

*Impact of the COVID-19 Pandemic on HIV and HCV Screening
and Lessons Learned for 2022*

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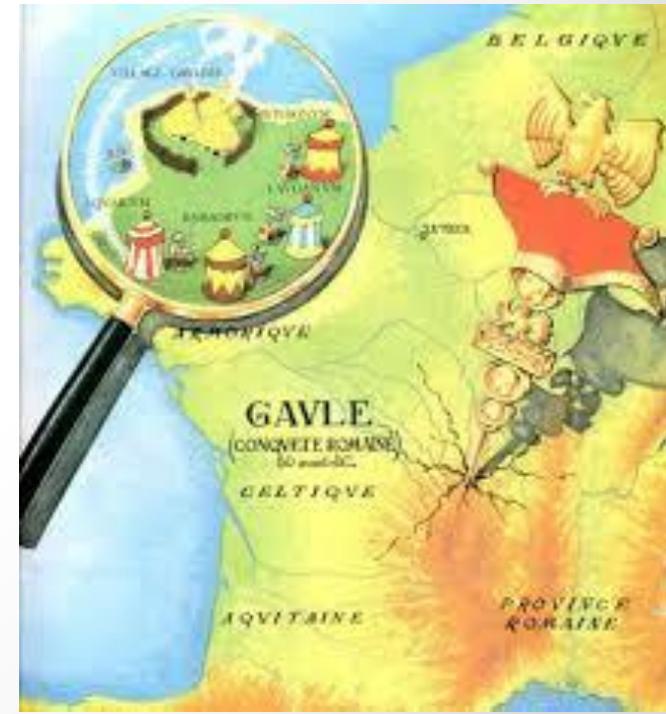
This activity is jointly provided by Physicians' Research Network and the Medical Society of the State of New York.

Structure

- HIV Screening
- HCV Screening
- Optimising HIV/STI testing programs post-COVID

HIV screening during COVID - SD

- In March / April 2020 HIV screening through our G2G community based screening program and many other HIV testing programs in San Diego was stopped.
- SD County stopped screening for HIV
- Except for one HIV screening program in San Diego that was not surrendering to COVID....



FOCUS Background: a Public Health Program

Developing a model for large scale HIV and HCV screening

FOCUS program initiated in 3 counties to develop a systems change approach that embodies best practices in HIV screening and linkage to care

300k HIV tests in 10 counties encompassing the regions most impacted by HIV

900k HIV tests in 11 counties
FOCUS begins integration of HCV testing into expansion of program

2.2M HIV tests & 300k HCV tests in 21 counties with routine screening program

Projected: 3M HIV tests & 1M HCV tests in 45 counties with routine screening program

