

Targeted outreach during European HIV testing week in London, UK

Did it work?

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Introduction

- In the UK, an estimated 1:4 individuals living with HIV are unaware of their status¹
- It is recommended that HIV testing should be encouraged in areas where HIV prevalence is $\geq 2:1000$ ²
- Those most affected are likely to be from MSM (men who have sex with men), BME (black, minority and ethnic) populations and younger people (YP)¹
- Improved access to testing services is of paramount importance in strategies to 'diagnose the undiagnosed' and reduce late diagnosis³
- Hence Chelsea and Westminster Hospital developed an outreach services, delivered from a mobile 'healthbus'
- During National HIV testing (NHTW) week 2013, in partnership with various third sector organizations and other sexual health providers, we designed a series of health bus outreach events to target MSM, BME and YP

Methods

- All events offered rapid HIV testing with selected events offering screening for other sexually transmitted infections (chlamydia (CT), gonorrhoea (NG), syphilis, and blood-borne viruses (BBV): hepatitis B and C) where appropriate
- Anonymised data were collected from participants including gender, ethnicity, sexual orientation, postcode, screening/service provision, diagnostic results and patient satisfaction outcomes
- These were compared with data obtained from our three mainstream GUM services in the same timeframe - 56 Dean St (DS), John Hunter Clinic for Sexual Health (JHC) and West London Centre for Sexual Health (WLCSH)

Discussion

- Our NHTW outreach events screened a higher proportion of men, YP and BME when compared with the mainstream sexual health services
- The majority of attenders were new to the service with 40% of attendees stating that they had never previously tested for HIV, suggesting that the strategy proved successful in 'testing the untested'
- Outreach events were popular, well-received and likely to be recommended to peers
- This outreach model delivered via the healthbus could be tailored to engage vulnerable individuals in other public health initiatives

References

1. www.gov.uk/government/organisations/public-health-england
2. BHIVA (2008) UK National Guidelines for HIV Testing 2008
3. Health Protection Agency (2007) Testing Times: HIV and other Sexually Transmitted Infections in the United Kingdom

Clinic	Service provider	Target group	London Location	Service duration (h)	Service provision	Number seen	Infections identified
1	JHC	BME	South	4	STI/BBV	27	-
2	JHC	BME	South	4	STI/BBV	75	4 CT; 1 NG
3	DS	MSM YP	Central	4	HIV	362	-
4	WLCSH	BME YP	West	4	STI/BBV	36	2 CT
5	DS	MSM YP	Central	8	STI/BBV	37	1 HIV; 3 CT; 4 NG
6	JHC	All	North-west	6	STI/BBV	31	-
7	WLCSH	BME YP	West	4	STI/BBV	27	1 NG
8	DS/UCL	All	Central	2	HIV	36	-
9	WLCSH	All	South-west	3.5	STI/BBV	54	-
10	JHC	All	Central	4	HIV	13	-

Results

- 698 individuals attended 10 outreach events.
- This compared to 2725 attending the mainstream GUM service
- Of attenders, 533 (76%) were male with 23% identifying as heterosexual
- Most attenders (74%) were new to our service
- Compared with the mainstream GUM clinic, a higher proportion of outreach attendees were:
 - male (76% vs 65%)
 - aged below 20 years (12% vs 7%)
 - BME (26% vs 23%)
- In total, 660 HIV tests, 154 screens for Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) were conducted. Positivity rates were:
 - NG (6/154, 3.9%)
 - CT (9/154, 5.8%)
- One new HIV diagnosis was made, the individual has since engaged in care.
- Of 332 patient feedback questionnaires received
 - 90% rated the service as excellent
 - 40% stated they had not previously tested for HIV.
 - 40% stated they would not have tested otherwise