Generalitat de Catalunya
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Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya

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"Routine testing" as primary reason for getting tested for HIV in MSM: results from the first participants enrolled in the COBA-Cohorts project

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Background

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- HIV-testing is the cornerstone of HIV prevention, especially in MSM
- Community-based voluntary counselling and testing (CBVCT) particularly adapted to MSM
  - Testing, counselling, mental support, peer support, etc.
  - Reach less previously tested and high-risk MSM Bailey 2009; Champenois 2012; Lorente 2013; Yang 2014; …
  - Make linkage to care easier Meulbroek et al., 2013
- Monitoring CBVCT data (e.g. COBATEST) is crucial for prevention providers and policy makers
- Longitudinal data on HIV-negative MSM in CBVCT services to monitor testing patterns, sexual behaviour and HIV incidence:
  - BCN Checkpoint (Barcelona) since 2008 Ferrer et al. 2016
  - CheckpointLX (Lisbon) since 2011 Meireles et al. 2015

COBA-Cohorts

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- The COmmunity-BAsed cohorts (**COBA-Cohorts**) project is a longitudinal study collecting data among HIV-negative MSM attending CBVCT services in 6 European countries

- **Inclusion criteria:** MSM, ≥ 18 yo, HIV-negative test result at enrolment

- **Recruitment:** participation offered to all eligible MSM attending one of the 17 participating CBVCT services (~18 months), since 04/02/2015 for the first site

- **Follow-up frequency:** based on the CBVCT services' testing recommendations and depends on the participant's willingness to get (regularly) tested

6 NGOs, 17 CBVCT services:

- Denmark, **Aids-Fondet** (2 sites)
- France, **AIDES** (10 sites)
- Greece, **Positive Voice/Ath-Thess Checkpoints** (2 sites)
- Italy, **LILA Milano** (1 site)
- Portugal, **GAT/CheckpointLX** (1 site)
- Slovenia, **Legebitra** (1 site)

Objective

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To identify factors associated with choosing

“Regular control and/or to know my health status”

