**gsk funded sites**
**THT West (Bristol)**
**THT Yorkshire (Leeds)**
**Lighthouse South London (Waterloo)**

# evaluation of the gsk funded fasTest HIV testing in the community pilot

**Peter Weatherburn**
**David Reid**
**Ford Hickson**
**Gary Hammond**
**& the fasTest study group**

**Research by Sigma Research**
**on behalf of Terrence Higgins Trust**


www.sigmaresearch.org.uk

Published by Sigma Research, London

November 2006 (ISBN: 1 872956 91 2)

## Acknowlegements

Our first thanks go to the 593 people who took time to complete our questionnaire while they waited for their HIV test or its result. Without their efforts this would have not been possible.

We would also like to sincerely thank all the collaborators in the three gsk funded pilot sites.

In Bristol, thanks to the staff of THT West and the Milne Centre for Sexual Health @ Bristol Royal Infirmary especially Will Devlin, Dr. Dushyant Mital, Michael Clarke and the other health advisors.

In Leeds, thanks to the staff of THT Yorkshire and The Centre for Sexual Health @ Leeds General Infirmary especially David Greenway and Dave Smith and the other health advisors.

In London, thanks to staff of Lighthouse South London and the Caldecot Centre at Kings College Hospital, especially Steve Lockyer and the other health advisors and Dr. Michael Brady.

Various other Terrence Higgins Trust staff deserve our thanks including Adam Wilkinson, Jackie Redding, Peta Wilkinson and Will Nutland. Also all the other THT staff and volunteers working in the fasTest services.

Peter Weatherburn
Peter.Weatherburn@sigmaresearch.org.uk
November 2006

This research was approved by West Midlands Multi-centre Research Ethics Committee (04/MRE07/78) and by Central & South Bristol's Research Ethics Committee (04/Q2006/30); Leeds West Research Ethics Committee (05/Q1205/46); and Kings College Hospital Research Ethics Committee (04/Q0703/168). NHS Research and Development governance applications were also successfully submitted for each of the sites.

## Contents

# 1. Introduction

This report is the first draft of our evaluation of the community rapid HIV testing pilot interventions funded by gsk and delivered by Terrence Higgins Trust (THT) with collaborators in three genito-urinary medicine (GUM) clinics. The sites were THT West in Bristol; THT Yorkshire in Leeds; and London Lighthouse South (in Waterloo, South Central London). Given that several similar interventions exist we always use the fasTest brand name developed by THT to refer to the intervention.

This report is intended for the Terrence Higgins Trust and collaborators. We report here all that is known about the intervention from the evaluation to date. In this draft we have not invested substantially in describing the context of the intervention or the academic literature that underpins some of the assumptions made.

The following report describes the data collected using the three broad methods outlined in our original bid. Chapter 2 describes our collaborative monitoring of service provision and follow-up through HIV care services. Chapter 3 describes all the findings from our self-complete 4 page questionnaire completed by 593 fasTest users in the gsk sites. Chapter 4 describes our difficulties with the intended follow-up telephone interviews with those tested POSITIVE in fasTest. Chapter 5 provides an interim evaluation summary against the seven standard elements of an evaluation outlined in our initial bid.

Terrence Higgins Trust currently describe their aims in delivering this intervention as:

- Reduce levels of undiagnosed HIV
- Provide greater access and choice for individuals
- Provide results at point of testing
- Establish a fast-tracking procedure into treatment & care for those testing positive

Our initial aims for this evaluation (taken from our bid) were:

- Describing the entire population who tested at each site, including demographic profiles, sexual history and sexual health needs.
- Identifying how the population who tested at each site might vary from attendees of other clinical sexual health services. The key aim will be to assess whether (and why) target groups are more likely to access services based in community settings compared to other settings.
- Evaluating the acceptability of the interventions to Gay and African communities (from surveys and interviews).
- Evaluating the effectiveness of the interventions in screening an at-risk population including their capacity to identify new cases of HIV.

Interventions to diagnose HIV are already in operation and this new intervention should be compared to these. In the Milne Centre for Sexual Health @ Bristol Royal Infirmary (one of the host GUM clinics) the same 4 page semi-structured questionnaire was used with 100 consecutive attenders presenting for HIV testing in the main out-patients clinics. A separate report will be available comparing these recruits with those from THT West in Bristol.

# 2. gsk fasTest monitoring data

## 2.1 Organisation of fasTest sites and the evaluation

Terrence Higgins Trust established three pilot fasTest sites with gsk funding. Each was intended to run for 12 months including 6 months of evaluation. The table below summarises the site of the clinic; the clinical collaborators; day and time of the clinic; the date it started and the dates the evaluation started and closed.

| gsk funded pilot sites | BRISTOL THT West | LEEDS THT Yorkshire | LONDON Lighthouse South |
|---|---|---|---|
| Clinic providing satellite and providing follow-up HIV care | Milne Centre for Sexual Health @ Bristol Royal Infirmary | Centre for Sexual Health @ Leeds General Infirmary | Caldecot Centre @ Kings College Hospital |
| Clinic day and time | Monday 17.00 - 19.30 | Wednesday 17.30 - 20.30 | Thursday 17:00 – 20:00 |
| Priority TARGET groups | over-serve Africans & Gay men | over-serve Africans & Gay men | over-serve Gay men |
| Pilot STARTED | 38284 | 38328 | 38315 |
| Clinic status on 16-03-06 | ongoing | ongoing | ongoing |
| Evaluation STARTED | 38480 | 08-June-05 | 9-June-05 |
| Evaluation CLOSED | 38655 | 38706 | 38700 |

The closure dates for the evaluation period (from 31 October to 21 December) mark the point from which fasTest sites shifted to funding other than that provided for the initial pilot. Given rules governing Research Ethics Committees all evaluation activity had to stop at this point. All fasTest sites ran for at least a year in the pilot phase.

## 2.2 FasTest service delivered and numbers of attenders and tests

The table below summarises the number of sessions and hours of service delivered in each site; the total numbers of attenders and numbers of tests,

| Service delivery during evaluation period | BRISTOL THT West | LEEDS THT Yorkshire | LONDON Lighthouse South | All gsk sites |
|---|---|---|---|---|
| SESSIONS delivered | 23 | 29 | 25 | 77 |
| SESSIONS not delivered | 4 | 0 | 3 | 7 |
| TOTAL HOURS of service | 69 | 87 | 75 | 231 |
| CLINICAL hours delivered | 176 | 261 | 150 | 587 |
| TOTAL No. attenders | 139 | 256 | 283+ | 678+ |
| TOTAL No. of tests | 133 | 246 | 283 | 662 |
| Average tests per session | 5.8 | 8.5 | 11.3 | 8.6 |
| Av. tests per clinical staff hour | 0.76 | 0.94 | 1.89 | 1.13 |

During the evaluation period 77 fasTest sessions were delivered, 29 in Leeds; 25 in Lighthouse South and 23 in Bristol. These 77 sessions amounted to 231 hours of opening and 587 clinical staff hours of service delivered. Between sites, clinic opening hours varied as did the volume of staff present (Leeds and Bristol always had 3 clinical staff present compared to 2 in Lighthouse South).

During the evaluation period at least 678 people attended the service (attendance data was not available for Lighthouse South) and 662 HIV tests were undertaken. The outcomes of HIV testing and details on entry into care are covered in section 2.5. Not every attendance was from a different person, with some people returning for second tests within the pilot period. This was especially common when a person attended after a specific risk for which they were still in the window period - they were usually tested and asked to return when they fell outside the window period.

The average (mean) number of tests per session was 8.6 with a range from 5.8 in Bristol to 11.3 in Lighthouse South. Some of this variation was a consequence of the length of clinic opening (Bristol was open for a maximum of 2½ hours but the other sites were open for 3 hours per week) and volume of staff in attendance (Leeds and Bristol always had 3 clinical staff in attendance compared to 2 in Lighthouse South).

However, none of the clinics ran at full capacity for the pilot period and managing demand was problematic at periods in all sites. Overall, on average 1 HIV test was delivered for 53 minutes of clinical staff time with a range from 79 minutes of clinical staff time per test in Bristol; 64 minutes in Leeds and 32 minutes in London Lighthouse South.

### 2.3 Evaluation response rates

The table below outlines the response rates for participation in our self-completion survey (see chapter 3). The overall net response rate was 89.6% with very minor variation between the three sites.

| Evaluation response rates | BRISTOL THT West | LEEDS THT Yorkshire | LONDON Lighthouse South | All gsk sites |
|---|---|---|---|---|
| TOTAL No. of tests | 133 | 246 | 283 | 662 |
| No. of evaluation forms received | 117 | 225 | 258 | 600 |
| gross RESPONSE RATE | 88.0% | 91.5% | 91.2% | 90.6% |
| Evaluation forms in analysis | 117 | 222 | 254 | 593 |
| net RESPONSE RATE | 88.0% | 90.2% | 89.8% | 89.6% |

In what follows 593 questionnaires are included in the analysis. The 7 questionnaires that are excluded include 6 that were returned blank and one from a person who was adjudged ineligible for the intervention because she had previously received a positive HIV test result. After exclusions the overall response rate is 89.6% with a range from 88.0% in Bristol to 90.2% in Leeds.

## 2.4 Testing positive for HIV in fasTest

Section 3.5.1 outlines HIV prevalence among the 17 fasTest users that had a new HIV diagnosis and completed the evaluation questionnaire. This following table outlines all positive tests recorded in the evaluation period and is taken from monitoring data.

Of the 662 HIV tests conducted during the evaluation period there were 20 HIV positive diagnoses (3.0% prevalence overall). In the table below is a summary of data gathered on testing and HIV test outcomes from the monitoring data.

| **HIV positive diagnoses during evaluation period** | **BRISTOL THT West** | **LEEDS THT Yorkshire** | **LONDON Lighthouse South** | **All gsk sites** |
|---|---|---|---|---|
| TOTAL of HIV tests | 133 | 246 | 283 | 662 |
| TOTAL of positives | 4 | 8 | 9 | 21 |
| FALSE positives | 0 | 0 | 0 | 0 |
| PRIOR positives (ineligible) | 0 | 1 | 0 | 1 |
| Total of VALID positives | 4 | 7 | 9 | 20 |
| NOT CONFIRMED positives | 1 | 1 | 1 | 3 |
| CONFIRMED on serology | 3 | 6 | 8 | 17 |
| FOLLOW-UP serology data | 3 | 6 | 5 | 14 |
| **HIV prevalence (confirmed)** | **3.0% (2.3%)** | **2.8% (2.4%)** | **3.2% (2.8%)** | **3.0% (2.6%)** |

Among the 21 positive test results there was 1 prior positive that was ineligible for the service (in Leeds). She did not declare her HIV infection to staff before using fasTest (but recorded it on her evaluation form). She was excluded from the data presented in chapter 3. Clinical staff had some suspicion that the solitary unconfirmed positive in Lighthouse South might have known already known of her HIV infection but since there was no proof she remains in the data set. Through the course of the entire intervention, prior positives occurred in all sites and for a wide variety of reasons. With such a low-threshold, open-access service it is essential to plan for their attendance.

Of the 20 remaining positive tests (3.0% prevalence) 17 were confirmed on serology and 3 were not (one in each site). None of the confirmed 17 positive tests proved false on full serology.

There was an overall confirmed HIV prevalence of 2.6% across all three sites with variation from 2.3% in Bristol, through 2.4% in Leeds to 2.8% in London Lighthouse South.

