

Driving HIV Testing Among High-Risk Gay and Bisexual Men in New Zealand: National HIV Testing Month

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Background

HIV transmission in New Zealand is concentrated among gay, bisexual and other men who have sex with men (GBM) and appears to be on the rise. In 2015, the number of newly diagnosed HIV infections among this group was the highest ever recorded and 38% of those were classified as a late diagnosis as measured by an initial CD4 count below 350¹.

Although past HIV prevention efforts have kept HIV prevalence and incidence low compared to other countries, evidence suggests that sexual risk-taking may be rising among GBM and that reducing the levels of undiagnosed HIV within sexual networks is necessary to realise the preventative benefits of early treatment².

As part of a combination approach to preventing HIV, the New Zealand AIDS Foundation (NZAF) developed National HIV Testing Month, an integrated social marketing campaign, to increase rates of HIV testing among this group.

Description

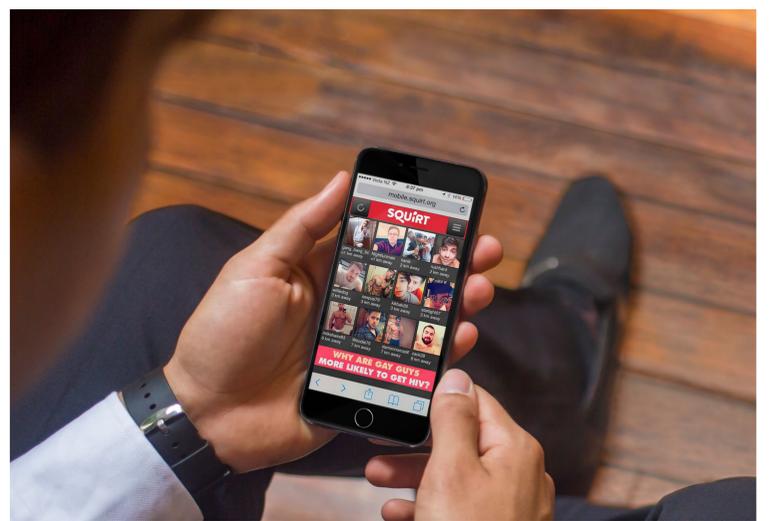
Lack of perceived risk has been identified as one of several barriers to HIV testing among HIV-positive GBM who may have delayed testing prior to their diagnosis³.

Responding to this barrier, highly relevant and engaging content was created for GBM around the frequently Googled question, "Why are gay guys more prone to HIV?" A series of infographics were developed to educate about the risk of unprotected anal sex for HIV transmission, existing HIV prevalence among GBM, and how closely connected sexual networks can facilitate rapid transmission of HIV and other STIs.

This was supported with a video that demystified the testing process and a mobile-friendly online booking form. Advertising was placed in locations targeting GBM including bus stops, street posters, gay venues, gay news sites, social media and hook-up apps. Online advertisements were shown 2.6 million times, generating 15,492 website clicks over the campaign month.



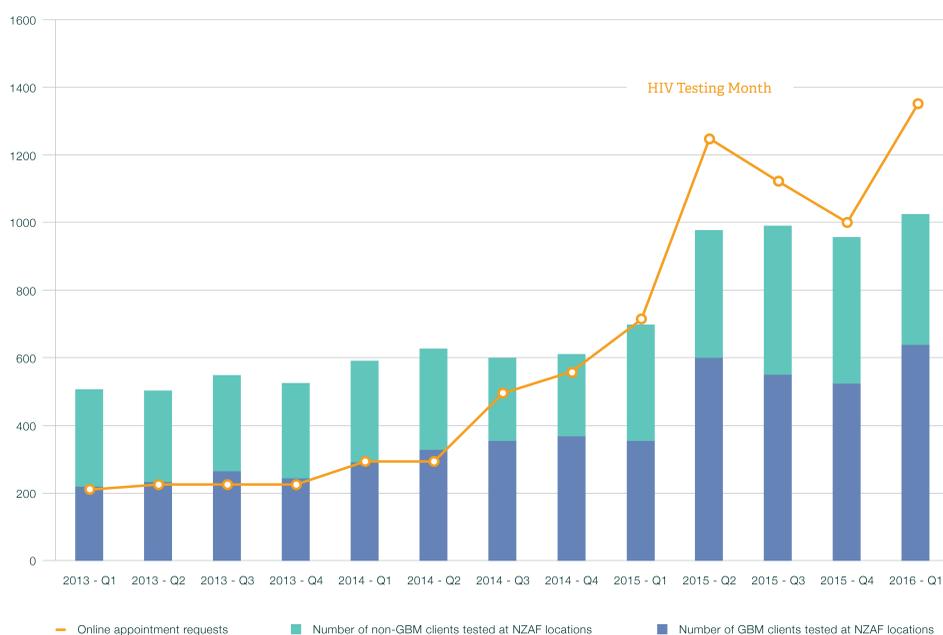
1



2

Online appointment requests and HIV rapid tests completed at NZAF locations:

3



Results

Appointment requests received via the website for NZAF's 19 testing locations increased 218% from a monthly average of 186 to 592 in May 2015.

311 and 190 GBM were tested over May and June 2015, respectively, representing an increase of 130% and 41% on the previous monthly average of 135 tests. The increase in online appointment requests has been sustained in the months following the campaign period.

In May 2015, and in subsequent months, the number of appointment requests received via the NZAF website exceeded the number of appointments available in Auckland locations, despite having already increased capacity. This resulted in GBM experiencing appointment wait times of several weeks.

Two GBM clients were diagnosed HIV positive in each month of May and June, a slight increase on the monthly average of 1.4.

1. Bus shelter advertisement in central Auckland.

2. Advertising on squirt.org, a GBM hookup site.

3. Appointment requests received via NZAF website increased substantially during the campaign period (2015-Q2) and continued over the following quarters.

Conclusions / Next Steps

National HIV Testing Month was effective at driving HIV testing behaviour among GBM, however the increase in diagnosed positives was noticeably less than the increase in tests completed, indicating that GBM who engage in sexual risk-taking may not have been effectively engaged.

Appointment requests exceeded maximum capacity in Auckland testing locations over the campaign period, creating a large overflow and appointment waitlist of several weeks. This initially created another barrier to testing among GBM which has

since been resolved by online and phone triaging that refers low-risk individuals to other services.

More information is required to understand the motivations and barriers to HIV testing among high-risk GBM and NZAF is currently completing this formative research. Future social marketing efforts to promote HIV testing should explore addressing multiple barriers to HIV testing among GBM, as well as motivations, to drive behaviour among this group.

Special thanks and acknowledgement to the team members from NZAF Health Services, without whom these results would not have been possible.

References

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2. Saxton PJ, Hughes AJ, Giola M. HIV prevention today: with coordinated action, we can end transmission. NZ Med J. 2015; 128 (1426): 8-15.

3. Gianacas C, Prestage G, Brown G, Triffitt K, Ellard J, Down I et al. Experiences of HIV: the seroconversion study final report 2007-2015. Monograph, The Kirby Institute, UNSW Australia, Sydney Australia. 2016.