as reason to get tested for HIV at entrance to COBA-Cohorts

Analysis

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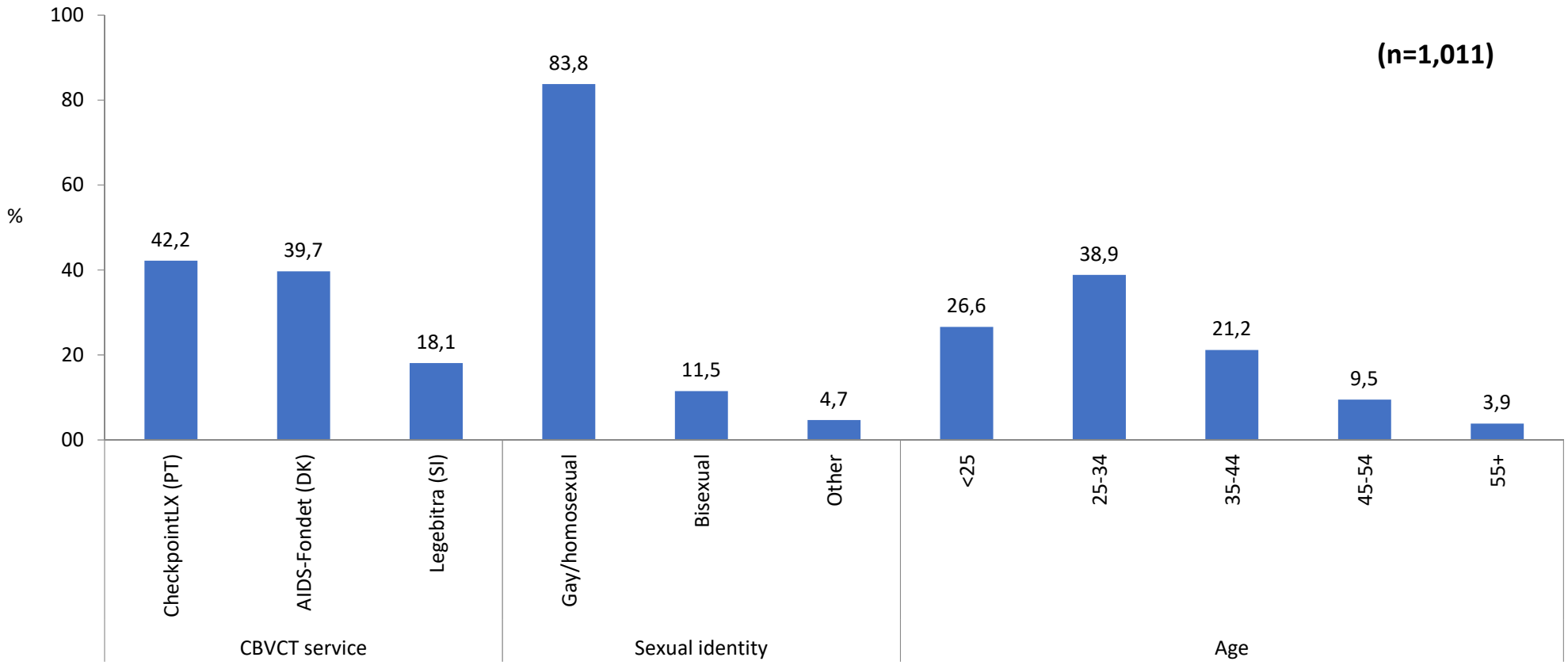
- For this analysis, participants enrolled by 31/09/2015 were selected (**n=1011**) to ensure they had the opportunity to return, i.e. data from:
  - Legebitra, Slovenia (**n=183**)
  - AIDS-Fondet, Denmark (**n=401**)
  - CheckpointLX, Portugal (**n=427**)

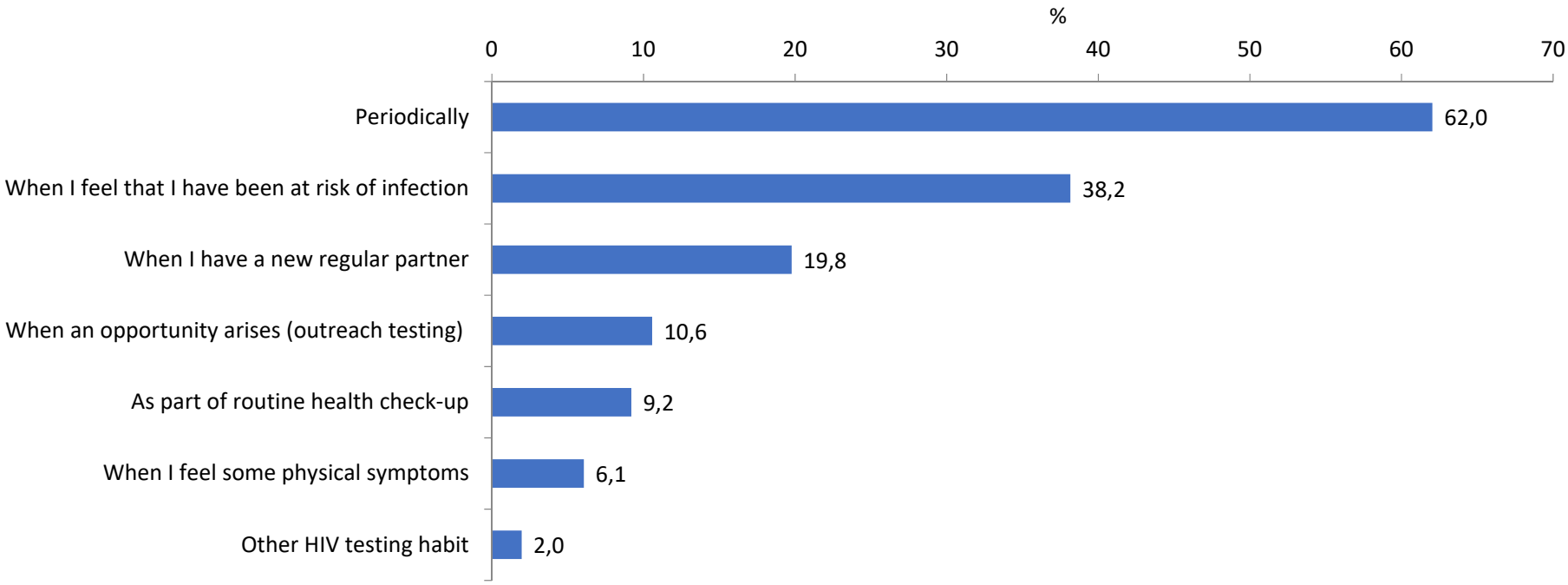
- Factors associated with "routine testing"
  - Chi-square and Kruskal-Wallis tests were used for all univariate comparisons, with a significance threshold of 0.10
  - All significant associations were then included in a multivariate logistic regression model
  - The final model was obtained using a forward-stepwise selection method based on the Wald test (entry threshold p-value < 0.05)

