

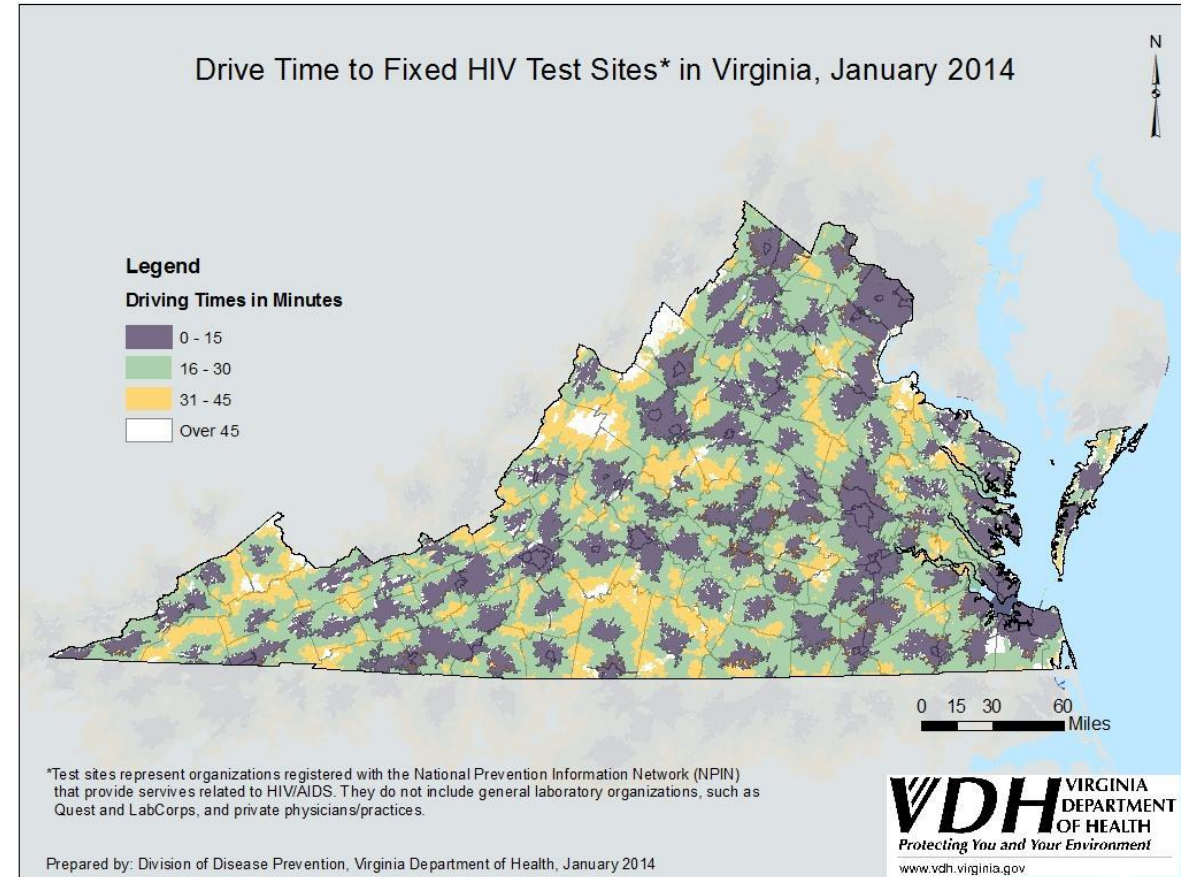
HIV Self-Testing: **Where We're At,** **and Why it Matters**

Virginia Department of Health, Division of Disease Prevention

Bryan C. Collins, MFA

Obstacles Facing Provider-Based Testing

- Provider-based testing requires:
 - A facility
 - A way to get to the facility
 - Accessible to public transportation?
 - Time to get to the facility
 - When are they open? When is clinic?
 - Interacting with people at the facility
 - Do they know me? Can they be trusted?
- Even one of these barriers can discourage someone from getting tested.



