



HIV Community Testing in Ireland in 2021

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Introduction

What is HIV community testing?

HIV community testing, also termed voluntary community-based HIV testing (VCBT) can be defined as **HIV testing which occurs outside of established healthcare facilities**. For the purposes of this study, it excludes testing occurring within hospitals, primary health care clinics, STI clinics, antenatal clinics and pharmacies. It also excludes HIV self-testing and self-sampling programmes.

Why is HIV community testing important?

HIV community testing is designed to make testing more accessible, particularly to communities most vulnerable to HIV acquisition. These include: gay, bisexual and other men who have sex with men (gbMSM), transgender women, people who inject drugs (PWID), sex workers and people from geographic areas with a high prevalence of HIV. **Various factors may prevent individuals from these communities from accessing HIV testing in traditional settings.**

Where does HIV community testing occur?

VCBT occurs in a variety of settings worldwide, including: LGBTQ+ bars, clubs and community centres; sex-on-premises venues such as bathhouses and saunas; mobile outreach testing vans; testing in ethnic, cultural and community centres and organisations; refugee accommodation centres; drug treatment centres and one-off large community events amongst others.

In Ireland, HIV community testing consists of testing initiatives delivered by both the HSE National Social Inclusion Office, non-governmental organisations (NGOs) and other community-based organisations (CBOs). In 2018, a pilot study was performed assessing the feasibility and effectiveness of HIV community testing in Ireland, resulting in the establishment of a National Surveillance System to monitor the extent of community testing and its effectiveness from this point onwards.

What does this study do?

This study presents a summary of HIV community testing in Ireland during 2021 and aims to give an overview of the magnitude of community testing occurring in the country, the reactivity rate for those tested, and the demographic characteristics of those both accessing community testing and those with a reactive test.

These data may help assess trends in HIV testing and HIV reactivity rates in Ireland and may help determine if current testing strategies are reaching key populations and those who may be otherwise less likely to access testing in traditional environments.

Methods

- This study comprised the **national HPSC report** on HIV community testing in Ireland in 2021.
- Five partner organisations**, in addition to the HSE-run direct provision centre at Baleskin, performed HIV community testing in Ireland in 2021.
- In October 2022, the HPSC requested anonymous disaggregated data from its partners relating to HIV community testing performed in 2021. Each partner collected data electronically using a standardised template, with predetermined answer options, provided by the HPSC. Data collection was performed in line with European Centre for Disease Prevention and Control (ECDC) recommendations.
- These **data were then systemically validated** using a standard operating procedure. Any discrepancies in the data were discussed with the partner organisation and the data were corrected when necessary. Following verification of the data from each organisation, these data were then collated and analysed using Microsoft Excel.
- Two methods are used in HIV community testing in Ireland**: rapid point of care testing (POCT) and laboratory-based testing.
- Note that the **denominator** used to calculate the HIV test reactivity rate is **"all tests performed"**, not "individuals tested". This is the case as certain individuals may have tested more than once during 2021.
- The results are presented as **HIV test reactivity rate**; this can also be called HIV testing prevalence rate or HIV seropositivity rate.

Results

Table 1: Number of reactive or positive HIV tests and HIV test reactivity rate (%) by test setting, voluntary community-based testing in Ireland, 2021

	All tests	Reactive tests	HIV Test Reactivity Rate
	n	n	%
NGO headquarters*	1,085	9	0.8
IPA/direct provision settings (NGO delivered)	144	0	0.0
Emergency accommodation/homeless ID screening	64	1	1.6
Bar/club	37	0	0.0
University/college	35	0	0.0
Community or family resource centre	25	0	0.0
LGBT community resource centre	21	0	0.0
Sauna/sex-on-premises venue	9	0	0.0
Other**	13	0	0.0
Total (excluding Baleskin)	1,433	10	0.7
IPA/direct provision settings (HSE delivered)	894	34	3.8
Total	2,327	44	1.9

Results

Figure 1: First Time Testing for HIV (at point of accessing HIV Community Test)