2006

2010

2012

2013

2014

2015

2016

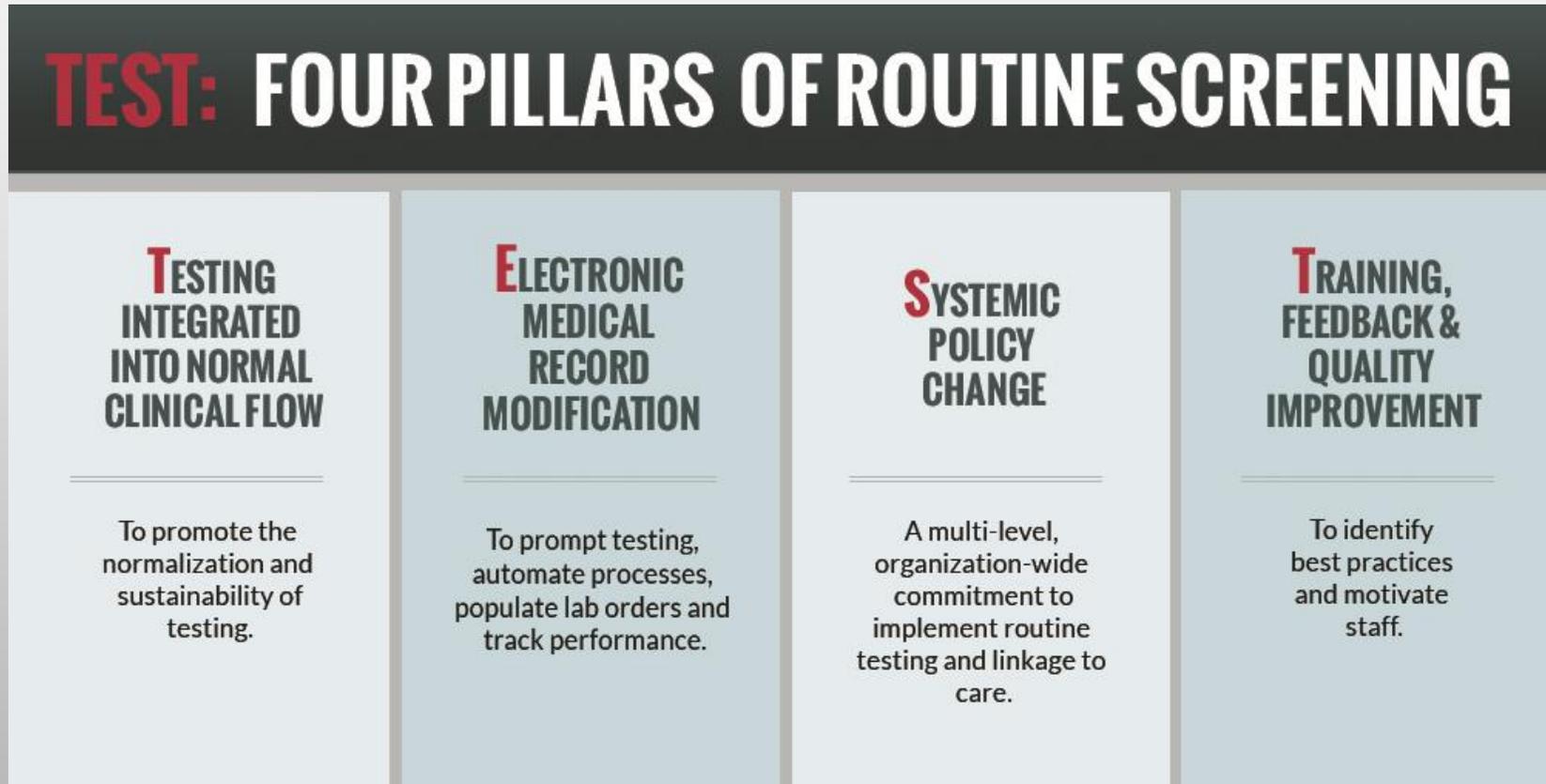
2017

CDC releases HIV testing guidelines recommending routine screening for everyone aged 13-64 years old

CDC releases HCV testing guidelines recommending Baby Boomer birth cohort (born 1945-1965) be tested at least once

Model for Routine Screening: TEST

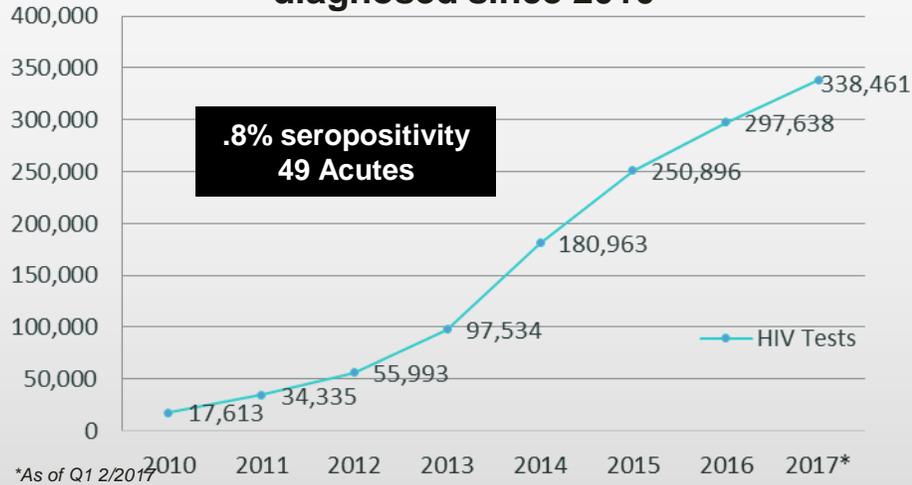
- Using a systems change approach to integrate routine HIV screening and linkage to care in healthcare systems, FOCUS' innovative partnerships successfully developed a model for routine screening, **TEST: Four Pillars of Routine Screening**, which is now being successfully replicated for HCV.



