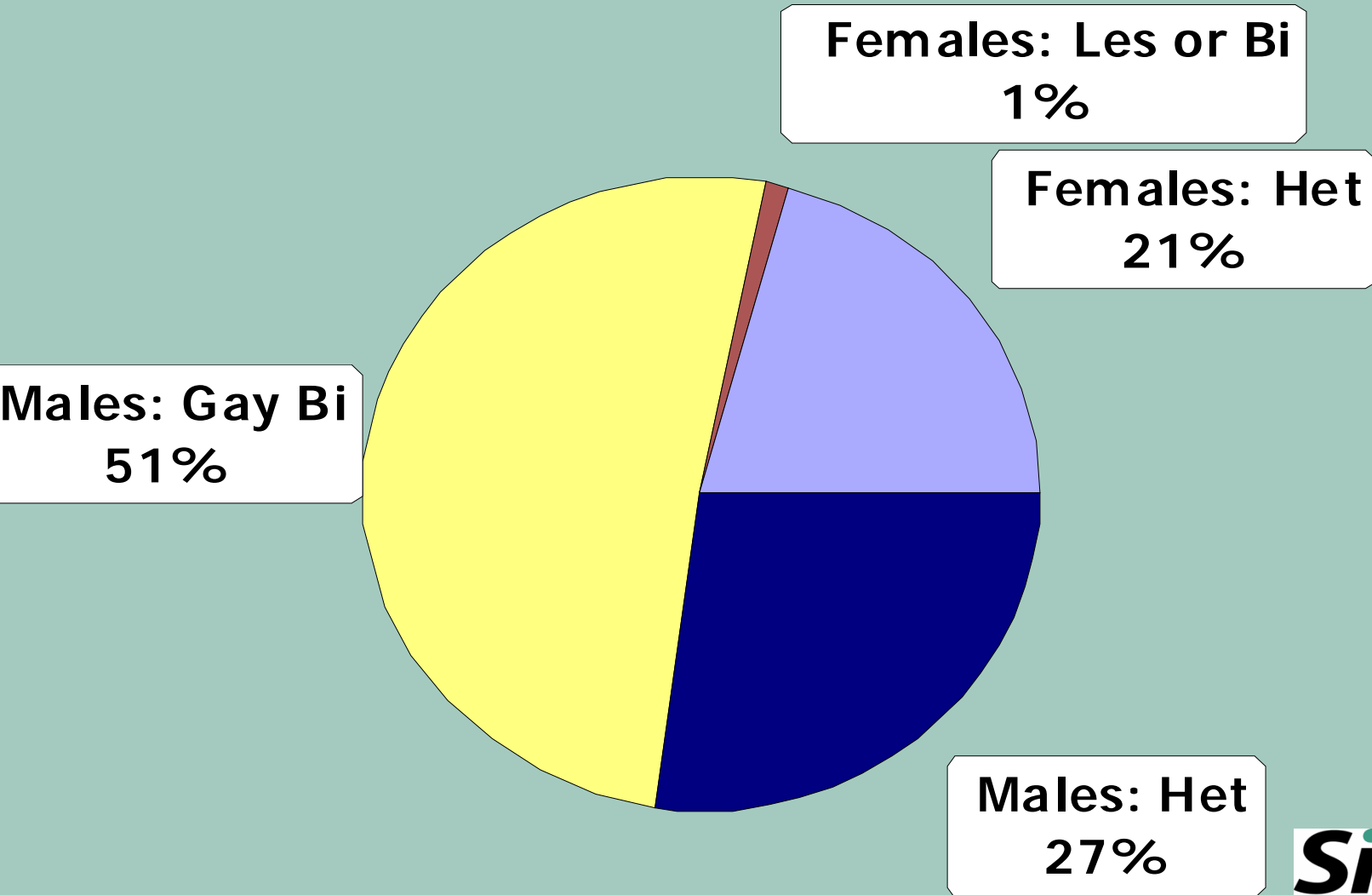
- 62% were born in the UK
- 13% other European country
- 12% African born

