There were 107,800 people living with HIV in the United Kingdom (UK) in 2013. Exclusion criteria: increased refusal in those living in more deprived areas may be due to limited awareness of the risks of HIV. Targeted health promotion is needed to increase the uptake of HIV tests at STI clinics and decrease the proportion of undiagnosed HIV.

**BACKGROUND**

- There were 107,800 people living with HIV in the United Kingdom (UK) in 2013.
- Prevalence: 2.8/100,000 population
- 24% undiagnosed and unaware of their infection
- The most affected population subgroups are:
  - Men who have sex with men (MSM; N=43,500; 16% undiagnosed)
  - Heterosexuals of Black African ethnicity (N=38,800; 34% undiagnosed; figure 1)
- HIV test uptake is higher in MSM (94.5%) attending sexual transmitted infection (STI) clinics, compared to black African heterosexuals (84.7%; 2014 data)
- Increased testing among black Africans will reduce the undiagnosed proportion.

**OBJECTIVE**

To identify factors associated with HIV test refusal among people of black African ethnicity attending STI clinics in England.

**METHODS**

- Data from all 216 STI clinics in England obtained from the genitourinary medicine clinic activity dataset version 2 (GUMCADv2)
  - Mandatory surveillance system for all STI diagnoses and services in England
  - Ethnicity defined by patient self-report
  - HIV test refusal defined as: HIV test offered and refused

**RESULTS**

- Overall, people of black African ethnicity are the 3rd least likely ethnic group to refuse an HIV test (data not shown) but, after adjustment for gender and sexual orientation, they are least likely to refuse (44% less likely than white British people; figure 3). This is because of differences in the distribution of gender, sexual orientation and deprivation (figure 2).
- Among people of black African ethnicity (figure 5), the likelihood of refusing an HIV test is significantly:
  - Higher in women (45%, vs. heterosexual men), those living in more deprived areas (45% for most deprived, vs. least deprived areas) and those diagnosed with a new STI (27%)
  - Lower in MSM (43%, vs. heterosexual men), older age groups (57% for 65+vs. 15-19 years old), those born outside the UK (26%) and those tested for HIV in the past year (21%)
- HIV test refusal may be lower among black African MSM due to more effective health promotion targeted to gay and bisexual men
- HIV test refusal may be higher among black African women as they may access testing at other types of services
- Increased refusal in those living in more deprived areas may be due to limited awareness of the risks of HIV
- Increased refusal among those diagnosed with a new STI may be due to patients’ decisions to postpone testing until the end of an HIV testing window period

**DISCUSSION**

- Overall, people of black African ethnicity are the 3rd least likely ethnic group to refuse an HIV test (data not shown) but, after adjustment for gender and sexual orientation, they are least likely to refuse (44% less likely than white British people; figure 3). This is because of differences in the distribution of gender, sexual orientation and deprivation (figure 2).
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**LIMITATIONS**

- Unable to link patients across STI clinics
- No record of HIV testing at other services

**CONCLUSIONS**

- The refusal of HIV tests varies among black African STI clinic attendees
- Targeted health promotion is needed to increase the uptake of HIV tests at STI clinics and decrease the proportion of undiagnosed black Africans living with HIV

**DATA ANALYSIS PLAN**

- All attendances at STI clinics in 2014 were considered in the analysis
- Exclusion criteria:
  - Diagnosed with HIV within 6 weeks of an attendance
  - Unspecified gender, sexual orientation or ethnicity (<5% of records)
  - Frequencies of patient characteristics and HIV test refusal determined (figure 2)
  - Ethnic variations in HIV test refusal, adjusted for gender/male sexual orientation, determined using generalised estimating equations (GEE) logistic regression (figure 3)
  - Analyses then restricted to Black Africans:
    - Unadjusted and adjusted associations between demographic and clinical factors with HIV test refusal assessed using GEE logistic regression (figures 4 and 5)