



HIV testing in community settings in England: results from the 2021 survey

Neil Mackay, James Lester, Suzy Sun, Nicky Connor, Alison Brown

UK Health Security Agency (UKHSA), London, UK

INTRODUCTION

- The UK Health Security Agency carries out an annual survey which aims to monitor HIV testing in community settings as these data would otherwise go unreported
- Community testing services aim to engage populations who may not access traditional Sexual Health Services (SHS), particularly those with greater risk of HIV acquisition
- BHIVA guidelines recommend that community testing should be provided for at-risk groups in areas of high diagnosed prevalence¹

METHODS

- Contributing community HIV testing services were identified through relevant external and internal stakeholders including Terrence Higgins Trust (THT), National AIDS Trust (NAT), UKHSA sexual health facilitators, NAM and UKHSA (formerly PHE) HIV innovation fund.
- A survey was used to collect aggregate data on number of tests and reactive tests stratified by demographic group and geographical service location (Upper Tier Local Authority of testing service)
- Specialist and internet testing data were taken from GUMCAD
- Descriptive analyses were undertaken on number of tests, number of reactive tests and reactivity rate by demographic group. Community testing rate per 100,000 residents (aged 15 to 59) was also calculated across bands of diagnosed HIV prevalence (HIV national surveillance data)

RESULTS

Community survey: number of tests and reactive results

- Overall, 13,555 tests were carried out in 2021 by 23 services, resulting in 56 reactive tests (0.41% reactivity). Among these, 291 of tests were carried out during HIV testing week (1st - 7th February 2021) resulting in one reactive test
- Most tests were conducted among gay, bisexual and other men who have sex with men (GBMSM) (47%, 6,195/13,127), those of White ethnicity (56%, 7,329/13,122), those aged 25 years and over (77%; 10,134/13,127), those who have previously tested for HIV (63%; 8,324/13,127) and those born in the UK (20%; 2,559/13,127)
- Reactivity was highest among GBMSM (0.4%), those of Black ethnicity (0.61%), those aged 25 years and over (0.47%), those who have never tested for HIV (0.49%) and those born in a high HIV prevalence country (1.3%)
- Most tests were carried out in London (41%, 5,365/13,014) where the reactivity rate was 0.58%

Comparison of community HIV testing with specialist SHS and internet services in 2021

- In GBMSM, the proportion of tests carried out was highest in community services (47%) whereas for heterosexuals the proportion was highest in internet services (74%)
- In people of Black ethnicity, the proportion of tests carried out was highest in community settings (14%) whereas for people of White ethnicity the proportion was highest in specialist SHS (66%)
- Reactivity was higher among GBMSM using specialist SHS (0.55%) than community settings (0.4%). For heterosexuals, reactivity was higher in community settings (0.38%) than specialist SHS (0.14%). Among Black ethnicities and White ethnicities reactivity was higher in community settings (0.61% and 0.3% respectively) than in specialist SHS (0.45% and 0.16% respectively)

Category	Tests	Reactive tests	Proportion of total tests (%)	Reactivity (%)	
Test type	Blood tests	168	1.0	0.00	
	Dried Blood Spot	235	2.0	0.43	
	Point of care tests	6,916	32	51.0	0.46
	Self-sampling kits	438	1	3.0	0.23
	Self-testing kits	5,798	22	43.0	0.38
Gender	Men	9,486	43	72.3	0.45
	Women	3,215	12	24.5	0.37
Sexual orientation	GBMSM	6,195	25	47.2	0.40
	Heterosexual	5,022	19	38.3	0.38
Age	25 years and over	10,134	48	77.2	0.47
	Under 25 years	2,827	7	21.5	0.25
Ethnicity	Asian ethnicity	1,081	5	8.2	0.46
	Black ethnicity	1,799	11	13.7	0.61
	Mixed/Other ethnicity	1,109	2	8.5	0.18
	White ethnicity	7,329	22	55.9	0.30
Country of birth	High prevalence country	925	12	7.0	1.30
	Other non-UK country	2,100	10	16.0	0.48
	UK	2,559	6	19.5	0.23
Testing history	Never tested for HIV	3,257	16	24.8	0.49
	Previously tested for HIV	8,324	38	63.4	0.46
UKHSA Region	East Midlands	575	1	4.4	0.17
	East of England	1,169	6	9.0	0.51
	London	5,365	31	41.2	0.58
	North East	579	0	4.4	0.00
	North West	766	1	5.9	0.13
	South East	1,250	5	9.6	0.40
	South West	717	2	5.5	0.28
	West Midlands	591	2	4.5	0.34
Yorkshire and Humber	2,002	6	15.4	0.30	
Total	13,555	56		0.41	

Note: Data presented where information was known. Data on transgender men are included in 'men', transgender women are included in 'women' and gender diverse (non-binary and those identifying in other ways) are included in the 'total'. The total may include people who are gender diverse or those reported with an unknown gender. Therefore, the total may not equal the sum of data presented for men and women.