Figure 2: Demographics of those accessing HIV Community Testing

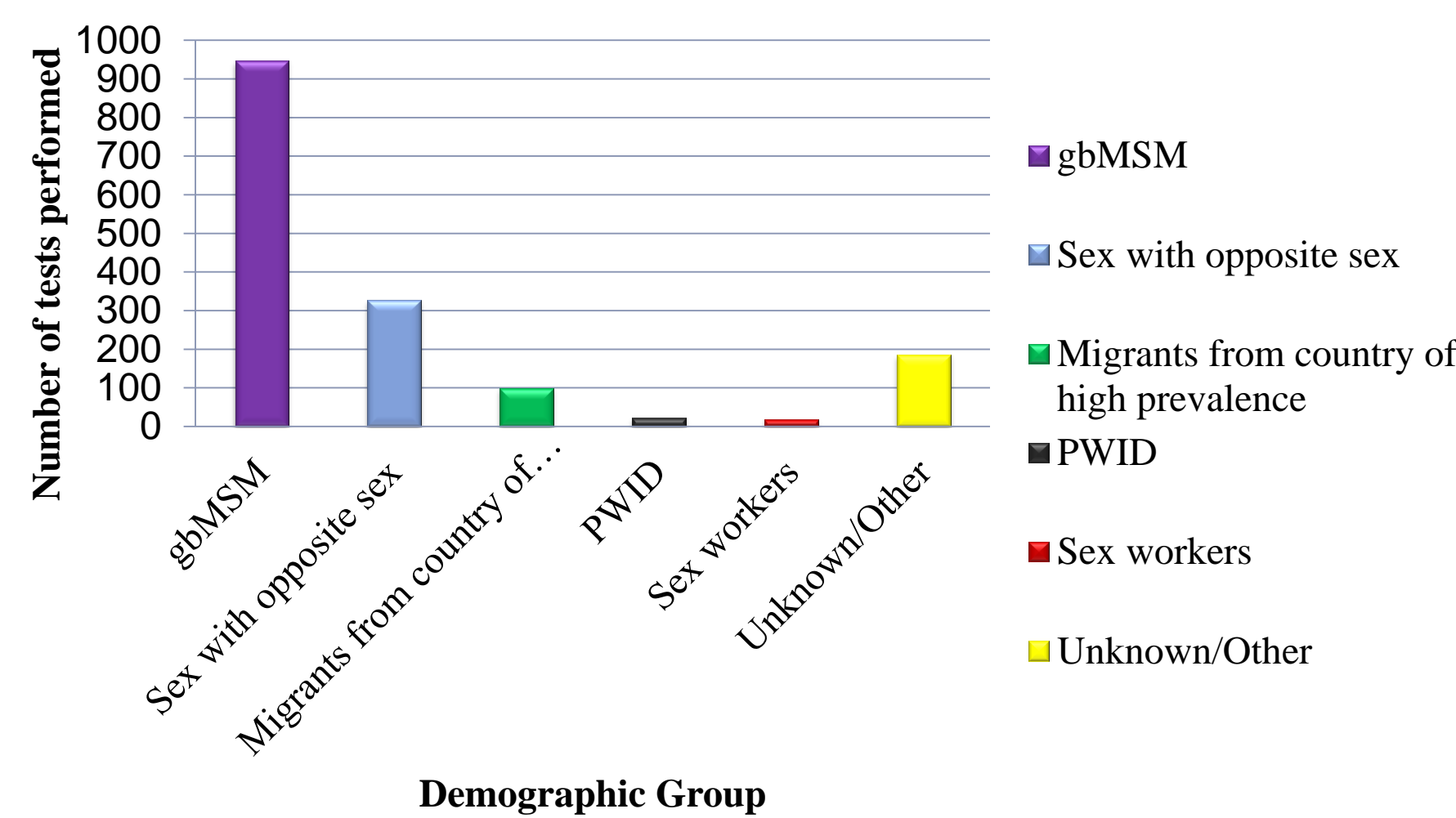


Figure 3: Demographics of those accessing HIV community testing by region of birth with accompanying HIV test reactivity