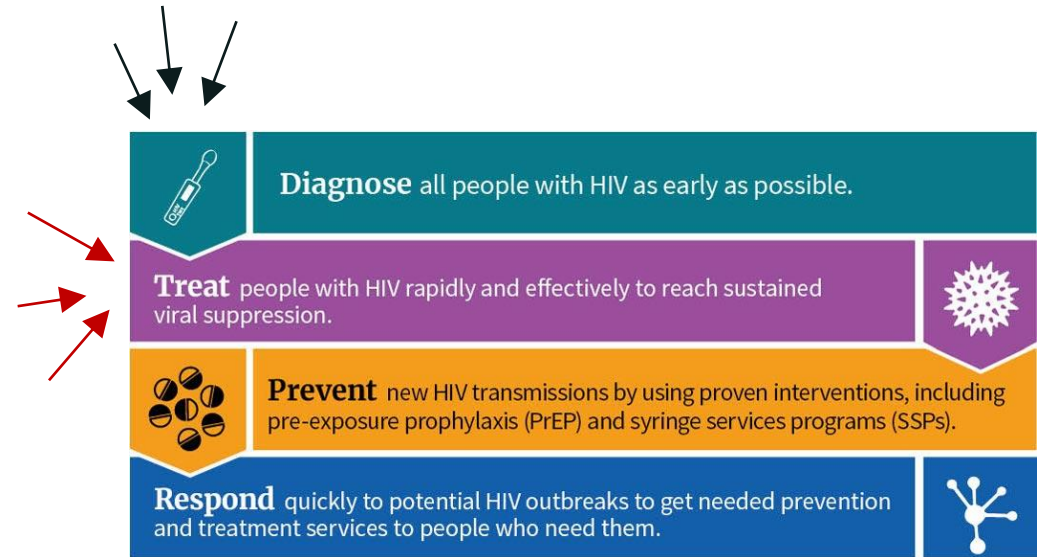
Benefits of Self-Testing

Expands access to clients who can't/won't get tested:

- Geographic isolation
- Stigma/Lack of cultural sensitivity
- Anxiety about getting result in public
- Concern about confidentiality
- Distrust of government
- Scheduling conflict
- Lack of insurance

Encourages knowledge of HIV status:

- *Vital Signs*: In 2016, 38% of new infections caused by people who did not know they were infected.



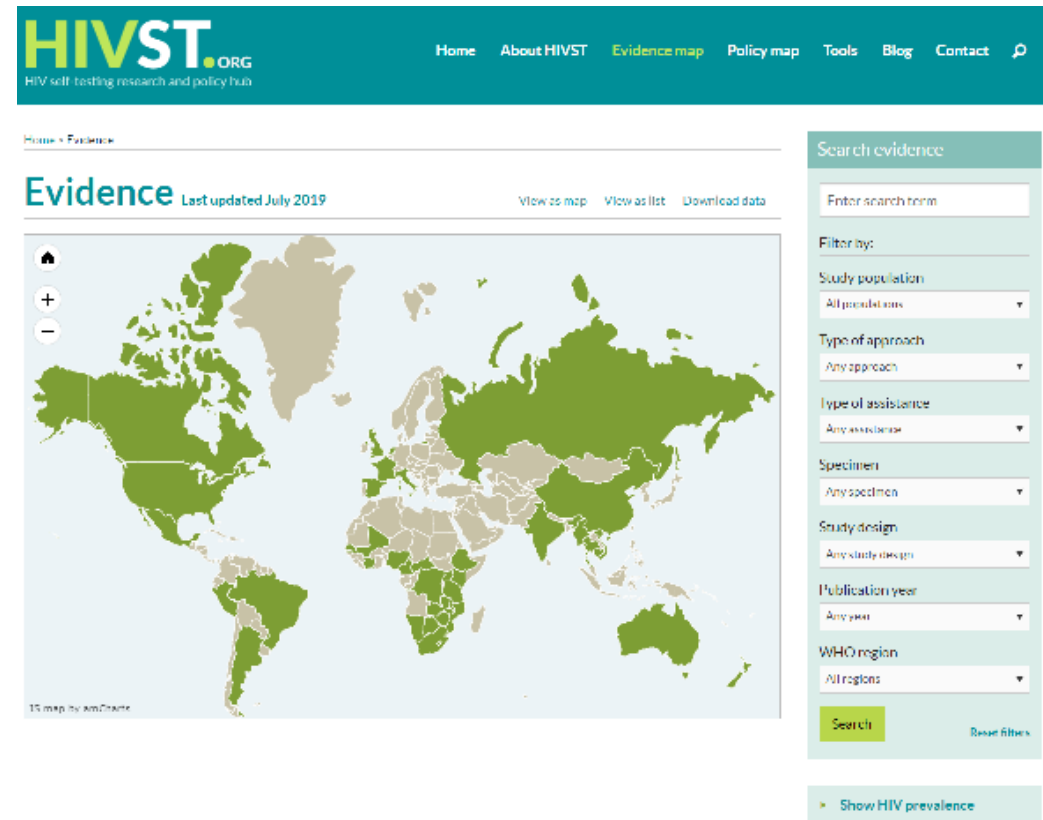
What is HIV Self-Testing?

