

EVALUATION OF ACON'S
COMMUNITY-BASED a[TEST]
HIV and STI TESTING SERVICES

2015-2019

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a [TEST]

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for our communities. We thank them for their efforts and contributions and look forward to continuing our strong partnership as we forge ahead on the a[TEST] journey.

We also acknowledge SydPath and The NSW State Reference Laboratory for HIV at St Vincent's Hospital for their ongoing support in pathology and training of a[TEST] peers. These key activities create an empowered workforce delivering best practice community-based testing in NSW.

Critical to the development of a[TEST] has been the work of sector partners, notably The Kirby Institute. Their important research helped build a foundation for the service, and also informed the development of this report. We thank them for helping make a[TEST] become a reality.

Of course, a[TEST] cannot happen without the people that drive it. ACON thanks our staff, peers, volunteers and supporters for their ongoing commitment, contribution and service.

Finally, we thank our clients and community members for taking control of their health, and the health of their partners, by continuing to visit a[TEST]. This service is for you. It is because of your enthusiasm for, and engagement with, the service that has made a[TEST] a success. We commend you for your commitment and your efforts in preventing HIV transmissions. By working together, we can end new HIV notifications in NSW.

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EXECUTIVE SUMMARY

This is an evaluation of the a[TEST] HIV and STI testing service. The aims of this evaluation were to assess the characteristics of clients who use the service and to assess the reach of a[TEST] to target populations. This report also aimed to evaluate the impact of a[TEST] on HIV prevention in NSW and the client satisfaction of those who use the service.

This was determined by using data from the *Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood Borne Viruses (ACCESS)* and

client satisfaction surveys administered by ACON. Data were available from 2015-2019 from ACCESS concerning demographic information, HIV/STI testing and positivity.

This was supplemented by data from the *NSW Health HIV Strategy Monitoring Database* between 2016-2019 for HIV testing frequency. This report also includes background on the a[TEST] service, campaign and social media analytics, and service developments adapted for community needs.

KEY POINTS

- » From 2015-2019, there were an estimated 29,268 unique clients and 42,370 total visits to a[TEST] sites.
- » 56.8% of unique clients were born overseas, with about one-quarter of all unique clients born in Asia.
- » Of the overseas-born clients in 2019, 58% arrived in Australia less than 5 years ago (23% less than 2 years ago).
- » Approximately one tenth of clients had never previously been tested for HIV, and an additional one eighth had not received an HIV test in the last 12 months.
- » Between 2015-2019, a[TEST] performed over 33,000 syphilis tests and nearly 38,000 gonorrhoea and chlamydia tests.
- » HIV test positivity at a[TEST] sites steadily decreased from 0.7% in 2015 to 0.2% in 2019.
- » a[TEST] is estimated to account for 1.3% of HIV tests in NSW between 2015-2019. However, it accounted for 13.4% of all HIV diagnoses among MSM in NSW.
- » a[TEST] is estimated to account for 19.9% of HIV diagnoses in NSW among overseas-born MSM, and 19.6% of Asian-born MSM between 2015-2019.
- » A diagnosis with any STI other than HIV at a[TEST] sites increased from 13.3% in 2015 to 16.6% in 2019.
- » a [TEST] STI diagnoses by age, region of birth and 'gay' postcode mirrored the number of tests each subgroup received.
- » All respondents stated they would recommend the service to others and 98% were satisfied with a[TEST].
- » The most common reasons clients used the service were the convenient locations and that using the service was free.

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1. INTRODUCTION

“I went to the Oxford Street site for the first time yesterday - it was my first experience there - it was the first test I had done in a while (I know, I know). Given this, I was a tad nervous. Everyone who assisted me yesterday with the testing and the visit were absolutely wonderful. Such a welcome and supportive environment and such a knowledgeable, approachable and professional team of people.”

a[TEST] Client

EPIDEMIOLOGY OF HIV AND STIS IN NSW

Globally, the HIV/STI prevention landscape continues to change rapidly. In particular, the introduction of pre-exposure prophylaxis (PrEP) and HIV treatment as prevention (TasP) has impacted the global HIV/STI prevention response. In Australia, gay and bisexual men and other men who have sex with men (GBMSM) continue to account for most new HIV diagnoses as well as other STIs [1]. Overall, there has been a decline in new HIV notifications among GBMSM, but this decline is not evident in all subpopulations. In NSW, despite a marked decrease in new HIV diagnoses in Australian-born GBMSM, there has been no decline in overseas-born GBMSM [2]. An increase in HIV notifications in Asian-born GBMSM has also been observed [3, 4].

An increase in STIs other than HIV has also occurred simultaneously with the overall decrease in HIV notifications [1]. While unlikely to be life threatening, untreated STIs potentially lead to serious adverse health outcomes and increased risk of HIV infection in those not taking PrEP [5].

SIGNIFICANCE OF HIV AND STI TESTING IN PREVENTION

In 2014, UNAIDS issued three global targets: 90% of people living with HIV to know their status, 90% of those diagnosed receiving antiretroviral treatment, and 90% of those receiving treatment achieving viral suppression [6]. HIV testing is crucial for the first step in this cascade as knowing one's status is the foundation for HIV prevention, particularly biomedical prevention, and non-condom-based risk reduction strategies. The Australian National HIV Strategy and the National STI Strategy support the 90-90-90 targets and outline the significance of testing in reducing the number of undiagnosed STIs to prevent transmission [7, 8]. It is estimated through mathematical modelling that men with undiagnosed HIV accounted for 59% of new HIV infections in 2015 [9]. Testing also decreases late diagnosis and reduces population incidence of HIV through promoting viral suppression through early treatment [10, 11]. There is strong evidence that early treatment has positive impacts on quality of life and reduces the incidence of AIDS-related events [12]. Viral suppression through treatment to achieve an undetectable viral load (UVL) is also effective in preventing onward HIV transmission, which underpins the global 'Undetectable = Untransmissible' (U=U) movement [13, 14].

Testing for STIs other than HIV is crucial for linkage to timely STI treatment. Due to the estimated length of infection of several STIs, frequent testing is important to reduce onward transmission in asymptomatic GBMSM [15, 16].

The recent Australian HIV and STI testing guidelines recommend that sexually active GBMSM test four times per year and that GBMSM who are not sexually active or who are in monogamous relationships test at least annually [17]. Evidence suggests that many GBMSM do not test this frequently [18, 19].

SIGNIFICANCE OF COMMUNITY-BASED TESTING CLINICS

In Australia, HIV and STI diagnoses have largely been managed in general practice (GP) clinics and publicly funded sexual health clinics [20-22]. In clinical settings, there are perceived barriers to testing, such as inconvenience of booking an appointment and receiving results [23]. A key issue for GBMSM is discomfort in discussing their sexuality and sex lives with a doctor [23]. Alternative and complementary models of testing were needed to address these barriers to testing among GBMSM.

To encourage increased testing, community-based testing models have been utilised to reach high risk communities. There are unique

benefits of community-based testing clinics in targeting GBMSM communities. Reviews of global literature indicate that community-based testing is effective at reaching those who have never previously received an HIV test or who are from marginalised communities [24, 25]. Community services in Europe [26] and the United States [27] have had success in targeting GBMSM.

These characteristics of GBMSM who use community-based testing have been reinforced by evidence from Australian contexts, such as PRONTO! in Melbourne [28], Western Australian AIDS Council (WAAC) clinics [29], and previous ACON testing

services [30]. For example, there is evidence that Asian-born GBMSM in Australia are more likely to engage in community-based HIV testing services [31]. There is also evidence to support the capacity of community-based testing services in Australia to reach previously untested GBMSM. While PRONTO! demonstrated reach to GBMSM previously not tested [28], they also noticed a lack of return visits which they attributed to not including other STI tests [32] and Medicare ineligibility once STI testing was included [33]. Previous evidence from ACON services showed comparable positivity rates to other NSW services but engaged more untested men [30].

OVERVIEW OF a[TEST]

NSW HIV Strategy 2012 – 2015

The NSW HIV Strategy 2012 – 2015 committed to significantly increasing HIV testing among GBMSM and other priority populations. During this time, the rate of new HIV notifications in NSW was relatively stable at just under 300 new diagnoses among GBMSM per year. Recognising new and emerging evidence related to TasP arising from the HPTN052 Study in the USA, and taking a perspective that stability in new HIV infections did not constitute “success”, the then NSW Health Minister Jillian Skinner oversaw the development of a new HIV strategy for NSW. This leadership and a cross-sectoral approach to encourage innovation and collaboration led to a new era in NSW, moving toward a goal to drastically reduce new HIV notifications in the

state. A specific action under this strategy was to introduce rapid HIV testing, which was not at the time available in NSW. Despite this technology being available in many comparable international jurisdictions, GBMSM were waiting up to seven days to receive a result. This new testing modality was seen as an opportunity for greater engagement and more timely results. It was this confluence of policy, advocacy, innovation and partnerships that created the environment where community-based testing for GBMSM would be developed.

NSW Rapid HIV Testing Evaluation Framework study

In 2011, a research study (the Sydney Rapid HIV Testing Study) was initiated at four sexual health clinics in Sydney. The study was the

result of strong advocacy from community and academic institutions to bring rapid HIV testing to Australia. The goal of the study was to determine the feasibility of rapid HIV testing for sexual health clinics and the acceptability of this model of testing by GBMSM. The study aligned with the goals of the new NSW HIV Strategy 2012 – 2015 to remove barriers to testing, make testing easier, and increase testing among targeted populations with an elevated risk of acquiring HIV. This study was funded by the NSW Ministry of Health and led by the Kirby Institute at UNSW Sydney.

In 2013, the Sydney Rapid HIV Testing Study was expanded to additional sites and renamed the NSW Rapid HIV Testing Evaluation Framework. It was during this time that ACON led the development of a[TEST] to operate as part of this study.

This new model came with an understanding that putting GBMSM at the heart of HIV testing at community sites would be key to engage men in more regular testing and reduce new HIV notifications. This model was developed by ACON, clinical partners, the Kirby Institute, St Vincent's NSW State Reference Laboratory for HIV, the NSW Ministry of Health, and ASHM.

Foundation of a[TEST] sites

In June of 2013, a[TEST] Surry Hills opened as a participating site in the NSW Rapid HIV Testing Evaluation Framework and as an operational partnership between the Sydney Sexual Health Centre (SSHC) and ACON. The service model combined an ACON peer educator and a sexual health nurse to collaborate and deliver rapid HIV testing and STI screening. The service anchored testing in a culturally appropriate community setting for GBMSM. ACON provided peer educators, promotions, and community engagement, while SSHC provided clinical governance, nursing staff and proven HIV testing expertise. The Surry Hills site launched two nights per week and was located at ACON's main office, where it remains today. The successful establishment of this model provided the blueprint for future developments.

Shortly after the launch of the Surry Hills location, two new a[TEST] clinics and partnerships were formed as additional study sites. a[TEST] Newtown launched in 2013 as a partnership between ACON and RPA Sexual Health (RPA). The new service was located on King Street in Newtown at the Australian Federation of AIDS Organisations' (AFAO) Sydney office.

This was a[TEST]'s second clinical partnership and expanded HIV testing into Sydney's Inner West.

The NSW Ministry of Health, along with ACON and other partners, funded a 'pop-up' education, awareness, and testing site via an Airstream Van, located on Taylor Square in the heart of Oxford Street Sydney. During the operation of this site (25 November to 1 December 2013), over 500 people engaged with the pop-up service including 195 people who had a HIV test [34]. This demonstrated that GBMSM would line up for a HIV test in broad daylight and in the middle of a busy street.

ACON sourced, set-up and ran a pop-up 'shopfront' service on Oxford Street in a highly visible location over six weeks during the busy Sydney Mardi Gras festival from 10 February to 22 March 2014. This was possible with funding from the City of Sydney, and the support of SSHC and the Ministry of Health. Over the six weeks, ACON and SSHC conducted 583 HIV and STI tests [35] with 12 new HIV diagnoses being captured by this service. Consistent with evidence discussed previously, a substantial proportion of GBMSM testing at this site had never tested previously.

