OPT-OUT HIV/HCV SCREENING

Evidence-Informed Structural Intervention

INTERVENTION DESCRIPTION

Intended Population
- People who inject drugs (PWID) participating in a syringe services program (SPP)

Goals of Intervention
- Increase HIV testing
- Increase Hepatitis C (HCV) testing

Brief Description

Opt-Out HIV/HCV Screening is a structural intervention designed to provide access to HIV/HCV testing in an acceptable venue for PWID. The intervention involves a change from an opt-in testing policy to an opt-out testing policy where participants are informed that bundled HIV/HCV testing is part of routine care upon their enrollment at the SSP. Participants can decline testing. If clients accept the testing, both results of each test are recorded. Point-of-care tests for both HIV/HCV are offered using a blood sample collected via fingerstick. Results are reported to the participant immediately with appropriate post-test counseling and education. For those who tested reactive, active linkage to care is offered.

Theoretical Basis
- None reported

Intervention Duration
- Ongoing

Intervention Settings
- Syringe services programs (SSP)

Deliverers
- SSP staff

Structural Components
- Access – HIV testing
  - Increased access to HCV/HIV testing and linkage to HIV medical care
- Policy/Procedure – Institutional policy/procedure
  - Implemented opt-out HCV/HIV testing in SSP

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Tyler S. Bartholomew**, 1120 NW 14th Street, Number 1020, Miami, Florida 33136.

Email: tsb61@miami.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information
The original evaluation study was conducted in Miami, Florida between December 2016 and January 2020.

Key Intervention Effects
- Increased and sustained HIV testing
- Increased and sustained HCV testing

Study Sample
The total sample of study participants (N = 1,059) is characterized by the following:
- 55% White persons
  40% Hispanic, Latino, or Latina persons
  5% Black or African American persons
- 75% male persons, 25% female persons
- 26% 18-29 years old, 59% 30-49 years old, 15% >50 years old
- 74% used heroin, 27% used cocaine, 17% used methamphetamine, 18% used speedballs
- 60% injected < 5 injections/day, 40% injected ≥5 injections/day
- Median age = 37 years

Recruitment Settings
- Syringe services program

Eligibility Criteria
Participants enrolling in IDEA Miami SSP between 2016 and 2020. Data were stratified into opt-in policy (December 1, 2016 - February 28, 2018) and opt-out policy (March 1, 2018 - January 31, 2020) periods.

Comparison
This study used a serial cross-sectional, quasi-experimental design. The pre-intervention cohort (control) included SSP participants enrolled during the opt-in HCV/HIV testing policy period (December 1, 2016 - February 28, 2018). The intervention cohort (treatment) included SSP participants enrolled during the opt-out HCV/HIV testing policy period (March 1, 2018 – January 31, 2020). Based on the new HIV/HCV opt-out testing implementation date, there were 15 months of the opt-in testing policy and 22 months of the opt-out testing policy.

Relevant Outcomes Measured
- HIV testing was measured as the number or proportion of persons who received rapid HIV testing.
- HCV testing was measured as the number or proportion of persons who received rapid HCV testing.
- HIV incidence was measured as the number or proportion of persons who tested reactive for HIV.
- HCV incidence was measured as the number or proportion of persons who tested reactive for HCV.

Participant Retention
Participant retention was not reported and is not a criterion for the Structural Interventions Chapter.

Significant Findings on Relevant Outcomes
- Among persons who self-reported as being HIV positive, 93% accepted HIV/HCV testing in the opt-out testing period compared to 7% in the opt-in testing period ($p < 0.001$).

- Among persons who self-reported as being HIV negative, 93% accepted HIV testing in the opt-out testing period compared to 49% in the opt-in testing period ($p < 0.001$).
- Among persons who self-reported as being HCV positive, 91% accepted HIV/HCV testing in the opt-out testing period compared to 13% in the opt-in testing period ($p < 0.001$).
- Among persons who self-reported as being HCV negative, 93% accepted HCV testing in the opt-out testing period compared to 43% in the opt-in testing period ($p < 0.001$).

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- There were no significant differences between pre (opt-in testing) and post (opt-out testing) policy periods for the number of persons identified with new HIV or HCV infections.

Negative findings

- None reported

Other related findings

- The proportion of participants accepting both HIV/HCV tests was 91.3% (Interquartile interval [IQI] 87.2% - 100%) during the opt-out testing period compared to 33.1% (IQI 20.0 - 42.4%) during opt-in testing period.
- The trend line during opt-in testing for uptake of bundled testing increased by 1.87% per month (95% Confidence Interval [CI]: 0.25% – 3.5%, $p = 0.03$). The trend line for uptake of bundled testing during the opt-out testing period and the change in the slope of the trend line from opt-in to opt-out were non-significant.
- However, there was a significant increase in uptake of HIV/HCV testing by 42.4% (95% CI: 26.2% - 58.5%, $p < 0.001$) immediately after the implementation of opt-out testing.
- There were 7 (0.79%) newly identified HIV positive participants and 76 (13.4%) newly identified HCV positive participants discovered in the overall sample. Most participants who were newly identified as HCV or HIV positive were identified in the opt-out testing period.
- There were 8 (7.8%) who self-reported HIV positive but tested HIV non-reactive on the rapid point-of-care test and 22 (6.4%) participants who self-reported HCV positive but tested HCV non-reactive on the point-of-care test.

Implementation research-related findings

- None reported

Process/study execution findings

- None reported

Adverse events

- None reported

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REFERENCES AND CONTACT INFORMATION

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