Sample description



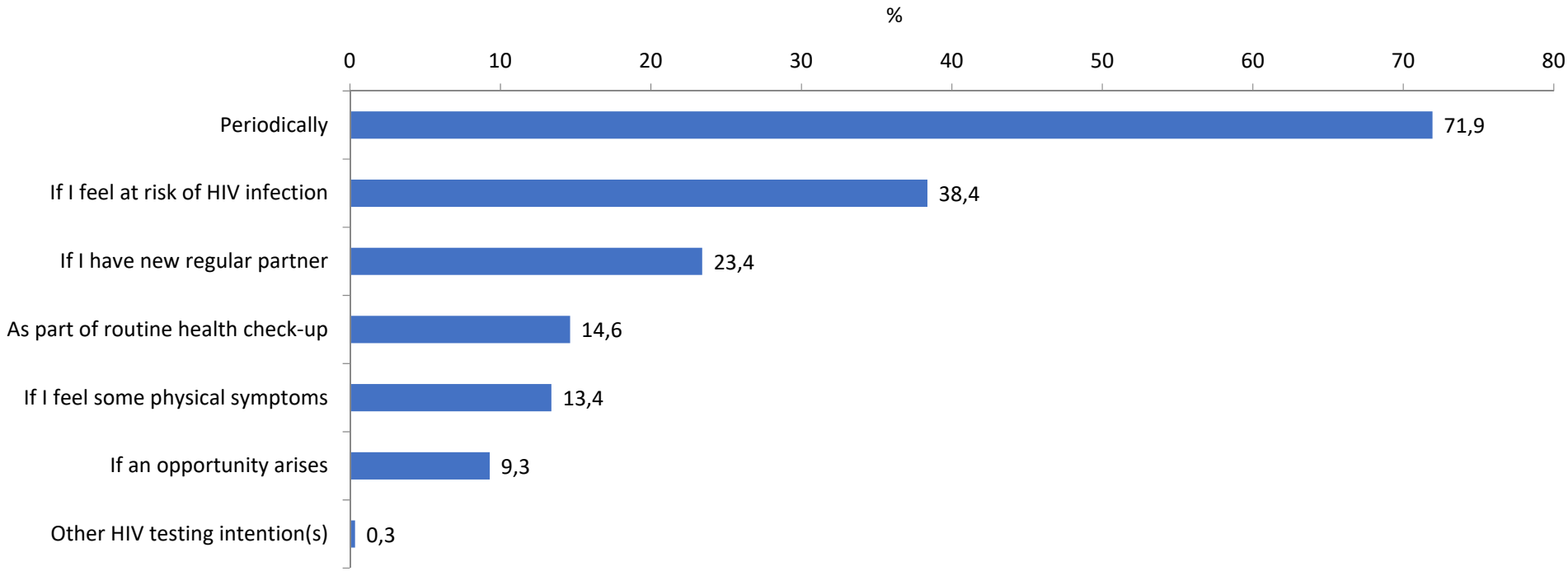
Median [IQR] = 29[24-38]