In 2014, a[TEST] Kings Cross was launched as a third clinical partnership between ACON and the Kirkeaton Road Centre (KRC). This new site offered a third location at Clinic 180 in King Cross, an area with one of the most densely concentrated populations of gay men in Australia [36].

When the NSW Rapid HIV Testing Evaluation Framework ended in 2014, the evaluation report recommended that rapid HIV testing be embedded as a testing option for GBMSM in NSW.



From this point forward, all three a[TEST] sites began to operate permanently. It was during this period that planning began for the biggest investment yet into a[TEST] services.

ACON led negotiations with the NSW Ministry of Health following the evaluation of the six-week pilot of the service on Oxford Street. In February 2015, a[TEST] Oxford Street launched in response to the uptake of testing at other a[TEST] sites and demonstrated community demand. Located at 167 Oxford Street, the site is in an area renowned for its historical and ongoing role in Sydney's gay community [36], thus capitalising on a strategic location. As a partnership between ACON and SSHC, a[TEST] Oxford Street was and continues to be funded by an investment from the NSW Ministry of Health.

Partnerships

The success of a[TEST] is the result of longstanding collaboration with multiple partners, as shown in Figure 1.

a[TEST] in 2020

Today, a[TEST] operates as the largest provider of rapid HIV testing for GBMSM in Australia [37]. All four original sites remain with expanded hours, clinic days and enhanced service delivery options. Across the four sites, a total of 13 clinics operate on a weekly basis. Community demand remains strong for a[TEST] services after eight years of operation.

The delivery of a[TEST] has evolved over time and the role of the ACON peer educators has grown. A "peer" is a GBMSM, cisgender or trans, who has undertaken accredited training to perform

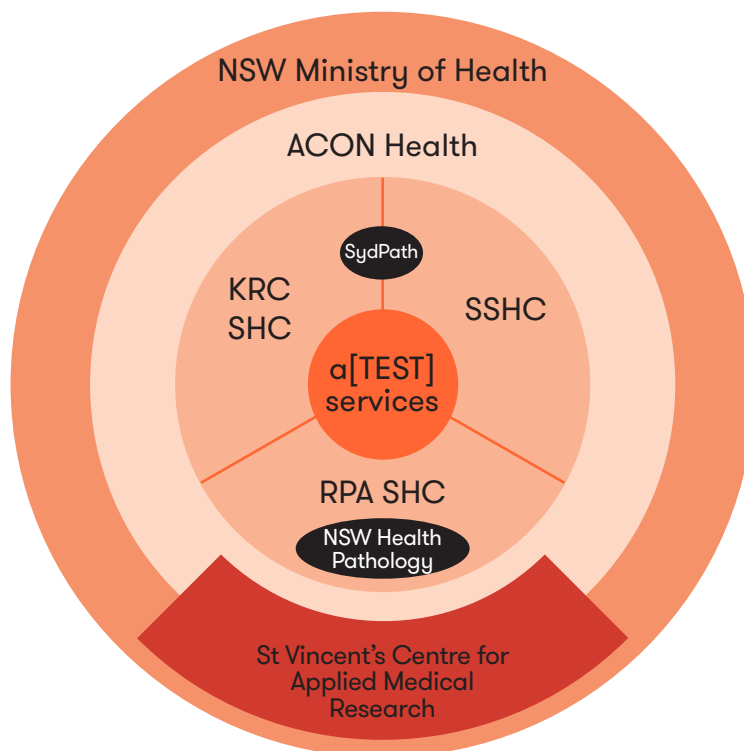


Figure 1. a[TEST] partnership model.

rapid HIV tests. In the early days of a[TEST], peers mostly focused on the rapid HIV testing process. This included pre-test counselling around window periods and possible results and the delivery of the rapid HIV test results. Within a short timeframe, the scope of peer work increased.

Today, peers also conduct brief health promotion interventions on HIV prevention strategies to help clients make informed decisions about their sexual health. Prevention strategies discussed with all clients attending a[TEST] include post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), undetectable viral load (UVL) and recommended testing guidelines.

At present, ACON peer educators come from a range of culturally and linguistically diverse backgrounds with a majority speaking two or more languages.

The nursing staff bring essential clinical expertise to the service to guide clients through a[TEST]. The nurses perform tasks such as confirmatory HIV testing, venepuncture and provide client support and education across a range of issues related to sexual health. Further, it is a legal requirement that nursing staff are onsite during the operation of any a[TEST] clinic to oversee operations and optimise sexual health testing.

Peers and nurses further facilitate referrals related to GBMSM health. This includes linkage to peer education programs including ACON's Young Gay Men's Project 'SPARK' (formerly known as 'the Fun & Esteem Project'), the Asian Gay Men's Project, and All Ages Peer Education workshops. Staff also refer clients to counselling support for mental health, alcohol and other drugs or new HIV diagnoses provided by any of the clinical partners or ACON.

This partnership model, combining peer experience and clinical expertise, has been met with strong community demand and high client satisfaction. Detailed reporting on client satisfaction can be found in Chapter 4.

New models of a[TEST] have evolved including an a[TEST] Chinese clinic and trans[TEST], a sexual health service for trans and gender diverse communities. More details of these clinics are available in Chapter 5 of this report.

Today, a[TEST] operates at the following times and locations:

OXFORD ST (Darlinghurst):
167 Oxford St.
(wheelchair accessible)

Monday – Friday
11:00am – 6:30pm

Saturday 11:30am – 2:30pm

SURRY HILLS:
414 Elizabeth St.
(wheelchair accessible)

Wednesday and Thursday
2:30pm – 6:30pm

NEWTOWN:
222 King Street

Monday, Tuesday, and Thursday
3:00pm – 7:00pm

KINGS CROSS:
180 Victoria Street

Saturday 3:30pm – 6:30pm

a[TEST] Chinese Clinic:
414 Elizabeth St. (wheelchair accessible)

Thursday 2:30pm – 6:30pm

trans[TEST]:
180 Victoria Street

Monthly on 1st and 3rd
Friday 11:00am – 3:00pm

a[TEST] Promotions

Since the launch of a[TEST], ACON has continued to deliver promotional activities and community engagement to drive GBMSM into a[TEST] services.

The *Ending HIV* community education and mobilisation platform (www.endinghiv.org.au) delivers a testing campaign across NSW annually. There have been six campaigns that focused on testing, three of which promoted a[TEST] specifically. These campaigns encourage testing state-wide while also specifically promoting a[TEST] locations.

The aim of the *Ending HIV* website and corresponding social media channels on Facebook, Instagram and Twitter is to educate the community and provide referral pathways to take action, such as either booking at a[TEST] or making informed choices around HIV prevention strategies. ACON invests in paid promotions on Facebook, Google, and various “hook up” apps to enhance this community engagement. Online advertisements that promote a[TEST] link the user directly to the a[TEST] booking page.

Ending HIV campaigns are displayed in a wide range of media formats including online, on outdoor billboards, at gyms, on social apps and in print media, as well as featured during Mardi Gras at Fair Day activations, on the ACON float in the parade and at a range of community events. More details about testing campaigns can be found in Chapter 5 of this report.

Beyond campaign work, ACON integrates a[TEST] awareness and testing education into a range of peer-led programs, promoting HIV and STI testing to key populations.

This includes programs specific to Asian gay men, young gay men, communities engaged in sexualised drug use and all ages peer education. Community members are also referred to a[TEST] from a wide range of ACON services including counselling and regional services. Clinical partners RPA, SSHC and KRC also refer clients to these services. Finally, word of mouth and the strategic location of the a[TEST] sites play an essential role in building awareness of a[TEST] services.

Clinical governance and operating procedures

For each a[TEST] site, clinical governance is the responsibility of the clinical partner in the operational partnership. The Director of the partnering sexual health centre for each respective clinic provides clinical governance and oversight in accordance with accreditation guidelines, standard operating procedures and relevant policy.

Clinical partners are also responsible for ongoing training to maintain peer educator competency as it relates to providing HIV testing and health promotion [38].

Peer Training

As part of training, ACON peers are required to complete both online and face-to-face training provided by NSW State Reference Laboratory for HIV, St Vincent’s Centre for Applied Medical Research and ASHM. These trainings certify ACON peers as “HIV Point of Care Testing Operators”. Once accredited, peer educators must be assessed by clinical partners

to be able to operate as ACON peers at a[TEST] sites. Clinical partners are then required to ensure ongoing peer competency. Since 2013, ASHM, an accredited provider, has trained a total of 78 peers to conduct rapid HIV tests at a[TEST].

Client populations

A major aim of a[TEST] is to be accessible to a diverse range of GBMSM. While there is a large representation of clients from Greater Sydney, there are also clients that come from regional and rural NSW as well as internationally. Anecdotally, many clients identify as out and visible gay men, though others may be bisexual or heterosexually identified. The goal of a[TEST] is to create a supportive environment to provide non-judgemental testing for clients from a range of life experiences.

Pathology process and test results

The results of the rapid HIV test are delivered by the end of each client appointment. Additional results of STI and confirmatory HIV testing are delivered to clients by text message, email, telephone, or face-to-face, depending on client preference. Pathology is provided through collaboration with NSW Health Pathology, NSW State Reference Laboratory for HIV and SydPath at St Vincent's Hospital Sydney.

Reports are generated documenting site activity and supplied quarterly to the NSW Ministry of Health. These data are published in the quarterly *NSW HIV Data Reports*.

HIV reactive results

a[TEST] has detailed procedures in the event of a reactive result for a rapid HIV test. Nursing and peer staff work together to deliver results, provide compassionate care, and perform confirmatory testing. Importantly, all clients are offered support services. This includes access to counselling through ACON or through a clinical partner. Clients may also be referred to peer-led services, such as one-on-one peer navigation at ACON. An additional and important program is the weekend workshop a[STARTx] (formerly known as 'Genesis') for GBMSM newly diagnosed with HIV, which explores topics such as treatment, stigma, and resilience while providing critical social connection. This workshop is a long-running partnership between ACON and Positive Life NSW.

PrEP at a[TEST]

a[TEST] has been a central point for the promotion of PrEP since its introduction in NSW. In 2016, when the large-scale PrEP access trial, EPIC-NSW, rolled out in NSW, the a[TEST] model was leveraged to enrol and follow up study participants (see Chapter 5 for more details).

Today, as part of an a[TEST] visit, all clients learn about PrEP as an HIV prevention strategy and are also assessed for PrEP suitability. If a client is interested in starting PrEP, a[TEST] does not provide a prescription onsite, as there are no onsite doctors. Rather, clients are supported through referral pathways to access PrEP, often via a referral to one of the partnering sexual health clinics.



2. EVALUATION METHODS

“Sydney Sexual Health Centre and ACON, working in partnership to deliver a[TEST] Oxford St, have made an enormous contribution to the health and wellbeing of gay, bisexual and other men who have sex with men in NSW. The partners have all learnt from each other and built on shared understandings, which is reflected in how well a[TEST] Oxford St is regarded by the community and it being one of the busiest services of its type in the country.”

Conjoint Associate Professor
Anna McNulty, Director
Sydney Sexual Health Centre
School of Public Health and
Community Medicine
UNSW

AIMS

The major objectives of this evaluation were to:

- » Assess the characteristics of men who use a[TEST] services
- » Assess the reach of a[TEST] to target populations
- » Evaluate the contribution of a[TEST] to HIV testing in NSW
- » Assess the client satisfaction of a[TEST]

DATA SOURCES

Clinical Data

De-identified data were collected from a[TEST] sites through a sexual health surveillance network known as the *Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood Borne Viruses (ACCESS)* [39]. ACCESS data included patient demographics, testing history and behavioural risk details through computer-assisted self-interviews (CASI) completed when patients attended an a[TEST] site. HIV/STI test results were also captured in ACCESS. Clients who use an ACCESS clinic are given an anonymous de-identified client number, and this was used to determine the number of unique clients at an a[TEST] site. In instances where an individual may be given multiple client numbers, probabilistic linkage was used to reduce duplication of clients. In this evaluation, we used data from 2015-2019. For some measures, ACCESS data was also supplemented with data from the *NSW Health HIV Strategy Monitoring Database* between 2016-2019. Data in this section are from ACCESS unless stated otherwise.

a[TEST] data presented from ACCESS should be understood as estimates and may differ from previously published data sources.