- Client collects oral or dried blood spot (DBS) sample.
- Test runs immediately, or is shipped to a lab for processing (if DBS).
- In-person interaction with test counselor not necessary.
- The immediate result of an oral self-test will only be known to the client.
- Clients may self-report results, or they may not.



HIV Self-Testing Research

- Understatement: lots of research has been done on HIV self-testing.
- Studies have focused on:
 - Knowledge and perceptions of self-testing
 - Demographic/risk factors associated with self-testing
 - Feasibility and acceptability of self-testing
 - Methods and venues for distributing self-tests
- Studies have largely focused on MSM and trans-identified people.
- [HIVST.org](https://www.hivst.org)



The screenshot shows the HIVST.org website's 'Evidence' page. The header includes the HIVST.ORG logo and navigation links: Home, About HIVST, Evidence map, Policy map, Tools, Blog, and Contact. The main content area is titled 'Evidence' and includes a sub-header 'Last updated July 2019'. Below this is a world map with green and brown shading, indicating research locations. To the right of the map is a search and filter panel. The search bar is labeled 'Search evidence' and contains the text 'Enter search term'. Below the search bar are several filter options, each with a dropdown menu: 'Filter by:', 'Study population' (All populations), 'Type of approach' (Any approach), 'Type of assistance' (Any assistance), 'Specimen' (Any specimen), 'Study design' (Any study design), 'Publication year' (Any year), and 'WHO region' (All regions). A 'Search' button is located at the bottom of the filter panel. Below the search bar is a 'Reset filters' link. At the bottom of the page, there is a link to 'Show HIV prevalence'.

eSTAMP Study Methods

- 11,661 participants screened for eligibility—2,665 participants ultimately recruited.
- Participants randomized to self-test (ST) or control group.
 - 1,325 participants randomized to ST group.
 - ST participants were sent four self-tests to use themselves or give away—could request add'l tests during study follow-up.
 - Participants reported test results through online surveys or phone calls.
 - Completion of study activities was incentivized—maximum incentive was \$90.
- Primary Study Outcomes
 - Frequency of HIV testing
 - Number of new diagnoses (both participants and social network contacts)

eSTAMP Study Findings

- Significant increase in HIV testing frequency
 - At baseline, only 61% in ST group met CDC annual HIV screening recommendation.
 - Mean number of tests in past 12 months was 1.35.
 - At end of trial, 96% in ST group met screening recommendation
 - Mean number of tests in past 12 months was 5.3.
- Distributing self-tests resulted in greater identification of new HIV infection
 - 1.9% positivity in ST group, compared to 0.8% in control group
 - Nearly half of infections were among participants with no HIV test in prior 12 months.
 - 1.2% positivity among social network contacts who were given a self-test
 - 72% self-reported initiating care; no significant difference between ST and control.