Table 1. Number of tests and reactive results by test type and demographic group

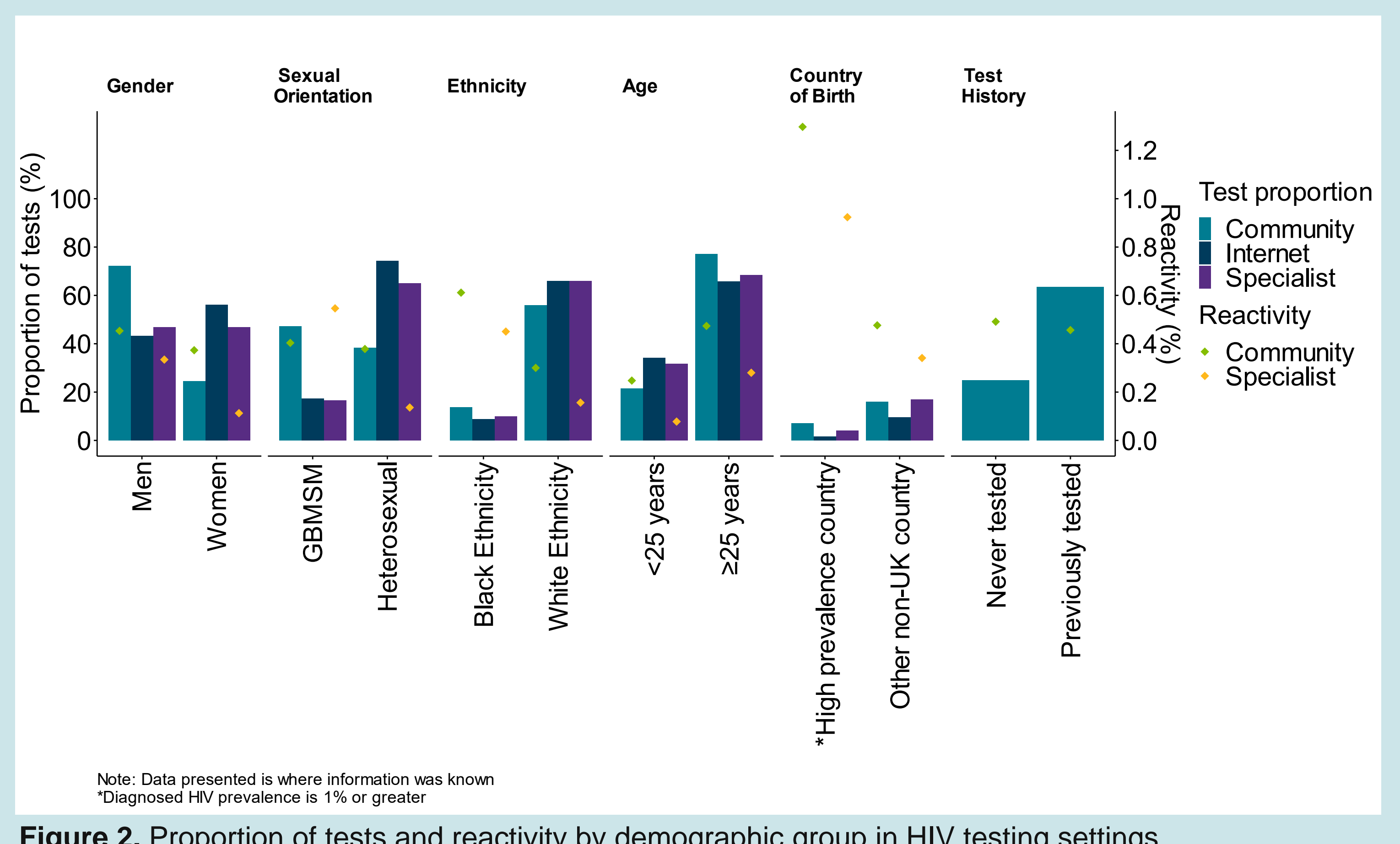


Figure 2. Proportion of tests and reactivity by demographic group in HIV testing settings

Testing rate by bands of diagnosed HIV prevalence

- Testing rate in extremely high prevalence areas (≥ 5 people living with diagnosed HIV per 1000, aged 15 to 59) was more than twice that in low prevalence areas (< 2 people living with diagnosed HIV per 1000, aged 15 to 59) (52 v 19 tests per 100,000 population)
- Reactivity was higher in extremely high prevalence areas than in low prevalence areas (0.58% v 0.29%)