## 2.5 HIV serology and care after testing positive in fasTest

The table below summarises the follow-up serology results of positives first diagnosed with HIV in fasTest and where they sought subsequent HIV monitoring and treatments.

| Follow-on serology and entry to HIV care during evaluation period | | BRISTOL THT West | LEEDS THT Yorkshire | LONDON Lighthouse South | All gsk sites |
|---|---|---|---|---|---|
| Total of HIV TESTS | | 133 | 246 | 283 | 662 |
| Total of VALID positives | | 4 | 7 | 9 | 20 |
| Entering HIV care | @ host clinic | 3 | 5 | 5 | 13 |
| | known elsewhere | 0 | 1 | 2 | 3 |
| | NOT known | 1 | 1 | 2 | 4 |
| FOLLOW-UP serology data | | 3 | 6 | 5 | 14 |
| Initial CD4 | mean | 439 | 520 | 470 | 485 |
| | stand. dev | 29 | 320 | 316 | 267 |
| | median | 442 | 507 | 525 | 458 |
| | range | 409-466 | 11–946 | 24-832 | 11-946 |
| CD4 % | mean | 31 | none received | 21 | 25 |
| | stand. dev. | 8 | | 10 | 10 |
| | median | 33 | | 23 | 24 |
| | range | 22-38 | | 38867 | 5-38 |
| initial viral load | mean | 56183 | 68820 | 150045 | 97144 |
| | stand. dev | 70370 | 23361 | 144272 | 99323 |
| | median | 33017 | 69300 | 140000 | 69300 |
| | range | 316-135,216 | 44,000-100,000 | 228-367,000 | 228-367,000 |

As reducing the length of time between HIV infection and diagnosis was one central reason for the development of these new community interventions, a key indicator of success (relative to existing HIV diagnosis interventions) was intended to be differences in disease progression among people diagnosed with HIV in fasTest compared to standard GUM. With follow-up data from only 14 (of 20) people newly diagnosed with HIV in these three sites, it is not possible to address comparative questions of disease progression.

As screening interventions are only as useful as the treatment interventions which follow them, the referral pathways between the two are described above. For 16 of the 20 valid positives we have information on where they received subsequent HIV monitoring and care. Thirteen of these 20 entered care in the host clinic associated with the fasTest site where they were diagnosed, and three were known to have entered care elsewhere. Among the four where no detail of follow-on HIV care was known, three did not have a confirmatory blood test (one in each site) and one from Lighthouse South London returned to Kings College for confirmation but then moved abroad to live.

# 3. FASTEST USERS SURVEY

## 3.1 DEMOGRAPHIC CHARACTERISTICS OF USERS

### *3.1.1 Gender*

Five in every six (83.6%, n=496) respondents using fasTest in the three gsk funded pilot sites were males. This included three quarters of those using THT West in Bristol (77.8%, n=91); 82.9% (n=184) of those using THT Yorkshire in Leeds and 87% (n=221) of those using Lighthouse South London. One in six (16.4%, n=97) of all testers were females: 22.2% (n=26) of those using Bristol; 17.1% in Leeds (n=38) and only 13.0% (n=33) of those using fasTest in Lighthouse South.

| **Gender by fasTest site** (n=593, missing 0) | **% All Testers** n=593 | **% THT West** n=117 | **% THT Yorkshire** n=222 | **% Lighthouse South** n=254 |
|---|---|---|---|---|
| Male | 83.6 | 77.8 | 82.9 | 87 |
| Female | 16.4 | 22.2 | 17.1 | 13 |

### *3.1.2 Sexual activity and identity*

All respondents were asked *What term do you usually use to describe yourself sexually?* and offered four responses: *Heterosexual or straight; Gay or Lesbian; Bisexual* and *other*. Very few (<1%) ticked *other*. Among the *other* identities those that specified *queer* were recoded as Gay and those that stated *normal* were recoded as heterosexual. However, the majority of the *others* did not specify any alternate term and were recoded as missing.

| **Sexual identity by fasTest site** (n=579, missing 14) | **% All Testers** n=579 | **% THT West** n=115 | **% THT Yorkshire** n=213 | **% Lighthouse South** n=251 |
|---|---|---|---|---|
| Heterosexual (straight) | 48.5 | 54.8 | 55.4 | 39.8 |
| Gay or Lesbian | 43.7 | 39.1 | 37.1 | 51.4 |
| Bisexual | 7.8 | 6.1 | 7.5 | 8.8 |

In addition all respondents were asked *In the last year, have you had sexual relations with...* and offered the responses *Both men and women; Women only; Men only;* and *No one (neither men nor women).*

| **Gender of sexual partners in the last year by fasTest site** (n=570, missing 23) | **% All Testers** n=331 | **% THT West** n=114 | **% THT Yorkshire** n=215 | **% Lighthouse South** n=241 |
|---|---|---|---|---|
| Men only | 58.1 | 59.6 | 50.2 | 64.3 |
| Women only | 31.6 | 29.8 | 37.2 | 27.4 |
| Both men and women | 8.6 | 7.9 | 9.8 | 7.9 |
| No one | 1.8 | 2.6 | 2.8 | 0.4 |

Using these two variables in addition to gender we can allocate 99.7% (n=591) of all fasTest users to one of four groups: heterosexual females (15.4%, n=91); heterosexual males (33.0%, n=195); Gay or Bisexual or homosexually active males (50.6%, n=299); Lesbian, Bisexual or homosexually active females (1.0%, n=6). Where respondents did not indicate a sexual identity (n=14, 2.4% of all) but did indicate the gender of their sexual partners (n=12, 2.0% of all) they have been allocated to a group according to sexual activity in the last year.

| **Sexual identity and gender of partners in the last year by fasTest site** (n=591, missing 2) | **% All Testers** n=591 | **% THT West** n=117 | **% THT Yorkshire** n=221 | **% Lighthouse South** n=253 |
|---|---|---|---|---|
| MALE: Gay, Bisexual or HAM | 50.6 | 45.3 | 42.1 | 60.5 |
| MALE: Heterosexual | 33 | 32.5 | 40.7 | 26.5 |
| FEMALE: Lesbian or Bisexual | 1 | 0.9 | 2.3 | 0 |
| FEMALE: Heterosexual | 15.4 | 21.4 | 14.9 | 13 |

Among the 97 females in this whole sample, 4 identified as Lesbian and 2 as Bisexual. Among these six females 3 only had sex with a man in the last year; and one each had sex with no one, women only and both men and women. Among the females that identified s heterosexual one had sex with women only and another had sex with both men and women in the last year. Five had sex with no one. Given the fluid relationship between sexual identity and activity and the very small sample sizes all females will be presented together in all that follows.

As the table above demonstrates sexual identity and gender of partners varied by fasTest site. In Lighthouse South the service was intended to *over-serve only* Gay and Bisexual men as opposed to Gay men and African people in Leeds and Bristol. This is reflected in a higher proportion of all users being Gay or Bisexual in Lighthouse South (60.5%) compared to THT West (45.3%) or THT Yorkshire (42.1%). In the two sites intended to be *over-serve* both Gay men and Black Africans the majority of all users were heterosexual ((53.9% in THT West and 55.6% in THT Yorkshire).

### *3.1.3 Ethnicity*

The Lighthouse South London site was targeted at Gay and Bisexual men with no aspiration to *over-serve* any specific ethnic group. Both THT West and THT Yorkshire sought to *over-serve* Black Africans. All testers were asked *What is your ethnic group?* and required to indicate one of the 16 options from the 2001 UK Census (Office of National Statistics 2005). *Other* answers were allocated to categories according to Office of National Statistics instructions. Ethnic group data was missing for 1 person (0.2%). The following table shows the number of testers from each ethnic group by fasTest site.

The overall proportion that were White British was 64.5% (n=382), though this varied from 53.4% at Lighthouse South, to 72.6% in Bristol and 73.0% in Leeds. The proportion that were from ethnicities other than white (6.9% in Bristol; 20.2% in Leeds; and 22.1% in Lighthouse South) also varied substantially by site. Excepting Bristol, this proportion was substantially larger than the 2001 UK Census estimate of 7.9% of people resident in the UK not being White, suggesting some success in ethnic-specific targeting in Leeds.

| **Ethnic group by fasTest site** (n=592, missing 1) | | **% All Testers** n=592 | **% THT West** n=117 | **% THT Yorkshire** n=222 | **% Lighthouse South** n=253 |
|---|---|---|---|---|---|
| **White** | *British* | 64.5 | 72.6 | 73 | 53.4 |
| | *Irish* | 2.2 | 1.7 | 1.4 | 3.2 |
| | *Other White* | 14.9 | 18.8 | 5.4 | 21.3 |
| **Black / Black British** | *Caribbean* | 2.2 | 1.7 | 3.2 | 1.6 |
| | *African* | 6.1 | 1.7 | 8.1 | 6.3 |
| **Asian / Asian British** | *Indian* | 2.4 | 0.9 | 0.9 | 4.3 |
| | *Other Asian* | 3.5 | 0.9 | 4.5 | 4 |
| **Dual / mixed** | *White & Black Caribbean* | 0.8 | 0.9 | 0.9 | 0.8 |
| | *White & Black African* | 0.3 | 0 | 0.5 | 0.4 |
| | *White & Asian* | 0.5 | 0 | 0 | 1.2 |
| | *Other Mixed* | 0.3 | 0 | 0.9 | 0 |
| **All other ethnicities** | | 2.2 | 0.9 | 1.4 | 3.6 |

Leeds and Bristol sites were intended to *over-serve* Black Africans irrespective of sexual activity or identity, in addition to *over-serving* Gay and Bisexual men. Compared to Bristol, Leeds was somewhat successful at over serving Black African (8.1% v 1.7%) and Black Caribbean (3.2% v 1.7%) people. It is worth noting also, that Lighthouse South London also saw a reasonable number of Black African (6.3%) and Black Caribbean (1.6%) testers, the majority of whom were heterosexual.

The ethnicity of testers also varied by gender and sexual identity. Compared to males, female testers were significantly more likely to be Black African (14.4% v 4.4%) and less likely to be White British (50.5% v 67.3%). Among males, heterosexuals and Gay and Bisexual men were equally likely to be White British (66.5% v. 67.9%) but heterosexuals were less likely to be White other (12.4% v 18.4%) and more likely to be Black African (8.2% v 2.0%).

| **Ethnicity by gender and sexuality** (n=590, missing 3) | **All Testers** n=590 | **All Males** n=495 | **All Females** n=97 | **Gay or Bi Males** n=299 | **Hetero Males** n=194 |
|---|---|---|---|---|---|
| White British | 64.6 | 67.3 | 50.5 | 67.9 | 66.5 |
| White other | 16.9 | 16.2 | 21.6 | 18.4 | 12.4 |
| Black African | 6.1 | 4.4 | 14.4 | 2 | 8.2 |
| Black Caribbean | 2.2 | 2 | 3.1 | 2 | 2.1 |
| All others | 10.2 | 10.1 | 10.3 | 9.7 | 10.8 |

### *3.1.4 Country and continent of birth*

All testers were also asked their country of birth. Country of birth was missing for 9 testers (1.5%). Overall, just under three quarters (72.3%) indicated they were born in the UK, of which 91.9% were born in England. Apart from those born in the UK, the majority were born in a European country other than the UK (10.7%, listing 20 different countries); or in Africa (6.3%, n=42, listing 19 different countries). The following table shows the UK and continents of birth, by fasTest site.

| **Country / continent of birth by fasTest site** (n=589, missing 4) | **% All Testers** n=589 | **% THT West** n=116 | **% THT Yorkshire** n=220 | **% Lighthouse South** n=253 |
|---|---|---|---|---|
| United Kingdom | 72 | 75.9 | 79.1 | 64 |
| Other European | 10.7 | 12.9 | 6.4 | 13.4 |
| Africa | 6.3 | 5.2 | 8.2 | 5.1 |
| Asia | 4.1 | 1.7 | 2.3 | 6.7 |
| North & Central America (inc. Caribbean) | 3.9 | 0.9 | 2.7 | 6.3 |
| South America | 2.2 | 1.7 | 1.4 | 3.2 |
| Australasia | 0.8 | 1.7 | 0 | 1.2 |

Apart from those born in the UK, 64 other countries of birth were listed by fasTest users across the three sites. Among these, only 6 countries accounted for more than 1% of all respondents each. In order these were: Germany (n=15, 2.6%); USA (n=15, 2.6%); France (10, 1.7%); Zimbabwe (9, 1.5%); Republic of Ireland (8, 1.4%); and Brazil (6, 1.0%).

