

COMMUNITY-BASED RAPID HIV TESTING; ADDRESSING THE NEEDS OF THE MSM COMMUNITY IN THE NETHERLANDS

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Background

According to Stichting HIV Monitoring (2016), 18,866 people are living with HIV in the Netherlands with an estimated 2,800 who are HIV positive and do not know their status. The RIVM estimates that 93% of newly diagnosed HIV infections in the Netherlands in 2016 were MSM, approximately 70% who tested were of Dutch origin, a higher positivity rate was found in non-Dutch populations. In 2016, Mainline researched the phenomena of Chemsex in the Netherlands which is the term used to describe MSM who use specific substances in conjunction with sex, which in turn increases the risk exposure for HIV and STIs.

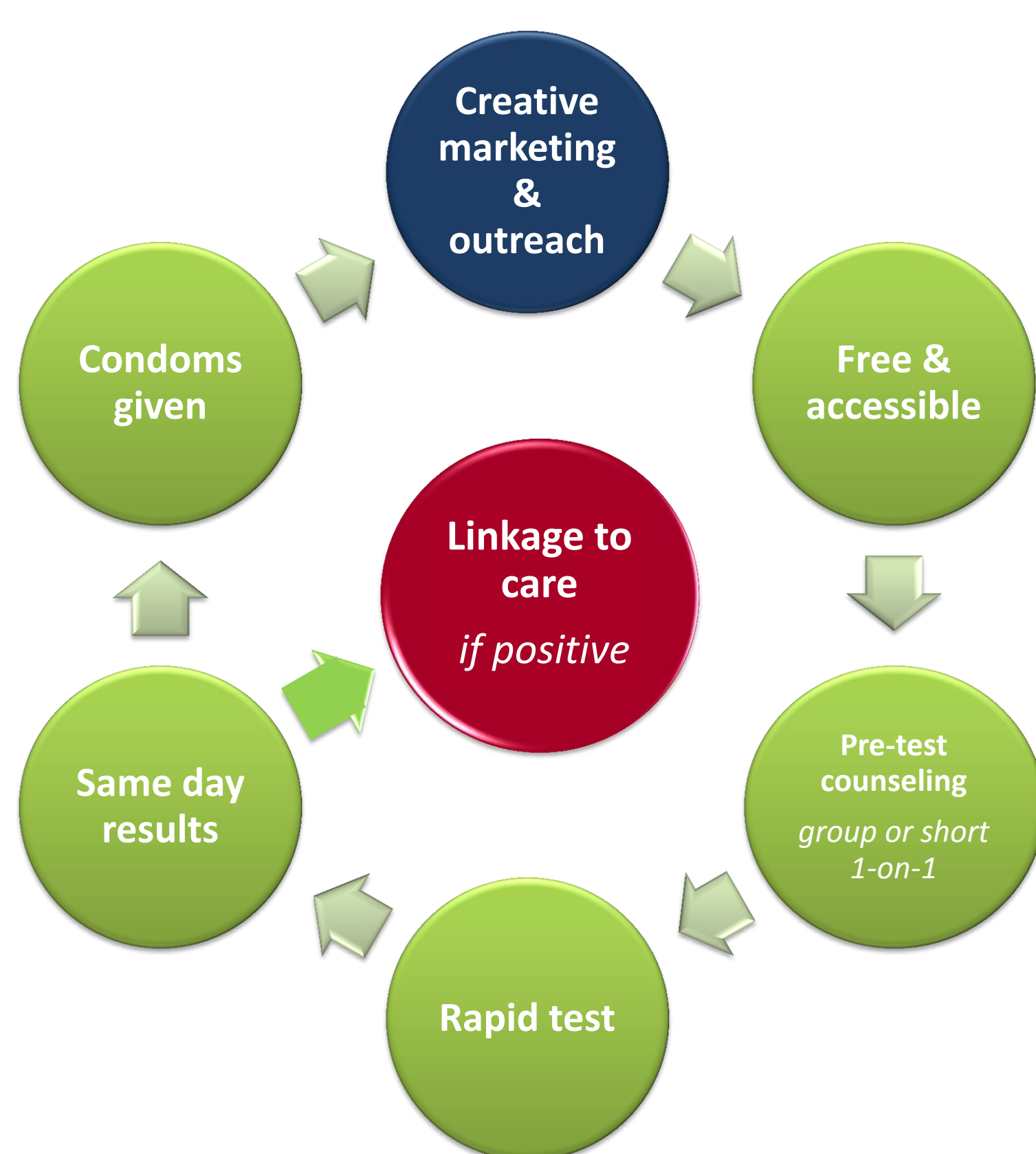


Fig. 1 AHF Rapid Testing Model

Methods

We studied a dynamic cohort of people who utilized AHF Europe community-based, rapid HIV testing services provided by non-medical personnel. The HIV testing facility opened in April 2012 in Amsterdam and provides a low-threshold, alternative-site HIV screening option. The data were collected from January 2015 -until December 2016 and the analysis was based on sexuality, reactive tests, and region of origin. Additionally, in May 2016, AHF Checkpoint Amsterdam started screening for Chemsex among MSM who tested at the facility using the Chemsex screening tool developed by 56 Dean Street.

Results

From January 2015 to December 2016, 6343 people were tested; there were a total of 72 reactive tests (1% positivity rate). 2581 tested were MSM (41%) with a total of 61 reactive results (2% positivity rate among MSM) which constitutes 85% of all positive results. 78% (39) of the reactive cases in MSM population identified in Checkpoint Amsterdam were of non-Dutch origin. The majority of reactive cases in the MSM population were under the age of 40. Of the reactive cases, 42 were previously unknown. 100% of reactive cases were offered linkage, 43% were linked to care and 40% declined linkage. Of these 40% who declined linkage, 76% were of non-Dutch origin. Among all the clients who tested for HIV, the MSM community had an 87% rate of retesting in comparison to 56% in the non-MSM group.

Table 1 Seropositivity and Age of Checkpoint Clients 2015 and 2016

Category	All tested	MSM	Percentage of MSM in General population tested
Tests			
Total	6343	2581	41%
Reactive	72	61	85%
Seropositivity rate	1%	2%	
Age			
19 and under	317	61	19%
20- 24 years old	1265	488	39%
25 and above	4743	2024	43%

Fig. 2 MSM who tested positive at Checkpoint in age groups (61)