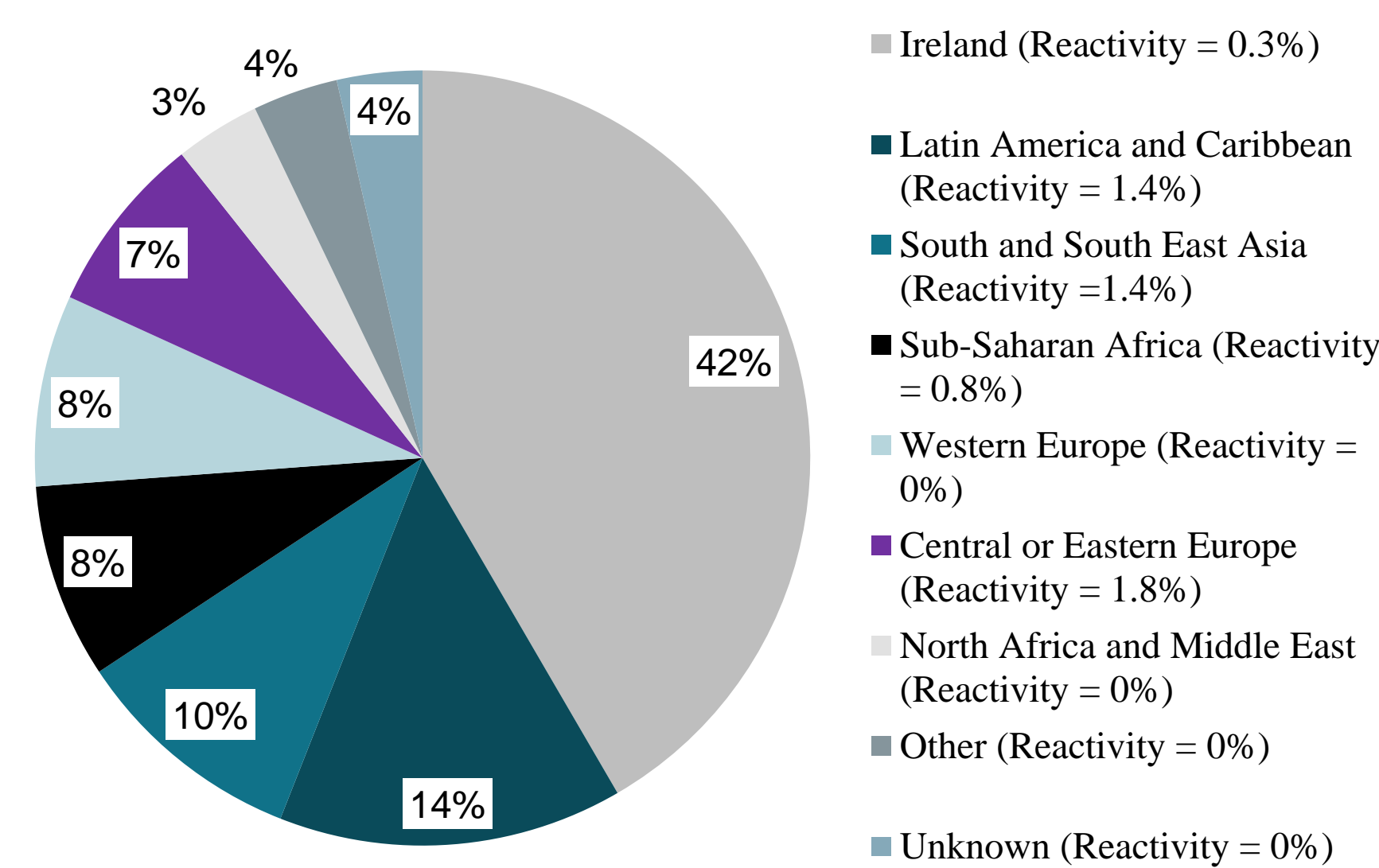


Table 2: HIV test reactivity rate (%) and demographic characteristics, voluntary community-based testing in Ireland, 2021 (n=1,433) [Excludes testing at Baleskin Reception Centre]

	All tests	Reactive Tests	HIV Test Reactivity Rate
	N	N	%
Total	1,433	10	0.7
First time testing for HIV	Yes	424	4
	No	796	5
	Unknown	213	1
Gender identity	Male	1,164	10
	Female	241	0
	Trans male	12	0
	Trans female	6	0
	Other	10	0
Age in years (median, range)	30 (17-87)	32 (25-57)	
Age group	17-24	340	0
	25-29	370	3
	30-39	442	6
	40-49	172	0
	50-59	75	1
	60+	25	0
	Unknown	9	0
Region of origin	Ireland	620	2
	Latin America and Caribbean	214	3
	South & South East Asia	145	2
	Sub-Saharan Africa	121	1
	Western Europe	119	0
	Central or Eastern Europe	112	2
	North Africa and Middle East	53	0
	Other*	47	0
	Unknown	2	0
	Key population group	gbMSM	946
Sex with the opposite sex		327	1
Migrant coming from a country with high HIV prevalence		99	1
People who have ever injected drugs		21	0
Sex workers		17	0
Unknown/unidentified		185	1