Country of birth varied by gender and sexual identity in a similar pattern to ethnicity. The proportion born in the UK was substantially higher among all males (74.0%) compared to females (61.9%), especially among those recruited outside London. Female testers were significantly more likely to be African born (14.4% v 4.7%). Among males, heterosexuals and Gay and Bisexual men were equally likely to be British-born (76.6 v. 72.5%) but heterosexuals were less likely to be from another European country (8.9% v 11.4%) and more likely to be African born (6.3% v 3.7%).

| **Continent of birth by gender and sexuality** (n=589, missing 4) | **All Testers** n=589 | **All Males** n=492 | **All Females** n=97 | **Gay or Bi Males** n=298 | **Hetero Males** n=192 |
|---|---|---|---|---|---|
| United Kingdom | 72 | 74 | 61.9 | 72.5 | 76.6 |
| Other European | 10.7 | 10.4 | 12.4 | 11.4 | 8.9 |
| Africa | 6.3 | 4.7 | 14.4 | 3.7 | 6.3 |
| Asia | 4.1 | 4.1 | 4.1 | 4.4 | 3.1 |
| North & Central America | 3.9 | 3.9 | 4.1 | 4 | 3.6 |
| South America | 2.2 | 2.2 | 2.1 | 2.7 | 1.6 |
| Australasia | 0.8 | 0.8 | 1 | 1.3 | 0 |

### *3.1.5 Years resident in the UK*

All testers were asked how long they had lived in the UK. This question was not answered by 10 testers (1.7% of the sample). The following table shows the length of residence in the UK by fasTest site.

Two thirds (66.7%) of all testers indicated they had always lived in the UK. While testers at THT Yorkshire in Leeds were more likely to have always lived in the UK (75.9%), a quarter of them had not always done so. In THT West 64.7% of testers had always lived in the UK and this fell to 59.8% among testers at Lighthouse South.

| **Years resident in the UK by fasTest site** (n=583, missing 10) | **% All Testers** n=583 | **% THT West** n=116 | **% THT Yorkshire** n=216 | **% Lighthouse South** n=251 |
|---|---|---|---|---|
| Visiting the UK | 1.5 | 2.6 | 0.5 | 2 |
| Less than 1 year | 7.2 | 8.6 | 6.5 | 7.2 |
| Between 1 & 5 years | 11 | 7.8 | 9.7 | 13.5 |
| Between 5 & 10 years | 5.7 | 3.4 | 4.6 | 7.6 |
| More than 10 years | 7.9 | 12.9 | 2.8 | 10 |
| always lived in the UK | 66.7 | 64.7 | 75.9 | 59.8 |

Years resident in the UK varied by gender and sexual identity in a similar pattern to ethnicity and country of birth. The proportion who had always lived in the UK was significantly higher among males (69.8%) than females (51.0%), especially among those recruited outside London. Among those that had not always lived in the UK, females appear to have migrated more recently (17.5% were visiting or had been here less than a year) than males (6.9% were visiting or had been here less than a year). Among males, heterosexuals and Gay and Bisexual men were equally likely to have always lived in the UK (69.4% v. 70.0%).

| **Continent of birth by gender and sexuality** (n=583, missing 10) | **All Testers** n=583 | **All Males** n=487 | **All Females** n=96 | **Gay or Bi Males** n=293 | **Hetero Males** n=193 |
|---|---|---|---|---|---|
| Visiting the UK | 1.5 | 1.2 | 3.1 | 0.7 | 2.1 |
| Less than 1 year | 7.2 | 5.7 | 14.6 | 5.1 | 6.7 |
| 1 - 5 years | 11 | 10.1 | 15.6 | 10.2 | 9.8 |
| 5 - 10 years | 5.7 | 5.1 | 8.3 | 5.8 | 4.1 |
| 10 years + | 7.9 | 8 | 7.3 | 8.2 | 7.8 |
| Always | 66.7 | 69.8 | 51 | 70 | 69.4 |

### *3.1.6 Area of residence*

Respondents were asked *Which Local Authority do you live in? (who sends your household the Council Tax bill?)* and were asked to supply their postcode or town or city they lived in if they did not know their Local Authority or the country they lived in if they were visiting the UK. 5.9% (n=35) failed to supply any residence data. Respondents lived in all areas of the United Kingdom and 1.5% (n=9) were visiting the UK from abroad.

| **Area of residence by fasTest site** (n=558, missing 35) | **% All Testers** n=558 | **% THT West** n=113 | **% THT Yorkshire** n=202 | **% Lighthouse South** n=243 |
|---|---|---|---|---|
| % Resident in Local Authority where service was based | 34.8 | 47.8 | 53 | 13.6 |
| % Resident in Strategic Health Authority where service was based. | 56.6 | 75.2 | 72.3 | 34.7 |

At THT West in Bristol, 75.2% of testers lived in the local Strategic Health Authority (Avon, Gloucestershire & Wiltshire) including 47.8% who lived in the City of Bristol, (which includes Bristol South & West Primary Care Trust (PCT) where the service was based and Bristol North PCT). The majority of other Bristol testers lived in adjoining areas (10.6% in South Gloucestershire; 8.0% in Bath & North East Somerset; and 4.4% in North Somerset). A further 8.0% stated their local authority of residence as Avon and 5.3% stated Somerset. Neither of these authorities exist any longer.

At THT Yorkshire in Leeds, 72.3% of testers lived in the local Strategic Health Authority (West Yorkshire) including 53.0% who lived in Leeds, (which includes the 5 Leeds PCTs); 6.3% in Bradford; 5.3% in Kirklees; 2.9% in Wakefield and 1.5% in Calderdale. Apart from local authorities within the West Yorkshre SHA the most common answers were Manchester (5.3%); Sheffield (3.4%); North Yorkshire (2.4%) and York (1.9%).

Lighthouse South served a population dispersed over a much larger geographic area than fasTest in Bristol or Leeds. Less than a third (31.8%) lived in the local SHA (South East London) including only 13.6% in the PCT where the service was based (London Borough of Lambeth) with another 11.1% from the adjoining Southwark and 3.3% from Lewisham. More than half of users (56.6%) lived elsewhere in London, including 16.1% from North Central London; 16.1% in North East London; 16.1% in North West London; and 8.3% in South West London. One-in-nine (11.6%) testers at Lighthouse South lived outside London.

| **Area of residence by gender and sexuality** (n=555, missing 38) | **All Testers** n=558 | **All Males** n=469 | **All Females** n=89 | **Gay or Bi Males** n=284 | **Hetero Males** n=183 |
|---|---|---|---|---|---|
| % Resident in Local Authority where service was based | 34.8 | 33 | **43.8** | 28.2 | 41 |
| % Resident in Strategic Health Authority where service was based. | 56.6 | 55.3 | 62.9 | 53.4 | 59 |

While males seem less likely to be resident in the local PCT (33.0%) compared to females (43.8%) this is a function of fasTest site and to some extent sexuality rather than gender. Among heterosexuals, males (41.0%) and females (43.8%) do not differ in their likelihood

of living in the Local Authority where the service was based. However, Gay and Bisexual men appeared significantly less likely to live in the area (28.2% did so). However there were also substantial differences among Gay and Bisexual men by fasTest site. A much higher proportion of testers lived in the Local Authority where the service was based in Bristol (44.2%) and Leeds (43.5%) compared to Lighthouse South London (13.6%). Since more than half (52.1%) of Gay or Bisexual males testers were recruited in London rather than Bristol or Leeds, the London/ not London site differences exacerbate the differences around sexuality.

There were no differences in residence at the Strategic Health Authority level by gender and sexuality.

### *3.1.7 Age*

The mean age of the entire sample was 31.2 years (median 30). Overall, almost half (45.9%) of all testers were under 30 years of age and more than a fifth (20.2%) were under 25 years of age. Testers at the Leeds site were younger than in Bristol or Lighthouse South London, irrespective of gender or sexuality.

| **Age by fasTest site** (n=587, missing 6) | **% All Testers** n=587 | **% THT West** n=116 | **% THT Yorkshire** n=218 | **% Lighthouse South** n=253 |
|---|---|---|---|---|
| Mean age | 31.2 | 31.6 | 29.9 | 32.1 |
| standard deviation | 8 | 8.4 | 8.1 | 7.7 |
| Median age | 30 | 30 | 30 | 31 |
| Range | 17-68 | 18-58 | 17-68 | 19-60 |
| **Age GROUPS** | | | | |
| 15 - 19 years old | 3.2 | 4.3 | 6 | 0.4 |
| 20 - 24 years old | 17 | 14.7 | 23.4 | 12.6 |
| 25 - 29 years old | 25.7 | 25.9 | 19.7 | 30.8 |
| 30 - 34 years old | 26.2 | 23.3 | 31.2 | 23.3 |
| 35 - 39 years old | 13.8 | 14.7 | 9.2 | 17.4 |
| 40 - 44 years old | 7.3 | 6.9 | 6 | 8.7 |
| 45 or over | 6.6 | 10.3 | 4.6 | 6.7 |

Females were significantly younger (mean 28.2, median 27) than males (mean 31.21, median 31). This was true of the whole sample and for heterosexuals alone.

Gay or Bisexual males (mean 31.9, median 31) were not significantly older than heterosexual males (mean 31.5, median 31) on average.

| **Age by gender and sexuality** (n=587, missing 6) | **All Testers** n=587 | **All Males** n=490 | **All Females** n=97 | **Gay or Bi Males** n=297 | **Hetero Males** n=191 |
|---|---|---|---|---|---|
| Mean age | 31.2 | 31.7 | 28.2 | 31.9 | 31.5 |
| standard dev. | 8 | 8.1 | 6.4 | 8.8 | 7.1 |
| Median age | 30 | 31 | 27 | 31 | 31 |
| Range | 17-68 | 17-68 | 17-50 | 18-68 | 17-65 |
| **Age GROUPS** | | | | | |
| 15 - 19 years | 3.2 | 2.2 | 8.2 | 2.7 | 1.6 |
| 20 - 24 years | 17 | 17.1 | 16.5 | 17.8 | 15.7 |
| 25 - 29 years | 25.7 | 23.3 | 38.1 | 23.9 | 22 |
| 30 - 34 years | 26.2 | 26.7 | 23.7 | 22.2 | 34 |
| 35 - 39 years | 13.8 | 14.9 | 8.2 | 15.2 | 14.7 |
| 40 - 44 years | 7.3 | 8.4 | 2.1 | 9.4 | 6.8 |
| 45 or over | 6.6 | 7.3 | 3.1 | 8.8 | 5.2 |

### *3.1.8 Educational qualifications*

All respondents were asked *How many years of full-time education have you had since the age of 16?* They were asked to indicated one of the following: *none, 1 or 2 years, 3 to 5 years,* or *6 or more years*. Overall, 10 people (1.7%) did not answer this question. The following table shows overall responses and variation by fasTest site.

One-in-ten (10.6%) of all testers had no full-time education beyond the age of sixteen (suggesting O-levels/ GCSEs or less). A quarter (27.1%) had 2 years of education or less, beyond the age of sixteen. 40.3% had 6 years or more, of education beyond the age of sixteen, suggesting a university degree or more.

Testers in Leeds were most likely to have no education beyond the age of 16 (15.1%) and least likely to have six years or more. Testers in Lighthouse South were better educated than those using Bristol.

| **Years in full-time education since the age of 16 by fasTest site** (n=583, missing 10) | **% All Testers** n=583 | **% THT West** n=116 | **% THT Yorkshire** n=218 | **% Lighthouse South** n=249 |
|---|---|---|---|---|
| None | 10.6 | 10.3 | 15.1 | 6.8 |
| 1 or 2 years | 16.5 | 19 | 19.7 | 12.4 |
| 3 to 5 years | 32.6 | 31.9 | 33.5 | 32.1 |
| 6 or more years | 40.3 | 38.8 | 31.7 | 48.6 |

These fasTest site effects were not a function of gender or sexuality. There were no significant differences in education between male and female testers (42.9% of females had 6 years of education or more compared to 39.8% of males). Similarly heterosexual

males were not significantly better educated than Gay and Bisexual males (40.0% of heterosexual males had 6 years of education or more compared to 40.0% of Gay or Bisexual males).

| **Years in full-time education by gender and sexuality** (n=583, missing 10) | **All Testers** n=583 | **All Males** n=487 | **All Females** n=96 | **Gay or Bi Males** n=295 | **Hetero Males** n=190 |
|---|---|---|---|---|---|
| None | 10.6 | 11.7 | 5.2 | 9.8 | 14.7 |
| 1 or 2 years | 16.5 | 15.8 | 19.8 | 17.8 | 13.2 |
| 3 to 5 years | 32.6 | 32.6 | 32.3 | 32.5 | 32.1 |
| 6 or more years | 40.3 | 39.8 | 42.7 | 40 | 40 |

However, among male testers there was a relationship between education and ethnicity. White British males were least well educated (27.6% of White British males had 6 years of education or more compared to 88.9% of Black African males and 70.0% of White other males). Among female testers there was no relationship between ethnicity and educational achievement.

