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Sexual risk behaviour predicts more frequent use of HIV self-testing: early findings from the FORTH trial

Guy R, Jamil MS, Fairley C, Smith K, Grulich A, Bradley J, Kaldor J, Chen M, McNulty A, Holt M, Ryan D, Batrouney C, Russell D, Bavinton B, Keen P, Conway DP, Wand H, Prestage G on behalf of FORTH Study Group

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Background

- More than 70% of new HIV diagnoses in Australia occur in gay and bisexual men (GBM)
- Higher-risk GBM test at less than the recommended frequency (3-6 monthly) (Sydney Gay Deriodic Symeal)
- Barriers (Prestage, Sex Health 2012; Conway, J Int AIDS Soc 2015)
- Difficulties with appointments
 Lack of time
 - Lack of time
 Cost and inc
- Cost and inconvenience
- 63-67% likely to test more often if self-testing available (Bavinton 2013; Chen 2010)



Sydney Gay Periodic Survey HIV tests in last year ('high risk' men)

Disclosure of Interest Statement

• Self-test kits were purchased from OraSure Technologies Inc. (Bethlehem, PA, USA)

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Availability of HIV self-tests

- 2014: Australian regulations changed
- 2015: TGA provided guidance on acceptable performance
 - Sensitivity: ≥99.5% whole blood, ≥99% oral fluid
 Specificity: ≥99%

'assessed on a case-by-case basis and will depend on how well the manufacturer has mitigated any risks and demonstrated that the overall benefits of the product outweigh any residual risks associated with its use.'

- · No self test kits approved for sale in Australia
- · Self-tests commercially available in the US, UK, France

Orasure OraQuick

- Second generation test
- · Oral fluid specimens
- · Results in 20-40 minutes
- Untrained users
 - Sensitivity: 91.7% (84.2-96.3)
 - Specificity: 99.9% (99.9-100.0)
- Screening test



Randomised trial of HIV self-testing 'FORTH'

- 2013-2015
 - Two arms – Intervention: self-tests + clinic tests
 - Control: clinic tests
- · Primary objective
 - Compare HIV testing frequency
- Secondary objectives
- Compare STI testing frequency
- Acceptability



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FORTH participants and recruitment

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- 350 HIV-negative GBM at increased risk of HIV ->5 partners, or
 - Condomless anal intercourse in previous 3 months
- 300 frequent testers (tested <2 yrs)
- 50 infrequent testers (tested ≥2 yrs or never)
- Recruitment
 - Sydney and Melbourne sexual health clinics
 ACON aTEST, Victorian AIDS Council
- Promotion: Facebook, Grindr, posters and postcards at recruitment sites

FORTH follow-up

- 12-months
- Baseline survey: Demographics, risk behaviour, past clinic HIV testing
- 3-monthly surveys: Risk behaviour, number of current clinic and HIV self-tests
- Up to three reminders via email or SMS – One week apart
 - Final SMS asking the total number of HIV tests
- ~90% response rate

FORTH self-kit supply

- · Four self-test kits at baseline
- Manufacturer-supplied step-by-step instructions and a web-link to an instructional video
- · Able to request additional kits, one at a time
- · Maximum of 12 kits in one year

PRELIMINARY ANALYSIS

- Intervention arm only (n=182)
- · Self-testing only (not clinic testing)
- Follow-up
 12 months: 138 (75%)
 6 or 9 months: 42 (25%)
- · Multivariate logistic regression
- · Cross sectional analysis
- Baseline factors associated with >average number of self-tests in 12 months

	FORTH intervention (n-182)	GCPS (%) (n=4670)
Mean age in years (SD)	36 (11.1)	35 (11.8)
Born in Australia	62%	68%
University degree	52%	56%
>10 male partners in past 6 months	50%	22%
Condomless anal intercourse with casual partners in past 6 months	59%	21%
Any group sex in past 6 months	58%	33%
Mean gay social engagement score* (SD, range)	4.3 (1.5, 0-7)	4.3 (1.5, 0-7)
≥3 HIV tests in past 12 months	35%	22%

Participant characteristics (n=182)

How self-tests were used

	Participants n=182	Self- tests
To test themselves	159 (87%)	481

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How self-tests were used

Participants	Self-
n=182	tests
159 (87%)	481
86 (47%)	
3	
	Participants n=182 159 (87%) 86 (47%) 3

How self-tests were used

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	Participants	Self-
	n=182	tests
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≥3 tests	86 (47%)	

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How self-tests were used

	Participants	Self-
	n=182	tests
To test themselves	159 (87%)	481
≥3 tests	86 (47%)	
Mean number of self-test per person	3	
To test someone else (e.g. partner)	47 (26%)	76
Given to someone else	20 (11%)	25

How self-tests were used

	Participants	Self-
	n=182	tests
To test themselves	159 (87%)	481
≥3 tests	86 (47%)	
Mean number of self-test per person	3	
To test someone else (e.g. partner)	47 (26%)	76

Outcome: ≥3 HIV self-tests

Category	Univariate		Multivariate	
	OR (95% CI)	р	AOR (95% CI)	р
HIV clinic tests last 12 months				
<3	1			
≥3	2.36 (1.26-4.43)	0.007	2.13 (1.11-4.08)	0.022
Condomless anal intercourse				
with casual partners in past 6				
months				
No	1			
Yes	2.21 (1.21-4.04)	0.010	2.04 (1.09-3.82)	0.027
Number of partners last 6 months				
<10	1			
≥10	1.86 (1.03-3.36)	0.038	1.45 (0.78-2.71)	0.245

Other co-variates: age, country of birth, ethnicity, employment status, education, area of residence, sex with regular partner(s) in past 6 months, group sex, gay social engagement

Conclusions

- · Higher risk GBM used self-tests frequently
- · Free supply of up to 12 self-tests
- Men who reported condomless anal intercourse with casual partners used more self-tests
- Need to raise awareness about longer window period of OraQuick self-test
- · About a quarter of men tested partners interviews
- FORTH final analysis late 2015

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EXTRA SLIDES

TGA requirements:

Proposed TGA requirements:

- Sensitivity: ≥99.5% whole blood, ≥99% oral fluid
- Specificity: ≥99%

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TGA requirements:

- · However, it is recognised that the same level of sensitivity and specificity may not be achieved in a self-testing environment.
- · The suitability of these studies will be assessed on a case-by-case basis and will depend on how well the manufacturer has mitigated any risks and demonstrated that the overall benefits of the product outweigh any residual risks associated with its use. Demonstration of the benefit of a test and effectiveness of risk mitigation measures in the self-testing environment may be supported by a documented review of relevant published literature