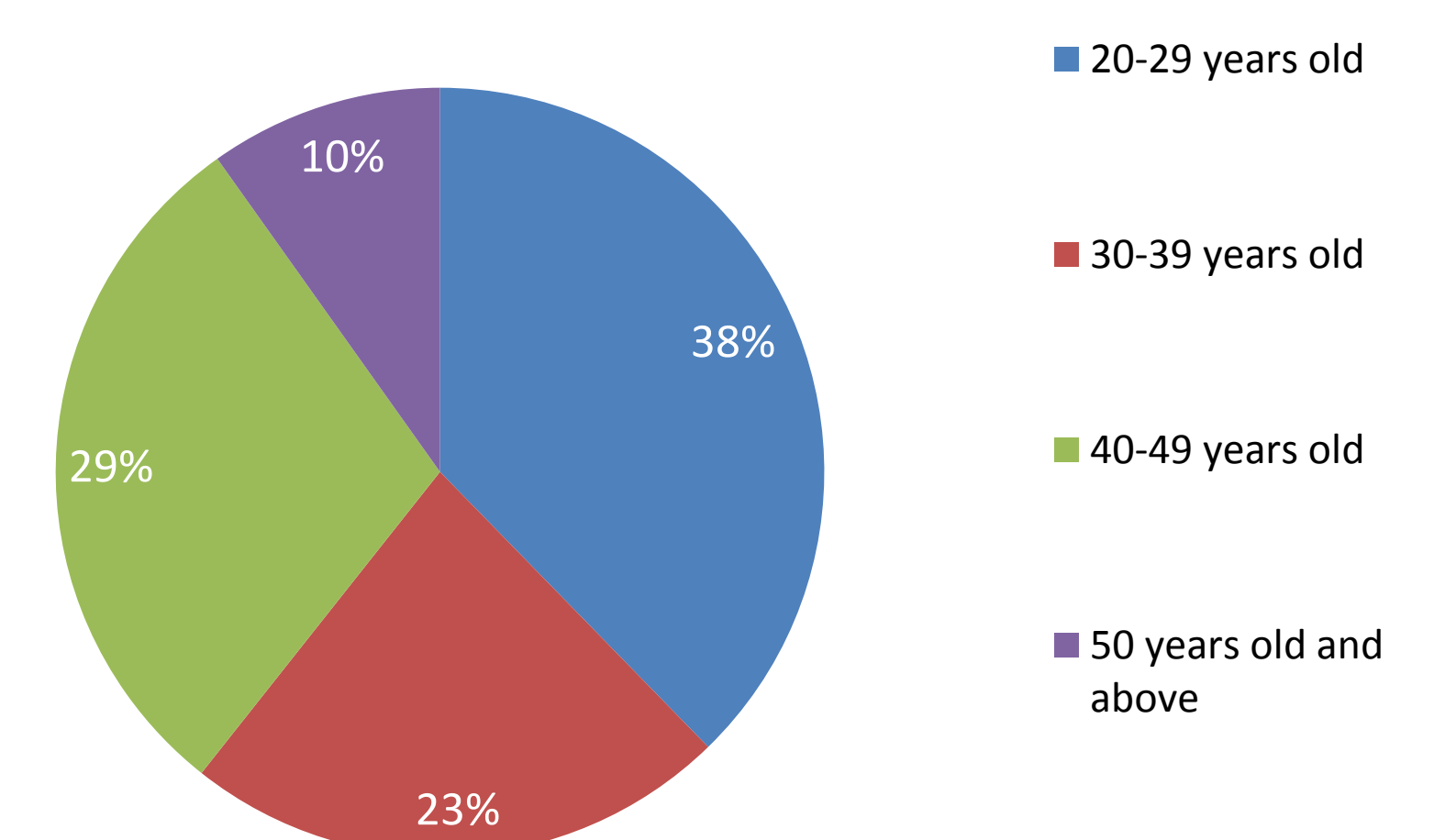