## 3.2 PRIOR USE OF HIV & SEXUAL HEALTH SERVICES

### *3.2.1 Use of STI testing interventions*

All respondents were asked *When was the last time that you had a check-up for sexually transmitted infections (other than HIV)?* and offered the five answers outlined below. Almost a third of all testers (30.7%, n=176) had never had a check-up for sexually transmitted infections (STIs). Among respondents that have ever tested for STIs, testing was relatively recent in the vast majority of cases. Overall just under half (43.3%, n=248) had received a check-up for STIs in the last year. There was no significant difference in STI screening history between testers at these three fasTest sites.

| **Recency of STI check-up by fasTest site** (n=573, missing 20) | **% All Testers** n=573 | **% THT West** n=112 | **% THT Yorkshire** n=213 | **% Lighthouse South** n=248 |
|---|---|---|---|---|
| In the last 6 months | 26.9 | 23.2 | 28.2 | 27.4 |
| 6-12 months ago | 16.4 | 13.4 | 14.1 | 19.8 |
| 1-5 years ago | 20.4 | 21.4 | 17.4 | 22.6 |
| five years ago or more | 5.6 | 7.1 | 4.2 | 6 |
| NEVER had a check-up | 30.7 | 34.8 | 36.2 | 24.2 |

However, there were differences in STI screening histories by gender and sexuality. Gay or Bisexual males and all females were significantly more likely to have been screened than heterosexual males. Never having screened for STIs was most common among heterosexual males (38.8%) and least common among Gay or Bisexual males (26.0%) and females (28.4%). Having screened for STIs in the last year was most common among females (49.5%) but substantially less common among heterosexual males (42.6%) and Gay or Bisexual males (41.8%).

| **Recency of STI check-up by gender and sexuality** (n=573, missing 20) | **All Testers** n=573 | **All Males** n=478 | **All Females** n=95 | **Gay or Bi Males** n=289 | **Hetero Males** n=188 |
|---|---|---|---|---|---|
| In last 6 months | 26.9 | 26.4 | 29.5 | 24.2 | 29.8 |
| 6-12 months ago | 16.4 | 15.7 | 20 | 17.6 | 12.8 |
| 1-5 years ago | 20.4 | 21.8 | 13.7 | 26.6 | 14.4 |
| five years + | 5.6 | 5 | 8.4 | 5.5 | 4.3 |
| NEVER | 30.7 | 31.2 | 28.4 | 26 | 38.8 |

There was no relationship between STI screening history and ethnicity overall, nor among the heterosexuals alone.

All those who had ever had an STI check-up were also asked *Where was your last check-up for sexually transmitted infections?* They were offered four answers and an *other* category. Respondents who ticked *other* were asked to say where the testing had occurred and all were recoded to *abroad*, which included a variety of sites outside the UK (2.1%, n=8) or to an NHS setting outside GUM or general practice (1.8%, n=7).

Among those that had ever had an STI screen, 71.4% had their last one at a GUM clinic. One-in-seven (13.0%) of those that had ever received a check-up for STIs had their last one at a GP surgery; 6.3% had their last one at a private health care clinic; and 5.5% cited a AIDS service organisation or a community setting. There were no significant differences in response by fasTest site.

| **Site of last check-up for STIs by fasTest site** (respondents that had ever had a STI check-up, n=384, missing 13) | **% All Testers** n=384 | **% THT West** n=72 | **% THT Yorkshire** n=130 | **% Lighthouse South** n=182 |
|---|---|---|---|---|
| GUM or sexual health clinic | 71.4 | 73.6 | 75.4 | 67.6 |
| GP surgery/ local doctor | 13 | 13.9 | 14.6 | 11.5 |
| Private health care clinic | 6.3 | 2.8 | 4.6 | 8.8 |
| AIDS Charity / community | 5.5 | 6.9 | 3.1 | 6.6 |
| ABROAD | 2.1 | 1.4 | 1.5 | 2.7 |
| *NHS unspecified* | 1.8 | 1.4 | 0.8 | 2.7 |

However, there were differences in site of last STI screening by gender and sexuality. Having used GUM for their last STI screen was most common among Gay or Bisexual men (76.8% overall), and least common and females (57.4%). Conversely, females (29.5%) were significantly more likely to have had their last STI screen in a GPs surgery compared to either heterosexual males (12.5%) or Gay or Bisexual males (8.5%). This finding occurred independent of ethnicity.

| **Site of last STI check-up by gender and sexuality** (respondents that had ever had a STI check-up, n=384, missing 13) | **All Testers** n=384 | **All Males** n=323 | **All Females** n=61 | **Gay or Bi Males** n=211 | **Hetero Males** n=112 |
|---|---|---|---|---|---|
| GUM or sexual health clinic | 71.4 | 74 | 57.4 | 76.8 | 68.8 |
| GP surgery | 13 | 9.9 | 29.5 | 8.5 | 12.5 |
| Private health care | 6.3 | 6.2 | 6.6 | 7.1 | 4.5 |
| AIDS Charity / community | 5.5 | 5.9 | 3.3 | 4.3 | 8.9 |
| ABROAD | 2.1 | 2.2 | 1.6 | 1.4 | 3.6 |
| *NHS unspecified* | 1.8 | 1.9 | 1.6 | 1.9 | 1.8 |

### *3.2.2 HIV testing history*

All respondents were asked *Have you ever received an HIV test result before today?* and given the responses: *No, I've never tested for HIV and received the result; yes, my last test was HIV negative;* and *other*.

Two indicated that they had tested once previously but were awaiting the result, including one who said "Went to GUM clinic to last week and was tested but told 3 weeks for results. Panic attacks and depression caused me to come for new test and an immediate result". Two others stated that they were blood donors. Since the questions requires previously receiving a test result all were recoded as never having tested. One tester ticked *other* and indicated that they had previously tested positive for HIV. They were excluded from this entire data set.

Those who had tested negative were asked *When was your most recent HIV test? (within the last month; within the last three months; within the last year; in the last three years; in the last five years; more than five years ago).* The number of people indicating each answer and the proportions they represent are shown below.

| **HIV testing history by fasTest site** (n=577, missing=16) | | **% All Testers** n=577 | **% THT West** n=114 | **% THT Yorkshire** n=214 | **% Lighthouse South** n=249 |
|---|---|---|---|---|---|
| **never tested** | | **41.2** | **43** | **45.3** | **36.9** |
| **last tested negative** | within last month | 3.1 | 3.5 | 4.2 | 2 |
| | in the last 3 months | 9.5 | 7.9 | 11.7 | 8.4 |
| | 3-12 months ago | 19.2 | 18.4 | 15.4 | 22.9 |
| | 1-3 years ago | 13.3 | 7 | 11.7 | 17.7 |
| | 3-5 years ago | 7.6 | 11.4 | 6.1 | 7.2 |
| | 5+ years ago | 5.2 | 7 | 5.1 | 4.4 |
| | Recency UNKNOWN | 0.7 | 1.8 | 0.5 | 0.4 |
| | **all negative tests** | **58.8** | **57** | **54.7** | **63.1** |

41.2% of all respondents had never tested for HIV before. Among those that had ever tested for HIV, more than half (31.8% of all) had tested negative in the previous year. There were no significant differences in HIV testing history by fasTest site.

However, there were differences in HIV testing history by the sexuality of users. Having tested negative previously was equally common among men (59.0%) and women (57.4%) but substantially more common among Gay or Bisexual men (66.3%) compared to heterosexual men (48.2%). Among heterosexuals, females were more likely to have previously tested negative (57.4%) compared to heterosexual males (48.2%).

| **HIV testing history by gender and sexuality** (n=577, missing=16) | | **All Testers** n=577 | **All Males** n=483 | **All Females** n=94 | **Gay or Bi Males** n=291 | **Hetero Males** n=191 |
|---|---|---|---|---|---|---|
| **never tested** | | 41.1 | 41 | 42.6 | 33.7 | 51.8 |
| **last tested negative** | in last month | 3.1 | 3.7 | 0 | 2.4 | 5.8 |
| | in last 3 months | 9.5 | 9.7 | 8.5 | 7.2 | 13.6 |
| | 3-12 months ago | 19.3 | 19.9 | 16 | 23 | 15.2 |
| | 1-3 years ago | 13.4 | 13 | 14.9 | 18.2 | 5.2 |
| | 3-5 years ago | 7.6 | 7.9 | 6.4 | 9.6 | 5.2 |
| | 5+ years ago | 5.2 | 3.9 | 11.7 | 4.5 | 3.1 |
| | Recency unknown | 0.7 | 0.8 | 0 | 1.4 | 0 |
| | **all negative tests** | 58.9 | 59 | 57.4 | 66.3 | 48.2 |

Among fasTest users that had previously tested negative for HIV (58.9%), the average number of previous negative tests was two. FasTest users in Lighthouse South were not only most likely to have tested before (63.1% had) but among those that had tested negative previously, they had tested more frequently (mean 3.08, median 2) compared to users in Bristol (mean 2.39, median 2) and Leeds (mean number of previous negative tests 1.91, median 1).

| **Number of negative tests by fasTest site** (that had previously tested for HIV, n=334, missing 5) | **% All Testers** n=334 | **% THT West** n=62 | **% THT Yorkshire** n=115 | **% Lighthouse South** n=157 |
|---|---|---|---|---|
| Mean no. tests | 2.55 | 2.39 | 1.91 | 3.08 |
| standard deviation | 2.55 | 1.77 | 1.51 | 3.22 |
| Median no. tests | 2 | 2 | 1 | 2 |
| Range | 38741 | 38990 | 38990 | 38741 |

These differences in frequency of testing were largely a function of gender and sexuality. On average, men who had previously tested for HIV had done so more frequently than women, and among men those who were Gay or Bisexual had tested more frequently than heterosexuals.

| **Number of negative tests by gender and sexuality** (that had previously tested for HIV, n=334, missing 5) | **All Testers** n=334 | **All Males** n=280 | **All Females** n=54 | **Gay or Bi Males** n=187 | **Hetero Males** n=93 |
|---|---|---|---|---|---|
| Mean no. tests | 2.55 | 2.75 | 1.54 | 3.11 | 2.02 |
| standard deviation | 2.55 | 2.71 | 0.91 | 3.04 | 1.69 |
| Median no. tests | 2 | 2 | 1 | 2 | 1 |
| Range | 38741 | 38741 | 38837 | 38741 | 38990 |

The table below describes the reasons for never testing among those who had never done so (41.1%). It is based on the question, *Why have you never tested for HIV?* Respondents were offered the nine answers outlined and an *other* category. Those that ticked other were asked to specify an *other* reason.