Client Satisfaction Data

ACON conducted client satisfaction surveys in 2015 and 2017-2019 to assess the satisfaction and acceptability of a[TEST]. These were conducted at a[TEST] Oxford Street and were offered in person and completed on iPads. The surveys asked participants about their attitudes toward a[TEST], reasons for using the service, and how they became aware of a[TEST].

Campaign and Social Media Analytics Data

Evaluations of ACON's community education campaigns were conducted by an independent consultant. This data were collected from past campaign evaluation reports and surveys, of which each included data from more than 500 GBMSM. Social media and website analytics were extracted from Facebook Insights and Google Analytics.

MEASURES AND ANALYSES

Clinical Data

Using the clinical data, we examined the following outcomes:

- » Number of unique clients attending a[TEST]
- » Number of total visits to a[TEST] sites
- » Number of HIV and STI tests conducted at a[TEST] sites
- » Test positivity for HIV and STIs
- » Any STI diagnosis
- » Comprehensive testing

The number of HIV and STI tests as well as test positivity were derived from pathology testing data from ACCESS.

Using data collected from the CASIs completed at each visit, we also stratified the outcomes by three key demographic variables: region of birth, age, and area of residence.

Region of birth was classified into six groups: 1) Australia, 2) High-Income English-Speaking countries (New Zealand, United Kingdom, USA, Ireland and Canada), 3) Europe, 4) Asia, 5) Latin America and the Caribbean, and 6) Other. For overseas-born men, we also report year of arrival in Australia for a[TEST] Surry Hills and Oxford Street and a[TEST] Newtown. These were categorised into three groups: 1) less than 2 years, 2) 2 to 5 years, and 3) more than 5 years.

Age was categorised into 6 groups: 1) Under 20 years, 2) 20-24 years, 3) 25-29 years, 4) 30-39 years, 5) 40-49 years, 5) Over 50 years. Previous evidence suggests that patterns of testing vary between those

aged under 25 to those over 25 [40]. These groups were chosen to examine these differences, while also being comparable to previous NSW HIV surveillance data [2].

The area of residence analyses were based on a previously described method utilising Australian Census and survey data to estimate the proportion of gay men living in each Australian postcode [36]. This is used as an indicator of an individual's proximity to a[TEST] clinics, which are all located in postcodes where more than 20% of the resident men identify as gay, as well as acting as a proxy for an individual's connection to the gay community. Each NSW postcodes was then categorised into three groups: 1) postcodes where less than 5% of the resident men identify as gay ('<5% gay postcode'), 2) postcodes where 5-19% of the men identify as gay ('5-19% gay postcode'), and 3) postcodes where 20% or more of men identify as gay ('≥20% gay postcode'). Postcodes with ≥20% gay population include 2010, 2011, 2015, 2016, 2042, 2043. The postcodes from these two categories are largely concentrated in the inner city of Sydney with only 1 regional postcode. ACCESS also identified when a client was a traveller. One limitation of this analysis is that in ACCESS, clients who move will be counted multiple times in analyses involving postcodes, which potentially increases totals.

We report data on Indigenous status and injecting drug use in the last 12 months, which were collected from the CASI data.

The demographic characteristics of clients diagnosed with HIV and

any STI at an a[TEST] clinic were examined. For those diagnosed with HIV, all years (2015-2019) were combined.

The number and proportion of clients who previously have never been tested for HIV or have not received an HIV test in the previous 12 months were provided by the NSW HIV Health Strategy Monitoring Database.

Client Satisfaction Data

Within the client satisfaction surveys data, clients responded to questions about attitudes and satisfaction towards a[TEST] through five-point Likert scales ranging from 'Strongly Disagree' to 'Strongly Agree'. Clients also answered questions about where they heard about the service to evaluate the reach of marketing on awareness of a[TEST]. Clients also indicated factors for why they chose to use a[TEST] by selecting one primary reason and up to three secondary reasons from a list of potential reasons.

Campaigns and Social Media Analytics

Questions about knowledge of HIV and testing were asked as part of different phases of the Ending HIV campaign surveys between 2014-2019. Respondents answered questions about their awareness of rapid HIV testing and awareness of a[TEST], as well as attitudinal questions about the importance of gay men knowing their HIV status. In 2019, questions were also asked to assess knowledge of testing guidelines [17]. Social media engagement analytics include post and video shares on Facebook, views, and comments.

3. RESULTS: CLINICAL DATA

“Since 2014, RPA Sexual Health and ACON have partnered to deliver a[TEST] Newtown with great success. The integration of clinical and community services has produced a highly effective service that reaches those most at risk of HIV in our state. One example of this is the way a[TEST] has been able to engage overseas-born men, as outlined in this report. This places a[TEST] Newtown as a strategic testing initiative aligned with the NSW HIV strategy, which punches well above its weight in terms of identifying HIV infections among testing under- and never-tested gay, bisexual and other men who have sex with men. We look forward to continuing the ongoing partnership and further progress towards achieving mutually-held STI and HIV testing, diagnostic and management goals.”

Professor David Templeton
 Head of Department
 Sexual Health Medicine and
 Sexual Assault Medical Service
 Sydney Local Health District

UNIQUE CLIENTS AND TOTAL VISITS

From 2015-2019, an estimated 29,268 unique clients attended a[TEST] sites and there were an estimated 42,370 total visits (Table 1). There was a significant increase of clients and visits from 2015 to 2016, and a small decrease from 2018 to 2019. The Oxford Street and Surry Hills sites accounted for most of both unique clients and total visits, followed by Newtown and then Kings Cross.

Table 1. Unique a[TEST] clients and total visits

	2015	2016	2017	2018	2019
Unique clients	4679	6216	6108	6613	5652
Total visits	6102	8913	9053	9921	8381

Data was not available for Kings Cross in 2019 in ACCESS. Data on unique clients and total visits were provided directly from the clinic for Kings Cross in 2019. For measures that are collapsed across sites, data from Kings Cross was only included from 2015-2018.



DEMOGRAPHICS

Region of birth

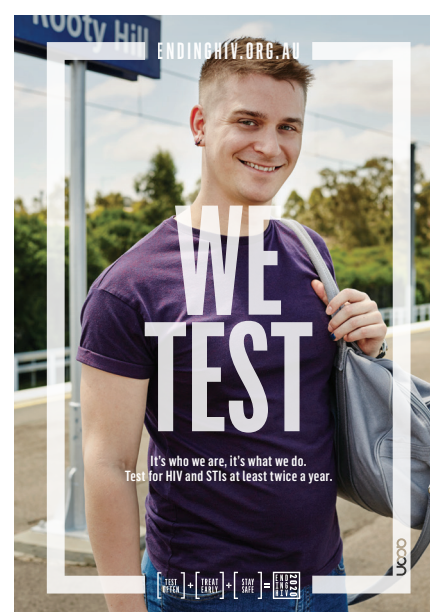
More than half of the clients attending a[TEST] sites were born overseas (56.8% of all unique clients and of total visits; Tables 2 and 3). Among the overseas-born clients, the most common region of birth was Asia, followed by the high-income English-speaking countries, then Europe and Latin America. The proportion of overseas-born clients increased over time: clients born in Asia comprised one-fifth of unique clients in 2015 and increased to one-quarter by 2017, while there was a steady increase each year in the proportion of clients born in Latin America between 2015 and 2019.

Table 2. Unique clients by region of birth

	2015	2016	2017	2018	2019
Australia	2261 (48.4)	2791 (44.9)	2516 (41.2)	2726 (41.1)	2185 (41.3)
High-Income English-Speaking	634 (13.6)	839 (13.5)	748 (12.2)	754 (11.4)	597 (11.3)
Europe	441 (9.4)	556 (9.0)	580 (9.5)	634 (9.6)	482 (9.1)
Asia	941 (20.1)	1434 (23.1)	1600 (26.2)	1769 (26.7)	1382 (26.1)
Latin America	241 (5.2)	372 (6.0)	447 (7.3)	518 (7.8)	439 (8.3)
Other	155 (3.3)	219 (3.5)	220 (3.6)	227 (3.4)	210 (4.0)

Table 3. Total visits by region of birth

	2015	2016	2017	2018	2019
Australia	3004 (49.4)	4038 (45.4)	3731 (41.3)	4097 (41.4)	3282 (41.3)
High-Income English-Speaking	819 (13.5)	1206 (13.6)	1072 (11.9)	1120 (11.3)	932 (11.7)
Europe	564 (9.3)	807 (9.1)	910 (10.1)	937 (9.5)	731 (9.2)
Asia	1191 (19.6)	2023 (22.8)	2349 (26)	2645 (26.7)	2018 (25.4)
Latin America	320 (5.3)	528 (5.9)	669 (7.4)	792 (8.0)	665 (8.4)
Other	184 (3.0)	290 (3.3)	303 (3.4)	317 (3.2)	314 (4.0)



Among overseas-born a[TEST] clients, most arrived in Australia less than 5 years prior to testing at a[TEST], but there was still a significant proportion who arrived in Australia more than 5 years prior (Table 4). The proportion of overseas-born men who had been in Australia for less than 2 years decreased from just over one-third in 2015 to 23.2% in 2019, while the proportion of those who have lived in Australia for 2 to 5 years increased over time. The proportion of clients who arrived more than 5 years ago remained relatively stable. This pattern was also observed in the total number of visits (Table 5).

Table 4. Unique overseas-born clients by year of arrival

	2015	2016	2017	2018	2019
<2 years	753 (34.7)	989 (31.5)	922 (28.3)	949 (27.1)	710 (23.2)
2-5 years	580 (26.7)	923 (29.4)	1059 (32.5)	1174 (33.5)	1060 (34.6)
>5 years	838 (38.6)	1227 (39.1)	1273 (39.1)	1377 (39.3)	1291 (42.2)

Data on recency of arrival was only available for the Oxford Street, Surry Hills, and Newtown sites.

Table 5. Total visits by year of arrival among overseas-born clients

	2015	2016	2017	2018	2019
<2 years	952 (34.1)	1350 (30.0)	1267 (26.2)	1294 (24.4)	929 (20.3)
2-5 years	742 (26.6)	1393 (31.0)	1696 (35.1)	1864 (35.1)	1651 (36.1)
>5 years	1094 (39.2)	1753 (39.0)	1869 (38.7)	2152 (40.5)	1989 (43.5)

Data on recency of arrival was only available for the Oxford Street, Surry Hills, and Newtown sites.

Age

There was a wide range of ages in the a[TEST] clients (Tables 6 and 7). The largest age group who used a[TEST] were those aged 30-39 years, followed by 25-29 years and 20-24 years (Table 7). While the proportions of most age groups remained stable between 2015-2019, clients aged 20-24 years were slightly decreasing over time. These trends were also mirrored in the total number of visits (Table 7).