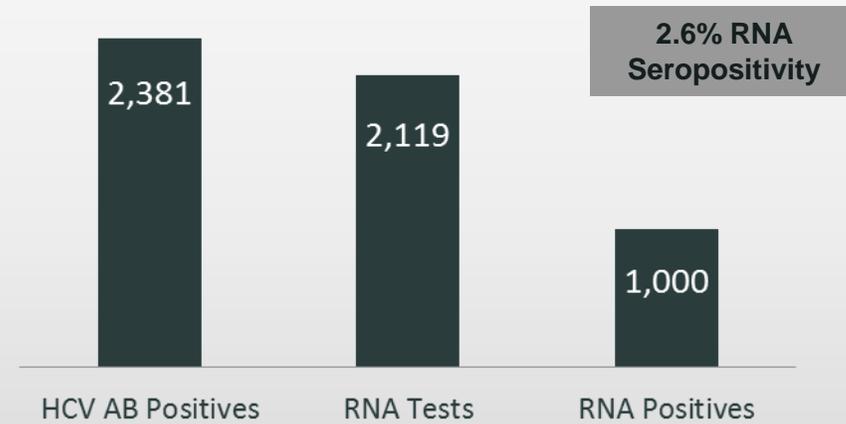
FOCUS: SOUTHERN CALIFORNIA

HIV: 338,461 TESTS AND 2,563 POSITIVES (.8%), 49 ACUTES DIAGNOSIS SINCE 2010
HCV: 101,142 HCV Ab TESTS, 2,381 Ab+ (2.6%) and 1K RNA+ (52%) DIAGNOSIS SINCE 2014
HBV: 649 TESTS AND 27 POSITIVES (4%) SINCE 2016

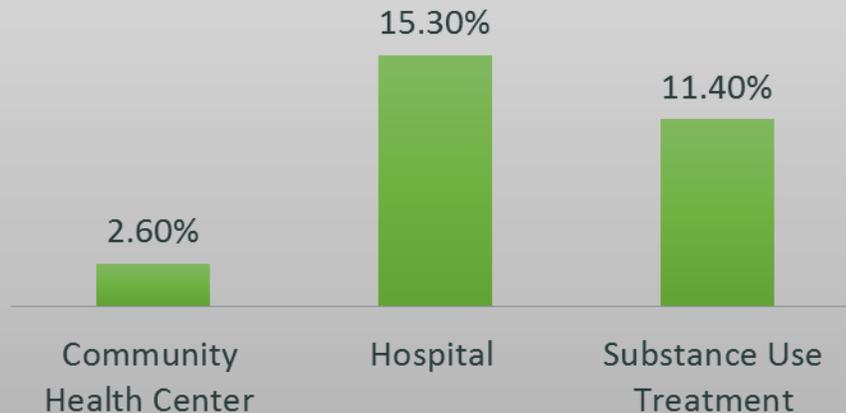
338K HIV tests and 2.5K positives diagnosed since 2010