Discussion

Point No. 1: Decreased testing: in large part secondary to the COVID-19 pandemic

- COVID-19 lockdown measures resulted in many community testing venues being closed for much of 2021.
- Only 37 tests were performed in bars/clubs in 2021 compared to 1,009 tests in 2019.
- Decreased volume of community testing delivered by NGOs in international protection applicant (IPA) or direct provision settings in 2021: 144 tests in 2021 compared to 1,110 tests in 2019. This decrease is likely multifactorial in origin. Firstly, numbers of applicants for international protection in Ireland decreased in 2020 and 2021 compared to previous years, secondary to effects of the COVID-19 pandemic. Secondly, SafetyNet, an NGO providing a substantial proportion of community HIV tests for IPAs, shifted some of its clinical focus during 2020 and 2021 to provide COVID-19 testing for its users.
- Decreased testing may reflect possible changes in sexual behaviour during COVID-19 lockdown (EMERGE study)

Point No. 2: A possible transition towards home-testing

- Introduction of SH:24 home-testing service in 2021 – available in all counties since October 2022. 44,519 STI kits ordered in 2021; 25,812 kits returned and tested.
- Utilisation of the HSE home-testing service more common by women, with 62% female users, compared to 17% amongst community testing. Only 17% of SH24 users were gbMSM whereas 66% of HIV community tests performed were among gbMSM.
- MPOWER also provided a self-testing service for HIV and in 2021, they distributed 1,572 HIV self-tests.
- The demographics of MPOWER self-testing users differs from SH:24 users: majority are men (95%), with non-binary individuals accounting for 2.5% and women accounting for 2.3%.
- Free home-based testing may reduce the demand for HIV community testing in the future
- Home-based testing offers individuals living outside areas in which community testing is active, in essence large Irish cities, the opportunity to test for HIV/STIs outside of formal health environments.

Take Home Points!

- The **COVID-19 pandemic substantially affected HIV community testing** in Ireland with the closure of many testing sites in 2021. Also, one prior community testing partner was excluded from 2021 data due to changes in its structure and two other former community testing partners were unable to test in 2021. These factors partly explain a 58.5% decrease in HIV community testing numbers between 2019 and 2021.
- The introduction of a **home-testing programme** for sexually transmitted infections (STIs) including HIV, by the Sexual Health and Crisis Pregnancy Programme (SHCPP) in 2021, in addition to the continuation of the MPOWER self-testing HIV programme, **has been popular** and may complement the role of community testing.
- In all, **2,327 voluntary community-based HIV tests were performed in 2021**. By test method, **1,249 (87.2%) were performed using rapid point-of-care testing** and 189 (12.8%) were performed using standard laboratory methods
- 44 people had a positive/reactive HIV test**, corresponding to a **1.9% test reactivity rate**
- By test setting, the **test reactivity rate was highest (3.3%) in international protection applicant/direct provision settings**
- Demographic data** was available for 1,433 tests (61.6%) tests:
 - By gender, the test reactivity rate was higher among **males (0.9%)** than **females (0%)**
 - By key population group, the **test reactivity rate was highest among migrants coming from areas of high HIV prevalence (1.0%)**, and among **gay and bisexual men who have sex with men (gbMSM) (0.8%)**
- Of the 10 individuals who had reactive tests, seven were new diagnoses** in individuals who had not been previously diagnosed; data on the remaining three were not available.

Conclusion

The role of community testing moving forward

- There is no widely accepted cost-effectiveness threshold for HIV community testing. The HIV test reactivity rate for community testing 2021 in Ireland is greater than the standard seropositivity threshold considered to be cost-effective in a hospital setting (0.1%). This is also the case for home-testing as evidenced by the SH:24 report for 2021.
- The rising number of HIV notifications in Ireland in 2022 and the increasingly diverse make-up of Irish society are reminders of the importance of improving the proportion of people living with HIV in Ireland who are aware of their diagnosis. Diversifying testing strategies and developing methods to encourage and enable testing in underserved and minority populations are key to this goal.
- HIV community testing remains at present an important tool in HIV prevention.

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