HIV TESTING IN HIGH PREVALENCE POPULATIONS
Recommendations from the HIV Testing Strategies Subcommittee for HIV testing in members of populations of British Columbia with high prevalence of HIV infection
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BACKGROUND

- Specific recommendations for HIV testing for populations disproportionately affected by HIV in BC are required in order to increase the overall frequency of testing and earlier detection of HIV in these populations.
- This document presents a framework for HIV testing recommendations in populations with a high prevalence of HIV infection (and *undiagnosed* HIV infection).
- These recommendations are intended to complement previous recommendations for enhancing provider-initiated HIV screening within STOP HIV Pilot Project regions (January 2011), in order to inform testing approaches specific to these populations.
- These recommendations were based on an evidence review conducted by BCCDC ("HIV Test Frequency Evidence Paper for HIV Testing Strategies Subcommittee, STOP HIV/AIDS"), with input from the Vancouver Gay Men/Other Men who have Sex with Men Expert Reference Group to adapt these recommendations for gay men/other MSM.

RECOMMENDATIONS

There are four main recommendations for HIV testing, described in more detail in Table 1 below:

1. If ongoing high risk of HIV infection, test every 3 months
2. If ongoing low risk of HIV infection, test once a year
3. If only one partner and desire to stop preventive behaviours (e.g., stop using condoms), to maintain preventive behaviours until both partners test HIV negative at 3 months after start of partnership
4. To test at 2-3 weeks following an event or exposure with a high risk of HIV infection

APPLICATION

- These recommendations provide an overall framework which will need to be adapted as needed for different populations and testing activities related to STOP HIV/AIDS (e.g., adapted for social marketing campaigns to specific populations, or tailored for education of health care providers).

- These recommendations are complementary and not mutually exclusive (e.g., an individual at ongoing high risk may also use event-based testing), recognizing that there is variation in individual behaviours and perceptions of risk over time.
- These recommendations are based on risk of HIV infection, and high and low risk will need to be defined, based on the evidence of risk for HIV infection (adopting the framework outlined by the Canadian AIDS Society in 2005[a]).

SUMMARY OF DISCUSSION/RATIONALE

- The ultimate goal of these recommendations are to identify HIV infections at an early stage, in order to reduce the period of time when an individual has undiagnosed HIV infection and may be transmitting infection to others. Testing strategies that may lead to increased identification of acute HIV infections, a time when the likelihood of transmission to others is high, are important.
- Frequent testing at greater than annual intervals is likely to be most effective among individuals with greater ongoing risk of HIV infection.
- Recommendations need to be simple, practical, acceptable, and amenable to community messaging.
- Realistically, recommendations may result in an increased frequency of testing for an individual and overall at a population level, without necessarily strict compliance with recommendations. For example, a recommendation to test every three months may result in an individual previously testing annually to test every six or nine months.
- These recommendations are primarily for HIV testing. Specific recommendations for sexually transmitted infection (STI) and blood-borne infection (BBI) testing will need to be developed for each population. These testing recommendations are also needed for individuals living with HIV who do not require HIV testing.
- While there is a strong public health rationale for increasing the frequency of HIV testing in populations with a high prevalence of HIV infection, there may be unintended negative consequences. For example, it may be that the experience of repeat negative HIV tests following risk behaviours may perpetuate a feeling of infallibility and reinforce continuing these behaviours. Testing strategies informed by these recommendations may need to consider measures to mitigate these unintended impacts (e.g., through education or specific messages).

[a] Canadian AIDS Society. HIV Transmission: Guidelines for Assessing Risk. A resource for educators, counsellors, and health care providers. 5th edition. 2004.

Table 1: Recommendations for HIV testing in members of populations of British Columbia with a high prevalence of HIV infection
Adaptation of the recommendations for gay men and other men who have sex with men are provided.

Category	Recommendation	STI and BBI testing?[b]	Adapted for gay men & other men who have sex with men
1. Ongoing high risk[c] for HIV infection	Routinely test for HIV every 3 months	At same time	Any unprotected anal sex with: i) 2 or more partners in past 3 months, or ii) HIV positive partner(s) in past 3 months Any sharing of injection or drug-related equipment in past 3 months.
2. Ongoing low risk for HIV infection	Routinely test for HIV every year (annually)	At same time	For example: i) consistent condom use ii) oral sex only
3. High risk event or exposure for HIV infection	Dependent on setting: [d] i) HIV test at 2-3 weeks following the event or exposure, requesting Ag/Ab combo. ii) HIV test at 10-12 days if Pooled HIV NAAT test available.	At same time & follow-up as appropriate[e]	Test after high risk events (e.g., unprotected anal sex).
4. One partner and desire to stop preventive behaviours	Maintain preventive behaviour until both partners test negative at 3 months after last risk exposure or start of partnership. Resume preventive behaviour and testing with new or additional partner(s).	At same time & follow-up as appropriate[e]	Use condoms for anal sex for 3 months and then both partners test for HIV. If negative then can stop using condoms. If any new or additional partners, use condoms and resume testing.

[b] STI (sexually transmitted infection) and BBI (blood-borne infection) testing
[c] Definition of "high" versus "low" risk may be population or person-dependent.
[d] Pooled HIV NAAT testing is available at select clinics in Vancouver through a CIHR-funded study operated by BCCDC. At all other settings, the provider ordering the test should write "Ag/Ab combo test" on the requisition as in this case a 4th generation EIA test will be performed (which has a shorter window period than the 3rd generation EIA test).
[e] The window periods for other STI/BBI will vary, and while a co-acquired STI/BBI may not be detected at the time of an HIV test, a test is still suggested as individuals may have acquired these infections previously. The timing of follow-up tests will be determined through discussion with health care provider at the time of initial presentation and nature of the high risk event.