101K HCV Ab Tests, 2.3K Ab+ and 1K RNA+ diagnosis since 2014



HCV AB Seropositivity By Site Type



HCV LTC

- SoCal FOCUS Partners are linking patients to specialists for first appointments
- Linkage to care best practices emerging , including for high risk patients with multiple co-morbidities
 - UCLA = 122 patients linked, 90% HCV ALTC
 - Venice Family Clinic = 126 patients linked, 79% HCV LTC
 - FHCS D = 40 patients linked, 68% HCV ALTC

FOCUS Team at UCSD

- **Infectious Diseases**
 - Director: Susan Little
 - Co-Director: Martin Hoenigl
 - Lead Physician: Jill Blumenthal
- **Emergency Department**
 - Director: Chris Coyne
 - Senior Advisor: Gary Vilke
 - Data Manager: Jesse Brennan
- **FOCUS ID Physicians**
 - Gabe Wagner, Lucy Horton, Melanie McCauley
- **FOCUS Case Managers**
 - Miriam Zuazo, George Lara-Paez

The role of automated ED screening programs (I)

- FOCUS started with automated EMR directed opt-out universal HIV screening in 2 EDs in June 2017
 - Net-profit for institution
- In 2018 HCV screening (birth cohort) was added

Table 1. Definitions and equations for parameters used in the models as well as 2018 Payor mixes and reimbursement for 4th generation HIV testing at University of California San Diego (UCSD) Emergency Departments in patients 13–64 years of age.

Equations to determine cost benefit in UCSD health system (base model)

Total cost
 Total cost = $d \times 12,513$
 Considering:
 d = Direct Cost per test
 Annual ED HIV screening tests conducted = 12,513

Reimbursement per payor
 Reimbursement per payor = $R_j = r_j \times m_j \times 12,513$
 Considering:
 r = reimbursement in USD per payor per test
 m = respective payor mix %/100
 j = Payor (commercial, Medicare, Medi-Cal, and self-payor; capitated contracts set too 0)

Total reimbursement
 Total reimbursement = Sum (R_j) = $R_{\text{Commercial}} + R_{\text{Medicare}} + R_{\text{Medi-Cal}} + R_{\text{Self}}$

Net benefit
 Net benefit = Total reimbursement – Total cost

Reimbursement Payer	UCSD Payer Mix %	UCSD Reimbursement
Commercial (PPO/HMO)	28%	52% (of gross charge)
Medicare	18%	\$29.73
Medi-Cal/Medicaid	9%	\$20.26
Self-Payer	8%	2% (of gross charge)
Commercial Capitated Contracts (PPO/HMO)	37%	\$0

TABLE 1 Demographic characteristics of newly HIV diagnosed and known status and out-of-care PLWH univariate and multivariable binary logistic regression models for predicting retention in care after 6 months

Variable	New HIV diagnoses (n = 47)	Known HIV+ persons out-of-care (n = 92)	Descriptive statistics of population included in model (n = 55)	Univariate Model			Multivariate Model*		
				OR	95% CI	p-value	aOR	95% CI	p-value
Age (years)	41.04 ± 12.828	42.88 ± 10.870	40.45 ± 12.244	1.035	0.986–1.087	0.164	n.s.		
Female sex at birth	12 (25.5%)	15 (16.3%)	11 (20%)	1.000	0.253–3.949	n.s.			
Female gender identity	15 (31.9%)	17 (18.5%)	15 (27%)	0.808	0.238–2.737	n.s.			
Hispanic ethnicity	14 (29.8%)	24 (26.1%)	23 (42%)	1.046	0.782–1.399	n.s.			
If male, sex with men (MSM)	14 (29.8%)	36 (39.1%)	26 (47.3%)	0.865	0.772–1.038	0.119	n.s.		
Trans person who has sex with men	4 (8.6%)	3 (3.3%)	5 (9.1%)	0.932	0.742–1.171	n.s.			
Injection drug use	10 (21.3%)	27 (29.3%)	12 (21.8%)	0.858	0.737–0.999	0.049	n.s.		
Methamphetamine use	18 (38.3%)	45 (48.9%)	21 (47.2%)	0.822	0.686–0.984	0.033	0.822	0.686–0.984	0.033
Other substance use (excluding alcohol and marijuana)	17 (36.2%)	38 (41.3%)	19 (34.5%)	0.853	0.722–1.006	0.060	n.s.		
Psychiatric illness	24 (51.1%)	42 (45.7%)	29 (52.7%)	0.873	0.720–1.058	0.165	n.s.		
Unstable housing	24 (51.5%)	55 (59.8%)	35 (63.6%)	0.862	0.686–1.083	n.s.			
Imprisonment	5 (10.6%)	13 (14.1%)	7 (12.7%)	0.911	0.786–1.055	n.s.			

