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BACKGROUND

- HIV testing is a critical step of both HIV care and prevention.
- WHO recommends HIV self-testing (HIVST) as an additional screening strategy to improve testing coverage among key populations.
- Prior to implementation of HIVST in the public health system in Brazil, the demonstrative study “A Hora é Agora” evaluated the acceptance, interest in use and logistics of distribution of free HIVST kits among men who have sex with men (MSM) in Curitiba and Sao Paulo, two state capitals in Brazil.
- We here analyze the characteristics and prevention attitudes of participants registered to undertake HIVST in Sao Paulo.

MOST AT-RISK MSM IN SAO PAULO ARE UNAWARE OF THE AVAILABILITY OF HIV SELF-TEST. THE PREFERENCE FOR HIV SELF-TEST WAS HIGHER AMONG MSM WHO HAD NEVER BEEN TESTED COMPARED TO THOSE WITH PREVIOUS TESTING.

RESULTS

- 6,477 respondents who provided valid answers were included.
- All were MSM, with median age of 28 years (IQR 23-34); 54% self-declared as white and 68% had at least 12 years of schooling.
- Sexual orientation was homosexual for 81%.
- Fifty percent of the participants reported at least 1 episode of unprotected anal intercourse in the past 6 months
- 25% reported illicit drug use in the same period.
- Despite a high-risk profile, the perception of risk for HIV infection in the next year was high for only 4%.
- 78% reported being previously tested for HIV, with factors such as facility working hours (53%), exposure of personal issues to a provider (34%) and gender identity/sexual orientation-related stigma (21%) cited as barriers for testing.
- Older age, higher education, illicit drug use and gay orientation were associated with higher percentage of lifetime HIV testing ($p < 0.001$).
- Most participants (67%) reported not knowing of the availability of HIVST before enrolling in the study.
- The preference for HIVST was higher among participants who had never been tested (71%) compared to those with previous HIV testing (61%; $p < 0.001$)

Table 1: Characteristics of study participants, overall and according to prior HIV testing

	All respondents N=6477	Respondents with prior HIV testing N=5074	Respondents without prior HIV testing N=1403	p-value
Age	28 (23-34)	28 (24-34)	25 (21-30)	<0.001
Race* ¹				
White/caucasian	3452 (54)	2737 (55)	715 (52)	0.081
Other	2922 (46)	2264 (45)	658 (48)	
Education* ²				
≤High school	2056 (32)	1441 (29)	615 (44)	<0.001
>High school	4377 (68)	3609 (71)	768 (56)	
Sexual orientation				
Gay	5249 (81)	4261 (84)	988 (70)	<0.001
Bisexual	678 (10)	494 (10)	184 (13)	
Heterosexual	550 (8)	319 (6)	231 (16)	
Steady partner* ³	2328 (37)	1821 (37)	507 (38)	0.478
Illicit drug use* ⁴	1549 (25)	1294 (26)	254 (19)	<0.001
Unprotected receptive anal intercourse in the past 6 months* ⁵	3260 (54)	2579 (54)	681 (54)	0.924
Anticipated risk of HIV infection in the next year* ⁶				
No risk	1314 (22)	1020 (21)	294 (23)	
Moderate risk	4506 (74)	3596 (75)	910 (72)	0.078
High risk	235 (4)	177 (4)	58 (5)	
Preferred HIV test* ⁷				
Self-test	3816 (63)	2903 (61)	913 (71)	
Facility-based test	807 (13)	692 (14)	115 (9)	<0.001
Either	1451 (24)	1184 (25)	267 (21)	

Numeric variables are presented as medians and interquartile ranges
¹Missing/not declared for 103 participants; ²Missing/not declared for 44 participants; ³Missing/not declared for 186 participants; ⁴Missing/not declared for 226 participants; ⁵Missing/not declared for 449 participants; ⁶Missing/not declared for 422 participants; ⁷Missing/not declared for 403 participants

METHODS

- Between April-December/2018 potential participants were invited through social media and gay venues to complete a web-based anonymous survey on prevention attitudes, HIV infection risk and risk perception.
- We explored demographic and vulnerability characteristics associated with reported lifetime HIV testing using univariate analyses.
- We also compared participants with and without prior testing for their preferred testing strategy

ADDITIONAL KEY INFORMATION

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CONCLUSIONS

In this study including high risk MSM, HIVST was the preferred testing strategy among participants who had never been tested. This shows HIVST may be an important tool to improve HIV testing, particularly among hard-to-reach key populations