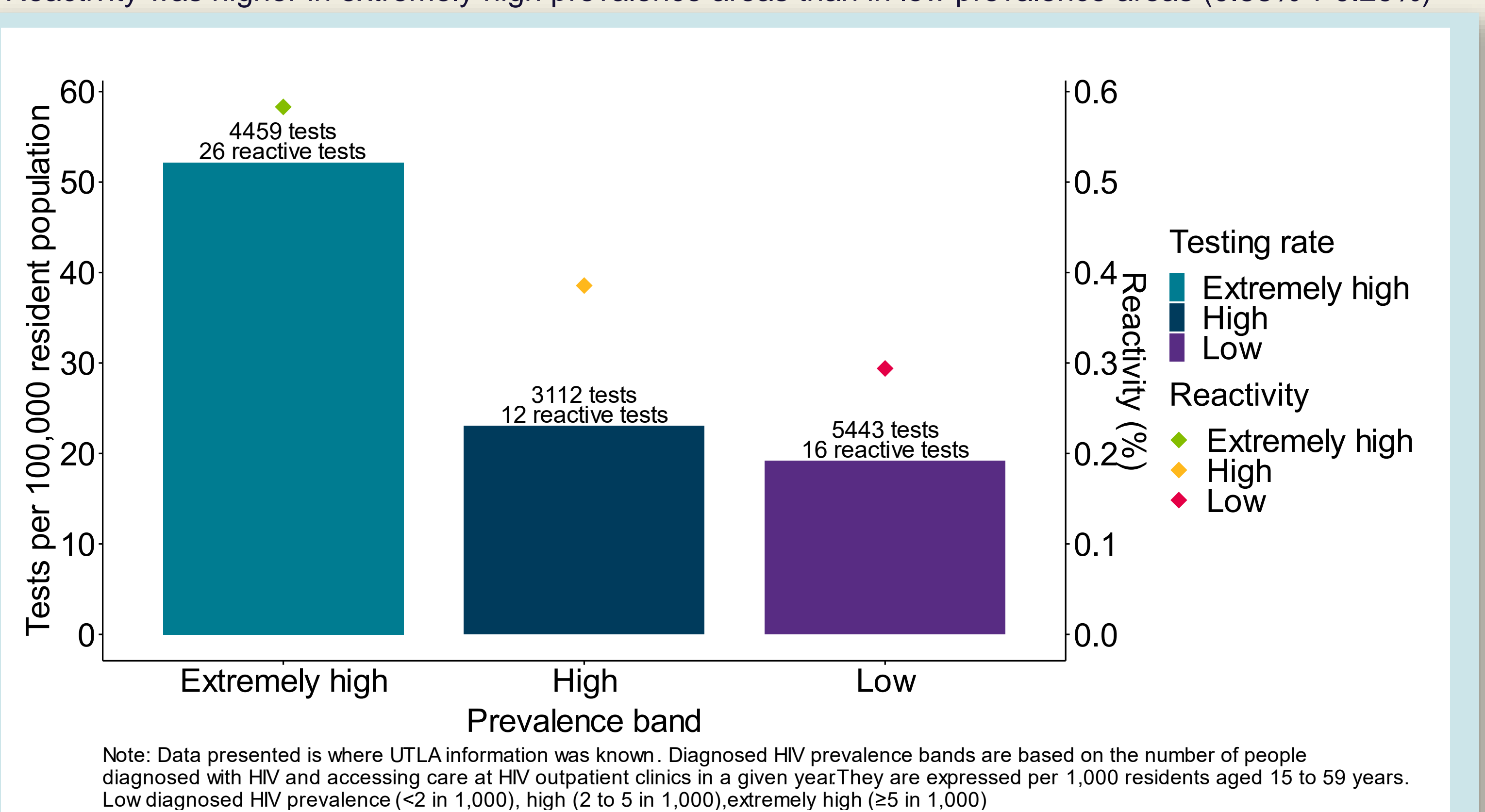


Figure 3. Testing rate per 100,000 resident population by bands of diagnosed HIV prevalence