Public Health Self-Testing Programs

- A growing number of State and City Health Departments also offer self-testing programs.
 - Statewide programs serve residents of New York, Arizona, Ohio, Maryland, and Virginia.
 - Citywide programs serve residents of New York City and Baltimore.
- Format and eligibility criteria vary by jurisdiction.
 - Generally, public health programs target MSM and trans-identified people who have not been tested recently.
- Experiences from these programs overwhelmingly confirm the findings in the literature.

Virginia's Experience (in brief)

- Program is run entirely out of State Health Department.
- Requests come through online survey and are fulfilled through USPS Regional Rate Program.
- 727 residents of VA and MD were mailed 833 tests in 2019.
 - 46% completed post-test survey.
- 97% of clients would recommend the program to others. Clients frequently leave narrative feedback.



Common Concerns from Public Health Departments

- Cost of implementing self-testing
 - Purchasing self-tests
 - Promoting/advertising program
- Labor required to implement self-testing
- Lack of self-reported results from clients
- Confirmatory/diagnostic testing and linkage to care

Considerations for Health Departments

- There are a number of models for self-testing implementation
 - Each model has been developed/adapted to suit its jurisdiction
- Data collection matters
 - Self-tests aren't reported to CDC the same way that other tests are.
 - Determine what information will be most useful to demonstrate impact.
- Self-testing is cost-effective
 - eSTAMP study found cost of \$61 per test, or \$145 per person tested.
- Even if clients do not self-report a positive test, they are likely to quickly access follow-up testing.

Considerations (cont'd)

- Self-testing programs encourage more frequent testing.
 - “It's more convenient to do it in my own home and more privacy. Also I get tested every three months with the home test kit which is very important to me.”
 - “This is necessary in a rural area where physicians question why you require the test and are hesitant on giving them freely.”
 - “It was quick, easy, and free. Also, it helped to avoid HIV stigma as I could take the test in private without fear that I would be stigmatized by a doctor or doctor's office staff.”
 - “It's definitely more convenient than going to the doctor's office. You can choose the time when you are ready to take the test, you can choose who's around when you take the test and results and you are not facing any prejudice from the people you do not know.”

Considerations (cont'd)

- Our assumption that clients cannot be trusted to emotionally process a positive test result creates barriers to testing:
 - “It was nice being able to take the first test I was concerned about in privacy which came back to be positive. I fell apart, it would have been awful in public.”
 - “This was amazing to have available. I am scared of going to get my test at a clinic, and probably never would have gotten any sort of HIV screening if it wasn't for this program. Having an option that lets me become aware of the possibility of being HIV positive is something I need in my life for my own health, safety, and confidentiality.”
 - “Because, had I not done it, I would have never discovered my positive finding, and I was too ashamed and anxious to go directly to the local Health Department. This let me have a day to process the positive result, and go to the Health Department the next day for confirmatory testing...I never had symptoms that made me think I needed to get tested. Although my world has flipped upside down and I'm on 1 medication now daily, not knowing would've been worse and I could've developed AIDS.”

Contact Information

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**Home HIV Testing
Aunt Rita's Foundation**

**HIVAZ
+ORC**

Why Home Testing?

Arizona Department of Health Services Pilot Project

- Beginning in late 2017 the Arizona Department of Health Services did a pilot project with 500 home test kits, promoted on Grindr
- Of the 500 kits distributed 4 positive screens were identified and those individuals were linked to care

RFP to Community Organizations in early 2018

- Arizona Department of Health Services issued an RFP to CBO's in Arizona in early 2018 to administer an Arizona Home Test Kit distribution service
- Aunt Rita's Foundation received the award for this new program

Supplementing Existing Testing Programs

- The home test kit program was implemented in Arizona to offer additional options for HIV testing in Arizona that helped to address availability, accessibility, and acceptability



LET'S TAKE THE MYSTERY

Where Did We Start

MysteryKit.org - FREE At-Home HIV Test

- Launched in August 2018

MiPaquete.org - Spanish counterpart to Mystery Kit

- Launched in January 2019

GetTestedAZ.org

- Launched in January 2020 in English and Spanish and replaced MysteryKit and MiPaquete and consolidated other testing initiatives into one website
 - Including the merger of Mystery Kit and Mi Paquete into GTAZ
 - Providing one site with resources for PrEP, linkage to care, and information about different testing technologies



