# MPOWER RAPID HIV TESTING

# 2019 Service Report







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#### Introduction

Free rapid HIV testing is available to gay, bisexual and MSM (gbMSM) on evenings and weekends in Dublin's gay-identified community-based venues. These include a bar (Pantibar), nightclub (The George), sauna (The Boilerhouse) and Dublin's LGBT community centre (Outhouse). Our team of gay and bisexual male volunteers, who represent a diverse range of ages, ethnicities and serostatus', are trained to perform the rapid test and to offer information and referrals to service users. The overarching aim of this peer-led, community-based testing service is to reduce the number of gbMSM living with undiagnosed HIV and to ensure that getting tested for HIV is as simple, accessible, and convenient as possible.

HIV Ireland partners with the HSE Health Protection and Surveillance Centre (HPSC) alongside other NGO's offering community-based testing, on the development of a national surveillance system to monitor community HIV testing in Ireland. A summary report of national data is due to be published in Autumn 2020.

This report analyses the comprehensive non-identifiable data on all those who engaged in the MPOWER Rapid HIV Testing service (previously the MSM Programme) in 2019. Having a service-specific report adds to our understanding of those who use the service, the trends in the reactivity rate and for determining whether people most vulnerable to acquiring HIV are being reached.

This report alongside the national surveillance report will enable an ongoing assessment of the impact of community HIV testing strategies, help to inform national testing policy and assist with the future delivery of the service as part of the MPOWER Programme.

#### **Methods**

The Rapid HIV Testing service is provided confidentially, anonymously and free of charge in a range of gay-identified, community-based settings in Dublin City. Non-identifiable demographic data is collected by way of a registration form completed by the service user before the test and test result data completed by the test administrator following test completion.

The completeness of data in 2019 is 100% on all data points except for Age (98.5%), Gender (99.5%) and Last HIV Test [in months] (99.4%). All data is disaggregated.

The denominator used to calculate HIV test reactivity rate is of all tests carried out, not of individuals tested, as some individuals may have tested more than once during 2019.

The results are presented as total numbers tested and total numbers receiving a reactive result. HIV test reactivity rate is presented for overall results; however, it is removed in further analysis due to low numbers tested in demographic subgroups.

# Results

In total, 1366 community-based rapid HIV tests were performed in 2019. Eight people received a reactive HIV result, corresponding to a 0.6% test reactivity rate.

Two out of the eight people who received a reactive result were subsequently identified as previously diagnosed HIV positive. Excusing those 2 people, the test reactivity rate was 0.4%. The national reactivity rate for community-based rapid HIV testing for 2019 was 0.5%.

All six people receiving a first-time reactive result attended for a confirmatory test at a clinical setting; of those there were no false positives reported.

# i Gender

Table I provides the number of individuals tested and those with reactive tests by reported gender. Unsurprisingly, as a service targeted to gay and bisexual men and other men who have sex with men, 92% of tests were performed on males and accounted for seven out of eight reactive results. One trans female received a reactive result.

Gender	All Tests	Reactive Tests
Male	1259	7
Female	94	0
Trans Male	I	0
Trans Female	2	I
Non-binary	3	0
Undisclosed	7	0
Total	1366	8

Table 1: number of individuals tested and those with reactive tests by reported gender.

# ii Key Population

Table 2 shows the number of service users by key population group. Individuals could be reported as part of one or more key populations/at-risk groups. 7 gbMSM received a reactive result. One of these men is also a migrant coming from a country of high prevalence. The remaining I person who received a reactive result is a trans female and had reported sex work as a risk factor.

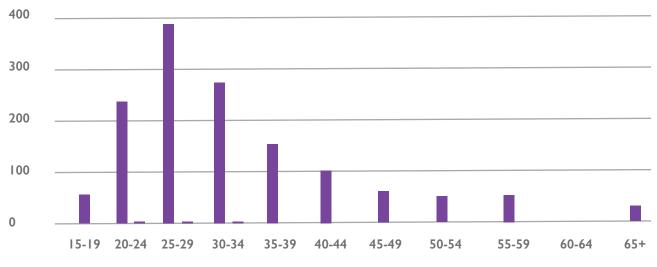
Gender	All Tests	Reactive Tests
gbMSM	1206	7
Sex with opposite gender	151	0
Trans or Non-binary	6	I
PWUD	0	0
Sex Worker	I	I
Migrant (High Prevalence)	24	I
Undisclosed	21	0

Table 2: number of service users by key population group

#### iii. Age

Figure 1 shows the number of tests performed by age group. 66% (n=396) of those who tested in 2019 were aged 20 – 34 years old. The median age of services users who received a reactive result was 28 years old.