Table 6. Unique clients by age

	2015	2016	2017	2018	2019
Under 20 years	101 (2.2)	124 (2.0)	91 (1.5)	97 (1.5)	86 (1.6)
20 to 24 years	848 (18.2)	1119 (18.0)	1077 (17.7)	1098 (16.6)	798 (15.1)
25 to 29 years	1251 (26.8)	1703 (27.5)	1675 (27.5)	1802 (27.3)	1419 (26.9)
30 to 39 years	1539 (33.0)	2041 (32.9)	2065 (33.8)	2343 (35.4)	1921 (36.4)
40 to 49 years	616 (13.2)	811 (13.1)	758 (12.4)	774 (11.7)	664 (12.6)
50 and older	313 (6.7)	402 (6.5)	435 (7.1)	498 (7.5)	393 (7.4)

Table 7. Total visits by age

	2015	2016	2017	2018	2019
Under 20 years	131 (2.2)	162 (1.8)	118 (1.3)	130 (1.3)	105 (1.3)
20 to 24 years	1099 (18.1)	1594 (17.9)	1606 (17.8)	1585 (16.0)	1103 (13.9)
25 to 29 years	1665 (27.4)	2469 (27.8)	2406 (26.6)	2711 (27.3)	2080 (26.2)
30 to 39 years	2017 (33.1)	2991 (33.6)	3123 (34.5)	3529 (35.6)	3012 (37.9)
40 to 49 years	790 (13.0)	1115 (12.5)	1151 (12.7)	1201 (12.1)	1041 (13.1)
50 and older	384 (6.3)	563 (6.3)	640 (7.1)	763 (7.7)	606 (7.6)

Area of residence

Most a[TEST] clients lived in postcode that was either 5-19% gay or $\geq 20\%$ gay (58.2%; Tables 8 and 9). However, those who live in $<5\%$ gay postcodes accounted for 40.3% of all unique a[TEST] clients between 2015-2019. This indicates that a[TEST] had significant reach to those living outside of inner-city Sydney suburbs. There was an increase in the proportion of clients from $<5\%$ gay postcodes between 2015-2017, which stabilised over the next two years. There was a decrease in the proportion of clients from $\geq 20\%$ gay suburbs between 2015-2019.

Table 8. Unique clients by area of residence

	2015	2016	2017	2018	2019
$<5\%$ gay postcode	1777 (37.4)	2482 (39.1)	2609 (41.5)	2813 (41.3)	2291 (41.9)
5-19% gay postcode	1284 (27.1)	1738 (27.4)	1744 (27.8)	1903 (27.9)	1599 (29.3)
$\geq 20\%$ gay postcode	1616 (34.0)	2035 (32.1)	1848 (29.4)	1999 (29.3)	1526 (27.9)
Traveller	69 (1.5)	89 (1.4)	82 (1.3)	100 (1.5)	48 (0.9)
Missing	2	4	5	8	17

Table 9. Total visits by area of residence

	2015	2016	2017	2018	2019
$<5\%$ gay postcode	2223 (36.5)	3387 (38.1)	3668 (40.6)	4027 (40.6)	3238 (40.8)
5-19% gay postcode	1620 (26.6)	2423 (27.3)	2459 (27.2)	2712 (27.4)	2237 (28.2)
$\geq 20\%$ gay postcode	2164 (35.6)	2982 (33.5)	2814 (31.1)	3052 (30.8)	2397 (30.2)
Traveller	77 (1.3)	98 (1.1)	97 (1.1)	117 (1.2)	58 (0.7)
Missing	2	4	6	11	17

Other demographic characteristics

Aboriginal or Torres Strait Islander clients accounted for 0.7% of the total a[TEST] visits between 2015-2019 and this proportion remained stable over time (Table 10).

Table 10. Total visits by Indigenous status

	2015	2016	2017	2018	2019
Aboriginal or Torres Strait Islander	34 (0.7)	65 (0.8)	60 (0.8)	56 (0.7)	43 (0.6)
Not Aboriginal or Torres Strait Islander	5122 (99.3)	7710 (99.2)	7475 (99.2)	8032 (99.3)	6652 (99.4)
Missing	4	2	0	1	3

Across visits, a small proportion of a[TEST] clients (less than 3%) reported ever having injected drugs. This proportion declined between 2016 and 2019.

Table 11. Total visits by having ever injected drugs

	2015	2016	2017	2018	2019
Never	5044 (97.8)	7578 (97.4)	7391 (98.1)	7949 (98.3)	6633 (99.0)
Ever	116 (2.2)	199 (2.6)	144 (1.9)	140 (1.7)	65 (1.0)

TESTING FREQUENCY

Data in Table 12 and Table 13 were provided by the NSW Health HIV Strategy Monitoring Database.

Across all a[TEST] sites, approximately a tenth of the tests were conducted on clients who had never received an HIV test before.

Table 12. Unique clients who had never previously had an HIV test.

	2016	2017	2018	2019
Number of clients	877 (10.2)	982 (11.7)	713 (7.7)	1044 (11.9)

Clients who had not received an HIV in the last year accounted for more than one eighth of a[TEST] clients.

Table 13. Unique clients who last received an HIV test over 12 months ago.

	2016	2017	2018	2019
Number of clients	1148 (12.9)	1110 (13.3)	1295 (14.0)	1291 (14.7)



HIV TESTING

From 2015-2019, a[TEST] conducted an estimated 36,956 HIV tests, accounting for approximately 1.3% of all HIV tests conducted in NSW during that period.

Table 14. Number of HIV tests administered at a[TEST] and all of NSW.

	2015	2016	2017	2018	2019
a[TEST] tests	5793 (1.2)	8328 (1.6)	8110 (1.5)	8202 (1.4)	6369 (1.1)
Total of NSW*	499966	535096	559010	592318	603824

*Data is derived from NSW Annual HIV Reports of all HIV tests, including tests in non-GBMSM populations

Tables 15 to 17 show the number of tests performed across a[TEST] sites stratified by region of birth, age, and area of residence. The proportions are like those for total visits (see Tables 3, 7 and 9).

Table 15. Number of tests stratified by region of birth

	2015	2016	2017	2018	2019
Australia	2868 (49.5)	3807 (45.8)	3340 (41.2)	3323 (40.6)	2570 (40.4)
High-Income English-Speaking	771 (13.3)	1120 (13.5)	968 (11.9)	895 (10.9)	691 (10.9)
Europe	532 (9.2)	748 (9.0)	788 (9.7)	791 (9.7)	549 (8.6)
Asia	1140 (19.7)	1882 (22.6)	2135 (26.3)	2265 (27.6)	1757 (27.6)
Latin America	306 (5.3)	495 (5.9)	600 (7.4)	663 (8.1)	562 (8.8)
Other	176 (3.0)	268 (3.2)	274 (3.4)	257 (3.1)	238 (3.7)
Missing	0	8	5	8	2

Table 16. Number of tests stratified by age.

	2015	2016	2017	2018	2019
Under 20 years	119 (2.1)	154 (1.8)	114 (1.4)	118 (1.4)	98 (1.5)
20 to 24 years	1053 (18.2)	1520 (18.3)	1473 (18.2)	1357 (16.5)	973 (15.3)
25 to 29 years	1583 (27.3)	2318 (27.8)	2193 (27.0)	2322 (28.3)	1737 (27.3)
30 to 39 years	1926 (33.2)	2797 (33.6)	2781 (34.3)	2865 (34.9)	2341 (36.8)
40 to 49 years	750 (12.9)	1035 (12.4)	997 (12.3)	927 (11.3)	738 (11.6)
50 and older	362 (6.2)	504 (6.1)	552 (6.8)	613 (7.5)	482 (7.6)

Table 17. Number of tests stratified by area of residence

	2015	2016	2017	2018	2019
<5% gay postcode	2097 (36.2)	3195 (38.4)	3321 (41.0)	3430 (41.8)	2690 (42.3)
5-19% gay postcode	1540 (26.6)	2254 (27.1)	2227 (27.5)	2258 (27.5)	1810 (28.5)
≥20% gay postcode	2084 (36.0)	2783 (33.4)	2475 (30.5)	2407 (29.4)	1814 (28.5)
Traveller	71 (1.2)	93 (1.1)	85 (1.0)	104 (1.3)	44 (0.7)
Missing	2	4	5	8	15

HIV TEST POSITIVITY AND DIAGNOSES

The HIV test positivity rate remained low between 2015-2019 (Table 18) and decreased over time. Most were diagnosed at the Oxford Street site.

Table 18. Number of positive HIV tests at any a[TEST] site.

	2015	2016	2017	2018	2019
Reactive tests	42 (0.7)	48 (0.6)	35 (0.4)	26 (0.3)	11 (0.2)*
Total tests	5793	8328	8110	8202	6369

*Data from Kings Cross for 2019 were not available in ACCESS.

Data on HIV diagnoses in 2019 from Kings Cross was supplied directly from the clinic.

Despite comprising a small percentage of total tests from 2015-2019, a[TEST] accounted for approximately 13.4% of all HIV diagnoses among GBMSM in NSW (Table 19). This decreased from 14.8% in 2015 to 5.1% in 2019, with a peak at 18.5% in 2016.

Table 19. HIV diagnoses at a[TEST] and HIV notifications in NSW.

	2015	2016	2017	2018	2019
HIV diagnoses at a[TEST]	42 (14.8)	48 (18.5)	35 (15.1)	26 (12.0)	11 (5.1)
HIV diagnoses among GBMSM in NSW	283	259	232	216	215
HIV diagnoses in NSW	351	317	313	278	282

Percentages in the first row use GBMSM diagnoses in NSW as the denominator.



Using data from ACCESS, we examined the characteristics of clients who were diagnosed with HIV at a[TEST] sites between 2015 and 2019 (Table 20). 79.5% of those diagnosed with HIV at a[TEST] were born overseas. Asian-born men comprised 46.0% of those diagnosed, followed by Australian-born men (20.5%) and those born in Latin America (16.8%). In the same period, there were 642 overseas-born GBMSM diagnosed in NSW, of those 376 were GBMSM born in Asia. This means that diagnoses at a[TEST] sites accounted for 19.9% of all overseas-born GBMSM diagnoses and 19.6% of Asian-born GBMSM diagnoses. 46.6% of those diagnosed at a[TEST] were aged 30-39 and a quarter (24.2%) were aged 25-29. 41% of diagnoses were among men who lived in suburbs with a low concentration of gay men (<5% gay), 30% in suburbs with moderate concentration (5-19% gay) and 25% in suburbs with a high concentration of gay men (≥20% gay). a[TEST] also diagnosed six travellers.

Table 20. Characteristics of clients diagnosed with HIV at a[TEST], 2015-2019.

a[TEST] clients	
Region of birth	
Australia	33 (20.5)
High-Income English-Speaking	7 (4.3)
Europe	15 (9.3)
Asia	74 (46.0)
Latin America	27 (16.8)
Other	5 (3.1)
Age	
Under 20 years	3 (1.9)
20 to 24 years	24 (14.9)
25 to 29 years	39 (24.2)
30 to 39 years	75 (46.6)
40 to 49 years	12 (7.5)
50 and older	8 (5.0)
Area of residence	
<5%	66 (41.0)
5-19%	49 (30.4)
≥20%	40 (24.8)
Traveller	6 (3.7)

STI TESTING

Between 2015 and 2019, it is estimated that a[TEST] sites have performed over 33,000 syphilis tests and nearly 38,000 gonorrhoea and chlamydia tests (Table 21).

Table 21. Number of syphilis, gonorrhoea and chlamydia tests conducted at a[TEST] sites, 2015-2019.

	2015	2016	2017	2018	2019
Syphilis tests	3912	7659	7898	7868	6316
Gonorrhoea tests	4257	8301	8303	9286	7700
Chlamydia tests	4248	8304	8306	9288	7701

The test positivity rates for syphilis (Table 22), gonorrhoea (Table 23) and chlamydia (Table 24) have remained low over time, with chlamydia consistently remaining the most frequently reported STI, followed by gonorrhoea. Positivity for syphilis has remained low over this period.

Table 22. Number of positive syphilis tests at any a[TEST] site.

	2015	2016	2017	2018	2019
Reactive tests	73 (1.9)	78 (1.0)	51 (0.7)	67 (0.9)	–*
Total tests	3912	7659	7898	7868	6316

* Data unavailable for syphilis positivity for 2019.

Table 23. Number of positive gonorrhoea tests at any a[TEST] site.

	2015	2016	2017	2018	2019
Reactive tests	393 (9.2)	519 (6.3)	504 (6.1)	619 (6.7)	547 (7.1)
Total tests	4257	8301	8303	9286	7700

Table 24. Number of positive chlamydia tests at any a[TEST] site.

