Targeted peer mobilisation and assisted partner notification services in Kenya 938

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BACKGROUND

The high HIV incidence among gay, bisexual and other men who have sex with men (GBMSM) and transgender women (TGW) in coastal Kenya requires innovative strategies to penetrate in hidden epidemics.

We assessed feasibility, safety and linkage to ART and PrEP services for:

- Peer mobilisation
- HIV self-testing and acute HIV infection screening
- Assisted partner notification services (APNS)

among GBMSM and TGW in coastal Kenya.

METHODS

Between Apr-Aug 2019, lay GBMSM and TGW peer educators offered their peers:

- OraQuick HIV self-tests, or
- immediate clinic referral using symptom referral cards for peers with acute HIV infection symptoms

Regardless of the self-test result, referred GBMSM and TGW received clinic-based HIV testing and counselling (HTC) with two rapid HIV antibody tests in series.

If rapid antibody tests were negative or discrepant, GeneXpert HIV-RNA testing was performed.

Participants testing HIV negative were offered:

- PrEP

Participants newly diagnosed with HIV were offered:

- Immediate ART
- Assisted partner notification services
- In-depth interview one month after diagnosis

Targeted peer mobilisation with HIV self-tests and assisted partner notification services for GBMSM and TGW appeared **feasible** and **safe** in:

- Identifying undiagnosed HIV infections
- Linkage to ART and PrEP services

RESULTS

Peer Educators n=27

Mobilisation of GBMSM and TGW n=785

Oral self-test n=597

Symptom referral card n=188



HTC: rapid antibody and RNA testing n=454

Known HIV positive n=7 (2%)
Newly diagnosed, established HIV infection n=16 (4%)
Newly diagnosed, early HIV infection n=1 (0.2%)

HIV negative n=430 (95%)

ART initiation n=15 (88%)

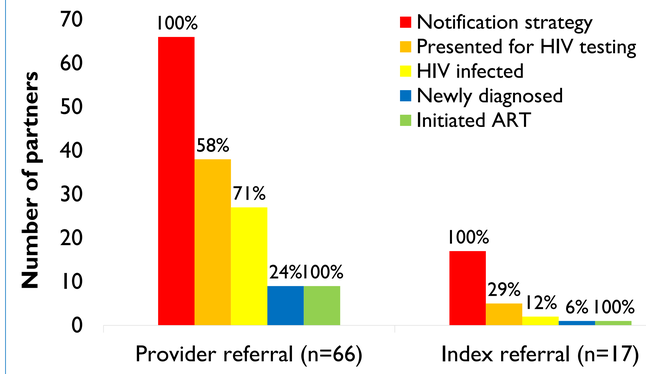
PrEP initiation n=103 (25%)

Assisted partner notification services accepted by index participants n=28 (70%)*

* Including GBMSM and TGW newly HIV diagnosed through routine HTC or APNS

RESULTS

28 Index participants named 169 sexual partners. For 83 (49%) partners a notification strategy was agreed upon, for other partners no contact details were available. Index participants opted for provider referral for 66 (80%) partners and index referral for 17 (20%) partners.



In 18 in-depth interviews with index participants one month after their HIV diagnosis, no social harm was reported.

CONCLUSIONS

A targeted peer mobilisation approach offering self-tests, screening for acute HIV infection symptoms, and APNS for newly diagnosed GBMSM and TGW appeared feasible and safe. These strategies, especially provider-initiated APNS, may effectively penetrate hidden epidemics and link GBMSM and TGW to ART and PrEP services.

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