

ACON Position Statement 2013

HOME BASED HIV TESTING & GAY MEN



- ACON believes that existing HIV testing policy and regulatory restrictions on voluntary Home Based Testing (HBT) should be removed and greater efforts be made to identify opportunities for improving service flexibility and consumer choice, in order to improve prevention efficacy. We will continue to advocate that the *National HIV Testing Policy* be amended to reflect this position, as well as the need for consumer and practitioner involvement and support.
- ACON supports access to home-testing once a suitable test kit has been approved by the Therapeutic Goods Administration (TGA). In the meantime, we recognise that individual gay men may choose to purchase HIV test kits for their own use and we commit to providing gay men with information aimed at reducing any potential harms that might be associated with self-administration of HIV test kits.
- ACON is committed to addressing the psychosocial and structural barriers to HIV testing to increase testing rates among gay men. In particular, we support increasing the range of voluntary HIV testing options within a more accessible service delivery framework.
- ACON is committed to working with researchers to better understand how to make the best use of HBT in a comprehensive approach to HIV prevention.

Rationale:

- Increasing the proportion of men who test regularly and are aware of their HIV status is critical to ensuring we meet our commitments to reduce infections, in line with the 2011 UN Political Declaration on HIV, and the goals of the *NSW HIV Strategy 2012-15*.
- Research tells us that around 10 – 20% of sexually active gay men in Australia have never been tested for HIV and that this figure is slowly increasing. Up to a further 25% of these men have no regular testing routine. It is also estimated that 20-30% of HIV positive gay men may be unaware of their infection. The introduction of HBT may assist in lowering the threshold to testing access for those who have never tested, while maintaining the primary role of clinical testing.
- The current *National HIV Testing Policy* excludes support for introducing HBT and therapeutic goods regulatory provisions prohibit the Australian sale, marketing or practice-based utilisation of test kits not licensed for those purposes.
- Australian research conducted among 2,018 gay men in 2009 offers clear evidence of a strong preference for home testing, with over 60% of men who have never tested for HIV, one of the most important groups to reach, indicating that they would test more often were they to have access to home based testing¹. These findings are consistent with other Australian and international studies on home based testing amongst gay men.
- Recent research conducted in New York among men with high risk behaviours finds that the use of home based testing increases testing behaviour among men who have previously never or rarely tested. Results in prevention of HIV exposure and may result in more frequent testing among individuals with high risk behaviour and earlier detection of HIV testing².
- Home based testing raises different issues for gay men than it does for other groups, particularly sex workers. This statement covers only the issues that affect gay men.

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Challenges:

Challenges in the Australian HIV testing landscape have been discussed in recent ACON position and media statements as well as through research from Australian research partners³. These challenges include:

- The majority of HIV testing in Australia is currently provided via fixed assay blood sample testing accessed via general practice and hospital and sexual health clinics and conducted under the auspices of state HIV reference laboratories.
- It is standard practice for patients to return for results up to one week after tests are administered, though this may vary. Some metropolitan practices/clinics (particularly those associated with onsite pathology services) are, by exception, able to provide results within 24 hours. Some clinics now provide HIV negative test results to patients over the phone.
- It is not clear how widespread this practice is, however with the support for the delivery of results by telephone now incorporated into the *NSW HIV Strategy 2012-15*, this should increase.
- The 2011 redraft of the National HIV Testing Policy offered welcome support for the introduction of Rapid HIV Testing to complement the existing fixed assay testing infrastructure and to improve testing/prevention reach into priority populations. Only recently has the TGA approved a rapid HIV test.
- Testing rates and regularity of testing among gay men have been slowly declining in recent years. We are pleased that rapid HIV testing was approved in December 2012 as this will remove one barrier to more regular testing among sexually active gay men.

There are currently several rapid HIV testing devices licensed for use in the USA, including one existing rapid HIV test that has been used in a clinical setting and now being licensed to be used as a home-based test. The test is widely available online and at retail pharmacies.

We acknowledge that access to healthcare, including testing services, is different in the USA when compared to Australia, and that the rate of undiagnosed HIV has been calculated as significantly higher in the USA. However, we believe home based testing has a role in both settings.

The *National HIV Testing Policy* explicitly rejects any service delivery option that might incorporate self-administered tests. This decision reflects continuing commitment to the provision of pre and post-test counselling with every test; the requirement for a reactive result to be verified by appropriate sensitive fixed assay testing; the potential for incorrect/inexpert interpretation of the RHT result or a 'false positive'; the increased risk arising from a test user being alone and unsupported in what may be interpreted (rightly or wrongly) as a 'positive' result scenario; and the requirement for a verified positive result to be appropriately notified and the diagnosed patient referred to clinical care.

These concerns are sourced in longstanding policy settings and practice approaches. Consumer perspectives on this issue have not been integral to the Testing Policy review. However, a growing body of research offers increasing insight into consumer attitudes.

A recent 'attitudes to testing' analysis of data originally collected from 2018 respondents to the Kirby Institute's 2009 Study, "*Pleasure and Sexual Health (PASH)*," [in Australian gay men], demonstrates that a substantial proportion, in some cases the large majority, of gay men surveyed are interested in using home tests.

ACON has recently committed in principle to a proposed trial of home-based testing (FORTH) in collaboration with the Kirby Institute and the Victorian AIDS Council, for which funding is secured and ethics approval will shortly be sought.

Endnotes

¹Prestage G, McCann PD, Hurley M, Bradley J, Down I, Brown G, (2010). *Pleasure and Sexual Health: The PASH Study, 2009*. Monograph, National Centre in HIV Epidemiology and Clinical Research, Sydney Australia.

²Carballo-Diequez, A, Frasca, T et al 'Use of a Rapid HIV Test Prevents HIV Exposure in a High Risk Sample of Men Who Have Sex With Men' *AIDS Behav.* (2012) 16: 1753 - 1760.

³de Wit, J., Holt, M., & Treloar, C. (Eds.) (2012). *HIV/AIDS, hepatitis and sexually transmissible infections in Australia: Annual report of trends in behaviour 2012* (Monograph 6/2012). Sydney: National Centre in HIV Social Research, The University of New South Wales.