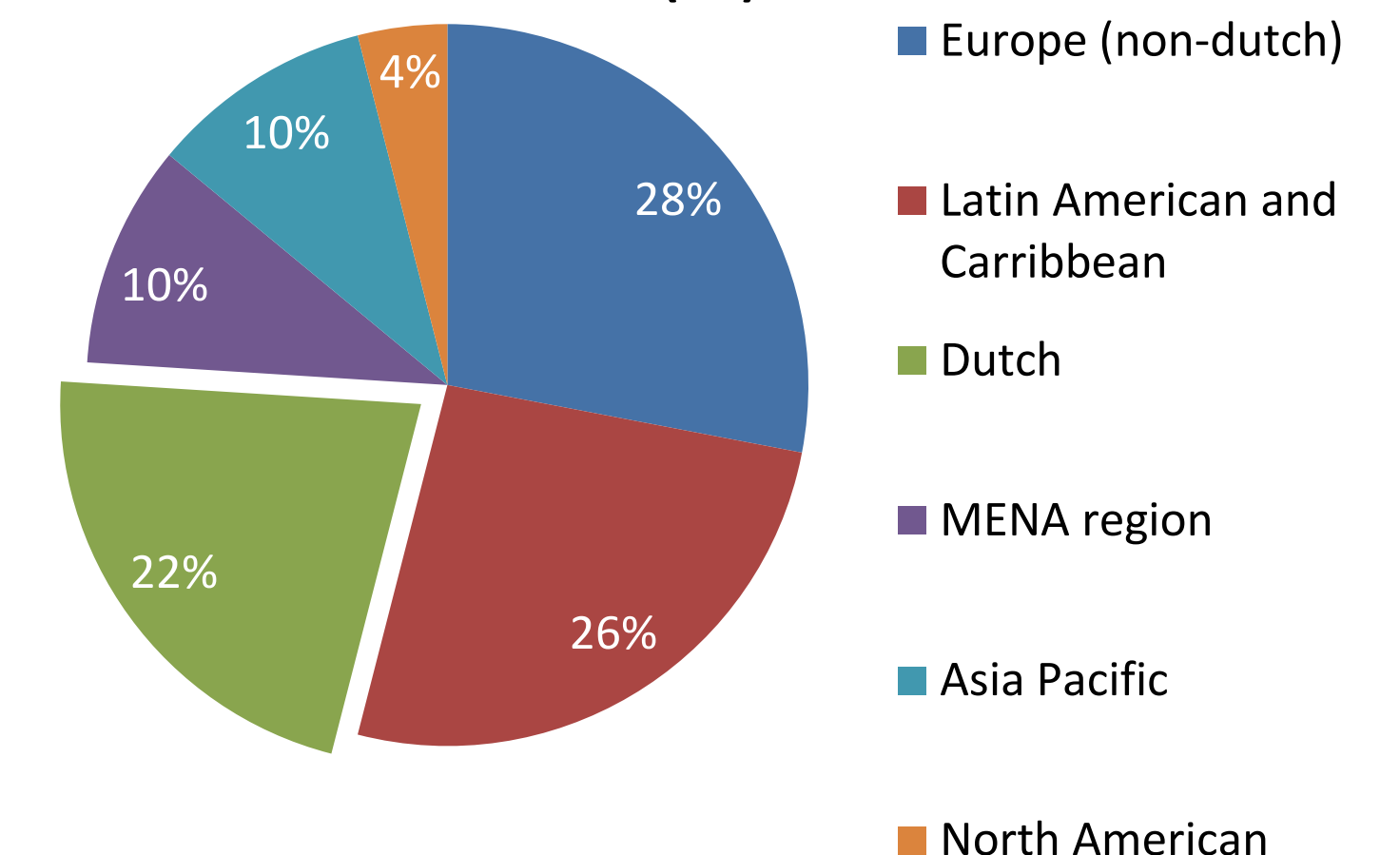