HIV testing habits



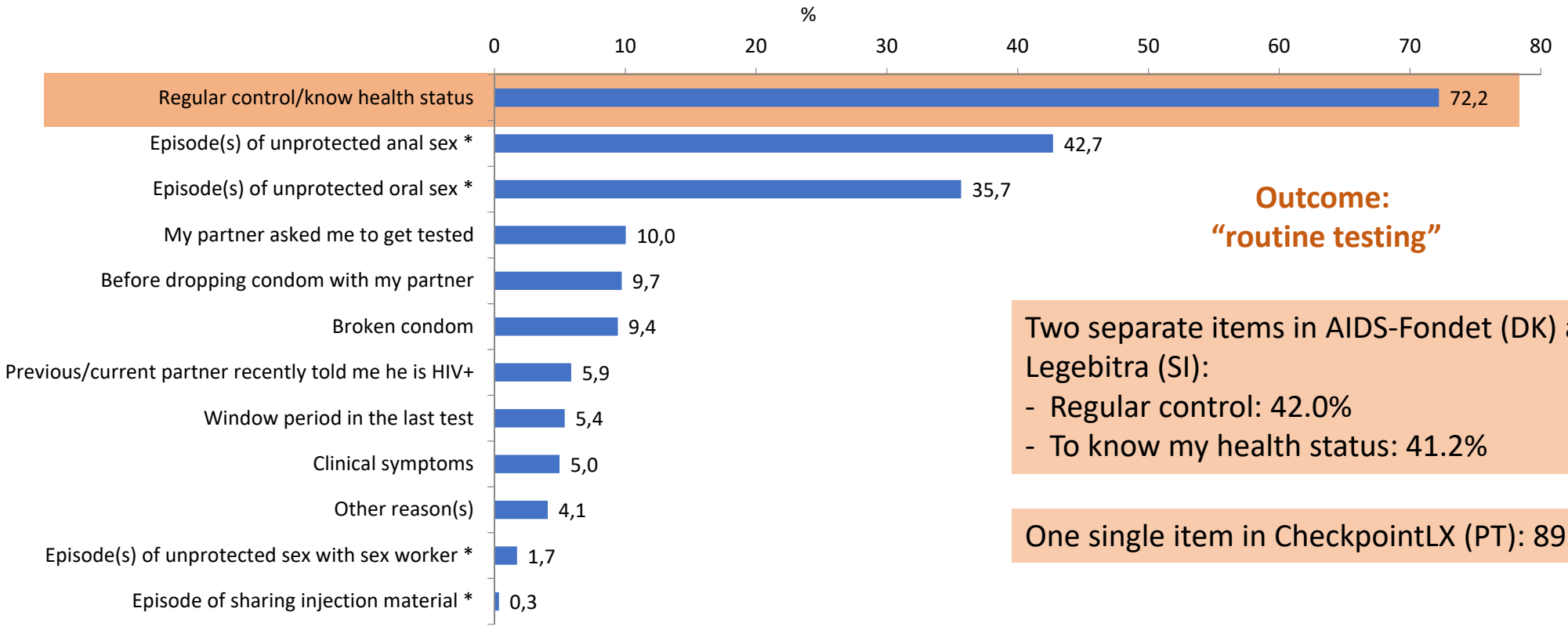
(N=519, Multiple answer, NA in CheckpointLX, PT)

Intention to test for HIV in the future



(N=584, NA in CheckpointLX, PT)