The rapid testing service is available to people over the legal age of sexual consent in Ireland which is seventeen years of age. While the first age group in Figure 1 is 15-19, nobody under the age of 17 was tested.





#### iv. Country of Origin

Figure 2 shows the country of origin of those accessing the service. The country of origin was known for 99% of service users (n=1350). Almost half (46%, n=616) were Irish born, followed by 20% (n=276) of service users born in Brazil and the remaining one-third (33%, n=458) of service users coming from 69 different countries. Among the eight service users receiving a reactive result, 3 were from Brazil, 2 from Ireland and I person from Germany, I from Nigeria and I from China.

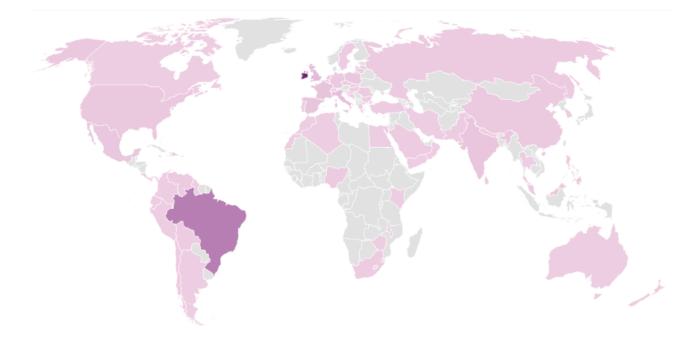


Figure 2: numbers accessing the service by country of origin

#### iv. Test Venue

Table 3 presents the number of tests performed, reactive results and reactivity rate by test venue. The highest proportion of tests were carried out in Pantibar (n=597, 44%), followed by The George (n=365, 26%), Outhouse (n=296, 22%) and The Boilerhouse (n=108, 8%).

The test reactivity rate was highest at Outhouse (1.1%) and at The Boilerhouse (0.92%)

Gender	All Tests	Reactive Tests	Reactive Rate	Previously Diagnosed
Pantibar	587	4	0.67%	2
The George	365	0	0%	0
Outhouse	296	3	1.1%	0
The Boilerhouse	108	I	0.92%	0
Total	1366	8	0.5%	2

Table 3: tests performed, reactive results, and reactivity rate by test venue.

# iv. Testing History

Table 4 shows the number of all tests and reactive tests based on whether the service user has accessed an HIV test previously or not. 15% (n=210) of service users were accessing an HIV test for the first time, one of which received a reactive result. The remaining 7 reactive results were received by service users who had tested previously.

First HIV Test	All Tests	Reactive Rate
Yes	210	I
No	1155	7
Don't want to say	I	0
Total	1366	8

Table 4: the number of services users accessing a HIV test for the first time

Table 5 presents a breakdown of time since accessing last HIV test for those who have tested previously. 8% (n=101) of service users had had their last test as recently as the previous four weeks, rising to 18% (n=234) within the last three months. The majority (48%, n=625) of service users had accessed their last HIV test within the previous 12 months.

For those receiving reactive results for the first time, 3 had received their last negative HIV result within the previous 12 months, with one of those people having received a negative result as recently as the previous four weeks. I service user had received their last HIV negative result more than I year ago and I service user received their last negative result more than 3 years ago.

Time Since Last Test	All Tests	Reactive Tests
Less than I month	101	2 (1 previously diagnosed)
Less than 3 months	234	0
Less than a I year	625	3 (I previously diagnosed)
More than a I year	132	I
More than 3 years	64	I
Unknown	210	I
Total	1366	8

Table 5: Time since last HIV test

# Discussion

1,366 tests were performed by the MPOWER Rapid HIV Testing volunteers in 2019, a very slight rise (n=40) on tests performed by the service in 2018. However, there is a considerable reduction in the number of reactive results in 2019 (n=8) compared to the previous year (n=17). A possible explanation for this reduction may be due to Pre-Exposure Prophylaxis (PrEP) being made available on private prescription and the Gay Men's Health Service offering a monitoring service for PrEP users during 2019.

