METHODS

A survey was used to collect data from people who may not access traditional Sexual Health Services (SHS), particularly those with greater risk of HIV acquisition.

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BHIVA guidelines recommend that community testing should be provided for at-risk groups in areas of high diagnosed prevalence.

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.

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• 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 GBMBSM in community settings although lower relative to specialist SHS. Reactivity was higher among heterosexuals in community settings than in specialist SHS.

• A higher proportion of tests were carried out among GBMBSM and people of Black ethnicity 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.

RESULTS

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

• In GBMBSM, the proportion of tests carried out was highest in community settings (47%) whereas for heterosexuals the proportion was highest in internet settings (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 GBMBSM 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 ethnics and White ethnics reactivity was higher in community settings (0.61% and 0.3% respectively) than in specialist SHS (0.45% and 0.16% respectively).

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 (0.58%) than in low prevalence areas (0.29%).

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

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

ACKNOWLEDGEMENTS


REFERENCES


DISCUSSION

• Results indicate that community services are successfully targeting hard to reach populations and those with greater risk of HIV acquisition such as GBMBSM, 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.