National Mailed HIV and STI Testing Program Summary

Proposed By
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Background
HIV testing is a key step of the HIV prevention and care continua, particularly repeated testing among populations at higher risk of HIV acquisition. HIV testing through traditional locations like clinics and community outreach efforts have been very successful but are still missing higher risk persons who don't have access to (or want to access) these opportunities. There is also a growing proportion of persons, particularly young MSM, at higher risk who are finding sexual partners solely through online- and smartphone application-based services and don't ever attend places where HIV testing is typically promoted or delivered. In the 2017 AMIS survey, 16% of MSM who use smartphone apps reported that they hadn't tested in the past year and 77% wanted apps to add this feature (this grew to 83% among those who had never tested). This gap between population in need of HIV testing services and service delivery locations is exacerbated in less densely populated areas and will likely grow in even major urban centers.

There have been multiple CDC-supported efforts to develop and test rigorous approaches to online/app-based advertising, recruitment and mailed HIV and STI testing. These approaches have enabled thousands nationwide to conduct their own HIV test OraQuick test and self-collect multi-site specimens for laboratory-based syphilis, gonorrhea, and chlamydia testing. These approaches are now being deployed by institutions and public health agencies across the US, with the most recent pilot public health programs conducted in Arizona, Virginia and New York City, with additional jurisdictions looking at using ETE funds for this purpose. The evaluation evidence from these pilot programs shows substantial interest from higher risk persons, including those who have either never had an HIV test or had not tested recently. Though the implementation research and pilot programs have proven very successful, they are challenged with limited geographic scope and resources to be the scalable and sustainable public health activity that is needed to address the technological gaps in HIV prevention with higher risk persons. Because the need is great and growing, public health agencies will continue to develop programs in this area, but these efforts could be exponentially more efficient if there are standardized nationwide ordering/fulfillment systems and collaborations on which those programs are built.

This program concept is proposed by a partnership between Building Healthy Online Communities (BHOC) and Emory University, Rollins School of Public Health (Emory). BHOC has built relationships with dating apps, including Grindr, Scruff (which now includes Jack'd), Adam4Adam, Tinder, Hornet, and others to support sexual health among app users. BHOC has built a number of resources to support

partnership between public health and dating apps, including TellYourPartner.org, toolkitsimulator.org, campaign clearinghouse, anti-stigma campaign, sexual health profile option additions/revisions, HIV test reminders, and articles for users about sexual health. Emory has led the research field in the use of mailed HIV self-testing, including previous CDC-funded implementation research to examine potential for operator error and quality of self-testing at home. Emory currently incorporates mailed HIV/STI testing in more than a dozen active HIV research projects, including one CDC-funded implementation research project conducted online and nationwide to test thousands of racial/ethnic-minority men who have sex with men.

Concept

To make mailed HIV testing most efficient for public health, we propose a 3-pillar strategy of:

1) Centralized system for HIV test kit ordering, distribution and results,

2) Partnerships with public health agencies to fund HIV test kits and system infrastructure, and

3) Partnerships with corporations who engage with higher risk persons and can promote HIV testing to their clients/users.

Centralized System

A centralized HIV and STI test kit-ordering, fulfillment and results system will be based on processes already being used by Emory and collaborating public health agencies. Public health agencies who opt-in to using the system will identify the type and numbers of mailed tests, the duration of the campaign, and the eligible populations they would like to target. They can also customize standard content on the system to align with their own campaigns and prevention/care resource information. Users of geospatial social networking apps, like Grindr, will have ordering links embedded within HIV-related content of their apps. Ordering links can also be used by public health agencies in other communication and outreach activities. The system uses central test kit fulfillment (based on the volume/duration of testing approved by each agency) and tracking of progress for the testing campaign. Agencies can adjust their testing campaign while it is underway. There are multiple ways for acquiring/returning test results depending upon the testing modality chosen for the campaign. For example, results from laboratory-based testing with self-collected specimens can either be either returned to clients using a secure self-service results portal or results can be accessed/sent to an authorized public health agency for return to clients. Self-testing results are returned by the clients using a results survey with automated completion reminders. For those clients with reactive or positive tests, there is standard content for locale-specific testing and care services and the option for agency-defined resources. Public health agencies also have a secure self-serve data dashboard and download portal to access all information on kit ordering, fulfillment and results.

User Experience flow (Pilot and Phase 1, March 2020)

1. App users link to the home test portal through links on Grindr (and other apps) or receive ads on the apps and will be able to click if they want to pursue a free home test
2. When a user clicks the link, they will be directed to the home testing website. Users will be assessed for eligibility (which can vary by jurisdiction). Users will be prompted to enter their address so they can get a free home test mailed to them. (Those not eligible will be directed to a national HIV/STI testing resource.)
3. Users will get a notification when test kit is mailed and a reminder to use their kit.
4. When receiving their home test in the mail, users will get instructions for how to use the kit, OraSure hotline information, as well as information about STI testing and PrEP.
5. Users will be asked to complete a follow-up survey
      a. for those who share a positive result, users will receive a more active follow-up with referral to local resources

Jurisdiction portal and HIV & STI testing lab-based testing, Phase 2 (July 2020)
Jurisdictions will be able to:
- Check their test kit inventory
- Tailor survey questions and eligibility criteria (including testing history and risk assessment)
- Add tailored digital assets and local resources that will be updated automatically for users in their jurisdictions
- Download encrypted data relevant to their jurisdiction
- Receive automated required reporting of results for participants in their jurisdiction

HIV/STI lab-based testing
- In Phase 2 of rollout, users will also be able to order STI self-test kits and will be able to choose between OraQuick and dried blood spot HIV tests (through Molecular Testing Labs)
- To ensure data privacy, users will be prompted to log-in to register lab-based test kit received
- Users can access lab-based results through a secure portal

Metrics
- # of ad impressions (run through BHOC), clicks, and click-through rates
- Cost-per-click
- # eligibility survey initiations
- # eligibility survey completions, by jurisdiction
- # tests sent, jurisdiction
- # results returned (for lab-based testing)
- # high-need MSM tested, by jurisdiction
- positivity rate (# new cases identified), by jurisdiction
- # of companion website page views & average session durations

- completion rate for post-test survey
  - linkage to care among new positives

Public Health Partnerships
Pilot jurisdictions –Oregon, San Francisco (in neogitation with several other states and counties)
NASTAD – promotion to jurisdictions; support with contract negotiation, support with procurement/payment mechanism
NCSD – promotion to jurisdictions
Arizona Department of Health Services – provide guidance
Virginia Department of Health – provide guidance

Corporate Partnerships
Grindr – free advertising, embedding of program links into other HIV content, financial support
Other dating apps – support from other apps in process
Mangold Design – website design and development, website marketing
OraSure – pending; support requested
MTL – pending; contract negotiation to begin shortly

Procurement
State and local jurisdictions can use their existing and new ETE dollars to buy into this system.
Payment for service product, rather than purchasing individual kits; this may range based on flexibility of jurisdiction
Cost per kit model to be updated based on negotiations with OraSure and MTL.