



Testing Options to Increase HIV Testing Among Gay Men

Position Statement

Ending HIV transmission in NSW is heavily reliant on increasing the proportion of gay men testing, and increasing the frequency of testing.

At present there are a number of potential new testing options available. These include home based screening, rapid point of care screening in community settings and dried blood spot HIV screening. Faster result times from venous blood draw testing (usual testing) are also now possible.

However, there remain significant structural and regulatory barriers to making these testing options available in Australia. These barriers include slow and expensive approvals processes, prohibitive policy positions, and unnecessary restrictions on who can provide tests.

Australia now lags behind comparable jurisdictions, and many low and middle income countries, in terms of the mix of cost effective testing options available to increase testing.

ACON calls on the Australian Government to take a proactive role to address these issues through identifying and implementing mechanisms and processes to ensure the efficient and timely assessment and approval of safe, high quality, consumer friendly testing devices.

Unless the approvals of new testing technologies are fast tracked, new tests brought to market promptly, and new service models established, Australia will not be able to meet the ambitious goals and targets established in the new *Seventh National HIV Strategy 2014 – 2017*.

Introduction

ACON has both publicly and privately advocated that in order to increase the rates of HIV testing in NSW, a range of HIV testing options that address known barriers to testing are required.

In order to meet the ambitious goals contained in the *NSW HIV Strategy*, gay men and other men who have sex with men need to test at least twice per year – more if they have more partners.

The *Seventh National HIV Strategy 2014 – 2017* and the *NSW HIV Strategy* have a shared goal of the virtual elimination of HIV transmission in NSW by 2020. This goal is supported by targets including a reduction of HIV transmission among gay men and other homosexually active men (GHAM) of 60% by 2015 and of 80% by 2020, a reduction in time between infection and diagnosis of HIV from the current average of 4½ years to 1½ years by 2015, and an increase in the proportion of PLHIV taking anti-retroviral treatment to 90%.

At present a number of testing options are available, with others being considered, all of which have implications for the sector generally and ACON in particular. In this paper, ACON will outline some

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strategies that, if implemented will represent a sustainable mix of options with the greatest potential to impact on the frequency with which GHAM test.

To make it easier to test we believe that the NSW HIV testing framework needs to include the widest possible mix of testing, including home based screening, rapid point of care screening in community settings, a dried blood spot HIV screening trial, and venous blood draw testing (usual testing) but with faster result times. Continuing efforts are required to de-stigmatise testing, which in part requires making testing available in a broader range of settings.

Each of the testing options presented in this paper have appeal and advantages for different groups. For each of the options there are also differing regulatory and economic considerations, with the relevant costs borne by different groups.

Barriers to testing

We know that people experience a number of barriers to testing. These barriers include cost, time, privacy, the fear of a positive test result and what that will mean for the person's experiences of stigma, discrimination and reliance on health care (1).

For the goals and targets contained in the *Seventh National HIV Strategy 2014 – 2017* and the *NSW HIV Strategy* to be met, the sector needs to address as many barriers as possible in the design and delivery of HIV screening and testing services.

Each of the options outlined below will assist in overcoming different barriers for different people.

Fundamentally, it needs to be recognised that there is no longer a consensus within the HIV sector and the community around the one 'ideal' form of testing. This shift needs to be reflected by offering a range of testing options to attract more people to test more often, to know their status.

Decoupling HIV & STI testing

With the advent of rapid HIV screening, a new discussion has emerged about how to maximise the number of HIV tests that can be performed in a given service in a given timeframe. One potential consequence of a focus on 'more testing more often more quickly' is a growth in services which offer HIV testing only, decoupling this from STI testing.

Our experience from providing testing services is that gay men have told us that they prefer comprehensive HIV and STI testing to happen during one visit. We support the provision of HIV and STI screening together as 'best practice' and as reflecting community needs.

ACON acknowledges that there is some benefit in the provision of novel HIV testing models, such as pop-up or temporary testing sites that perform only HIV tests, as an additional measure to promote testing and increase testing rates. However, services that decouple HIV and STI testing will also require specific messaging on STI testing to ensure that individual STI testing patterns are in line with the recommendations of the *Australian Sexually Transmitted Infection & HIV Testing Guidelines 2014*.