LET'S TAKE THE MYSTERY

Expanding Availability

Number of At-Home Test Kit Requested, by Location		
Partner Distribution	932	33%
Phoenix Suburbs	837	29%
Phoenix	671	24%
Greater Tucson	205	7%
Rural Areas	128	4%
Flagstaff	28	1%
Yuma	22	1%
Prescott	13	<1%
Kingman	11	<1%
Total	2,847	--

Expanding Availability

Number of At-Home Test Kit Requested by Race/Ethnicity

Hispanic/Mexican	1328	47%
White or Other	1317	46%
African American	202	7%

Expanding Availability

Number of At-Home Test Kit Requested by Gender		
Man	1678	59%
Woman	818	29%
Other	351	12%
Total	2,847	--

Community Partners



Univision Arizona

- Twice annual phone banks during their 5:00p.m. news scheduled around AIDS Walk Arizona and National Latino HIV Awareness Day

Chicanos Por La Causa LUCES

- HIV Service Organization in Phoenix with significant service and reach in the Hispanic community and conducting numerous outreach events in greater Phoenix



CPLC LUCES

Measuring Acceptability

- **Data is collected through and anonymous survey**
 - Survey is emailed to individuals 2 weeks after requesting the test
 - Gives time for test to arrive and for it to be administered
- **All surveys show great satisfaction with the process of obtaining an HIV Test**
- **Most common response for the At-Home Test Kit is the convenience behind it**
 - Other responses include transportation issues, stigma, embarrassed to visit a testing facility, no blood involved

Just feel better being able to do it when ever in he privacy of my home

4/14/2019 5:28 AM

Too embarrassed to go in person. Transportation troubles

4/1/2019 1:26 AM

5/13/2019 7:28 PM

Anxiety going to clinic

Simply didn't have the time to do it

9/7/2019 10:39 PM

9/15/2018 9:27 PM

Confidentiality, nervous and embarrassed to go to a Dr or clinic

9/2/2018 2:37 AM

I wanted to be tested in my own home without feeling embarrassed.

2/8/2019 7:16 PM

Distance, expense, confidentiality and ease

10/9/2018 5:10 PM

Cant currently drive due to ankle injury

More convenient

7/17/2019 6:25 AM

2/13/2019 3:04 PM

Confidentiality and convenience of doing it at home

1/31/2020 9:18 PM

Linkage to Care



- **Home HIV Test Kits include**

- Contact information to Aunt Rita's Linkage to Care specialist
- Information about PrEP and PrEP Navigation services
- Treatment information available at HIVAZ.org and VIHAZ.org
- Condoms
- Information about free condoms in Arizona by mail
- Gilead's Healthy Sexual promotions

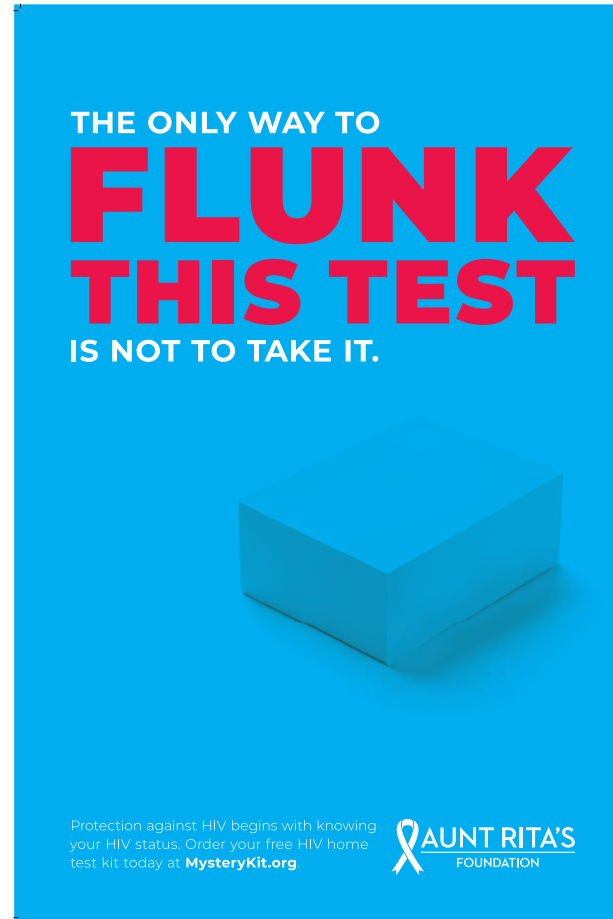
- **Connecting Clients with Positive Result To Care**