By far the most common reason for not having previously tested was *I have been too afraid of the result being HIV positive* (33.5%) of all respondents gave this answer. The only other answers given by more than 10% of testers was *I didn't know where to go to get tested"* (at 14.8%) and *I was afraid of discrimination if I tested HIV positive* (11.2%).

| **Reasons for NEVER having HIV tested previously by fasTest site** (respondents that had NEVER previously tested for HIV, n=224, missing 13) | **% All Testers** n=224 | **% THT West** n=44 | **% THT Yorkshire** n=93 | **% Lighthouse South** n=87 |
|---|---|---|---|---|
| Been too afraid of the result being HIV positive | 33.5 | 34.1 | 34.4 | 32.2 |
| Didn't know where to go to get tested | 14.8 | 15.9 | 14.1 | 14.9 |
| **Afraid of discrimination if I test HIV positive** | 11.2 | **15.9** | **15.1** | 4.6 |
| Afraid of discrimination if I test (whatever the result) | 9.4 | 13.6 | 9.7 | 6.9 |
| **Didn't know the test existed** | 5.8 | 2.3 | **10.8** | 2.3 |
| Didn't trust the places I knew I could test | 5.4 | 6.8 | 6.5 | 3.4 |
| Not important for me to know my HIV status | 4.9 | 9.1 | 3.2 | 4.6 |
| Would cause problems in my relationship | 3.6 | 4.5 | 3.2 | 3.4 |
| People I know do not approve of HIV testing | 0.4 | 0 | 1.1 | 0 |
| *Other* reasons, of which | 34.4 | 36.4 | 36.6 | 31 |
| NO risk, No need | 71.4 | 68.8 | 74.3 | 69.2 |

A third (34.4%) of testers gave an *other* reason. The majority (71.4%) of these cited a prior lack of risk as the main reason they had never tested. Most said "I have always had safe sex". The remainder either cited reasons associated with the prior relationship, long waiting times or a fear of the process of testing.

Only two of these answers were significantly varied by fasTest site. *I was afraid of discrimination if I tested HIV positive* was far less common an answer in London (4.6%) compared to Leeds (15.1%) and Bristol (15.1%). *I didn't know the test existed* was significantly more common in Leeds (10.8%) than in Bristol (2.3%) or Lighthouse South (2.3%).

There was no variation in response by gender or ethnicity but there was by sexuality, for two answers. The fasTest site variation described above in being *I am afraid of discrimination if I test positive* was a function of sexual identity and fasTest site (as reported above). The response was significantly more common among Gay men and Bisexual men than heterosexual men, especially in Leeds (29.4% v 9.3%) and in Bristol (21.4% v 11.1%) compared to London (6.5% v 0%).

The only other significant difference by sexuality was that heterosexual males were significantly more likely to say that they had not previously tested because they *didn't know the test existed* (8.9% of heterosexual males compared to 2.1% of Gay or Bisexual men).

| **Reasons for NEVER having HIV tested by gender and sexuality** (respondents that had NEVER previously tested for HIV, n=224, missing 13) | **All Testers** n=224 | **All Males** n=185 | **All Females** n=39 | **Gay or Bi Males** n=94 | **Hetero Males** n=90 |
|---|---|---|---|---|---|
| Been too afraid of the result being HIV positive | 33.5 | 32.4 | 38.5 | 36.2 | 28.9 |
| Didn't know where to go to get tested | 14.8 | 13 | 23.1 | 13.8 | 12.4 |
| **Afraid of discrimination if I test HIV positive** | 11.2 | 11.9 | 7.7 | **17** | 6.7 |
| Afraid of discrimination if I test (whatever the result) | 9.4 | 10.3 | 5.1 | 13.8 | 6.7 |
| **Didn't know the test existed** | 5.8 | 5.4 | 7.7 | 2.1 | **8.9** |
| Didn't trust the places I knew I could test | 5.4 | 4.9 | 7.7 | 4.3 | 5.6 |
| Not important for me to know my HIV status | 4.9 | 4.3 | 7.7 | 4.3 | 4.4 |
| Would cause problems in my relationship | 3.6 | 3.8 | 2.6 | 4.3 | 3.3 |
| People I know do not approve of HIV testing | 0.4 | 0 | 2.6 | 0 | 0 |
| *Other* reasons, of which | 34.4 | 35.7 | 28.2 | 34 | 36.7 |
| NO risk, No need | 71.4 | 72.7 | 63.6 | 68.8 | 75.8 |

### *3.2.3 Experience of HIV prevention interventions*

All testers were asked, *Before using this service, WHEN was the last time you saw something or spoke to someone about HIV or safer sex?* and offered the five answers outlined in the table below (n=578, missing 15).

One-in-six of all respondents (16.3%) had never seen something or spoken to someone about safer sex. Among respondents that had ever seen something or spoken to someone about safer sex, this had occurred relatively recently in the majority of cases. Overall just under two-thirds of all respondents (63.3%) had seen something or spoken to someone about safer sex in the last year (48.6% in the last 6 months and 14.7%, 7-12 months ago).

| **Last time you saw something or spoke to someone about HIV or safer sex by fasTest site** (n=578, missing 15) | **% All Testers** n=578 | **% THT West** n=113 | **% THT Yorkshire** n=216 | **% Lighthouse South** n=249 |
|---|---|---|---|---|
| In the last six months | 48.6 | 48.7 | 48.1 | 49 |
| In the last year | 14.7 | 12.4 | 13.4 | 16.9 |
| In the last five years | 14 | 14.2 | 13.9 | 14.1 |
| More than five years ago | 6.4 | 8 | 6.5 | 5.6 |
| NEVER | 16.3 | 16.8 | 18.1 | 14.5 |

The were no significant differences across fasTest sites in whether testers had ever *seen something or spoken to someone about safer sex*, or how recently they had done so.

| **Last time you saw something or spoke to someone about HIV or safer sex by gender and sexuality** (n=578, missing 15) | **All Testers** n=578 | **All Males** n=483 | **All Females** n=95 | **Gay or Bi Males** n=292 | **Hetero Males** n=190 |
|---|---|---|---|---|---|
| In the last six months | 48.8 | 47.2 | 55.8 | 47.3 | 47.4 |
| In the last year | 14.7 | 14.9 | 13.7 | 16.1 | 13.2 |
| In the last five years | 14 | 14.9 | 9.5 | 19.9 | 7.4 |
| More than five years ago | 6.4 | 6 | 8.4 | 4.5 | 8.4 |
| NEVER | 16.3 | 17 | 12.6 | 12.3 | 23.7 |

Having seen something or spoken to someone about safer sex in the last year was most common among heterosexual females (69.5%) but less common among Gay or Bisexual males (63.4%) and heterosexual males (60.6%). Among heterosexuals there was a significant difference by gender in whether testers had ever seen anything or spoken to someone about HIV or safer sex: 23.7% of heterosexual males had never done so compared to 13.5% of heterosexual females. Experience of HIV prevention interventions did not vary by ethnicity if we controlled for gender and sexuality.

## 3.3 SEXUAL BEHAVIOUR

All fasTest users were asked the same eight questions about sex with men and women, irrespective of their gender and sexuality. The eight questions represented two identical sets of four - one concerning sex with men and the other concerning sex with women.

The first question in each set of four concerned partner numbers in the last twelve months. It read: *In total how many MEN (or WOMEN) have you had sexual contact with in the last 12 months?* For both these questions the respondent could chose one of the same fifteen answers ranging from *none* to *30 or more*. This wide range of potential responses was used to ensure comparability with a variety of pre-existing data sets.

In each set of four, this question was followed with three concerning recency of having a new (male or female) partner; recency of having "intercourse" (with a man or woman) without a condom; and recency of having sex (with a man or woman) you knew at the time had HIV? For all three of these questions the respondent could chose one of the same six answers: *Within the last week; Within the last three months; Within the last year; Within the last five years; More than five years ago;* and *Never had sex with a man*

Overall, 4-5% of respondents failed to answer each of the questions above, including just over 2% who answered none of the eight sexual behaviour questions. These questions had the highest proportion of missing data in the questionnaire.

In all the sexual behaviour data that follows fasTest site has little or no predictive value beyond the gender, sexuality and ethnicity of fasTest users. Where any site differences exist they are noted in the text.

### *3.3.1 Recency of having a NEW sexual partner*

As we might expect there was some flexibility between sexual identity and sexual behaviour. Among heterosexuals 6.7% of males had ever had sex with a male and 5% of females had ever had sex with a female. The sample also contains some young people very early in their sexual career: 1% of heterosexual males had not yet had sex with a female and 1% of heterosexual females had not yet had sex with a male. A smaller proportion (0.4%) of Gay or Bisexual males had not yet had sex with a male.

In this data on recency of new sexual partnerships, sexuality is more important than gender, in that male and female heterosexuals have very similar rates, as do Gay, Lesbian and Bisexual males and females, with the latter having new partners significantly more recently.

Among heterosexuals, 6.1% of males had a new female partner in the last week compared to 7.9% of females having a new male partner. Similarly, 46.4% of males had a new female partner in the last 3 months compared to 38.2% of females having a new male partner. Finally, 77.3% of males had a new female partner in the last year compared to 69.7% of females having a new male partner.

Homosexually active males and females had new partners significantly more recently than heterosexuals. A fifth (20.4%) of Gay or Bisexual males have had a new male partner in the last week and almost two thirds (64.1%) have had a new male partner in the last three months. In addition, 11.5% of Gay or Bisexual males had a new female partner in the last year.

| **How long since you had a NEW MALE partner by gender and sexuality** (n=568, missing 25) | **All Testers** n=568 | **All Males** n=479 | **All Females** n=89 | **Gay or Bi Males** n=284 | **Hetero Males** n=219 |
|---|---|---|---|---|---|
| Within the last week | 11.6 | 12.3 | 7.9 | 20.4 | 0.5 |
| Within the last 3 months | 28 | 27.6 | 30.3 | 43.7 | 4.1 |
| Within the last year | 16.2 | 13.4 | 31.5 | 22.2 | 0.5 |
| Within the last 5 years | 7.6 | 5 | 21.3 | 8.1 | 0.5 |
| More than five 5 years ago | 4 | 3.5 | 6.7 | 5.3 | 1 |
| Never had sex with a man | 32.6 | 38.2 | 2.2 | 0.4 | 93.3 |
| **How long since you had a NEW FEMALE partner by gender and sexuality** (n=572, missing 21) | **All Testers** n=572 | **All Males** n=477 | **All Females** n=95 | **Gay or Bi Males** n=296 | **Hetero Males** n=181 |
| Within the last week | 1.9 | 2.3 | 0 | 0 | 6.1 |
| Within the last 3 months | 15.4 | 18 | 2.1 | 4.4 | 40.3 |
| Within the last year | 13.6 | 16.1 | 1.1 | 7.1 | 30.9 |
| Within the last 5 years | 8.2 | 9.2 | 3.2 | 6.1 | 14.4 |
| More than five 5 years ago | 9.1 | 10.9 | 0 | 13.2 | 7.2 |
| Never had sex with a woman | 51.8 | 43.4 | 93.7 | 69.2 | 1.1 |

### *3.3.2 Recency of having unprotected intercourse*

The following data considers recency of having intercourse without a condom. It does not consider whether that partner was 'new' and will include some people having unprotected intercourse (UI) in long-term monogamous relationships.

Again, in this data sexuality is more important than gender, in that male and female heterosexuals have very similar rates, which are different from Gay and Bisexual males. This time, Gay and Bisexual men are MORE likely to report never having had UI and to report having done so significantly LESS recently. However, one-in-seven (13.3%) Gay or Bisexual men had UI with a male partner in the last week; 38.9% in the last three months; and 65.9% in the last year. In addition 9.5% of Gay or Bisexual males had UI with a female partner in the last year.