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Home based testing

Achieving the targets contained in the *Seventh National HIV Strategy 2014 – 2017* and the *NSW HIV Strategy* requires the implementation of sustainable and appropriate home based testing models. This should include two forms of home based testing, HIV self-testing (HST) and home sample collection for dried blood spot testing. These two options meet different needs of individuals, and address some of the barriers articulated by gay men in a number research studies.

HST is likely to help gay men overcome some of the self-identified barriers to testing, including convenience, privacy, confidentiality, and the time it takes to get tested and receive results. Experience from overseas suggests that home testing results in more people seeking confirmatory testing and linking to services.

As HST will likely be primarily available through pharmacies and online, the cost will rest with the individual. This will take some pressure off the public health system, as only reactive tests would require confirmatory testing. However, as cost has been identified as a barrier to testing by some GHAM, this option will not be utilised by everyone.

ACON also supports the development of a home sample collection service in NSW. This form of testing would involve a person ordering a sampling kit online, a blood sample being collected, then posting the dry blood sample to a laboratory for testing and the results given through established services. This model has been used in other jurisdictions, including the UK where the Terrence Higgins Trust (THT) provided the service in collaboration with the National Health Service.

The initial evaluation of the THT service has shown that it reached people who had not been testing regularly, and the service saw higher rates of positivity than the existing forms of testing. This form of testing would be a valuable addition to HIV testing options and should be strongly considered by partners in the HIV response, to achieve increased testing rates and reduce the time between infection and diagnosis.

Home sample collection will address some barriers to testing for GHAM due to the privacy and convenience of this form of testing. While the results take a longer time to be received, it will address other time related barriers as the tests would be ordered at a convenient time and the test taken at any time of the day.

As with novel forms of promotion such as pop-up sites, one drawback of both these approaches is the potential decoupling from STI screening. However, this can be addressed through the provision of STI screening advice in HST kits and DBS correspondence, and we believe the benefit accrued from engaging more people in HIV testing, especially those facing significant psychosocial barriers to attending a service, outweighs this limitation.

Barriers to implementation

The Australian Government recently announced the removal of the prohibition on HST devices contained in the Therapeutic Goods (Excluded Purposes) Specification 2010. However, the current National HIV Testing Policy (NHTP) does not support HST. Additionally the process for registration of an HST device on the Australian Register of Therapeutic Goods (ARTG) is burdensome. A recent approval process for a



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rapid HIV testing device took the Therapeutic Goods Administration (TGA) two years to reach a decision, twice the time the TGA has identified as its ideal timeframe for making decisions.

We know that GHAM are already accessing these kits online and from overseas. Currently, the information that is supplied when importing kits is inadequate and potentially misleading. The recent moves by the TGA towards improved regulation of HST will, in the future, ensure better access to kits within Australia, as well as clearer communication and education from HIV sector partners.

With the TGA's assistance, barriers that are within the remit of the Australian Government can be reduced, and this additional testing option can be introduced to ensure GHAM can test at home, should they choose to purchase the kits.

Ultimately, ACON believes that as far as possible, people ought to be more in control of their own health and wellbeing and this step would greatly assist in a more consumer-centred approach to HIV testing.

Recently the Royal Australian College of General Practitioners (RACGP) has stated its opposition to the availability of HST devices in Australia. ACON will continue to work with the Australian Society of HIV Medicine (ASHM), the RACGP and GPs to ensure that GHAM are receiving accurate information from their GP about HST as an HIV testing option, and that barriers are removed to consumer centred testing approaches and services.

Rapid Testing

Rapid HIV testing is a vitally important part of the testing mix. A venous blood draw with laboratory testing has created barriers to HIV testing for many people, including the requirement for multiple visits to the GP or sexual health clinic, and the time taken to receive results creating anxiety.

Rapid screening for HIV at the point of care provides quick results in a single visit, an outcome that is desired by many people who need to be tested. NSW has been particularly effective in ensuring that men visiting a rapid HIV screening service are linked into health care and psychosocial support in the event of a positive test result.

Rapid testing can be offered in a variety of settings. The recent experience of offering rapid testing in community settings in NSW, Victoria, and Western Australia demonstrates that these services are highly attractive to GHAM, with a high proportion of clients having never tested or in the past 12 months.

Rapid HIV screening has also facilitated a greater involvement of the gay community – in the form of peers and community-based organisations like ACON – to provide screening services.

