



# **African HIV Research Forum**

## **Thursday 14<sup>th</sup> November 2007**

# **HIV testing in community settings – the fasTest pilots**

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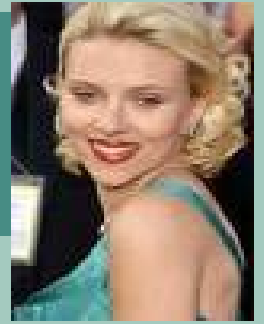
**& the fasTest study group**



# 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%)

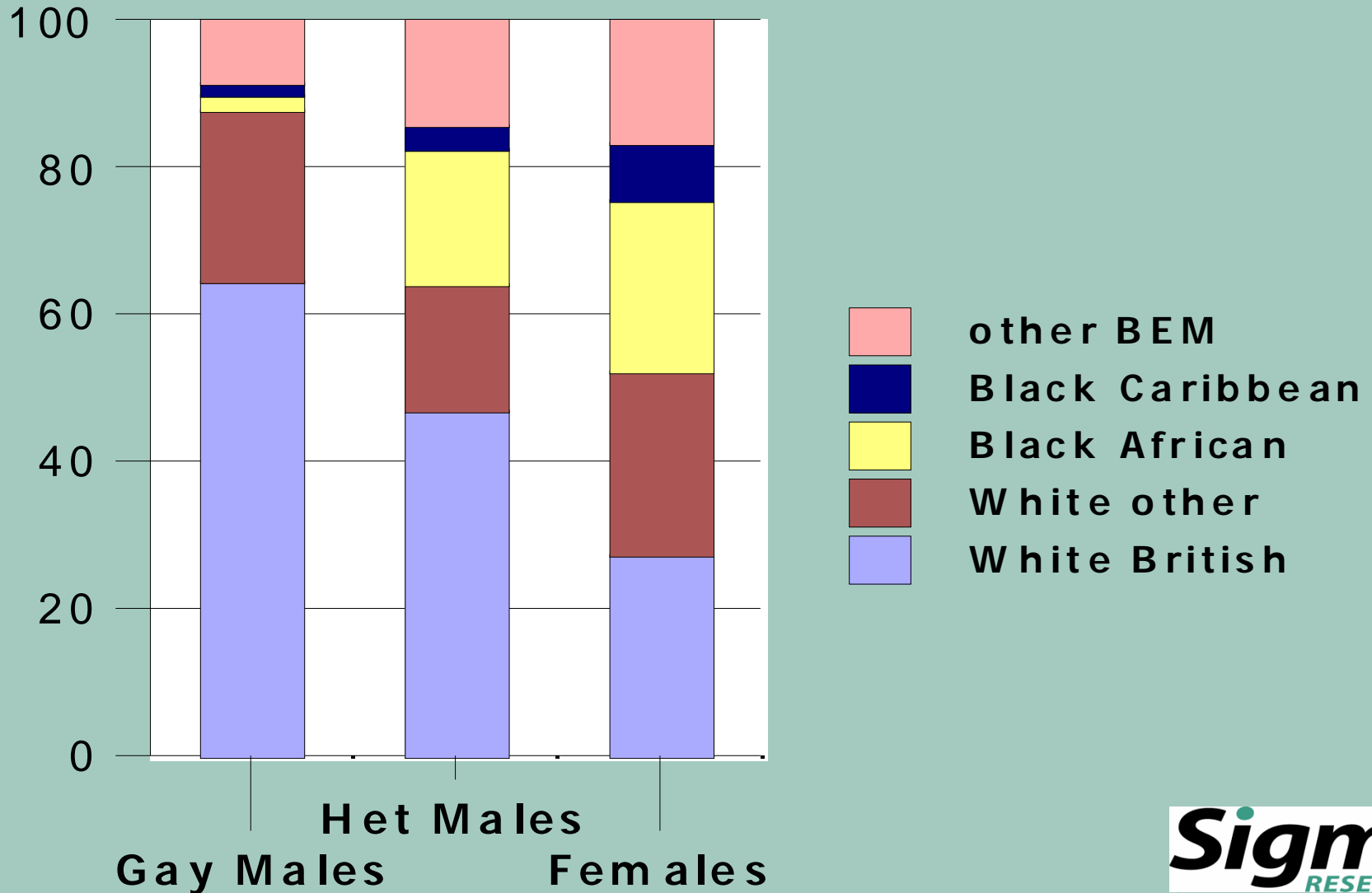
Lighthouse South = 16 (6.3%)