	2015	2016	2017	2018	2019
Reactive tests	351 (8.3)	555 (7.1)	587 (7.1)	700 (7.5)	714 (9.3)
Total tests	4248	8304	8306	9288	7701

The number and proportion of unique clients who received a diagnosis of any STI at a[TEST] sites increased from 13.3% in 2015 to 16.6% in 2019 (Table 25).

Table 25. Any STI diagnosis at an a[TEST] clinic.

	2015	2016	2017	2018	2019
Any STI diagnosis	621 (13.3)	900 (14.5)	853 (14.0)	1013 (15.3)	876 (16.6)
Total unique clients	4679	6216	6108	6613	5281

We examined the demographic characteristics of those diagnosed with an STI (other than HIV) between 2015 and 2019 (Table 26). The distribution of clients diagnosed with any STI by region of birth matched the distribution of overall number of clients and total visits (Tables 3 and 4). This is similar with age (Table 6 and 7) and area of residence (Tables 8 and 9). This suggests that no demographic group was disproportionately diagnosed with STIs relative to the number of tests they received.

Table 26. Characteristics of clients diagnosed with any STI (other than HIV), 2015-2019.

	2015	2016	2017	2018	2019
Region of birth					
Australia	370 (49.1)	438 (42.2)	389 (37.2)	474 (37.8)	438 (37.6)
High-Income English-Speaking	112 (14.9)	129 (12.4)	123 (11.8)	147 (11.7)	163 (14.0)
Europe	66 (8.8)	97 (9.4)	111 (10.6)	126 (10.0)	125 (10.7)
Asia	151 (20.1)	275 (26.5)	289 (27.7)	348 (27.7)	286 (24.5)
Latin America	40 (5.3)	68 (6.6)	95 (9.1)	122 (9.7)	100 (8.6)
Other	14 (1.9)	30 (2.9)	38 (3.6)	38 (3.0)	53 (4.5)
Missing	0	0	1	1	1
Age					
Under 20 years	15 (2.0)	19 (1.8)	15 (1.4)	16 (1.3)	15 (1.3)
20 to 24 years	168 (22.3)	208 (20.1)	222 (21.2)	208 (16.6)	161 (13.8)
25 to 29 years	220 (29.2)	339 (32.7)	325 (31.1)	368 (29.3)	318 (27.3)
30 to 39 years	229 (30.4)	316 (30.5)	332 (31.8)	449 (35.8)	473 (40.6)
40 to 49 years	89 (11.8)	110 (10.6)	97 (9.3)	142 (11.3)	131 (11.2)
50 and older	32 (4.2)	45 (4.3)	54 (5.2)	72 (5.7)	67 (5.8)
Area of residence					
<5%	268 (35.6)	381 (50.6)	402 (53.4)	442 (58.7)	444 (59.0)
5-19%	208 (27.6)	298 (39.6)	302 (40.1)	390 (51.8)	342 (45.4)
≥20%	262 (34.8)	342 (45.4)	330 (43.8)	405 (53.8)	365 (48.5)
Traveller	15 (2.0)	16 (2.1)	11 (1.5)	18 (2.4)	14 (1.9)

Most a[TEST] clients also received a comprehensive STI screening with their HIV testing (Table 27). The trends in the number of STI tests are like trends in HIV testing. There were significant increases in testing from 2015 to 2016, but a small decrease was observed from 2017 to 2018.

Table 27. Comprehensive testing – number of men who received an HIV, syphilis, gonorrhoea, and chlamydia test at once.

	2015	2016	2017	2018	2019
Comprehensive testing	3826 (62.7)	7502 (84.2)	7417 (81.2)	7668 (77.3)	6190 (77.9)
Total	6102	8913	9053	9921	7947

4. CLIENT SATISFACTION

“There are two key reasons a[TEST] is such a success. Firstly, we have leveraged the strengths of community, clinical expertise, policy and research – based on a tradition of partnership that has been the foundation of the NSW HIV response for over 35 years. The second, most crucially, is that we built this service with our clients (our community) firmly in focus. This service is for them, and they have responded.”

Karen Price
Deputy CEO, ACON

OVERVIEW

A client satisfaction survey was administered to assess client perception of a[TEST] services. The surveys were conducted in person at

the Oxford Street a[TEST] site in 2015 and between 2017-2019. The number of responses in each year are reported in Table 30.

Table 28. The number of responses of the client satisfaction survey

	2015	2017	2018	2019
Number of responses	240	118	105	175

OVERALL SATISFACTION

All participants from 2015-2019 reported that they would use a[TEST] again and would recommend a[TEST] to others. Participants were very satisfied with the a[TEST] service as more than 98% of all participants responded

with either ‘Agree’ or ‘Strongly Agree’ to the question ‘Overall, I am satisfied with the service provided by a[TEST]’. Taken together, the acceptability of a[TEST] among its clients is very high.

MARKETING AND AWARENESS

Participants consistently reported the most common avenues of hearing about a[TEST] were through friends and walking past an a[TEST] site. This was followed by the Ending HIV campaign and internet advertisements. Print advertisements and Twitter were consistently reported

as the least common ways people heard about a[TEST]. When asked to specify any other avenues where they heard about a[TEST] not included in the survey, the most commonly provided answer was through a Google or internet search.

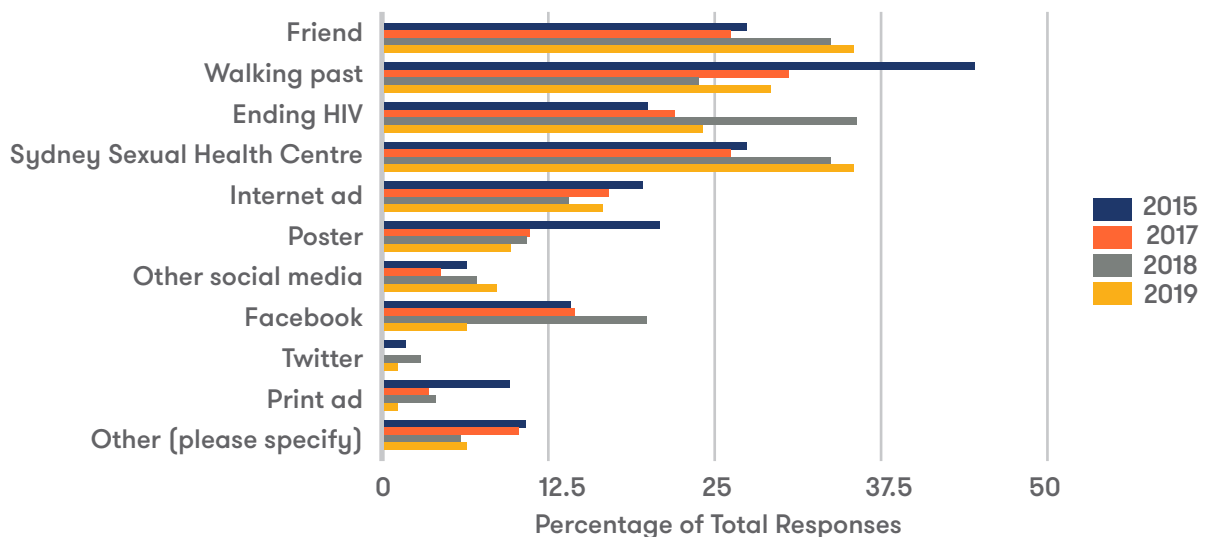


Figure 2. Method of hearing about a[TEST]

ATTITUDES TOWARDS a[TEST]

Participants were asked on a five-point Likert scale from 'Strongly Disagree' to 'Strongly Agree' on how much they agreed with several statements about a[TEST].

Across 2015-2019, an overwhelming majority reported 'Agree' or 'Strongly Agree' to the statements about the convenience of a[TEST], such as the convenient location (97.5%), the opening hours (96.5%), ease of getting

an appointment (97.3%), and short appointment length (92.1%).

The majority of participants also responded that they 'Agree' or 'Strongly Agree' to statements about the testing process, such as the ease of entering their history into the computerised system (88.0%), not feeling rushed during their appointment (87.8%), and that they were given adequate information about the meaning of their

test results (98.3%).

Furthermore, participants' feeling of comfort was high as they felt that the peer educator was non-judgemental (92.6% responding with 'Agree' or 'Strongly Agree'), they felt prepared for testing (95.7%), they were comfortable raising concerns (98.2%), and their privacy was maintained (98.1%).

REASONS FOR USING a[TEST]

Participants were asked to select one primary reason they chose to use a[TEST] and provide up to three additional reasons from a list.

That the location was convenient and a[TEST] being a free service were consistently reported as the primary reasons participants chose to use a[TEST] over time (both 16.9%). These two reasons were also very common as additional reasons (43.6% and 39.0% respectively).

Receiving the results of their HIV test on the same day

was initially reported as the most common primary reason in 2015 (26.8%) but decreased over time through to 2019 (9.2%). However, it remained a consistently common additional reason over time (33.5%).

Other common responses were that the service was provided in a non-judgemental and friendly environment (13.7% as primary reason, 39.1% as additional reason) and that it was easy to make an appointment that worked for them (11.4% as primary reason, 39.4% as additional reason).

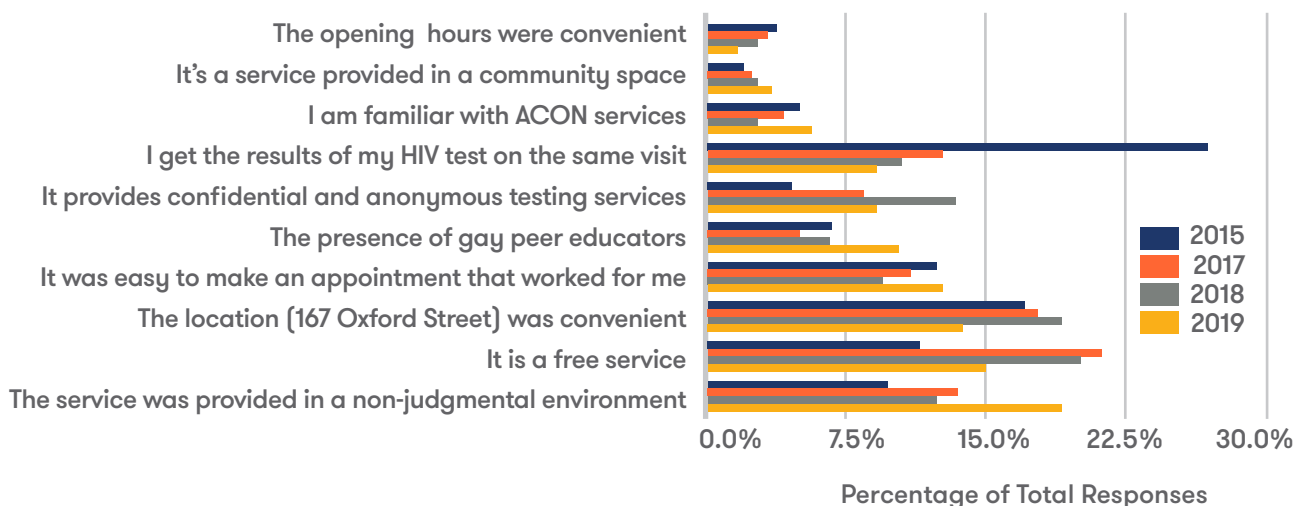


Figure 3. Primary reason for using a[TEST]

5. CAMPAIGNS AND SOCIAL MEDIA ANALYTICS

“Kirketon Road Centre’s strong partnership with ACON in delivering a[TEST] Kings Cross has been instrumental in providing high-volume HIV testing services in Sydney. ACON’s community-based, peer-led model has proven to be a successful approach to HIV testing among gay, bisexual and other men who have sex with men, and KRC are proud to partner with ACON through provision of clinical expertise and staff. The success of a[TEST] Kings Cross has allowed us to explore other HIV and STI testing initiatives for other LGBTQ populations, such as trans[TEST]. We look forward to continuing work with ACON to deliver a[TEST] while exploring new ways to reach at risk populations.”