- Coordination with Arizona Department of Health Services to identify positive screens with linkage to care through eHARS
- Of initial 1100 tests mailed 6 positive diagnoses identified with subsequent confirmation that all 6 were in medical care
- Of the 6 positives, 4 were new diagnoses and 2 were previously tested positive

Marketing

Ads, posters, and billboards placed throughout the city of Phoenix

- Scruff and Grindr
- Social Media
- Local Magazines
- Bars and nightclubs
- Local establishments



JOB #: 21083_AUN_BSWestHiloween_Flunk FloorGraphic:V1 - Client: ADHS/HIV Aunt Rita's - Agency: RESTER - Contact: Bill Robbins - brobbins@rester.com
Description: Floor Graphic - Finished Size: 24"x36" - Color: 4C + bleed



AGENCY: Rester CLIENT: ADHS/HIV Prevention JOB: 21161 DESCRIPTION: Coaster
61_WorstStatusBarMedCoaster_V2:10/19 11:51 A
SIZE: 4 1/4" x 4 1/4" COLOR: 4/4 - bleed (front and back have common art)



**Thank you,
Aunt Rita's Foundation**

Glen Spencer, Executive Director

[glen@auntritas.org](mailto:glen@ auntritas.org); 602-396-4360

**HIVAZ
+ORG**



TakeMeHome

National Home Testing Program

BHOC

 NASTAD



EMORY

ROLLINS
SCHOOL OF
PUBLIC
HEALTH

Public Health Partners



Yale



Website and App partners



ABOUT BHOC

Building Healthy Online Communities is a consortium of public health leaders and gay dating website and app owners who are working together to support HIV and STI prevention online.

BHOC has worked with Grindr, Adam4Adam, GROWLr, and Daddyhunt to update their profile options to increase sexual health information exchanged by users. In partnership with BHOC, HIV testing reminders were implemented on A4A and Grindr.

Multiple PSAs and a web series exploring the sexual health of MSM were developed with Daddyhunt, and have **received over 14 million views.**

Grindr's Sexual Health FAQs, viewed by **15.5 million unique users** since November 2016, was developed with BHOC's input.

[TellYourPartner.org](https://www.tellyourpartner.org), a partner notification service developed and disseminated by BHOC, launched in March 2019.

INTRODUCTION

TakeMeHome is a national platform for ordering home test kits that helps public health departments ensure testing access for folks who might hesitate about walking into a clinic.

TakeMeHome will be available to community members in participating health jurisdictions at [TakeMeHome.co](https://www.takemehome.co) and through dating app partners.

Starting in late March, TakeMeHome will offer HIV rapid oral tests

- STI testing and HIV dried blood spot testing to be added this summer.