Note: p-values <0.2 are italic and those <0.05 bold.
 Abbreviations: aOR, adjusted odds ratio; PLWH, persons living with HIV/AIDS.
 * $\chi^2 = 1.937$; $p = 0.164$ Hosmer–Lemeshow; forward Wald binary logistic regression.

Hoeningl et al. AIDS Care 2021

Mathur et al. Acad Em Med 2020

The role of automated ED screening programs (II)

- FOCUS started with automated EMR directed opt-out universal HIV screening in 2 EDs in June 2017
- In 2018 HCV screening (birth cohort) was added
- In 2019 universal HCV screening was implemented
- In 2021 Syphilis Screening for pregnant women added
 - Additional contact field added at Registration form for those without traditional form of contact
- In 2022 Linkage to preventative module was added

FOCUS during COVID

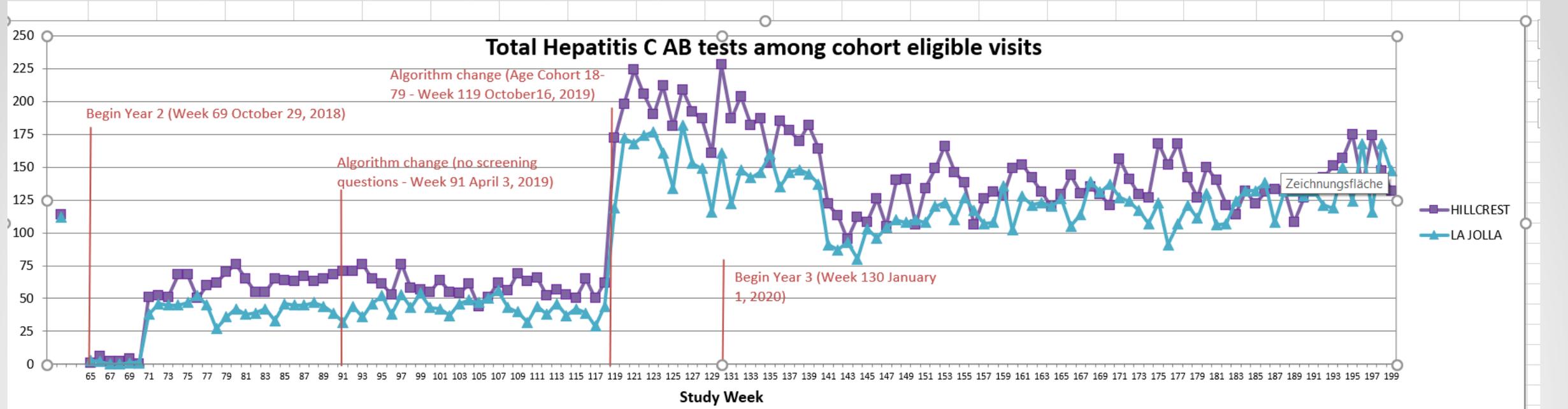
Time Period / Testing program outcomes	November 2019 – Mid March 2020	Mid March 2020 – Mid May 2020	Mid May 2020 – August 2020
Weekly Emergency Department Census for HIV tests (median, interquartile range)	1,212 (1,170-1,236)	849 (819-937)	1,080 (998-1,123)
Weekly Number of HIV lab based Ab/Ag tests (median, interquartile range)	214 (203-231)	140 (134-147)	191 (177-201)
Weekly Emergency Department Census for HCV tests (median, interquartile range)	1,497 (1,455-1,521)	1,043 (998-1,124)	1,306 (1,238-1,364)
Weekly Number of HCV Ab tests (median, interquartile range)	326 (315-356)	209 (192-213)	251 (241-264)