Among heterosexuals, 12.7% of males had unprotected intercourse (UI) with a female partner in the last week compared to 22.2% of females having UI with a male partner. Similarly, half (49.7%) of males had UI with a female partner in the last 3 months compared to 52.2% of females having UI with a male partner. Finally, 80.6% of males had a UI with a female partner in the last year compared to 85.5% of females having UI with a male partner. In addition, in the last year, 4.1% of heterosexual males had UI with a male partner and 2% of heterosexual females had UI with a female partner.

| **How long since you had INTERCOURSE with a <u>MAN</u> without a condom by gender and sexuality** (n=568, missing 25) | **All Testers** n=568 | **All Males** n=479 | **All Females** n=90 | **Gay or Bi Males** n=285 | **Hetero Males** n=194 |
|---|---|---|---|---|---|
| Within the last week | 10.4 | 8.1 | 22.2 | 13.3 | 0.5 |
| Within the last 3 months | 18.6 | 16.5 | 30 | 25.6 | 3.1 |
| Within the last year | 17.4 | 16.3 | 23.3 | 27 | 0.5 |
| Within the last 5 years | 7.6 | 6.5 | 13.3 | 10.2 | 1 |
| More than five 5 years ago | 3.9 | 4 | 3.3 | 6 | 1 |
| Never had intercourse with a man without a condom | 42.1 | 48.6 | 7.8 | 17.9 | 93.8 |

| **How long since you had INTERCOURSE with a <u>WOMAN</u> without a condom by gender and sexuality** (n=569, missing 24) | **All Testers** n=569 | **All Males** n=477 | **All Females** n=92 | **Gay or Bi Males** n=296 | **Hetero Males** n=181 |
|---|---|---|---|---|---|
| Within the last week | 4.2 | 4.8 | 1.1 | 0 | 12.7 |
| Within the last 3 months | 13.2 | 15.5 | 1.1 | 2.4 | 37 |
| Within the last year | 13.5 | 16.1 | 0 | 7.1 | 30.9 |
| Within the last 5 years | 4.6 | 5.2 | 1.1 | 3.7 | 7.7 |
| More than five 5 years ago | 5.8 | 6.9 | 0 | 9.1 | 3.3 |
| Never had intercourse with a woman without a condom | 58.7 | 51.4 | 96.8 | 77.7 | 8.3 |

### *3.3.3 Recency of having sex with a known HIV sero-discordant partner*

The following data considers recency of having any kind of sex with a partner who was known to have HIV. It does not consider whether that partner was new or what kind of sex occurred with them and will include some people having safer sex in long-term relationships they know to be HIV sero-discordant.

Again, in this data sexuality is more important than gender, in that male and female heterosexuals have broadly similar rates, which are significantly different from those reported by Gay and Bisexual males. This time, Gay and Bisexual men are LESS likely to report never having had sex with a person known to have HIV and report having done so significantly MORE recently.

One-in-eight (12.4%) Gay or Bisexual males had sex with a male partner known to have HIV in the last three months and almost a fifth (19.5%) had done so in the last year.

Among heterosexuals, 2.9% of males had sex with a female partner known to have HIV in the last three months compared to 3.3% of females having sex with a male partner known to have HIV.

| **How long since any kind of sex with a <u>MAN</u> you KNEW AT THE TIME HAD HIV by gender and sexuality** (n=566, missing 27) | **All Testers** n=566 | **All Males** n=477 | **All Females** n=89 | **Gay or Bi Males** n=283 | **Hetero Males** n=194 |
|---|---|---|---|---|---|
| Within the last week | 3 | 3.1 | 2.2 | 5.3 | 0 |
| Within the last 3 months | 3.7 | 4.2 | 1.1 | 7.1 | 0 |
| Within the last year | 3.5 | 4.2 | 0 | 7.1 | 0 |
| Within the last 5 years | 2.3 | 2.7 | 0 | 4.6 | 0 |
| More than 5 years ago | 2.8 | 3.1 | 1.1 | 5.3 | 0 |
| Never had sex with a man I knew had HIV | 84.6 | 82.6 | 95.5 | 70.7 | 100 |
| **How long since any kind of sex with a <u>WOMAN</u> you KNEW HAD HIV by gender and sexuality** (n=566, missing 27) | **All Testers** n=566 | **All Males** n=471 | **All Females** n=95 | **Gay or Bi Males** n=295 | **Hetero Males** n=176 |
| Within the last week | 0.2 | 0.2 | 0 | 0 | 0.6 |
| Within the last 3 months | 0.9 | 1.1 | 0 | 0.3 | 2.3 |
| Within the last year | 0.2 | 0.2 | 0 | 0.3 | 0 |
| Within the last 5 years | 0 | 0 | 0 | 0 | 0 |
| More than five 5 years ago | 0.4 | 0.4 | 0 | 0.7 | 0 |
| Never had sex with a woman I knew had HIV | 98.4 | 98.1 | 100 | 98.7 | 97.2 |

### *3.3.4 Volume of sexual partners in the last year*

As we reported above there is some flexibility between sexual identity and sexual behaviour. Among heterosexual males, 5.4% had sex with a male in the last year, although the majority only had one male partner. Similarly 5% of heterosexual females had sex with a female, although again most did so with one partner.

The sample also contains some people were are not currently sexually active. One-in-twenty (5%) female heterosexuals had no male partners in the last year and 2.7% of heterosexual males had no female partners. Somewhat fewer (2.1%) Gay or Bisexual males had no male partners in the last year.

In this data both gender and sexuality are important. Overall, males report higher partner numbers than females, and this effect is exacerbated by the particularly high numbers of male partners reported by Gay and Bisexual men.

Considering only partners of the opposite gender, heterosexual females were more likely to report one (39.1%) partner in the last year, compared to heterosexual males (32.6%). Conversely heterosexual males were significantly more likely to report 4 or more partners of the opposite gender compared to heterosexual females (21.2% of heterosexual males compared to 11.9% of heterosexual females).

Gay and Bisexual report significantly more partners than heterosexuals. Considering only male partners they were least likely to report none (2.1%); one (15.6%) or two (9.4%) partners in the last year. Almost two thirds (60.4%) of Gay or Bisexual men report 4 or more male partners, compared to 21.2% of heterosexual males reporting 4 or more female partners and 11.9% of heterosexual females reporting 4 or more male partners.

Among Gay and Bisexual men 6.6% report 30 or more male partners in the last year; 18.4% report 13 or more male partners; and 49.3% report 5 or more male partners. Compared to samples of Gay and Bisexual men recruited to the *Gay Men's Sex Survey* those using fasTest have significantly higher male partner numbers after you control HIV testing history and area of residence.

| **Volume of MALE sexual partners in the last year by gender and sexuality** (n=566, missing 27) | **All Testers** n=566 | **All Males** n=474 | **All Females** n=92 | **Gay or Bi Males** n=288 | **Hetero Males** n=186 |
|---|---|---|---|---|---|
| None | 33.4 | 38.4 | 7.6 | 2.1 | 94.6 |
| 1 | 15.5 | 11 | 39.1 | 15.6 | 3.8 |
| 2 | 9.5 | 6.1 | 27.2 | 9.4 | 1.1 |
| 3 | 8.7 | 7.6 | 14.1 | 12.5 | 0 |
| 4 | 6.7 | 7 | 5.4 | 11.1 | 0.5 |
| 5 - 12 | 16.6 | 18.8 | 5.4 | 30.9 | 0 |
| 13 - 29 | 6 | 7.2 | 0 | 11.8 | 0 |
| 30 + | 3.5 | 4 | 1.1 | 6.6 | 0 |

| **Volume of FEMALE sexual partners in the last year by gender and sexuality** (n=567, missing 26) | **All Testers** n=567 | **All Males** n=474 | **All Females** n=93 | **Gay or Bi Males** n=290 | **Hetero Males** n=184 |
|---|---|---|---|---|---|
| None | 59.8 | 53.2 | 93.5 | 85.2 | 2.7 |
| 1 | 15 | 17.1 | 4.3 | 7.2 | 32.6 |
| 2 | 12.5 | 15 | 0 | 4.5 | 31.5 |
| 3 | 4.4 | 5.1 | 1.1 | 0.7 | 12 |
| 4 | 3.2 | 3.6 | 1.1 | 1 | 7.6 |
| 5 - 12 | 4.6 | 5.5 | 0 | 1.4 | 12 |
| 13 - 29 | 0.5 | 0.6 | 0 | 0 | 1.6 |
| 30 + | 0 | 0 | 0 | 0 | 0 |

## 3.4 USING FASTEST

### *3.4.1 HIV prevalence in fasTest*

In total 593 people tested for HIV in the gsk funded fasTest pilot sites and completed our evaluation questionnaire. Among these 17 received a new HIV positive diagnosis at an overall HIV prevalence of 2.9%. Of these 17 positives, 15 received a confirmatory HIV positive diagnosis on serology (2 of 2 in Bristol; 5 of 6 in Leeds; and 8 of 9 in Lighthouse South London). For follow-on blood results and proportions of positives known to be entering care from the overall monitoring data see section 2.5.

| **Abbott Determine test results by fasTest site** (n=593, missing 0) | **% All Testers** n=593 | **% THT West** n=117 | **% THT Yorkshire** n=222 | **% Lighthouse South** n=254 |
|---|---|---|---|---|
| ALL fasTest POSITIVES | 2.9% 17/593 | 1.7% 2/117 | 2.7% 6/222 | 3.5% 9/254 |

HIV prevalence varied by gender, sexuality and ethnicity. Compared to heterosexuals, Gay and Bisexual men had a higher overall HIV prevalence (4.3%, 13/299). This varied by fasTest site with a prevalence among Gay and Bisexual men of 3.2% (3 of 93) in Leeds; 3.8% (2 of 53) in Bristol; and 5.2% (8 of 153) in Lighthouse South London.

Prevalence also varied by ethnicity among Gay and Bisexual men: 3.9% (8/203) of White British men tested positive compared to 5.5% (3/55) of White other men. While the sample size was very small, Black African (17%, 1/6) Gay and Bisexual men had the highest HIV prevalence of all the sub-groups reported below. One other Gay man of South East Asian ethnicity also tested positive for HIV in fasTest.

| **% positive on Abbott Determine by ethnicity, gender and sexuality** | **All Testers** n=593 | **All Males** n=496 | **All Females** n=97 | **Gay or Bi Males** n=299 | **Hetero Males** n=195 |
|---|---|---|---|---|---|
| All fasTest positives | 2.9% 17/593 | 3.0% 15/496 | 2% 2/97 | 4.3% 13/299 | 1.0% 2/195 |
| positives: White British (n=382) | 2.1% 8/382 | 2.4% 8/333 | 0% 0/49 | 3.9% 8/203 | 0% 0/129 |
| positives: White Other (n=101) | 3% 3/101 | 4% 3/80 | 0% 0/21 | 6% 3/55 | 0% 0/24 |
| positives: Black African (n=36) | 8% 3/36 | 9% 2/22 | 7% 1/14 | 17% 1/6 | 6% 1/16 |
| positives: Black Caribbean (n=13) | 8% 1/13 | 10% 1/10 | 0% 0/3 | 0% 0/6 | 25% 1/4 |
| positives: all other ethnic groups (n=60) | 3% 2/60 | 2% 1/50 | 10% 1/10 | 3% 1/29 | 0% 0/21 |

Among heterosexuals using fasTest a HIV prevalence of 1.0% was observed for males (2/195) and 2.2% for females (2/91), giving an overall rate of 1.4% (4/286). Prevalence varied by fasTest site for both male and female heterosexuals. In Bristol none of the 63 heterosexuals testing were diagnosed positive, compared to 1.0% (1/100) in Lighthouse

South and 2.4% (3/123) in Leeds.

Prevalence also varied by ethnicity among heterosexuals. The two heterosexual males testing positive were Black African and Black Caribbean respectively. The two female heterosexuals testing positive were Black African and mixed ethnicity: white and Black African respectively. None of the 178 White British heterosexuals tested at these three sites had undiagnosed HIV

### *3.4.2 Expectation of fasTest result*

Prior to taking their fasTest all testers were asked *What are you expecting the HIV test result to be today?* and offered the five answers outlined in the table below.

