Focused HIV Testing

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1 in 7 People with HIV do not know they have HIV

1 in 2 People with HIV have the virus at least **3 years** before diagnosis

1 in 4 People with HIV have the virus at least **7 years** before diagnosis

Dailey AF, Hoots BE, Hall HI, et al. Vital Signs: Human Immunodeficiency Virus Testing and Diagnosis Delays — United States. MMWR Morb Mortal Wkly Rep 2017;66:1300–1306. DOI: http://dx.doi.org/10.15585/mmwr.mm6647e1
Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. Vital Signs: HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1

CDC testing recommendations which affect gay and bisexual men

No matter who you are,

an HIV test
is for you

Ask your doctor for an HIV test today...

Risk of HIV infection

CDC testing recommendations which affect gay and bisexual men

Risk of HIV infection

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Risk of HIV infection

CDC testing recommendations which affect gay and bisexual men

Risk of HIV infection

Focused testing and recruitment

"~~Targeting~~ Focused testing and recruitment is the process by which persons from your focus population are located, engaged, and motivated to access HIV testing services."

"~~**Targeting**~~ **Focusing** is the process for defining how you will direct your HIV testing services <u>to identify persons</u> who are unaware of their HIV status and who are at greatest risk for HIV infection."
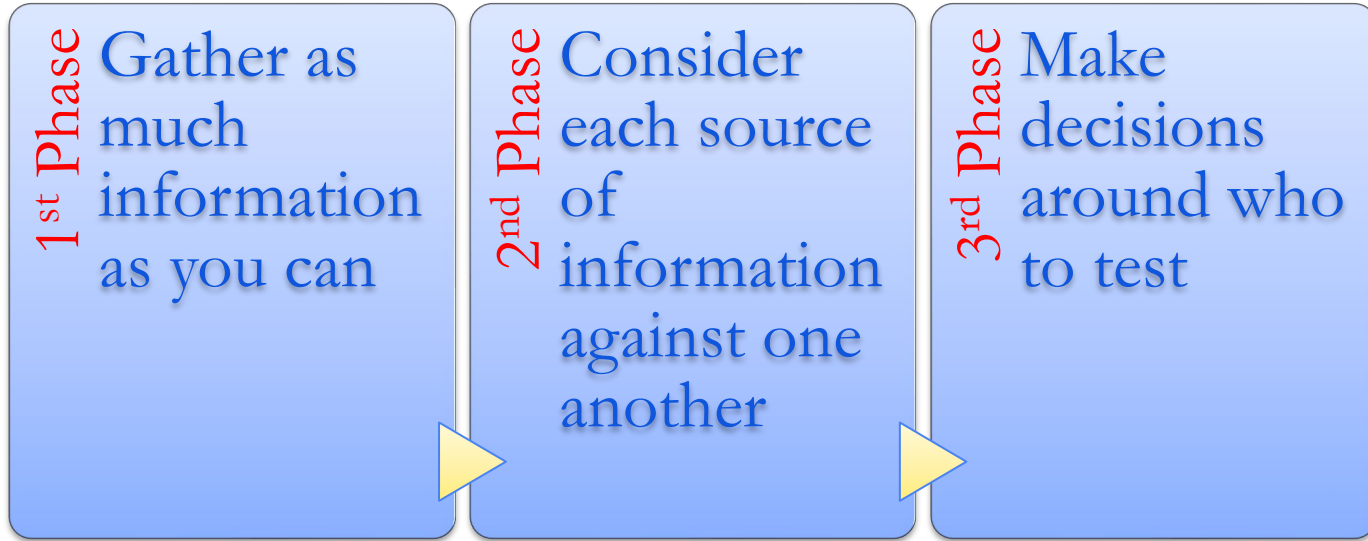
"**Recruitment** begins once you have defined your focus population and identified <u>where and how to reach them</u>."

Questions to inform your focus population(s)

- What is your catchment area?
- What data sources are available to you?
- Do you have flexibility with your funder to determine your focus population?

- What other testing services are in your catchment area or reaching your focus population?
- What is segmentation and why is it important?

What to do next?

