



Using In-Home HIV Testing and Online Screening to Increase Testing Uptake

TARGET POPULATION: Men who have Sex with Men and Transwomen

LOCATION: Virginia

PROGRAM DESIGN: Survey-based screening and mail delivery of HIV test kits

ESTIMATED COST: \$19,500

FUNDING SOURCE: PS12-1201: Comprehensive HIV Prevention Programs for Health Departments

CORE ACTIVITIES

ELIGIBILITY SCREENING

To improve rates of HIV testing among men who have sex with men (MSM) and transwomen, Virginia's Division of Disease Prevention sought to identify individuals who would most benefit from at-home HIV testing services. To do so, DDP launched an online survey to determine eligibility to receive at-home testing kits.

The eligibility survey is hosted by SurveyMonkey.com, and collects data about clients' demographics, sexual orientation/gender identity (SOGI), sexual risk, drug use, STD/HIV testing history, and pre-exposure prophylaxis (PrEP) awareness. Client eligibility is limited to those who: were assigned a male sex at birth and have male sexual partners, have a Virginia address, and are not currently using PrEP. Eligible clients could receive a test kit every 90 days. All clients received a post-test survey that collected their demographic information and the result of the test. The survey was estimated to take less than five minutes to complete.

HOME TEST KIT DELIVERY

Home test kits are packaged and shipped by the Division of Disease Prevention's (DDP) HIV/STD/Viral Hepatitis Hotline. Each kit includes PrEP information and a sticker on the exterior packaging with contact

The In-Home HIV Testing program was developed to meet the needs of Virginia residents whose living circumstances or place of residence make it difficult to access HIV testing from another venue due to stigma, time constraints, or other factors.

information for Community-Based Organizations (CBOs) and Local Health Departments (LHDs) that provide confirmatory testing in the region of the state where the client lives. Shipments are packaged in plain brown wrapping paper, and a P.O. box is used for the return address, to reduce the chance of the contents of the package becoming discovered.

OUTCOMES

The eligibility survey enabled DDP to collect a more detailed dataset about the behaviors of MSM than what is collected and reported to the CDC under other testing programs, particularly as it relates to frequency of condom use, history of STD diagnoses, and awareness of PrEP. This data can be used to help guide the creation and maintenance of programs targeting high-risk MSM and MSM/injection drug users (IDUs), most notably by separating clients who may have occasional slips in condom use from those who

routinely or categorically do not use condoms.

Exposing Unmet Need

Concurrent to DDP's centralized in-home testing program, Virginia also distributed home test kits to CBOs for them to mail to clients who were unable to travel to their office or an outreach venue for testing. In the least populous region of the state, the rural Southwest, where CDC has identified eight counties vulnerable to an HIV outbreak among IDUs, the local CBO distributed the same number of kits in their own program as DDP did to the Southwest region. Combined, service uptake in the Southwest represented 25% of all home test kits requested, only 1% fewer than service uptake in the mostly urban Eastern region of the state.

DATA

Between November 2015 and July 2016, when formal advertising ceased, 1,007 users completed the survey; 526 individuals were found to be eligible for a home test kit.

Seventy-three percent of clients used apps or websites to locate sex partners. Twenty-five percent of users reported never using condoms as an insertive anal sex partner, while 28% reported never using condoms as an anal receptive partner; 16% categorically did not use condoms in either position. Consequently, rates of previous STD diagnoses were high, with 9% reporting previous Chlamydia, 10% reporting previous gonorrhea, and 7% reporting previous syphilis.

While 43% of clients reported having six or more partners in the previous year, only 11% of users fell within the CDC testing guidelines for MSM, and 56% reported they had not been tested in more than a year, or had never been tested.

Racial/ethnic demographics were consistent with statewide population estimates. Sixty percent of users were between the ages of 18 and 29. Forty-five percent of clients had never heard of PrEP before, and 97% indicated they would still be at risk of HIV infection if their sexual partners took PrEP.

EVALUATION

The program will not undergo formal evaluation until the end of the second year of operation, due to changes in data collection which will improve DDP's ability to match pre-test and post-test survey data.

FUNDING & COST

The largest expenditure in the program was the kits themselves, for which DDP negotiated a unit cost of \$28 (as compared to \$35 - \$40 in retail pharmacies). Packages were shipped through the US Postal Service for \$6.80 each. Other miscellaneous expenses included a Health Insurance Portability and Accountability Act (HIPAA)-compliant SurveyMonkey account (approximately \$1,000 annually), and printing costs for the confirmatory testing stickers and PrEP literature. All expenses for the in-home HIV testing program were charged to DDP's core HIV prevention grant.

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STRENGTHS

Seven individuals reported, either through a post-test survey or upon presenting for follow-up testing at a CBO or LHD, that they had received a positive test result on a home test kit, a 1.3% positivity rate. Given the high levels of sexual and behavioral risk reported by test recipients, the health department speculates that this is an underestimation of the actual positivity rate among test kit recipients.

LIMITATIONS

All data in this program was self-reported; it is possible that clients who perceived a minimum risk threshold as an eligibility criterion could have been incentivized to overestimate their risk behaviors.

Only 5% of users completed the post-test survey, meaning that 95% of home test kits yielded no reported result. During the second phase of implementation, which began in November 2016, DDP instituted a systematized approach to distributing post-test surveys to test recipients, as well as steps to match pre- and post-test surveys.

Institutional barriers currently exist which prevent DDP from advertising on Grindr and other apps used by MSM, so all advertising was conducted on Facebook, limiting DDP's ability to target advertising to racial/ethnic minority MSM.

STAKEHOLDERS

Virginia Department of Health, Orasure Technologies, Council of Community Services, Health Brigade, Thomas Jefferson Health District, NovaSalud Inc., ACCESS AIDS Care.

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