The test reactivity rate for this service was 0.4% in 2019. There is currently no cost-effectiveness threshold for HIV testing in community settings. The reactivity rate in 2019 exceeds the recommended seropositivity threshold deemed to be cost effective for routinely offering HIV testing in hospital settings (0.1%).

92% of tests were performed on males, of those males, 96% identified as gay, bisexual or a man who has sex with men. While the service is targeted at gbMSM, anyone who presents for a test will be accommodated by the service. As the service is offered in community spaces, the number of service users who have identified as transgender could be considered very low. A possible reason for this may be due to how data is recorded. Service users record their gender in a free text box on the registration form, therefore, the number of people with a trans identity may not be truly reflected in the data. An additional question about assigned gender at birth will be considered for future data collection.

Interpreting reactivity rates in demographic subgroups is not a prudent approach due to such small number of tests, however, the service will continue to monitor reactive results among transgender people and sex workers considering high rates of HIV diagnoses in community-based services have been identified in the 2019 national VCBT report and in the equivalent European report COBATEST<sup>2</sup> in 2018.

Understanding the demographics of service users is important in ensuring that the service is responsive to user's needs. One fifth of service users in 2019 were born in Brazil and it can be assumed that these service users have Portuguese as their first language. In 2020, the service will aim to recruit Brazilian-born and Portuguese-speaking peer volunteers to ensure that language does not act as a barrier to accessing an HIV test. Similarly, advertisements of the service, registration forms and information made available within the service will be produced in Portuguese. The service will continue to monitor language and other needs to be addressed based on data recorded.

Testing history data shows that the majority of service users (85%) have tested for HIV before. 70% of that cohort have tested within the previous 12 months, with a quarter using the service within 3 months of their last HIV test. 2 service users receiving a reactive result for the first time did so within 12 months of their last test, with I service user receiving their reactive result within I month of their last HIV negative result. This frequency of HIV testing aligns with ECDC Public Health Guidance on HIV in the EU which indicates gbMSM should test "at least once a year and up to every three months depending on ongoing risk.". It also highlights the continued need to offer comprehensive information and referrals to service users on accessing HIV prevention options to ensure service users receiving an HIV negative result remain negative into the future.

A significant minority (14%) had not tested for HIV in a year or more with 2 reactive results in this cohort. HPSC expressed concern in their 2018 annual epidemiological report on HIV in Ireland about the high proportion of people presenting late, noting that "late diagnosis is associated with a ten-fold increase risk of short term mortality (within one year) and an increased risk of transmission.". It continues to be an aim of the service to use a low threshold approach, removing as many barriers to first time and repeat testing as possible so that those who have acquired HIV present early, are diagnosed early, and commence treatment as fast as possible to protect their health and contribute to breaking the chain of transmission.

<sup>&</sup>lt;sup>1</sup>UK National Guidelines for HIV Testing, 2008. British HIV Association and British Association of Sexual Health and HIV British Infection Society, 2008.

<sup>&</sup>lt;sup>2</sup> Conway A, Fernàndez López L, Casabona J for the COBATEST Steering Committee. COBATEST Network 2018 Report: Monitoring and Evaluation. Barcelona: CEEISCAT; 2019.

#### **Acknowledgments**

Many thanks to the MPOWER Rapid HIV Testing peer volunteers for giving their time, energy and empathy both to the service and the service users; to all of the staff at Pantibar; The George; Outhouse and The Boilerhouse; our partner venues for their committed collaboration and for the use of their space; to the team at the Gay Men's Health Service for supporting us with referrals and a pathway to HIV treatment for service users; to our funding partners at HSE Sexual Health and Crisis Pregnancy Programme for their funding assistance; staff at HIV Ireland, particularly those who helped in the collation of data for this report; and the Health Protection Surveillance Centre and Community HIV Testing Monitoring Steering Group for their hard work in developing and maintaining a reporting structure for community-based HIV testing in Ireland.

Most importantly, the warmest thanks go to the 1,366 users of the MPOWER Rapid HIV Testing service in 2019. Thank you for confiding in us and for trusting us with your sexual health.

#### **Special Mention**

Our friend and rapid testing volunteer, Ger Clarke, passed away unexpectedly in February 2019. Ger was a kind, generous, and gentle person with a wonderful sense of humour. He offered an abundance of kindness to all those he met - a gentleman who will be sorely missed but fondly remembered by us all.





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