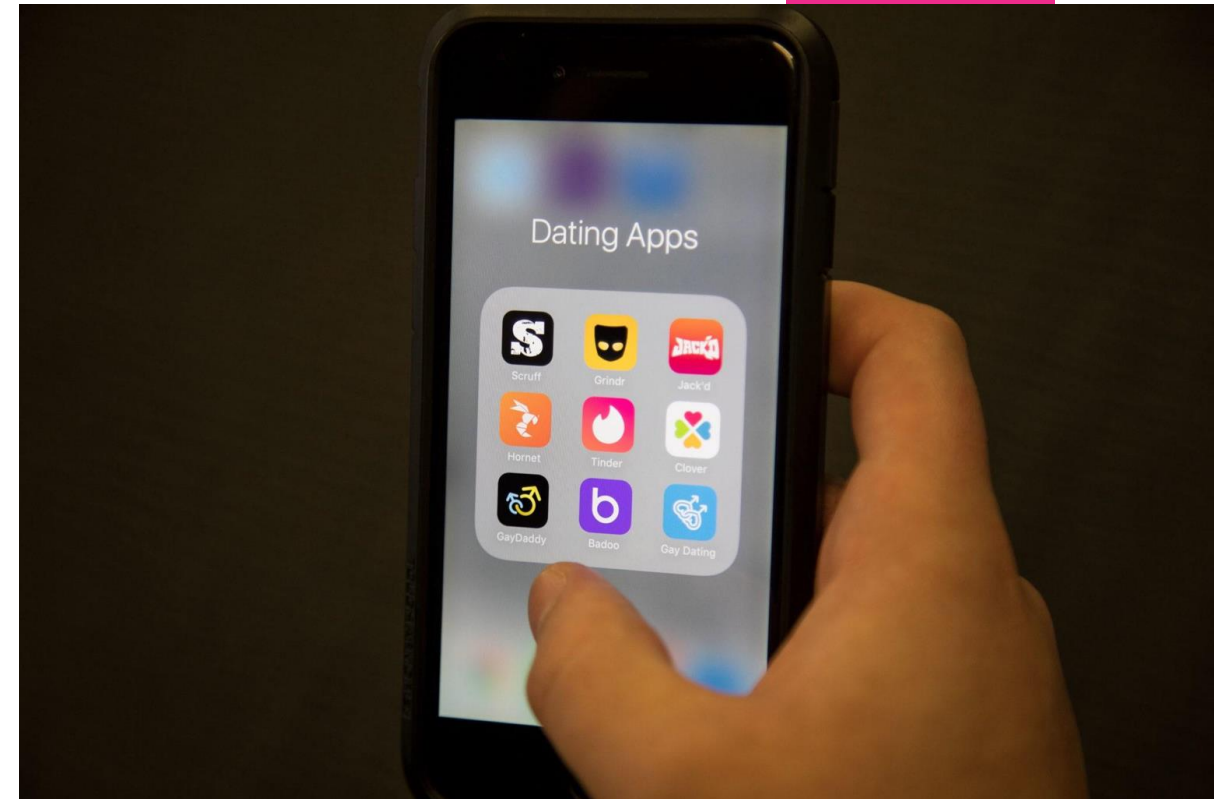
BACKGROUND


Nearly **75% of MSM** in a recent study reported using dating apps in the past year to meet a partner.

22% of MSM who use dating apps reported that they had NEVER tested for HIV.

There is significant customer demand for home tests:

- 77% wanted apps to add this feature.
- Easy access to home tests was even more popular (83%) among those who had never tested.





"When prevention recommendations suggest that MSM at high risk for HIV test multiple times per year, it is important that we offer practical options for testing."