- 102 different countries of birth were represented in the sample

Africans: UK residence

- 2% “just visiting”
- 9% <1 year
- 30% 1-5 years
- 21% 5-10 years
- 29% 10+ years
- 9% Always

ALL: Gender and Sexuality



Africans: Gender and Sexuality

- 10% (16) gay or bi. males
- 46% (76) heterosexual males
- 42% (70) heterosexual females
- 2% (3) lesbian or bi. females

ALL: Lived in host PCT

Less than half of all fasTest users lived in the PCT where the service was based.

- **Varied enormously by site**
- **Does NOT vary by ethnicity**

ALL: Average AGE (median)

27 for heterosexual women

30 for heterosexual men

31 for Gay or Bisexual men

Africans: Average AGE (median)

31 for heterosexual women

33 for heterosexual men

27 for Gay or Bisexual men

ALL: Education <3 years post 16

- 29% of Gay or Bisexual men
- 22% of heterosexual males
- 21% of heterosexual females

The sample was well educated

Gay or Bi men were least well educated.

Africans most educated (14% < 2yrs)

DATA 2: sexual health services ..

Any questions on demographics?



Previous STI screening

- 21% of Gay or Bisexual men had NEVER had an STI screen.
- 25% of heterosexual females.
- 38% of heterosexual males.

- **28% of Africans had NEVER had an STI screen.**



NEVER had an HIV test

- **39% of African fasTest users had NEVER had an HIV test**

Compared to other heterosexuals, Africans were more likely to have tested before!

- 26% of Gay or Bi men had NEVER had an HIV test.

Africans: Reasons for never testing (n=55)

Not important to know my status (3%)

Did not know test existed (4%)

Would cause relationship problems (6%)

People I know don't approve (7%)

Afraid of discrimination if test (7%)

Africans: Reasons for never testing (n=55)

Afraid of discrimination if positive (9%)

Too afraid of positive result (9%)

Did not TRUST the places I knew (9%)

No risk – no reason to test (21%)

Did not know WHERE to test (32%)

DATA 3: choosing fasTest

**Any questions on prior use of
HIV & STI testing?**

Africans: Choosing fasTest (1)

3% because it uses finger-prick test

3% don't like going to SHC

6% found it difficult getting an appointment at GUM

12% because friends recommended it.

23% did not know where else to test.



Africans: Choosing fasTest (2)

- 31% chose fasTest because *it was more convenient than GUM*
- 50% chose fasTest *because the test result was available at the same visit*

DATA 4: Sexual risk profile

**Any questions on prior use of
HIV and STI testing
services?**



Heterosexual men

In the last year:

- 14% had 5+ female partners
- 4% had male partners

- 80% had UI with a woman
- 2% had UAI with a man

- 0% had sex with a man or a woman they knew to have HIV



Heterosexual women

In the last year:

- 9% had 5+ male partners
- 83% had UI with a man
- 5% had sex with a man they knew to have HIV



Gay or Bisexual men

In the last year:

- **28%** had 13+ male partners
- **71%** had UAI with a man
- **25%** had sex with a man they knew to have HIV

DATA 5: HIV diagnoses

**Any questions on sexual
behaviour?**



HIV diagnosis (1)

6 people were diverted from testing when their prior positive diagnosis was discovered before their fastTest (one of those attended 4 times).

3.0% received a positive result (n=55).

There was

- 1 FALSE positive.
- 4 confirmed PRIOR positives tested positive.

HIV diagnosis (2)

3.0% received a NEW positive result (n=50).

Of which 44 were confirmed on serology. Giving a 2.6% confirmed HIV prevalence.



HIV diagnosis (3)

3.0% received a NEW positive result (n=50). Of which:

- **30 entered HIV care at the clinic of the provider.**
- **7 were known to have entered care elsewhere.**
- **It is not know where the other 13 entered HIV care.**

HIV diagnosis (4)

We have follow-up serology data for 35 of 50 positives (70%).