1st Phase Gather as much information as you can

2nd Phase Consider each source of information against one another

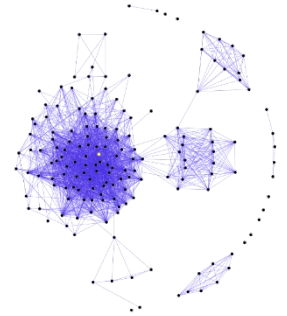**3rd Phase** Make decisions around who to test

Questions to inform your recruitment strategy

- Are there physical spaces in which your focus population can reliably be reached?
  - If yes, map where they are
- Are there virtual spaces your focus population can be reached?
  - If yes, consider ringfencing
- Is your population networked?
- Are there any overlapping testing providers?

- Who do people trust/find safe/accept?
- Where and when to test?
- How do you find the answers to these questions?
  - Ask until you hear redundancy

This is doable and low cost

Recruitment strategies

- Social networking
- Contact tracing
- Internet outreach
- Street-based and venue-based outreach
- Social marketing
- Internal referrals
- External referrals

Source: Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers, Mary 2, 2016
https://www.cdc.gov/hiv/pdf/testing/CDC_HIV_Implementing_HIV_Testing_in_Nonclinical_Settings.pdf

Recruitment strategies: pros and cons

Recruitment strategy	Underlying assumption	Pros	Cons
Social Network Strategy (SNS)	population is networked/hidden	highly effective if done right, reaches deeply hidden segments who may be of greatest risk for HIV	requires continuous monitoring and works best with a dedicated SNS supervisor
Contract tracing, or Partner Services	people know the names and contact information of their drug using and sexual partners	highly effective	requires a special skillset, is time consuming
Social marketing	people will see/hear the medium and be motivated to test	reaches a large audience	can be difficult to measure efficacy, can be expensive
Street-based and venue-based outreach	people are visible and reliably locatable	meets people where they are, reduces burden on client, can be inexpensive	requires flexible working hours, could be less effective with physical hangout spaces disappearing
Internet outreach	population is reachable through chat rooms, social networking sites, mobile apps	reaches people in their natural environments; can reach people who are hidden and not willing to seek services or in-person self-identify	can be time consuming, may be difficult to scale
Internal referrals	population will utilize services at the same organization, assumes that multiple services are offered	inexpensive, time saving	relies on person actively coming in for a service
External referrals	people have the time, the means, and the will to go somewhere else	can offer people a variety of support services, including HIV testing	time, expense to commute, taking off from work

What's new and what does this mean for recruitment?
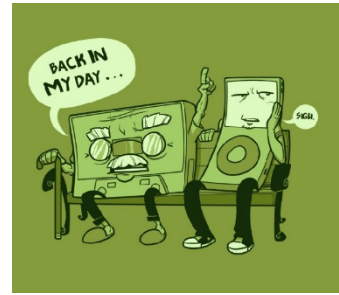
- Visible venues to reach people are disappearing
- People are buying drugs online, selling sex online, making sexual connections online
- Self-testing and secondary distribution
- Coupling HIV testing with COVID outreach services

(some) Best practices

- Seek peer involvement as much as possible, from varied segments of your focus population(s)

- Improving your testing yield means reducing what's not working, and trying new things

- Diversify your recruitment strategies

- Hire the right people, incentivize creativity, and show appreciation

- Set reasonable targets/goals

- Systematically review performance in easily digestible time periods

- Gear yourself to be flexible and try incremental tweaks

- Document, communicate findings, brainstorm solutions (include peers as much as possible) as an agency – include management

Resources

- Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers, May 2, 2016 https://www.cdc.gov/hiv/pdf/testing/CDC_HIV_Implementing_HIV_Testing_in_Nonclinical_Settings.pdf
- CDC TRAIN https://www.train.org/cdctrain/welcome
- https://www.cdc.gov/hiv/basics/testing.html
- https://www.cdc.gov/hiv/testing/index.html
- https://www.cdc.gov/hiv/pdf/testing/hiv-tests-advantages-disadvantages_1.pdf
- https://www.cdc.gov/hiv/pdf/testing/cdc-hiv-factsheet-false-positive-test-results.pdf
- https://www.cdc.gov/hiv/pdf/testing/rapid-hiv-tests-non-clinical.pdf

Thank you!

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