Dr Phillip Read
Director/Senior Staff Specialist
Kirketon Road Centre

ENDING HIV CAMPAIGNS

“This campaign helped me to go and tested as I haven’t been tested since I have been sexually active which is more than 10 years. Thanks”

Gay respondent living in Sydney, aged 25-29, Easy As 2014 survey

The Ending HIV campaign was launched in February 2013 with a message to test often, treat early and stay safe to help end HIV transmission. Advertisements have appeared in outdoor and public transport settings, on gay hook-up apps, on radio and on social media. Online campaign videos have also been a feature of many of the campaigns. Since its launch, there have been 16 phases of the campaign. Six campaign phases specifically focused on testing:

- » EASY AS/KNOW NOW in 2014 promoted rapid HIV testing and introduced the a[TEST] service
- » TEST OFTEN in 2015-2016 promoted regular HIV testing
- » EASY AS in 2017 promoted the a[TEST] service specifically
- » EASY AS in 2018 was a re-run of the 2017 campaign that promoted the a[TEST] service
- » WE TEST in 2018 promoted testing as a community norm
- » WE TEST in 2019 promoted the new recommendation of four times per year testing.

The 2014 EASY AS/KNOW NOW campaign introduced the a[TEST] model and rapid HIV testing to community.

This was the first campaign under Ending HIV to promote HIV testing, highlighting the benefits of rapid HIV testing – specifically the ease of the process and the shorter wait-time for results.

In 2015, the TEST OFTEN campaign reinforced the importance of testing frequency in line with recommended guidelines. It was the first campaign that featured community members; 11 GBMSM from diverse backgrounds and sub-populations including men who were Aboriginal, Asian, and trans and gender diverse. Through their personal stories, common barriers to testing were explored such as fear of the result, cost, convenience, and confidentiality.

The 2017 EASY AS campaign featured local drag star Maxi Shield and promoted testing with a focus on a[TEST] services. A video was produced depicting the procedure of getting a test at a[TEST], and using humour and entertainment, was able to promote testing with a different approach.

The 2018 campaign WE TEST promoted testing as crucial for all GBMSM across NSW. The campaign featured multiple community members from various locations across Sydney and NSW and served as a reminder to test for HIV and STIs regardless of who you are and where you may reside.

Community engaged with these campaigns across an extensive network. The campaigns were featured in digital media such as Ending HIV, social media and “hook up” apps. This included, but was not limited to, popular services like Facebook, Twitter, Instagram, YouTube, Grinder, Scruff, Jack’d and Hornet. Ending HIV campaigns

were also seen across print media, billboards, and gyms. ACON further featured these messages at Fair Day, on the ACON Mardi Gras float, and as a part of numerous community activations. Ending HIV campaigns were also promoted across city, regional and remote areas of NSW.

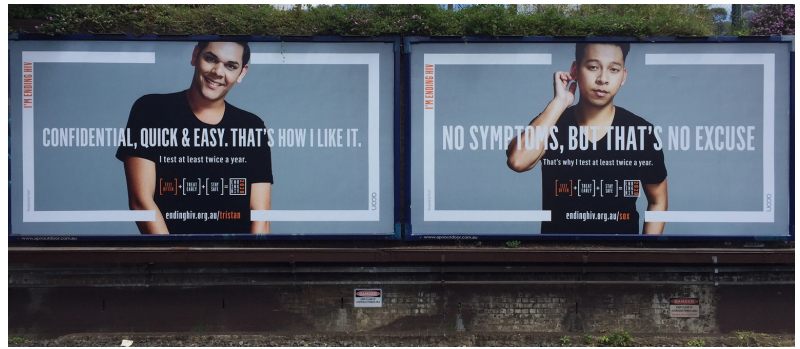
When Ending HIV campaigns were displayed online, they were often hyperlinked to the a[TEST] information and booking page when clicked on by GBMSM in geotargeted locations. This maintained community engagement with a[TEST] services and is an ongoing source of both new and existing client appointments. This ongoing apparatus is essential to a[TEST]'s continuing popularity.

Impact of Ending HIV campaign on knowledge and testing intentions

“I got tested for the first time in my life, I was always scared of knowing but I needed to know for my own health and sexual partners too. I worry that so many guys in Newcastle were like me before and ignore the issue”

Gay respondent living in Newcastle, aged 30-39, Easy As 2014 survey

As the EASY AS 2014 campaign specifically promoted rapid HIV testing, survey respondents were asked if the advertisements had made them aware that rapid HIV testing was now available. Three quarters (75%) of respondents indicated that the advertisements had made them aware that rapid HIV testing was available. Only eleven per cent of respondents said they were already aware.



HAVE THESE ADVERTISEMENTS MADE YOU AWARE THAT RAPID HIV TESTING, WHERE RESULTS ARE PROVIDED WITHIN 30 MINUTES, IS NOW AVAILABLE? (n=425)

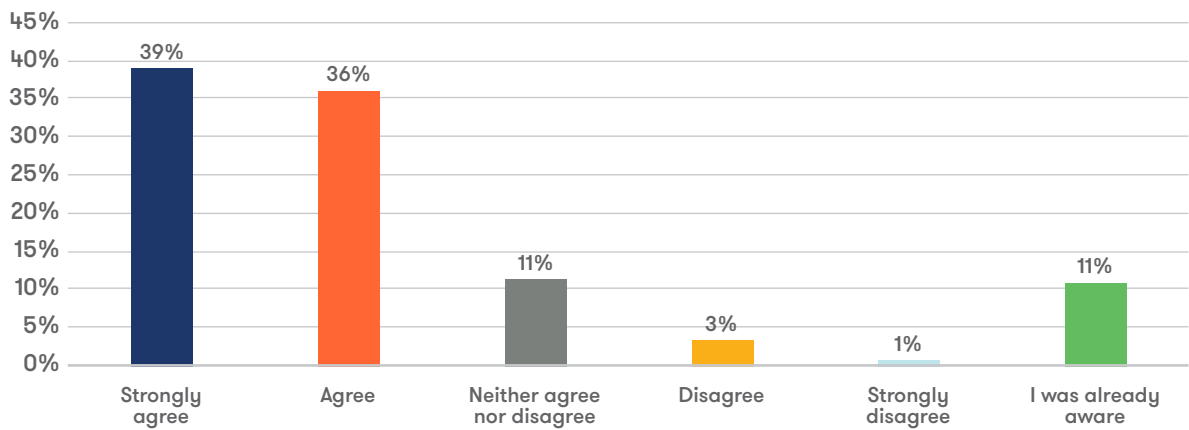


Figure 4. Awareness of rapid HIV testing.

On the EASY AS 2014 and TEST OFTEN surveys, respondents were asked if the advertisements had prompted them to test more regularly or often for HIV; 28% said they had on the EASY AS survey and 30% said they had on the TEST OFTEN survey. On three other surveys that were not related to testing specifically, respondents were instead asked whether the advertisements had reminded them to test more regularly for HIV. Over the three surveys, there was an increasing majority of respondents who responded with ‘Strongly

agree’ or ‘Agree’ that the advertisements reminded them to test more regularly. On the first survey (I’m On), out of 553 respondents, 42% agreed with the statement, on the second survey (I’m On 2014) with 549 respondents, this increased to 48% and on the third survey (Undetectable) with 602 respondents, 69% were in agreement with the statement.

When the recommendation on the frequency of HIV testing for men who have sex with men changed to recommend testing every three months [17], this

message was effectively communicated via the Ending HIV campaign message. On the WE TEST 2019 survey with 516 respondents, 60% of respondents correctly identified that the advertisement had recommended testing four times a year.

HAS SEEING THESE ADVERTISEMENTS REMINDED YOU TO TEST MORE REGULARLY FOR HIV?

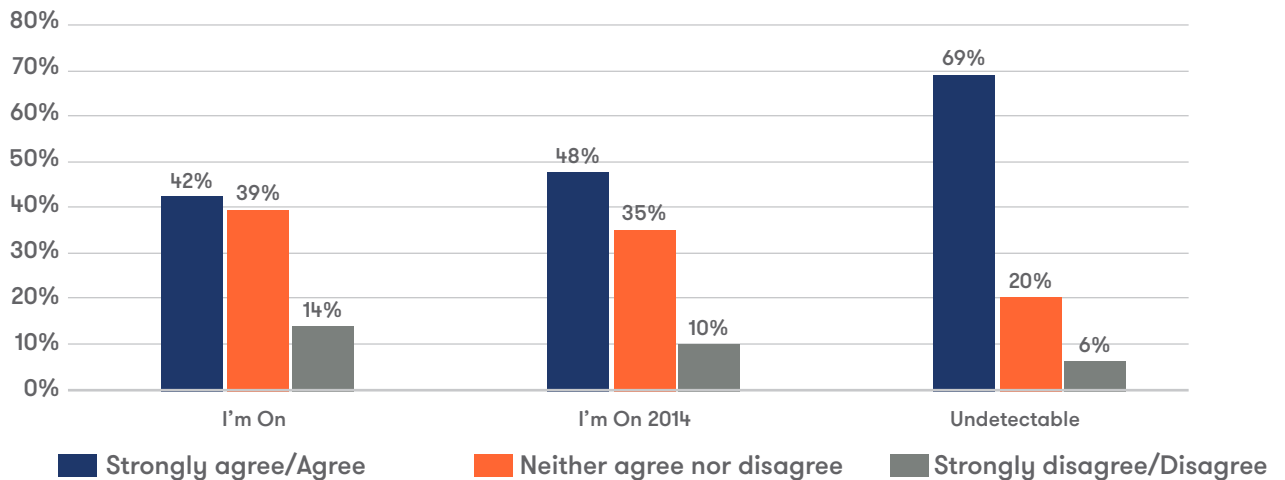


Figure 5. Proportion of respondents who agree campaigns remind them to test regularly for HIV.

HOW FREQUENTLY DID THE ADVERTISEMENT RECOMMEND THAT YOU SHOULD TEST FOR HIV/STIs?

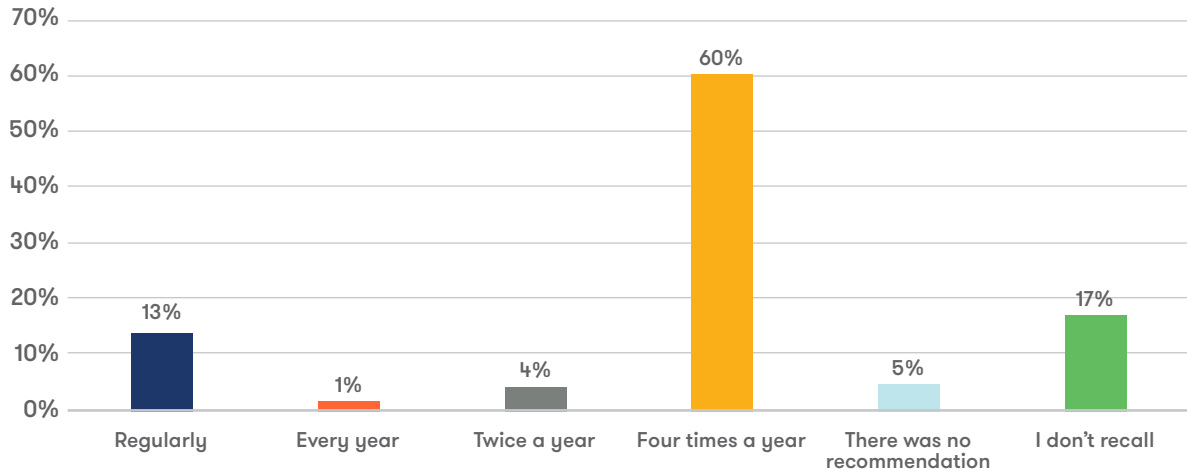


Figure 6. Knowledge of HIV testing frequency guidelines among respondents.