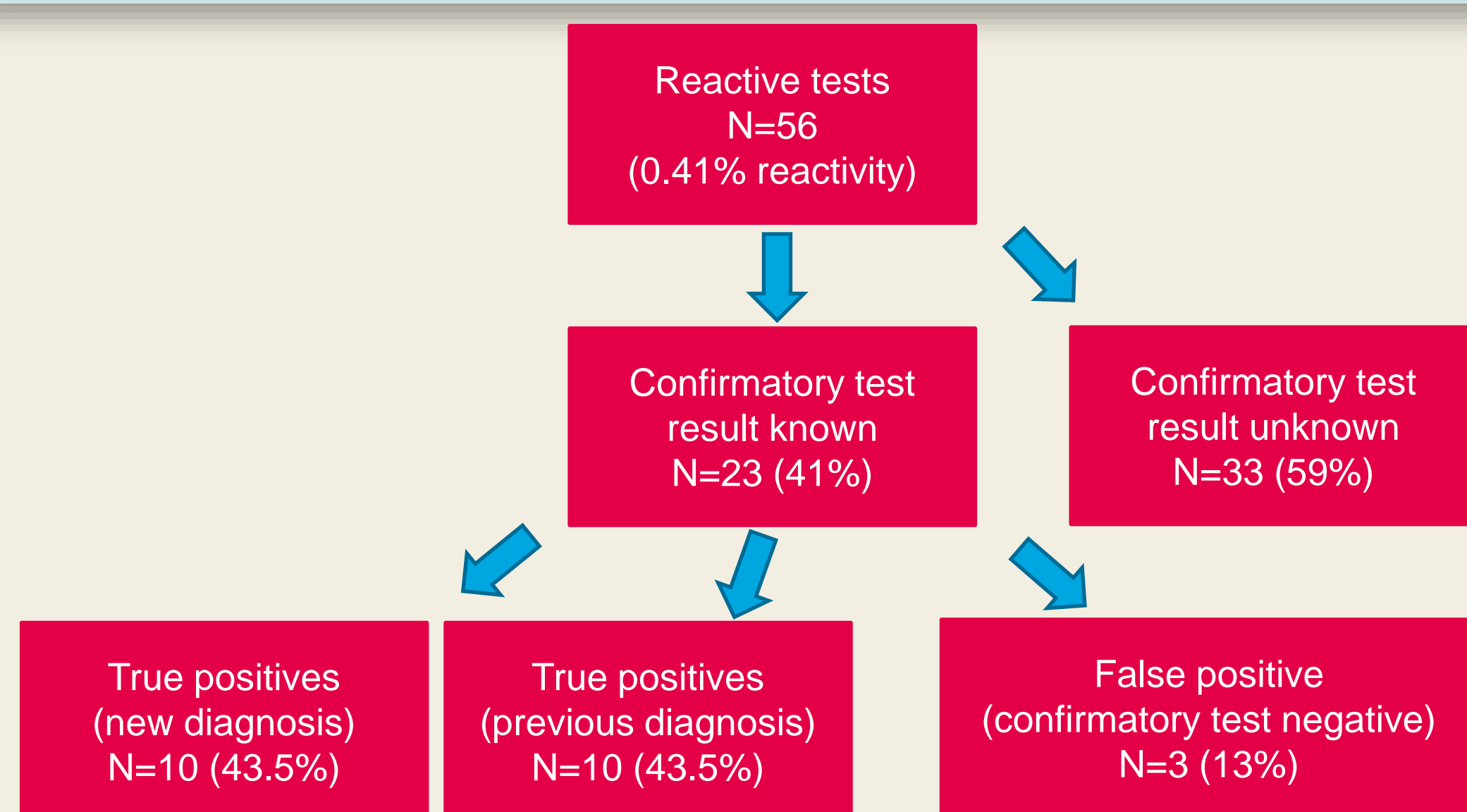


Figure 1. Results of confirmatory testing

DISCUSSION

- Community testing provides opportunities to diagnose HIV in populations who may not access testing via traditional routes as 1 in 4 individuals were first-time testers
- Reactivity was highest among GBMSM in community settings although lower relative to specialist SHS. Reactivity was higher among heterosexuals in community services than in specialist SHS
- A higher proportion of tests were carried out among GBMSM and people of Black ethnicities in community settings than in specialist SHS or internet services
- Only 41% (23/56) of reactive tests had a known confirmatory test result, of which 44% (10/23) were new diagnoses
- The total number of testing services in the community is not currently known, hence the number of tests reported is likely to be an underestimate as it is based on voluntary survey completion

CONCLUSIONS

- Results indicate that community services are successfully targeting hard-to reach populations and those with greater risk of HIV acquisition such as GBMSM, those of Black ethnicity, those born in high diagnosed HIV prevalence countries and those residing in areas of high diagnosed HIV prevalence
- A greater awareness of the importance of monitoring HIV testing in the community is needed

REFERENCES

- British HIV Association/British Association for Sexual Health and HIV/British Infection Association Adult HIV Testing Guidelines 2020

ACKNOWLEDGEMENTS

AHF, Brook, GMI, LGBT+ Foundation, MESMAC Newcastle, MESMAC Yorkshire, Positive East, Positive Health Lincs., Renaissance, Southampton Primary Care, Spectra, Spectrum Barnsley, Spectrum Wakefield, Sullivan Way, Terrence Higgins Trust, The BHA Leeds and Manchester, The BHA Wakefield, The Brunswick Centre, The Eddystone Trust, The What? Centre - BeeHIVE, Trade Sexual Health, Wigan Primary Care Trust

Thank you to colleagues at UK Health Security Agency