THT Yorkshire = 18 (8.1%)

Lighthouse West = 57 (12.8%)

Peckham Pulse = 78 (39.8%)

# ALL: Ethnicity



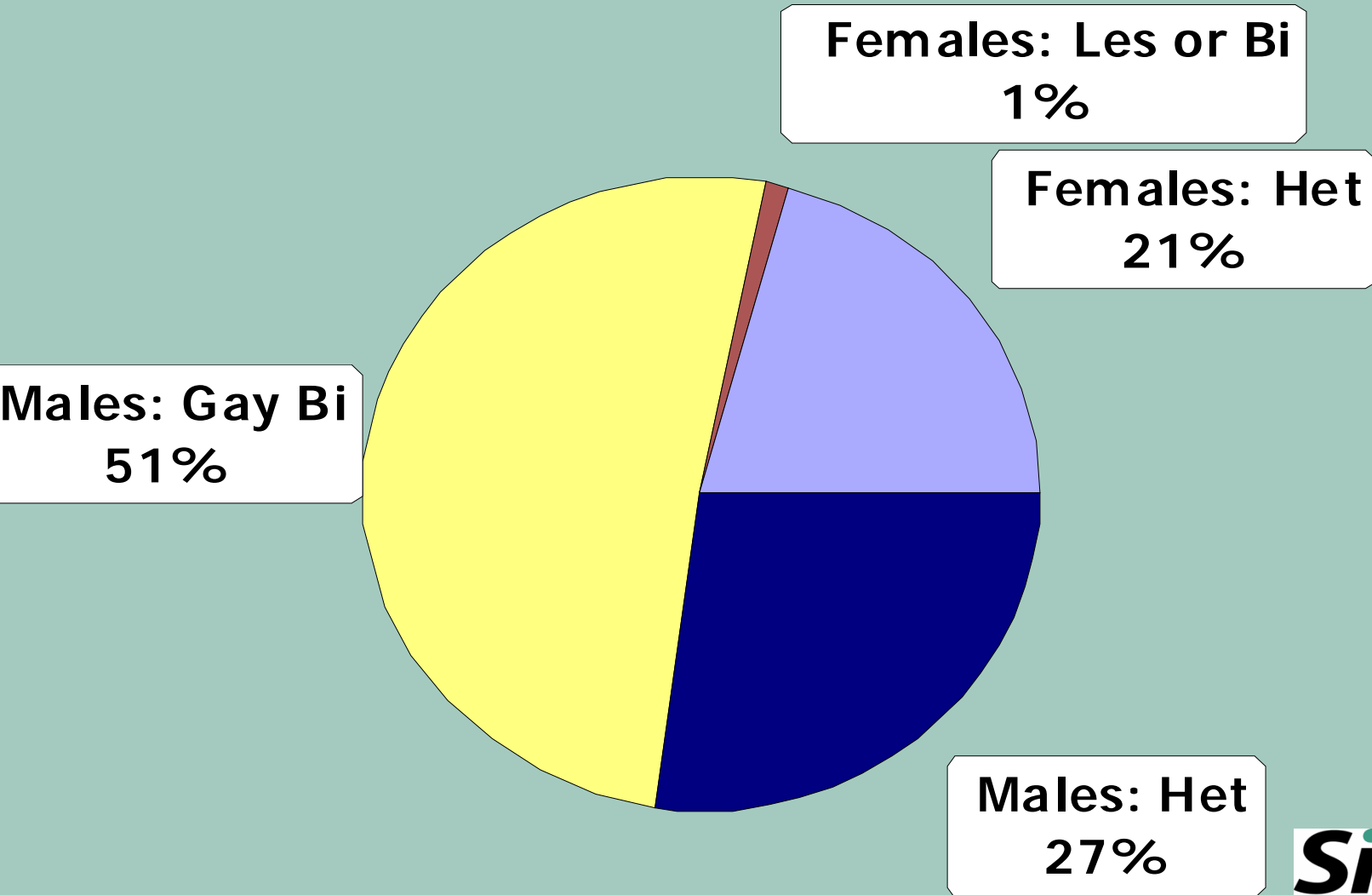
# ALL: Country of birth

- 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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Staff of **Peckham Pulse Health & Leisure**.

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