Reasons for the baseline test



* not available at CheckpointLX

Outcome: "routine testing"

Two separate items in AIDS-Fondet (DK) and Legebitra (SI):
- Regular control: 42.0%
- To know my health status: 41.2%

One single item in CheckpointLX (PT): 89.5%

Univariate analysis

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	Came for a routine test (n=730)	Did not come for a routine test (n=281)	Total (n=1,011)	p-value
Socio-demographics				
Age				<0.001
Median[IQR]	28[24-37]	32[26-42]	29[24-38]	
At least one follow-up visit				<0.001
Yes	49.2	36.7	45.7	
No	50.8	63.3	54.3	
Education				0.012
High school graduate or less	39.3	38.1	38.9	
First stage of tertiary education	47.5	54.8	49.6	
Second stage of tertiary education	13.2	7.1	11.5	
Sexual identity				0.024
Gay or homosexual	85.0	80.7	83.8	
Bisexual	9.8	15.8	11.5	
Other	5.2	3.5	4.7	

IQR: interquartile range.

Univariate analysis

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	Came for a routine test (n=730)	Did not come for a routine test (n=281)	Total (n=1,011)	p-value
HIV testing history				
Ever tested for HIV				0.001
Yes	83.1	91.3	85.4	
No	16.9	8.7	14.6	
Tested in this CBVCT in the last 12 months				0.051
Yes	35.9	29.6	31.4	
No	64.1	70.4	68.6	
Sexual behaviour				
All partnership types				0.006
Steady only	11.9	6.8	10.5	
Steady and casual	31.6	40.4	34	
Casual only	56.5	52.9	55.5	
Total number of partners				0.049
median[IQR]	5[2-10]	6[3-11]	5[2-11]	
Inconsistent condom use (ICU) with steady and/or casual partners				0.004
Yes	60.6	70.4	63.3	
No	39.4	29.6	36.7	

IQR: interquartile range.

Factors associated with routine testing

More likely to return

More in younger participants

More gay/homosexual

Less ICU

		aORs	95% CI	p-value
Study partner				
	AIDS-Fondet	1		
	GAT/CheckpointLX	4.31	[2.91-6.38]	<0.001
	Legebitra	2.19	[1.45-3.3]	<0.001
At least one follow-up visit				
	No	1		
	Yes	1.73	[1.26-2.37]	0.001
Age				
	Median [IQR]	0.98	[0.97-0.998]	0.017
Education				
	High school graduate or less	1		
	First stage of tertiary education	1.01	[0.73-1.41]	0.933
	Second stage of tertiary education	1.32	[0.7-2.52]	0.391
Self-definition according to sexual orientation				
	Gay/Homosexual	1		
	Bisexual	0.52	[0.33-0.83]	0.006
	Other	1.09	[0.49-2.41]	0.830
ICU with steady and/or casual partners				
	No	1		
	Yes	0.71	[0.51-0.99]	0.044

aOR: adjusted odds ratios. IQR: interquartile range. ICU: inconsistent condom use.

LIMITATIONS

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- Sample not representative of MSM tested in CBVCT services in Europe
- Reasons for testing are multiple and interrelated, here only focussing on “routine testing/to know my health status”
- Two items were merged for this analysis (regular control and to know my health status), but the sensitivity analysis showed that the results remain unchanged when considering only the item “regular control” where available

DISCUSSION

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- "Routine testing" is reported as often as "sexual risk exposition" or more (baseline test), unlike other studies in CBVCT services Gumy et al., 2012; Marcus et al., 2016
- Those coming for a "routine test" were more likely to be gay/homosexual, younger and to **return later for another test** → "*Community responsibility*"? Boydell et al., 2017
- However, we are still struggling **to test frequently those at higher risk**

Future research/analysis:

- To better characterise this group and identify the **barriers that prevent them from increasing their testing uptake**
- Longitudinal monitoring of CBVCT users is crucial to assess testing patterns among key populations

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