Tracking increasing awareness of a[TEST] service

“Love your work. Fabulous programme which de-medicalises the process and makes testing feel more routine and a lot less stressful.”

Gay respondent living in Sydney who had used a[TEST], aged 18-24, Easy As 2014 survey

Shortly after the opening on the first a[TEST] service, survey respondents were asked if they had heard of the service. This question was subsequently asked across seven surveys to measure how the Ending HIV campaign and other promotions had

contributed to increased awareness of a[TEST]. On the April 2014 survey with 530 respondents (after the EASY AS 2014 campaign that promoted rapid HIV testing), 39% of Sydney respondents had heard of the service, this had increased to a high of 63% of Sydney respondents on the September 2016 survey (n=520). On the February 2018 survey with 541 respondents, when the question was last asked, over half of Sydney respondents (53%) had heard of the service.

AWARENESS OF THE a[TEST] SERVICE

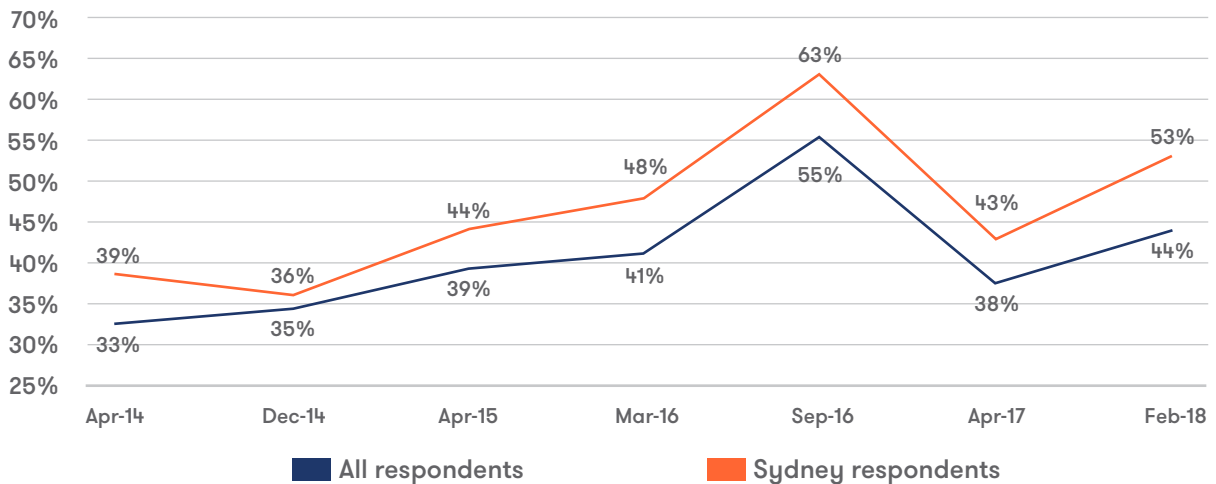


Figure 7. Aware of the a[TEST] service.

NOW MORE THAN EVER, GAY MEN NEED TO KNOW THEIR HIV STATUS

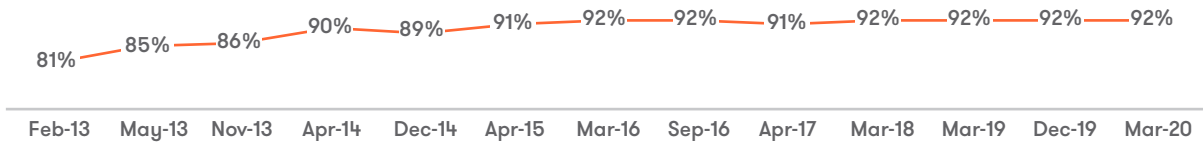


Figure 8. Proportion of respondents who agree that it is important for gay men to know their HIV status.

Changes in HIV knowledge

On thirteen surveys since February 2013, prior to the launch of Ending HIV, respondents have rated on a five-point scale how strongly they agreed or disagreed with several HIV statements. The results

show the cumulative impact the Ending HIV campaign has had on knowledge.

On the first survey with 196 respondents, 81% of respondents strongly agreed or agreed with the statement

that ‘now more than ever, gay men need to know their HIV status’. This increased by 10% and as a result since April 2015, 91-92% have agreed with the statement.

MAXI SHIELD PROMOTION

In 2017, ACON produced a short video featuring local drag icon Maxi Shield as part of the EASY AS campaign. This video is one of the most successful promotional efforts in ACON’s history. The video encouraged same sex attracted men to visit a[TEST] services and to engage in HIV and STI testing.

The concept behind the video made it unique and exceedingly popular. It featured Maxi Shield having a comedic, and informative, visit to a[TEST] Oxford Street. The video relayed a message that testing does not always

need to be nerve wracking and was presented with fun content. While Maxi maintained this energy in the promotion, clear information was relayed in the video about the client journey through Oxford Street from registration, to seeing a peer, to collecting STI swabs and visiting with a nurse. ACON cast a diverse range of community members in the video of various ages and cultural demographics, thus highlighting the inclusivity of the service. The video was launched during NSW HIV Testing Week – a period in which HIV testing is heavily

The video was shared via the Ending HIV Facebook channel and ‘went viral’. Within four days, the video reached over 1,000,000 people with 421,000 video views, 2,499 video shares and 1,707 comments. By the end of the paid promotional period, the video was viewed more than 600,000 times, shared almost 4,000 times, and reached 1,327,00 people. This video shows that unique approaches to community messaging can produce incredible results.



6. KEY DATA AND SERVICE DEVELOPMENTS

“St Vincent’s Hospital Sydney is proud to support the community-based peer-led HIV testing and sexual health service, a[TEST]. In partnership with ACON, Sydney Sexual Health Service and the NSW Ministry of Health, the St Vincent’s State Reference Laboratory for HIV has provided the essential supervisory relationship linking elements of quality assurance and safety standards for medical testing to support the delivery of HIV rapid (point-of-care) testing in NSW. We have trained the HIV point-of-care testing workforce, some of which were health professionals and many who were peer educators and allied health personnel, that have undoubtedly contributed to the success of the service.”

Associate Professor
Philip Cunningham OAM
NSW State Reference
Laboratory for HIV
St Vincent’s Hospital
Sydney Limited

EPIC-NSW STUDY AND a[TEST]

EPIC-NSW was a study run by the Kirby Institute and funded by the NSW Ministry of Health, with participation from a range of partners including sexual health services and community organisations [41]. EPIC-NSW stands for “Expanded PrEP Implementation in Communities in NSW”. EPIC-NSW aimed to assess the impact of a mass scale up of PrEP use in NSW by those at a medium or high risk of acquiring HIV. The study further aimed to determine the subsequent impact on state-wide HIV notifications as a result. Initially, the study aimed to enrol 3700 participants, but community demand was strong. Over 9,700 participants were ultimately enrolled into the study by 30 April 2018. Enrolments stopped after this point, as PrEP became available on the Pharmaceutical Benefits Scheme.

In collaboration with two existing clinical partners, RPA and SSHC, the a[TEST] peer and nurse model was adapted to conduct enrolments and participation into EPIC-NSW.

RPA Sexual Health

In collaboration between ACON and RPA, 884 participants were enrolled into the EPIC-NSW study. This was achieved by ACON peer educators and RPA nurses and doctors conducting twice weekly group-based enrolment sessions. At the start of one of these clinics, a group information session was delivered about key aspects of EPIC-NSW and PrEP. Clients then moved to a one-on-one session with an ACON peer educator to determine eligibility and be enrolled into the study. Next, clients saw nurses and doctors for a medical history, bloodwork, prescriptions and dispensing of PrEP medication. These clinics were highly successful at enrolling large amounts of participants into the study and then used to manage ongoing participation in the study.

While these activities were not delivered at an a[TEST] site, the long-term relationship between the two organisations, strengthened by the successful collaboration on a[TEST], facilitated the smooth execution of this important initiative. The peer and nurse collaborative model was leveraged to deliver the service at these clinics with staff from a[TEST] Newtown. Further, new participants for EPIC-NSW were frequently identified by peer educators and RPA nurses during client visits to a[TEST] Newtown and referred to RPA to commence PrEP.

Sydney Sexual Health Centre

As part of EPIC-NSW, ACON and SSHC conducted twice-weekly EPIC-NSW clinics delivered at a[TEST] Surry Hills. In total, 331 participants were enrolled through this service.

This model used the existing a[TEST] space to have peers and nurses collaborate to

enrol clients into EPIC-NSW and to deliver follow-up appointments. A visit began with a client attending an information session with an ACON peer educator. If a client was interested in and eligible for EPIC-NSW, they would then see a nurse for bloodwork, consent, and referral to SSHC for PrEP medications.

Many of these participants

were a[TEST] clients and enjoyed the familiarity of the space.

Once participants were enrolled into EPIC-NSW, they could attend follow up appointments at either a[TEST] Surry Hills or a[TEST] Oxford Street. This meant clients had access on six days of the week and at two locations to support their participation in this study.

POP UP SITES

Using knowledge gained by delivering early pop-up sites including the Airstream van and 'shopfront' services described in Chapter 1, several other iterations of a[TEST] pop up sites have continued to operate at LGBTQ festivals around the state. This includes Tropical Fruits in Lismore, Broken Heel in Broken Hill, and other various community events. Like the ongoing sites, these are collaborations between ACON and local sexual health centres.

The longest running pop up operation was at Aarows, a sex on premises venue (SOPV) in Parramatta, NSW. This partnership between ACON and West Sydney Local Health District (WSLHD) began in 2014 and ran until 2018. Led by ACON peers and a GP from the Western Sydney Sexual Health Centre, men visiting the SOPV could access a rapid HIV test and screen for chlamydia and gonorrhoea. Located outside the traditionally gay areas of Sydney, this service catered to many men who might not be connected to inner-city gay populations. The service attracted a diverse range of men with a high proportion of clients from culturally and linguistically diverse (CALD) backgrounds.

I'M ENDING HIV

NO NEEDLES | NEW TESTING KIT | SAFE | EASY TO USE | DIY

HIV TESTING
AT AAROWS

FREE, CONFIDENTIAL, QUICK & DISCRETE

See the clinic staff on ground floor for more information.
Clinic dates at reception.

[TEST OFTEN] + [TREAT EARLY] + [STAY SAFE] = [ENDING HIV 2020]

ENDINGHIV.ORG.AU

Health NSW
ACON



a[TEST] CHINESE CLINIC

Launched in December 2018, the a[TEST] Chinese Clinic is a weekly a[TEST] clinic delivered entirely in Mandarin Chinese. This clinic is an ongoing partnership between ACON and SSHC and occurs every Thursday at a[TEST] Surry Hills. The clinic was launched as a response to diverging HIV notification data in NSW showing Australian-born men were experiencing a significant decline in new HIV notifications while new notifications were not decreasing among overseas-born men, with a particular burden on GBMSM born in Chinese-speaking countries.

The a[TEST] Chinese clinic provides the entire a[TEST] experience translated for a Chinese audience. The peers and nurses working on the day are both fluent in Mandarin, and the registration systems are translated into simplified Chinese. This clinic is ideal for new migrants to Australia who might not have the English language skills to navigate existing Australian testing services. The staff and systems create a culturally appropriate environment to support HIV testing which can be intimidating for some clients, particularly new or infrequent testers.

A range of other activities are required to deliver this clinic. First, the translation of the Ending HIV platform into simplified Chinese means Chinese men can learn about HIV testing and book a test in their own language. Further, peer education such as ACON's Asian Gay Men's Project promote the clinic through community events and online platforms popular with Chinese GBMSM. Finally, ACON has developed an in-language, community promotional video featuring an a[TEST] Chinese clinic client, peer educator and nurse speaking about the service. This video will be delivered to community in 2020.

trans[TEST] CLINIC

The latest adaptation to a[TEST] has been the launch of trans[TEST], a sexual health service for anyone who is trans or gender diverse (TGD). Launched in July 2019 as a 12-month pilot, trans[TEST] is a partnership between ACON and KRC. This model is adapted from the successful a[TEST] model and is designed to fill the gap for testing services available for TGD people in NSW. As part of the pilot, trans[TEST] operates two clinics per month at Clinic 180 in Kings Cross, on the first and third Friday of each month.