Mean initial CD4 384 (sd 222)

Median 397 (range 7 - 946)

Mean initial VL 126,935 (sd 277,660)

Median 48,337
(range 50 - 1 million)



HIV prevalence: hetero FEMALES

2.3% received a NEW fastTest positive result.

7.1% among Black African heterosexual females (5/70)

HIV prevalence: hetero MALES

1.7% received a NEW fastTest positive result.

2.6% among Black African heterosexual males (2/76)

HIV prevalence: Gay or Bi men

3.8% received a NEW fastTest positive result.

12.5% among Black African gay or bisexual men (2/16)

African heterosexual FEMALES

2 (of 68) African heterosexual females expected a positive result.

- **1 was wrong – 1 was right.**

5 (of 76) African heterosexual females received a positive result.

- **2 had expected negative result**
- **2 couldn't say – 1 was right.**

African heterosexual MALES

1 (of 70) African heterosexual males expected a positive result.

- **He was NEGATIVE.**

2 (of 76) African heterosexual males received a positive result.

- **1 had expected to be negative.**
- **1 had said he COULD NOT SAY.**

African Gay or Bisexual MALES

2 (of 16) African gay or bisexual males expected a positive result.

- **BOTH WERE NEGATIVE**

2 (of 16) African gay or bisexual males received a positive result.

- 1 had not answered.
- 1 had said he **COULD NOT SAY.**



Comparison to standard GUM

- The Milne Centre for Sexual Health @ Bristol Royal Infirmary.
- The Claude Nichol Centre @ Brighton & Sussex University Hospital.
- John Hunter Clinic @ Chelsea & Westminster Hospital (London).



fasTest v standard GUM (Brighton)

- **The comparison was of 278 gay men attending THT South in Brighton and 191 attending standard GUM and receiving an HIV test.**
- High rates UAI, HIV positive partners, multiple male partners BUT NO DIFFERENCE between the sites.
- **fasTest users were younger;**
- **GUM testers were more likely to have HIV.**

fasTest v GUM Abbott (London)

- The comparison was of 404 people attending Lighthouse West and 171 attending a fasTest-type clinic in a standard hospital setting.
- High rates UI, HIV positive partners, multiple partners BUT NO DIFFERENCE between the sites if we control for sexuality and ethnicity.
- **fasTest users were younger;**
- **GUM testers were NO more likely to have HIV.**

Nearly there ...

I will conclude by commenting briefly on some of the evaluation questions that arise from the fasTest pilots and their evaluation.



Evaluation questions - 1

[1] **FEASIBILITY:** fasTest-type clinical interventions in community settings are feasible. They are NOT easy to establish, maintain or fund.

[2] **COST:** We estimate each fasTest costs about £135. This ranges from £85-175 depending on the volume of users attending the site.

Evaluation questions - 2

[3] **ACCESS:** Comparisons with standard HIV testing services show no evidence that these satellite testing sites diagnose people any earlier in their disease history.

However, fasTest **expands choice** and **increases capacity**.

It is not clear what impact fasTest might have on the demand for standard HIV testing services.

Evaluation questions - 3

[4] **ACCEPTIBILITY:** fasTest type service is highly acceptable to users. It is a very welcome additional option to establish HIV status.

[5] **NEED:** fasTest recruited 1721 people who wanted to know their HIV status.

- 3% of them subsequently received an HIV diagnosis.

Evaluation questions - 4

[6] **EFFECTIVENESS**: more research needed but Abbott test seems effective.

[7] **EFFICIENCY**: more data needed, especially comparative analysis with the cost of traditional HIV testing interventions in GUM, primary care and ante-natal services.

THANKS! fasTest study group

Birmingham: Staff of **THT Midlands** and the **Whittall Street Clinic GUM** especially Matt Keogh, Ewan Jenkins, Louise Fellows and Professor Jonathon Ross.

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THANKS! fasTest study group

London

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Thank you

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