Table 2 Origin and repeat testers of Checkpoint Clients 2015 and 2016

	Origin			Total	Percentage that are non Dutch
	Dutch Origin	Non-Dutch Origin	Unknown		
MSM	946	1251	384	2581	48%
Non-MSM	1121	2002	639	3762	53%
Repeat Testers					
	No	Yes	Unknown	Total	Percentage that retest
MSM	34	2254	293	2581	87%
Non-MSM	151	2105	1506	3762	56%

Fig. 3 Origin of MSM who test positive at Checkpoint (50)



Between May 2016 and May 2017, 1,597 were screened and 2.4% (38) met the criteria for Chemsex. 45% (17) were of Dutch origin, and 27% (10) were of European (excluding Dutch) origin, with 85% (34) under 40 years old. 46% (17) have had a HIV test within the past 6 months. There were no reactive results within this group, and no reported injecting drug use.

Fig. 4 Clients who meet the Chemsex criteria in age groups

Chemsex clients in age groups				
20-29	30-39	40-49	50 and older	Total
25	9	2	2	38

Fig. 5 Last HIV test for Clients who meet the Chemsex criteria

Last HIV test					
<6mnths	<1yr	>1yr	Never	Blanks	Total
17	6	6	2	7	38

Conclusions

- Community-based interventions that use non-medical personnel demonstrate the potential to increase knowledge of HIV status among MSM of non-Dutch origin.
- Screening for ChemSex confirms that there is a group in need for specific services in the Netherlands. Further research is needed to understand the needs of the community to develop successful prevention and support interventions.



AHF Checkpoint Amsterdam