Like a[TEST], trans[TEST] is a community based service that combines a TGD peer educator working with a sexual health nurse to deliver HIV and STI testing. Unlike a[TEST], the service allows access to a doctor and a broader range of sexual health services for clients. Services at this clinic include



HIV/STI testing, vaccinations for Hepatitis A, Hepatitis B and Human Papilloma Virus (HPV), cervical screening tests, treatment of STIs, HIV post-exposure prophylaxis (PEP) and pre-exposure

prophylaxis (PrEP). Additional services include blood tests to check hormone levels, advice on medical and surgical gender affirmation and referral to other service for gender affirming healthcare.

STI XPRESS SERVICE

The STI Xpress clinic launched at a[TEST] Oxford Street in March of 2018 and ran for two years. This clinic aimed to meet community demand for STI testing. As a “walk in” service, clients could drop in at any time during operating hours convenient to them. The service tested for gonorrhoea and chlamydia only. A client visit would begin by seeing a peer who would conduct a throat swab. The client would then self-collect a urine sample and anal swab which would be returned before leaving. The visit would last for about five minutes.

As the service did not require an appointment, online bookings on Ending HIV could be secured for

comprehensive HIV and STI testing. The clinic also was designed to meet demand for those who might want more frequent STI testing, which could be a result of increased condomless sex as a result of PrEP use.

The STI Xpress Service closed in March of 2020 as the pathology costs became too great to sustain this service. Today, GBMSM attending for testing which exceeds four times per year are encouraged to follow the Australian STI & HIV Testing Guidelines for Men who have Sex with Men going forward [17]. Men living with HIV can still attend a[TEST] for STI testing to complement their HIV care.

7. CONCLUSION

SUMMARY OF KEY FINDINGS

HIV Testing and Demographics of a[TEST] Clients

An aim of this evaluation was to assess the characteristics of a[TEST] clients and whether a[TEST] was reaching target populations with high HIV risk. The results indicated that most a[TEST] clients were overseas-born, with a high proportion being born in Asia. This is significant as Asian-born GBMSM are a priority population in HIV prevention [2-4]. In the lifetime of a[TEST], most HIV diagnoses were in overseas-born men, contributing to nearly a fifth of the overseas-born diagnoses in NSW (19.9%) despite accounting for only 1.3% of all HIV tests. This may be due to the outreach efforts, such as the a[TEST] Chinese clinic and the inclusion of culturally and linguistically diverse peers. This suggested that a[TEST] has a significant role in HIV testing and prevention among overseas-born men.

a[TEST] clients were most likely to be aged 30-39 years across all years. There is evidence that GBMSM under 25 years are less likely to have ever had an HIV test [40]. A significant proportion of a[TEST] clients are under 25 (18.8%), which suggests that a[TEST] is reaching younger GBMSM, many of whom are likely to have never had an HIV test.

While most a[TEST] clients were more likely to live in a suburb that is more than 5% gay men, more than two fifths came from a suburb that does not have a high concentration of gay men. Using this measure as both an indicator geographical distance away from a[TEST] and also social connectedness with gay community, this indicated that a[TEST] reached GBMSM who live outside of 'gay Sydney', despite the clinics

themselves being located in these suburbs. This demonstrated two important factors. Firstly, many a[TEST] clients were travelling a significant distance to access the service and were aware of the service despite not living close to an a[TEST] clinic. The willingness to travel to use the service was likely due to high acceptability and satisfaction as demonstrated by the client satisfaction data. Secondly, a[TEST] clients were not all necessarily highly gay community attached GBMSM that would be expected to use the service. These two factors further highlighted the reach of a[TEST], both in physical geography but also social proximity to gay community, though this can still be improved.

Approximately one tenth of a[TEST] clients never had an HIV test. With more than 700 untested GBMSM annually, this indicated that a[TEST] continued to reach untested men similar to international examples of community-based testing. This is further reinforced by more than one eighth of a[TEST] clients being infrequent testers who have not received an HIV test in the previous 12 months. Combined, these first-time testers and infrequent testers constituted one fifth to one quarter of a[TEST] clients. This demonstrated a[TEST]'s reach to populations at high risk of HIV by capturing GBMSM who would otherwise not know their HIV status.



STI Testing

The number of STIs other than HIV being captured by a[TEST] was also significant, with 16.6% of unique clients having received an STI diagnosis at an a[TEST] visit in 2019. There was a concentration of STI diagnoses among overseas-born clients (particularly those born in Asia) and those who live in a suburb with a high concentration of gay men. The testing of STIs are important to the prevention of forward transmission as well as negative health outcomes due to undiagnosed STIs.

Client Satisfaction

Satisfaction has remained consistently high among a[TEST] clients. All clients would use the service again and would recommend the service to other people. The main reasons for using a[TEST] was due to there being no cost and being in a convenient location. There was a high level of satisfaction with their experience of a[TEST].

Adapting a[TEST] to Current HIV Prevention and Community Needs

a[TEST] has adapted its services to the changing landscape of HIV prevention in NSW. The integration of a[TEST] to the EPIC-NSW PrEP study provided valuable support to the study and contributed to the inclusion of PrEP on the Pharmaceuticals Benefit Scheme. The involvement of a[TEST] in EPIC-NSW also demonstrated the effectiveness of nurse-led PrEP dispensing in low complexity cases to reduce the burden of PrEP dispensing on doctors and allow doctor appointments to be conserved for complex cases [42]. Adapting the existing peer-led model to other communities such as Chinese GBMSM and trans communities further demonstrated the value of a[TEST].

RECOMMENDATIONS

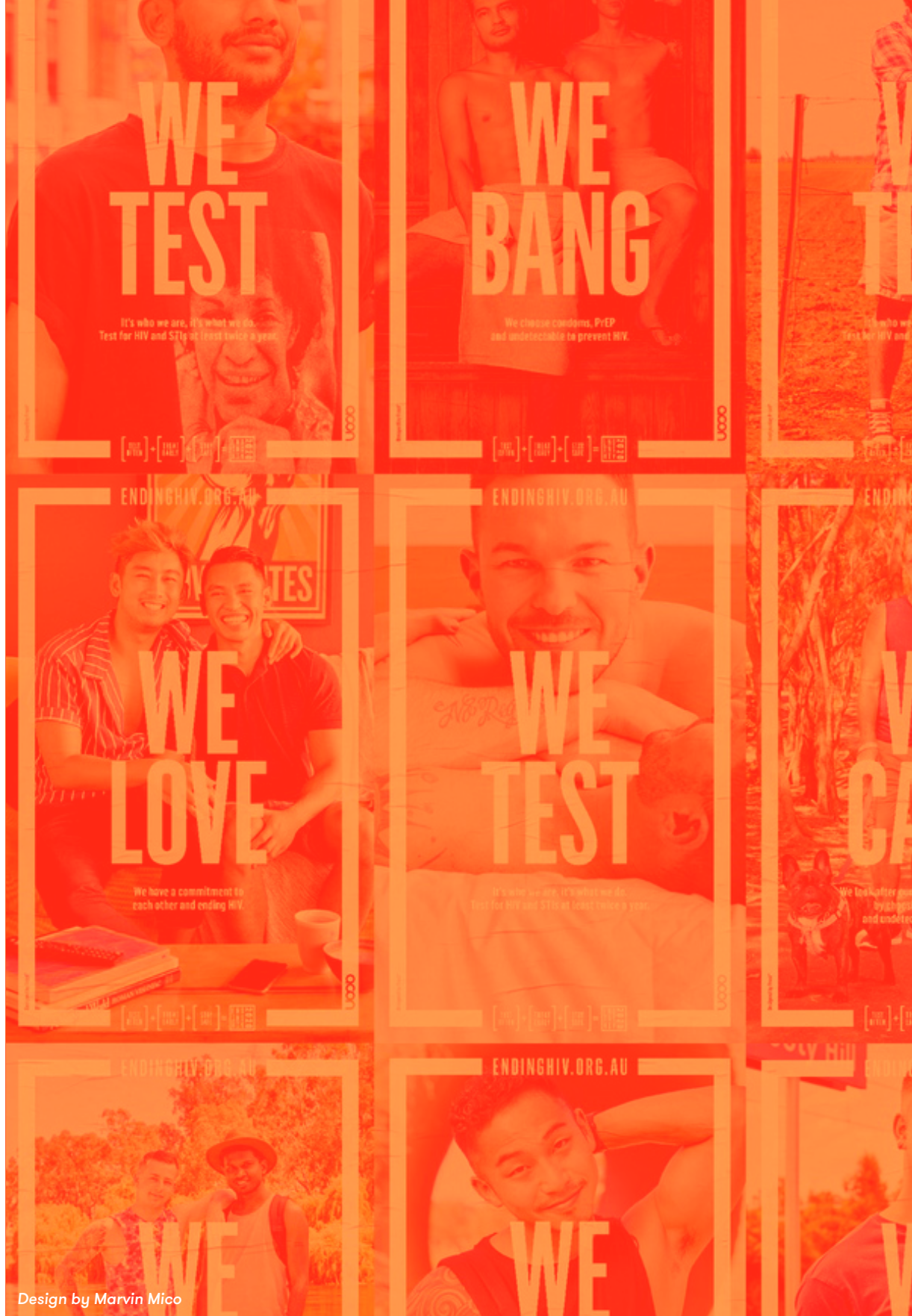
From the results of this report, we propose five main recommendations.

1. We strongly recommend supporting the continuation of the a[TEST] service under the NSW HIV testing framework, and for long-term funding and resources to be provided accordingly. Despite a[TEST] being a comparatively small service compared to the total tests conducted in NSW, the proportion of HIV diagnoses captured by a[TEST] in NSW is significant. Furthermore, the reach and engagement with those who have never been tested for HIV or infrequently test is a strength of community-based testing and was observed in the data in this report. This justifies continuing support and funding of the a[TEST] service.
2. Opportunities to expand a[TEST] and community-based testing to other traditional testing environments in key locations across NSW should be explored. This includes considering the introduction of some key elements (rapid HIV tests, peer-led testing, and peer-led consultations) in clinical settings in regional areas where establishing a full a[TEST] site would not be feasible.
3. We recommend the diversification of service models that allow a[TEST] to deliver health promotion and service access to adapt to current trends in the NSW HIV epidemic. a[TEST] continues to reach priority populations, such as overseas-born GBMSM. The development of the Chinese Clinic is one example, as is trans[TEST] – which addresses the needs of trans and gender diverse populations. Service models within a[TEST] were adapted to offer peer and nurse led PrEP dispensing during the EPIC-NSW study, and also STI ‘Xpress clinics’. The a[TEST] model has demonstrated adaptability and support for further innovation within a[TEST] would further allow for targeted responses for HIV prevention in NSW.
4. We recommend that peer health workers are acknowledged by NSW health as a valuable and cost-effective contribution to the sexual health workforce in NSW. Underpinning the successful service delivery of a[TEST] are trained peers that administer the rapid HIV test and provide education and health promotion interventions and resources to clients. Formal acknowledgement of the peer workforce (as is the case in areas such as mental health) would facilitate potential upscaling of training to incorporate peers into other settings.
5. STI notifications continue to be an issue in NSW, and we recommend that innovative models within a[TEST] services be implemented to increase HIV/STI testing within the GBMSM community. While HIV incidence has been decreasing, STI incidence continues to increase as seen in a[TEST] diagnoses. More work is needed to expand comprehensive sexual health testing, and regular testing for STIs for those on PrEP, to reduce both HIV and STI infections among GBMSM. We recommend specific, supplementary funding be provided to support STI Xpress clinics at community and clinical sites as a key initiative to respond to STI increases.

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