Overall one third (31.7%) felt the were *almost certainly negative* and a further third (31.0%) felt they were *probably negative*. The majority of the remainder (30.6%) said they *couldn't say,* with just 5.2% answering *probably positive* and 1.6% saying *almost certainly positive.* There were no significant differences in expectation of a positive result by fasTest site.

| **Expectation of HIV test result by fasTest site** (n=562, missing 31) | **% All Testers** n=562 | **% THT West** n=112 | **% THT Yorkshire** n=212 | **% Lighthouse South** n=238 |
|---|---|---|---|---|
| Almost certainly negative | 31.7 | 26.8 | 33.5 | 32.4 |
| Probably negative | 31 | 32.1 | 28.8 | 32.4 |
| Couldn't say | 30.6 | 32.1 | 33 | 27.7 |
| Probably positive | 5.2 | 7.1 | 4.2 | 5 |
| Almost certainly positive | 1.6 | 1.8 | 0.5 | 2.5 |

There were no significant differences in expectation of fasTest results by gender or sexuality of users. Among heterosexuals, expectations of test outcomes were broadly similar across gender, with 6.1% of men expecting a positive result compared to 5.7% of women. There was no relationship between ethnicity and expected test outcomes among heterosexuals or Gay or Bisexual men. Of the 6 Lesbian or Bisexual women using these fasTest sites none expected a positive result (and none received one).

| **Expectation of HIV test result by gender and sexuality** (n=562, missing 31) | **All Testers** n=562 | **All Males** n=469 | **All Females** n=93 | **Gay or Bi Males** n=287 | **Hetero Males** n=181 |
|---|---|---|---|---|---|
| Almost certainly negative | 31.7 | 30.7 | 36.6 | 28.6 | 34.3 |
| Probably negative | 31 | 30.5 | 33.3 | 33.4 | 25.4 |
| Couldn't say | 30.6 | 31.8 | 24.7 | 30.3 | 34.3 |
| Probably positive | 5.2 | 5.3 | 4.3 | 6.3 | 3.9 |
| Almost certainly positive | 1.6 | 1.7 | 1.1 | 1.4 | 2.2 |
| POSITIVE on fasTest | 2.9 | 3 | 2 | 4.3 | 1 |

### *3.4.3 Expectation of fasTest result by actual result*

Of the 286 heterosexual men and women testing for HIV, four were positive (1.4% prevalence overall). One heterosexual woman who received a positive result did not answer the question on her expectations of the test result. Only one of the other three heterosexuals with undiagnosed HIV predicted being positive prior to the fasTest.

| **HETEROSEXUAL RESPONDENTS ONLY. HIV test result by expectation of HIV test result** (n=268, missing 18) | **fasTest Negative (%, n)** | **fasTest Positive (%, n)** |
|---|---|---|
| Almost certainly negative (n=94) | 99 (93) | 1 (1) |
| Probably negative (n=74) | 100 (74) | 0 (0) |
| Couldn't say (n=84) | 99 (83) | 1 (1) |
| Probably positive (n=11) | 91 (10) | 9 (1) |
| Almost certainly positive (n=5) | 100 (5) | 0 (0) |
| **Total (n=268)** | **98.9 (265)** | **1.1 (3)** |

Of 91 heterosexual women tested, 4 reported they *were probably positive* and 1 said she was *almost certainly positive*. Only one of these five was positive. A similar pattern was observed with the heterosexual males. Of the 181 heterosexual men tested and answering the question on expectations, seven answered they *were probably* and 4 answered they were *almost certainly positive*. None of these eleven heterosexual men tested positive. Of the two heterosexual men testing positive one had predicted he was *almost certainly negative* and one *couldn't say*.

Of the 299 Gay or Bisexual men testing for HIV, thirteen were positive (4.3% prevalence). Of these men undiagnosed HIV, ten answered the question on their expectation of the test outcome. Less than half predicted being positive before the fasTest was administered.

| **GAY OR BISEXUAL MEN ONLY. HIV test result by expectation of HIV test result** (n=287, missing 12) | **fasTest Negative (%, n)** | **fasTest Positive (%, n)** |
|---|---|---|
| Almost certainly negative (n=82) | 100 (82) | 0 (0) |
| Probably negative (n=96) | 98 (94) | 2 (2) |
| Couldn't say (n=87) | 95 (83) | 5 (4) |
| Probably positive (n=18) | 94 (17) | 6 (1) |
| Almost certainly positive (n=4) | 25 (1) | 75 (3) |
| **Total (n=287)** | **96.5 (277)** | **3.5 (10)** |

Of the 287 Gay or Bisexual men stating their expectations of the fasTest, 18 replied *probably positive* and only one (or 6%) of these received a positive fasTest result. A further four had answered *almost certainly positive* and three (or 75%) of these received a positive fasTest result. All the Gay or Bisexual men (n=82) who stated they were *almost certainly negative* were correct. However, two men received a positive fasTest result after stating they were *probably negative* and four (or 5%) of the 87 Gay or Bisexual men who answered *couldn't say* to the expectation question received a positive fasTest result.

### *3.4.4 Potential source of HIV infection*

All testers were asked *If today's test for HIV is positive, how do you think you may have got HIV?* and offered the five answers outlined below and an *other* option. Those that ticked *other* were asked to specify how else they might have been infected. Respondents were allowed to tick as many answers as applied but 97.0% ticked only one.

The majority (62.7%) of all testers felt that if they were positive they had been infected during sex with a man. This answer was significantly more common in Bristol (66.7%) and Lighthouse South (67.6%) and less common in Leeds (55.0%). Overall, one quarter (27.4%) felt they might have been infected during sex with a woman. One-in-twelve (8.1%) answered that they did not know or had no idea how they might have been infected and this was most common among users of Leeds (2.9%).

| **If HIV positive, how did you get HIV by fasTest site** (n=558, missing 35) | **% All Testers** n=558 | **% THT West** n=111 | **% THT Yorkshire** n=209 | **% Lighthouse South** n=238 |
|---|---|---|---|---|
| **During sex with a man** | 62.7 | **66.7** | 55 | **67.6** |
| During sex with a woman | 27.4 | 27.9 | 30.6 | 24.4 |
| Don't know / no idea | 8.1 | 4.5 | 8.6 | 9.2 |
| **From medical procedures** | 1.3 | 0 | **2.9** | 0.4 |
| Sharing injecting equipment | 0.5 | 0 | 1.4 | 0 |
| *Other* | 2.9 | 3.6 | 3.3 | 2.1 |

Less than 1% of all testers felt they could have been infected through injecting drug use and 1.3% through medical procedures. The 10 *other* answers specified were oral sex (2), bite (1), possible assault (1), via contact with a positive care worker (1); through work (1); via blood (1); via a cut on finger (1); tattoos (1) and sharing accommodation (1).

The majority (62.7%) of all testers felt that if they were positive they had been infected during sex with a man. This was the most common response from Gay and Bisexual men (89.8%) and from women (88.0%). The most common answer from heterosexual men was during sex with a woman (79.4%). None of the other answers varied by gender or sexuality.

| **If HIV positive, how did you get HIV by gender and sexuality** (n=558, missing 35) | **All Testers** n=558 | **All Males** n=466 | **All Females** n=92 | **Gay or Bi Males** n=285 | **Hetero Males** n=180 |
|---|---|---|---|---|---|
| **sex with a man** | 62.7 | 57.7 | **88** | **89.8** | 7.2 |
| **sex with a woman** | 27.4 | **32.6** | 1.1 | 2.8 | **79.4** |
| Don't know / no idea | 8.1 | 8.2 | 7.6 | 7 | 10 |
| from medical procedures | 1.3 | 1.1 | 2.2 | 0.4 | 2.2 |
| sharing injecting equipment | 0.5 | 0.4 | 1.1 | 0 | 1.1 |
| *Other* | 2.9 | 3 | 2.2 | 2.5 | 3.9 |

Compared to White British (4.3%) and White other (9.5%) ethnic groups, Black African (22.2%) heterosexuals were significantly more likely to report no idea what the source of their potential infection might be. None of the other answers varied by the ethnicity of testers.

### *3.4.5 Reasons for choosing fasTest*

All testers were asked *Why have you chosen to take the test here rather than somewhere else?* and offered the seven answers outlined below, and an *other* option. Those that ticked *other* were asked to specify how else they might have been infected. Respondents were allowed to tick as many answers as applied but only a quarter (23%) ticked more than one. Two of these responses varied significantly by fasTest site used (marked in bold in the table).

More than half (50.2%) of all respondents reported that their main reason for choosing fasTest over other options for HIV testing was *because the test result is available at the same visit.*

| **Reasons for choosing fasTest over other options, by site attended** (n=566, missing 27) | **% All Testers** n=566 | **% THT West** n=113 | **% THT Yorkshire** n=213 | **% Lighthouse South** n=240 |
|---|---|---|---|---|
| Because the test result is available at the same visit at this clinic | 50.2 | 52.2 | 45.1 | 53.8 |
| It is more convenient to come here | 32.7 | 32.7 | 27.7 | 37.1 |
| **I had difficulty getting an appointment at the sexual health clinic (GUM clinic)** | 20.8 | 23 | **26.3** | 15 |
| I don't know anywhere else to test | 10.8 | 15.9 | 9.4 | 9.6 |
| I don't like going to the sexual health clinic (GUM clinic) | 10.3 | 10.7 | 12.7 | 7.9 |
| **Because friends recommended it** | 10.2 | 9.7 | **14.6** | 6.7 |
| Because this test uses a finger-prick test rather than a traditional blood test | 8 | 8 | 7 | 8.8 |
| *Other* reason | 11.8 | 13.3 | 11.3 | 11.7 |

Another third (32.7%) of all respondents stated that *it is more convenient to come here.* This answer was assumed to refer to both the 'after hours' nature of the service and the absence of any need for an appointment. It could also include the physical setting of the intervention (ie. not out-patients in a hospital or primary care) though this was rarely mentioned in *other* comments (see below). This response was significantly more common among those that had tested before (37.6%) compared to those that had not (26.3%).

Some testers revealed they had chosen fasTest for more problematic reasons: a fifth (20.8%) reported they had difficulty getting an appointment in GUM. This reason for using fasTest was significantly more common in Leeds (26.3%) and Bristol (23.0%) than in London (15.0%). It was also was significantly more common among those that had tested before (24.5%) compared to those that had not (15.9%). Another 10.3% stated that they did not like going to GUM.

Also of concern was that 10.8% did not know where else to test for HIV. Not surprisingly, this response was significantly more common among those that had never tested before (15.5%) compared to those that had (7.3%) previously tested negative.

Personal recommendation was important to 10.2% of fasTest users. This reason for using fasTest was most common in Leeds (14.6%) and least common in London (6.7%).

The use of finger-prick rather than full serology was only important to 8.0% of all users. This response was significantly more common among those that had tested before (10.1%) compared to those that had not (5.2%).

The two main reasons outlined above were reiterated in more than half of the *other* answers. These concerned the speed of the service including the availability of the result on that day - or within one hour - as the most important reason for attendance. Some of these answers also commended the easy accessibility of the service and the relatively short waiting times. This confirms the fasTest service was valued for its speed and its accessibility. Of the remaining *other* answers some complained about local GUM services including long waiting times and no availability of same day testing outside office hours. Relatively few testers specifically commended THT or suggested they had chosen the service because of its community setting.

| **Reasons for choosing fasTest over other options, by gender and sexuality** (n=566, missing 27) | **All Testers** n=566 | **All Males** n=473 | **All Females** n=93 | **Gay or Bi Males** n=289 | **Hetero Males** n=183 |
|---|---|---|---|---|---|
| **Because the test result is available at the same visit** | 50.2 | 48.4 | **59.1** | **52.2** | 42.1 |
| More convenient to come here | 32.7 | 34 | 25.8 | 32.2 | 36.6 |
| Difficulty getting an appointment at the sexual health clinic (GUM clinic) | 20.8 | 21.8 | 16.1 | 23.5 | 18.6 |
| I don't know anywhere else to test | 10.8 | 10.1 | 14 | 8 | 13.7 |
| I don't like going to the sexual health clinic (GUM clinic) | 10.3 | 10.2 | 10.8 | 10.1 | 10.4 |
| Because friends recommended it | 10.2 | 9.5 | 14 | 10 | 8.7 |
| Because this test uses a finger-prick test rather than a traditional blood test | 8 | 8.5 | 5.4 | 9.7 | 6.6 |
| *Other* reason | 11.8 | 11.4 | 14 | 12.1 | 10.4 |

Just one of the reasons for choosing fasTest varied by gender and sexuality. Heterosexual females were more likely to chose fasTest *because the test result is available at the same visit* (58.6% compared to 42.1% of heterosexual males). Once sexuality and gender were controlled for there was no variation in any of the reasons for choosing fasTest over other options for HIV testing by ethnicity.