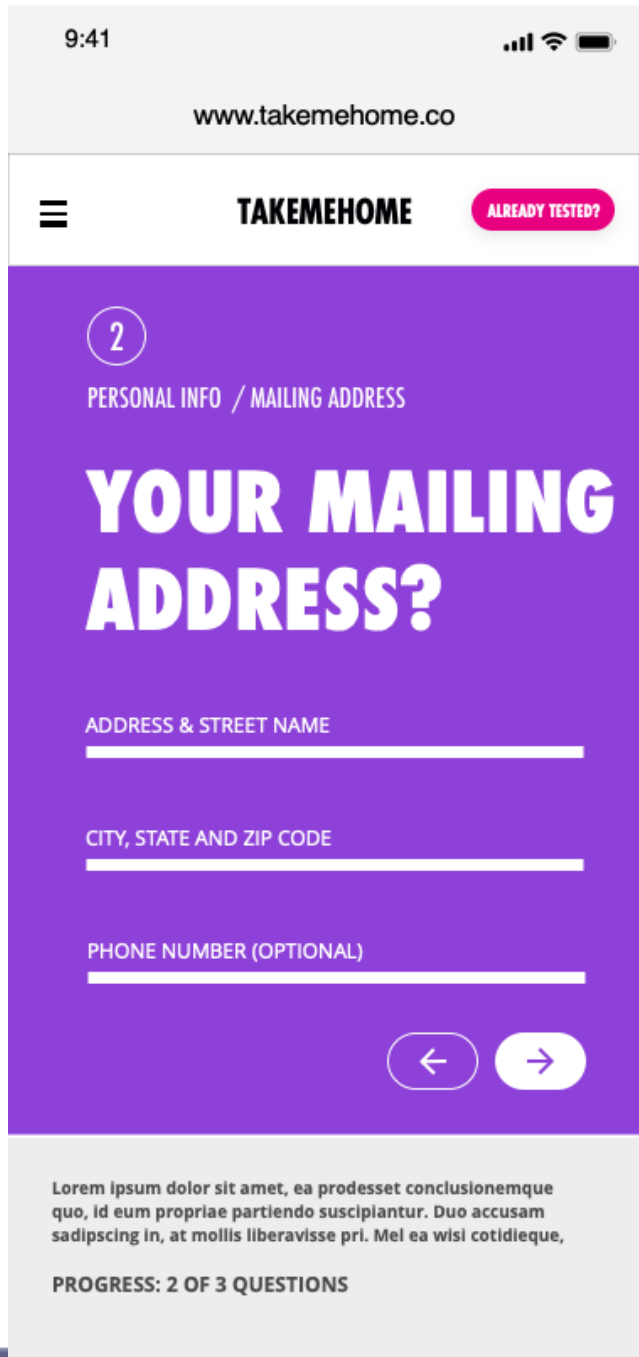
- Dr. Patrick Sullivan
eSTAMP study Principal Investigator

PARTNERSHIP MODEL

To make mailed HIV testing most efficient for public health, BHOC created partnership model:

1. Centralized system for HIV test kit ordering, distribution and results
2. Partnerships with public health agencies to fund HIV test kits and system infrastructure
3. Partnerships with companies who engage with higher risk persons and can promote HIV testing to their clients/users





FAQs

Who is eligible to participate?

The eligible population is individuals who:

- Over age 18
- Have not had an HIV test in at least a year

(Promotion will start among MSM, dating apps users, due to the relationships with gay dating apps)

What happens when an individual tests positive?

Individuals will be directed back to our site, where they will be encouraged to get confirmatory testing and given local resources to care.

Can I include resources and messages specific to my local area?

Yes! We want to make sure that your local resources are available to participants. All participants will receive basic STI testing, condoms, PrEP, and U=U information.

FAQs

How is this program run logistically? Who houses the testing kits and fulfils orders?

TakeMeHome takes care of all that. It is handled by a company that we have a contract with. All of these services are included in the cost.

What is the approximate cost for participating in the program?

\$43 per test (this includes promotion, procurement, HIV oral rapid kit, fulfillment, and shipping) with a modest processing fee to cover NASTAD's administrative effort; if you want to order 200 kits, plan to budget \$8600-\$9000.

Can I use PS18-1802 HIV grant funding or other funds to participate in the program?

You can use PS18-1802 funds or other funds for this program.

PROJECT STATUS

Timeline:

- Pilot launch with HIV oral rapid tests - late March 2020
- Expansion to STI testing and administrative portal - July 2020

Participation:

- Confirmed pilot jurisdictions: 4 (Oregon, Tennessee, Montana, San Francisco)
- Number of other jurisdictions with introductory calls: 13



WHAT'S COMING NEXT?

- Health departments will soon have the opportunity to promote this program to whichever populations they choose and will have greater flexibility to choose their eligibility criteria.
- BHOC is looking to expand target populations once the program is fully up and running.
- Translation into Spanish should be available in late 2020