JAIDS Journal of Acquired Immune Deficiency Syndromes Publish Ahead of Print
DOI: 10.1097/QAI.0000000000002763

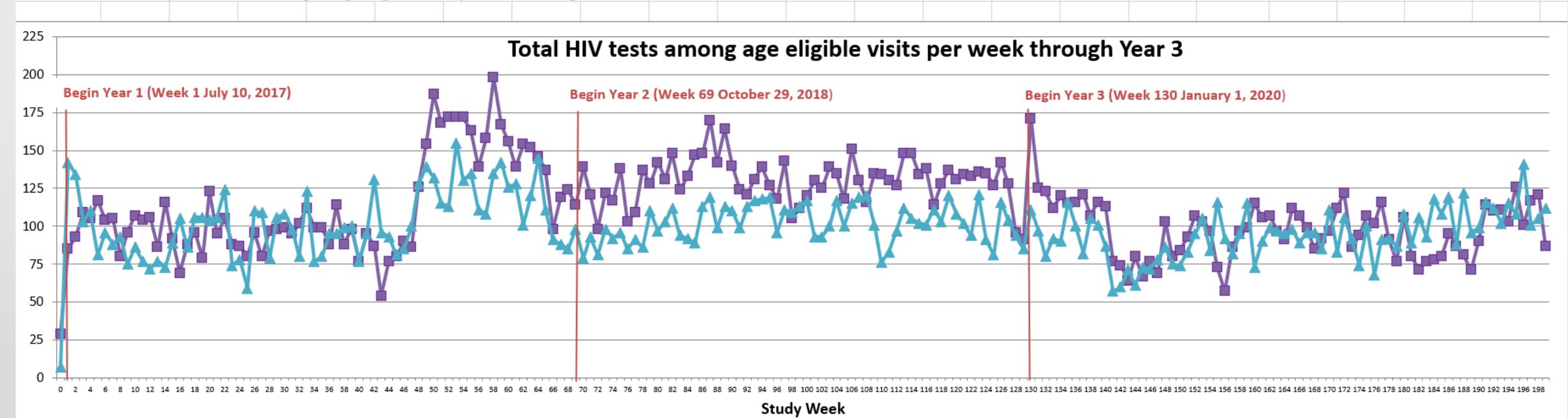
HIV and HCV Screening in the Emergency Department and Linkage to Care during COVID-19: Challenges and Solutions

George Lara-Paez¹, Miriam Zuazo¹, Jill Blumenthal¹, Christopher J. Coyne², Martin Hoening^{1,8}

I. Total number of rapid Hepatitis C AB tests among all cohort eligible visits per week through Year 3.



1. Total number of rapid HIV tests among all age eligible visits per week through Year 3.



COVID and HIV screening UCSD

- Automated ED HIV HCV screening program continued high-level screening during peak of COVID-19 pandemic
- Absolute screening numbers reduced due to reduced census



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BEYOURBEST.AT

COVID and HIV screening UCSD

Happy Ending?

SORRY, WE
AREN'T IN
DISNEY.

