ACCEPTABILITY AND UPTAKE OF REPEAT HOME-BASED HIV COUNSELLING AND TESTING IN RURAL SOUTH AFRICA. PRELIMINARY DATA OF THE ANRS 12249 TASP TRIAL

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Antiretroviral Treatment as Prevention • ANRS 12249
Ukuphila kwami, ukuphila kwetha (my health for our health)

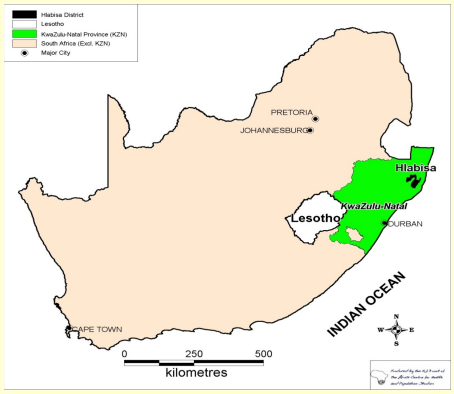
CONTEXT

The ANRS 12249 Treatment as Prevention (TasP) trial aims to evaluate whether HIV testing of all members of a community, followed by immediate ART initiation of all HIV-infected individuals, regardless of immunological or clinical staging, will prevent onward sexual transmission and reduce HIV incidence in the same population. The implementation of universal and repeat home-based HIV testing has not yet been documented in a high HIV incidence and prevalence setting.

A cluster-randomized trial has started in a phased approach in the Hlabisa sub-district (KwaZulu-Natal, South Africa), where more than 20% of adults are living with HIV. The trial started in March 2012 with ten clusters in the first phase, which will assess the feasibility and acceptability of both home-based testing and immediate treatment of those identified as HIV infected. The HIV testing approach includes, in addition to regular community and clinic HIV testing options, the implementation of **6-monthly rounds of home-based HIV counselling and testing** by trained counsellors. At each home visit, trial participants are asked to respond to individual socio-demographic and behavioural questionnaires and offered a rapid HIV test.

We present data from the first four clusters where three rounds of home-based HIV testing were completed between March 2012 and August 2013; the second round of home-based testing is still ongoing in the remaining six clusters of the first phase.

LOCATION OF HLABISA SUB-DISTRICT



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RESULTS

TESTED AT LEAST ONCE

3933 eligible individuals (16 years or above residents) were registered in the trial in the first four clusters, of whom 3421 (87.0%) were contacted at least once by the home-based fieldworkers over an 18-months period.

The HIV status of 2738 individuals (80.0% of those contacted) was ascertained: of these 2476 accepted rapid HIV testing at home at least once and 262 reported to already know they were HIV-positive and therefore declined a rapid test.

REPEAT HIV TESTING

Among the 2043 individuals who tested HIV-negative at first contact, 1512 (74.0%) were re-contacted in a subsequent home visit testing round; of these 1334 (88.2%) accepted a second rapid HIV test.

TESTING HISTORY AND PREFERRED PLACE TO BE TESTED

1336 individuals completed the socio-behavioural questionnaire three times (in each survey round).

Between rounds one and three, the proportion of individuals with a known HIV status increased from 68.7% to 95.4%, the proportion of individuals tested in the last 6 months increased from 22.5% to 79.5% while the proportion of individuals who had never tested decreased from 26.9% to 0.8%.

In the first round, the reported preferred place to be tested was at home for 74.3% and in a clinic for 23.4% of the participants. In third round, these proportions were 86.2% and 10.0% respectively.

CONCLUSION

Acceptance of regular and frequent HIV testing is key to the success of community-based treatment as prevention initiatives in settings with very high incidence.

Our preliminary data show that as long as individuals are successfully re-contacted, acceptability of home-based HIV testing is high (88%) among individuals who previously tested negative. Home was already considered to be the best place to be tested before the implementation of the intervention, but the proportion of individuals preferring to be tested at home increased further between the first and the third round of home-based testing.

However, only three rounds of home-based HIV testing have been implemented to date and it is possible that participation fatigue may appear with time in further rounds.

Additional analyses are required to identify individuals who repeatedly declined home-based HIV testing, and to what extent home-based HIV testing could be an efficient strategy to reach the most-at-risk individuals, in particular mobile individuals.

Home-based HIV testing appeared an effective strategy to achieve close to universal testing in this high prevalence rural area.