Service provision by ACON peers has been a highly valued aspect of the a[TEST] model, with exceptionally high satisfaction results from evaluation surveys.

Other similar services across the country, as well as internationally, have seen similarly high satisfaction rates among service users. ACON therefore believes that the ongoing provision of community based screening is a vital part of ensuring increased engagement of gay men with regular testing.

We acknowledge that a significant number of people will seek testing via general practice or publicly funded sexual health clinics. ACON is strongly supportive of this continued service provision and commit



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ourselves to working productively and in partnership to ensure these services are non-judgemental and attractive to gay and other homosexually active men.

Barriers to implementation

Fundamental to the continued success of rapid testing is that the service remains free of cost to consumers. At present, no HIV rapid tests are listed on the Medicare Benefits Schedule. The current provision of rapid testing in community settings is only possible through the mechanism of a clinical trial, which will conclude by the end of 2014.

This means that ongoing provision of these tests will rely on state government funding for service delivery costs and, for the time being, the cost of tests. In time this approach will see substantial cost-savings in the health system by reducing onward transmission of HIV and subsequently reducing demand for treatment.

However, ACON believes that funding for rapid tests is fundamentally the responsibility of the Australian Government. ACON, through its national peak body, the Australian Federation of AIDS Organisations, will support efforts to ensure the timely listing on the Medicare Benefits Schedule of any approved rapid testing kit in the future. This will assist in rapid HIV testing continuing to be used in publicly funded sexual health and GP clinics and in community settings.

The current regulatory environment produces a number of other barriers and restrictions that limit rapid screening in community settings. The approval conditions placed on the *Alere Determine™ HIV-1/2 Ag/Ab Combo* testing kit by the TGA mean that only registered health care professionals can perform the test.

This is problematic as it means that as soon as the current demonstration project concludes, a[TEST] and other community run testing services will no longer be able to continue in their current form, as trained and accredited peers will no longer be able to perform rapid testing.

ACON supports the urgent amendment of the conditions of approval of rapid HIV testing devices to include the provision of these tests by appropriately trained and accredited persons, consistent with the proposed approach outlined in the current Draft Guidelines for Point of Care Testing issued by the National Pathology Accreditation Advisory Council.

Laboratory testing

Laboratory testing, once seen as the ideal form of testing, remains important to ensure test results are confirmed with greater specificity than screening services can offer. It is also important to recognise the long term investment and technical skills that reside in this form of service provision and testing.

While ACON strongly supports the continued provision of 'testing as usual' for many, the reality is that – in line with many other areas of health – recent developments in technology and capacity for community and individuals to test outside of a clinical and hospital environment mean that increasingly, this form of testing may not be the form of testing gay men prefer.

Efforts made by many sexual health services to reconfigure their services to offer more flexible times, express clinics and faster results are acknowledged and supported by ACON. However, in isolation and without the addition of rapid and home based screening, this approach is unlikely to address the barriers



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to testing that gay men have identified. In short, laboratory testing alone will not allow the NSW partnership to reach the goals and targets contained in the *Seventh National HIV Strategy 2014 – 2017* and the *NSW HIV Strategy*.

Conclusions

NSW has an enviable record in containing the HIV epidemic. The leadership evidenced by the adoption of the *NSW HIV Strategy 2012 – 2015* is testament to the commitment of the government – backed by the entire HIV sector – to embracing new technology, new research and reconfiguring the service mix to achieve the goal of virtually eliminating HIV within the near future.

ACON's position is that gay and homosexually active men, and the wider NSW population, should have access to the widest possible range of HIV testing and screening services. This position is strongly supported by research that indicates the presence of persistent barriers that if not addressed, will fail to entice those most at risk to test more and know their HIV status.

Most of the barriers to achieving this outcome lie within the remit of the Australian Government. ACON therefore calls on the Australian Government to act decisively to address these barriers, to enable all members of the partnership to effectively deliver the outcomes needed to reach the ambitious goals of the *Seventh National HIV Strategy 2014 – 2017* and the *NSW HIV Strategy*.

References

1. Prestage G, Brown G, and Keen P (2012) Barriers to HIV testing among Australian gay men. *Sexual Health*, 2012, 9, 453–458

Note: This paper contains general commentary and does not constitute medical advice. You should discuss your particular circumstances with your medical practitioner.