### *3.4.6 First hearing of the fasTest service*

In all three sites specific fasTest leaflets were available alongside posters advertising the service. Some outreach activity also promoted all the fasTest sites (see THT process report for full description of the promotional activity and the cost breakdown).

All testers were asked *How did you first hear about this HIV testing service?* and offered the eight answers outlined below. While all respondents were allowed to give more than one answer, only 4% did so. Among all testers there was significant variation in how they first discovered fasTest by the THT site of service, their gender, sexual identity and ethnicity. The two tables below outline variation by fasTest site, and then by gender and sexual identity.

Only two of the eight means of first hearing about the fasTest service significantly varied by fasTest site (these are in bold). Having first heard about the service online was most common in Lighthouse South and least common in Leeds. Having heard about the service from a worker was most common in Bristol and least common in Lighthouse South. The specific promotional activities undertaken in each site are currently insufficiently well described to make any further comment on site differences. It is worth noting, however, that no single site should expect to recruit the highest proportion of users from every promotional activity. There was usually only one way each user first heard of the service, and having given that answer they usually did not give any other.

| **How did you first hear about fasTest by site attended** (n=565, missing 28) | **% All Testers** n=565 | **% THT West** n=113 | **% THT Yorkshire** n=212 | **% Lighthouse South** n=240 |
|---|---|---|---|---|
| **The internet** | 53.5 | 50.4 | 42.9 | **64.2** |
| A friend told me about it | 20 | 23.9 | 23.1 | 15.4 |
| A leaflet or information card | 8.7 | 10.6 | 10.8 | 5.8 |
| From a helpline | 5.8 | 2.7 | 6.1 | 7.1 |
| **A worker approached me** | 4.1 | **7.1** | 5.7 | 1.3 |
| A poster | 3.7 | 0.9 | 4.7 | 4.2 |
| Advert in the press | 3.5 | 2.7 | 5.2 | 2.5 |
| I was there for something else | 0.5 | 1.8 | 0 | 0.4 |

Testers means of first hearing about the intervention did not vary by gender or sexuality. Among both genders and irrespective of sexual identity or practice, the most common answer for first hearing about the service was via *the internet.* Of the 53.5% of all testers that specified the internet as the site of first hearing about the intervention, 16.9% did not specify which website they had used. Of the remainder almost two thirds (64.8%) cited www.tht.org.uk as the source of their knowledge about it. As one of few websites that specified where and when the service occurred this was not surprising. Another website specifically promoting HIV testing and targeting Gay men (www.youchoose.org.uk) also described some fasTest sites and this was cited by 4.3% of all respondents (actually 8.3% of Gay and Bisexual men and one heterosexual females). A further quarter (22.6%) of all testers specified an internet search engine, usually Google (20.3%). A small number (3.9%) of all respondents cited advertising on www.gaydar.co.uk though this represents 8.3% of Gay and Bisexual men citing the

internet, and none of the heterosexuals.

| **How did you first hear about fasTest by gender and sexuality** (n=565, missing 28) | **All Testers** n=565 | **All Males** n=472 | **All Females** n=93 | **Gay or Bi Males** n=288 | **Hetero Males** n=183 |
|---|---|---|---|---|---|
| The internet | 53.5 | 53.8 | 51.6 | 50 | 59.6 |
| A friend told me about it | 20 | 20.1 | 19.4 | 21.5 | 18 |
| A leaflet or information card | 8.7 | 8.1 | 11.8 | 8 | 8.2 |
| From a helpline | 5.8 | 6.1 | 4.3 | 6.9 | 4.9 |
| A worker approached me | 4.1 | 4 | 4.3 | 3.8 | 4.4 |
| A poster | 3.7 | 3.2 | 6.5 | 3.8 | 2.2 |
| Advert in the press | 3.5 | 3.6 | 3.2 | 4.9 | 1.6 |
| I there for something else | 0.5 | 0.6 | 0 | 0.7 | 0.5 |

Personal recommendation from friends was the next most common means of first hearing about the service. No other source of recruits to fasTest accounted for more than 10% of all attenders.

The key written means of advertising the individual fasTest clinics were the THT fasTest (blue) leaflet and smaller (A8) information card - cited by 8.7% of all testers - and accompanying THT fasTest posters - mentioned by 3.7% of testers. People who saw leaflets or information cards did so at a range of settings including collaborating (and other) GUM services and a few other NHS settings (including a few GP surgeries) or via distribution in Gay bars. People who saw posters did so at a range of settings including collaborating (and other) GUM services and a few Gay bars. Adverts in the press were cited by only 3.5% of testers as a means of first hearing about the service. Shout magazine (a Gay title based in Leeds) accounted for more than half of these mentions.

Direct 'referrals' from telephone helplines and workers were also mentioned by 5.8% and 4.1% of respondents respectively. Half of the helpline referrals came from THT Direct, but worker referrals came form a wide variety of professional sources including sexual health clinics and AIDS service organisations and other NHS and voluntary sector generic services.

# 4. Experiences of people diagnosed with HIV in fasTest

One final element of our evaluation involved asking all fasTest users to consent to a follow-up telephone interview if they tested POSITIVE on fasTest. This signed consent was recorded on the patient registration form to maintain the anonymity of the evaluation for all users that tested negative and to offer all testers the opportunity to maintain their anonymity irrespective of their fasTest result.

We relied on clinical staff administering fasTest to give us the referrals and contact details of all those that consented to follow-up. In most cases this was only done after the new positive had returned to the host GUM for follow-up bloods and initial care and support. In most instances their written consent to follow-up prior to taking the fasTest was verbally confirmed prior to a referral to Sigma.

Referrals for follow-up interview usually occurred 6-12 weeks after initial diagnosis. Some came with a proviso that the interview should be left up to another 6 -12 weeks. The table below describes the number of new positives consenting, and the numbers contacted who subsequently refused to be interviewed, were interview, or asked us to call back at a later date.

| **Consent to telephone interviews among new positives** | **Total** | **THT West** | **THT Yorkshire** | **Lighthouse South** |
|---|---|---|---|---|
| Total of VALID positives | 20 | 4 | 7 | 9 |
| Consented to telephone interview | 9 | 1 | 2 | 6 |
| REFUSALS after initial consent | 0 | 0 | 0 | 0 |
| Telephone interviews completed | 7 | 1 | 2 | 4 |
| Telephone interviews outstanding | 2 | 0 | 0 | 2 |

Of the 20 new positives in the three sites only 9 consented to follow-up interview. On contact 2 asked us to call again in "a couple of months". Both these calls are due at the end of March 2006. To date 7 interviews have been completed, lasting 20-30 minutes each. In view of the limited number of new positives in the 3 sites, and the relatively low rates of consent to follow-up (especially in Bristol and Leeds) we propose to try and complete the last two interviews prior to reporting.

Interim analysis of the first 7 completed interviews suggest that overall satisfaction with the fasTest service is exceptionally high, as is satisfaction with referral pathways into standard HIV care.

# 5. EVALUATION SUMMARY

## 5.1 FEASIBILITY

It is feasible to establish and administer fasTest HIV testing interventions in community settings (ie outside GUM out-patients). In the pilot they were established as satellite GUM HIV testing services with clinical governance provided by the host GUM service. They can be challenging partnerships to establish and maintain.

## 5.2 AFFORDABILITY

The unit costs of the intervention has proved difficult to establish. We estimate in the entire fasTest pilot each HIV test cost approximately £135 with a range over time and across sites of £85-£175. The cost per test varied by the volume of users attending the site and, over time as the volume of users increased, the cost per test fell. There was a trend towards increasing efficiency through the lifetime of the pilot.

More data is needed from THT and other HIV testing services to allow comparative analysis with the cost of traditional HIV testing interventions in GUM, primary care and ante-natal services.

## 5.3 ACCESS

The users of the fasTest interventions were a function of their promotion; the need to establish HIV status in the local population; and pre-existing service provision in the locality of the site (ie. the availability and accessibility of comparable HIV testing services). It is feasible to attract both Gay and Bisexual men and Black African migrants into fasTest services, though promotion to African and other Black and minority ethnic populations needs careful consideration.

Our interim comparisons with standard GUM in Bristol suggest users are more ethnically diverse and at higher risk of having undiagnosed HIV. The addition of fasTest interventions certainly expands capacity and choice so long as they do not replace pre-existing HIV testing services.

## 5.4 ACCEPTABILITY

More than a third (41.2%) of all testers had never previously tested for HIV, among which one-in-seven (14.8%) said they had never tested for HIV before because they had not known where to get tested.

More than half (50.2%) of all respondents using fasTest reported that their main reason for choosing fasTest over other options for HIV testing was *because the test result is available at the same visit.* Another third (32.7%) of all respondents stated that *it is more convenient to come here.* This answer was assumed to refer to both the 'after hours' nature of the service and the absence of any need for an appointment. It could also include the physical setting of the intervention (ie. not out-patients in a hospital or primary care) though this was rarely mentioned.

Interim analysis of the first seven completed interviews with people testing HIV positive in fasTest suggest that overall satisfaction with the fasTest service is very high, as is satisfaction with referral pathways into standard HIV care.

## 5.5 NEED

During the evaluation period these three fasTest pilot sites recruited at least 678 people who wanted to know their HIV status. During the evaluation period, 593 people tested for HIV in these three pilot sites and completed our evaluation questionnaire. Among these 17 received a new HIV positive diagnosis at an overall HIV prevalence of 2.9%. Of these 17 positives, 15 received a confirmatory HIV positive diagnosis on serology. A very similar HIV prevalence was observed in the monitoring data of the pilot period (see section 2.4).

HIV prevalence varied by gender, sexuality and ethnicity. Compared to heterosexuals, Gay and Bisexual men had a much higher HIV prevalence (4.3%, 13/299). This varied by fasTest site with a prevalence among Gay and Bisexual men of 3.2% (3/93) in Leeds; 3.8% (2/53) in Bristol; and 5.2% (8/153) in Lighthouse South London. Prevalence also varied by ethnicity among Gay and Bisexual men: 3.9% (8/203) of White British men tested positive compared to 5.5% (3/55) of White other men. While the sample size was very small, Black African (17%, 1/6) Gay and Bisexual men had the highest HIV prevalence of all the sub-groups. One other Gay man of South East Asian ethnicity also tested positive for HIV.

Among heterosexuals an HIV prevalence of 1.0% was observed for males (2/195) and 2.2% for females (2/91), giving an overall rate of 1.4% (4/286). Prevalence varied by fasTest site for both male and female heterosexuals. In Bristol none of the 63 heterosexuals testing were diagnosed positive, compared to 1.0% (1/100) in Lighthouse South and 2.4% (3/123) in Leeds. Prevalence also varied by ethnicity among heterosexuals. The two heterosexual males testing positive were Black African and Black Caribbean respectively. The two female heterosexuals testing positive were Black African and mixed ethnicity: white and Black African respectively. None of the 178 White British heterosexuals tested at these three sites had undiagnosed HIV

There is very limited evidence to address the question of whether fasTest diagnoses people any earlier in their disease history. From the full serology results of 14 new fasTest positives the mean initial CD4 was 485 (sd 267; median 458; range 11-946) and the mean initial viral load was 97,144 (sd. 99,323; median 69,300; range 228-367,000).

## 5.6 EFFECTIVENESS

During the evaluation period, 662 people tested for HIV in three fasTest pilot sites. Among these 20 received a new HIV positive diagnosis at an overall HIV prevalence of 3.0%. Of these 20 positives, 13 entered HIV care in the host clinic associated with the fasTest site and 3 others were known to have attended for HIV care elsewhere. While the other 4 may have entered care no information was available on where they did so.

## 5.7 EFFICIENCY

None of the clinics ran at full capacity for the entire pilot period but managing (over)demand was problematic at times in all sites. Overall, on average 1 HIV test was delivered for 53 minutes of clinical staff time with a range from 79 minutes of clinical staff time per test in Bristol; 64 minutes in Leeds and 32 minutes in London Lighthouse South.

Promotion of the service affected uptake but more expensive methods of promotion (including dedicated outreach) do not appear to have a disproportionate impact on uptake.

[ends]