- COVID still had a significant impact on ability to link positives to care
 - SD county has stopped tracking out of care individuals
 - Relinkage particularly impacted

Grinder

FROM- ANCE IN THE AGE OF COVID

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ke
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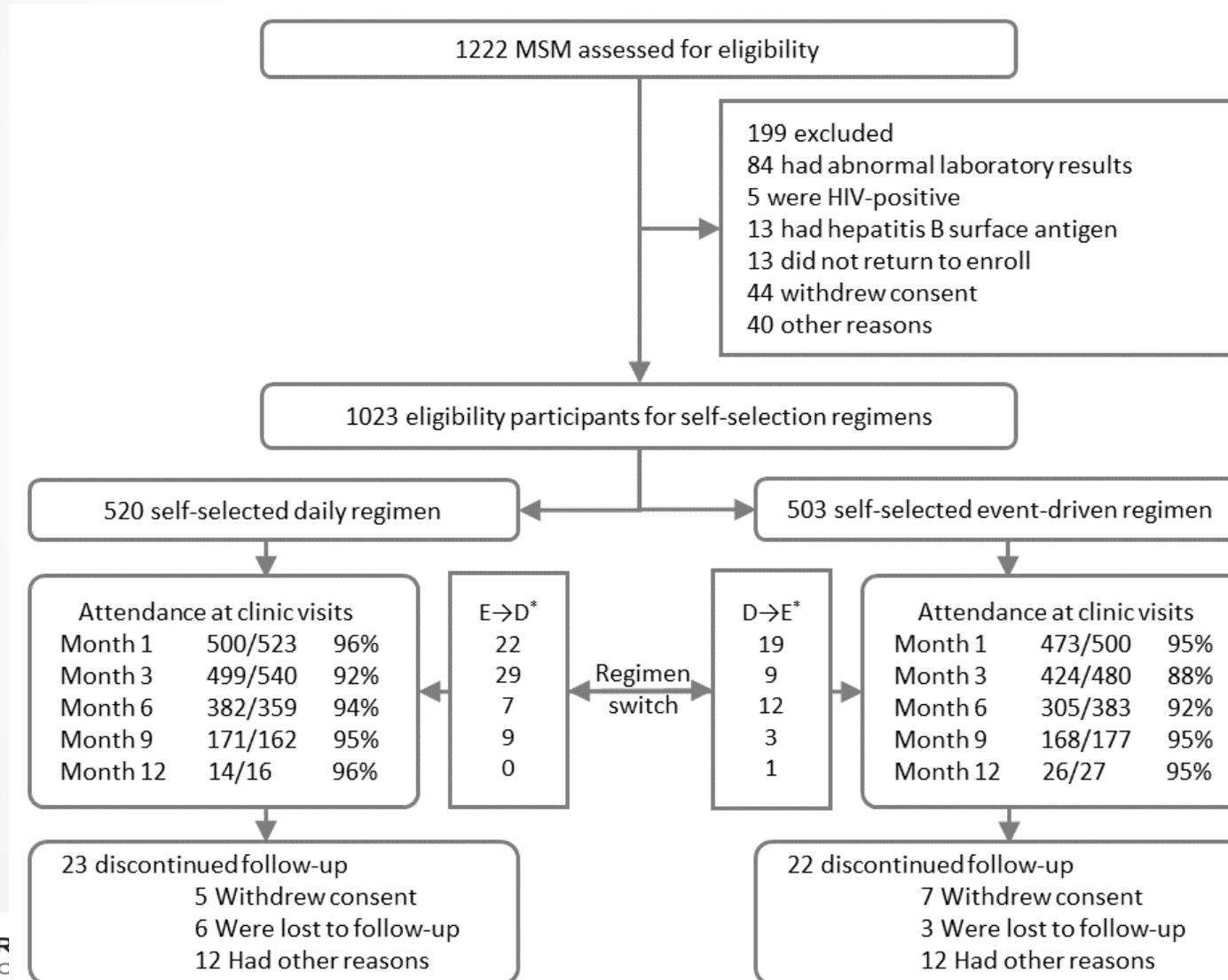
Month 12 14/18 50%

23 discontinued follow-up
5 Withdrew consent
6 Were lost to follow-up
12 Had other reasons

Month 12 20/27 50%

22 discontinued follow-up
7 Withdrew consent
3 Were lost to follow-up
12 Had other reasons

Grindr and PrEP Adherence: China



74% of the 1,023 eligible participants, reported primarily using Geosocial networks like Grindr to seek sexual partners

Grindr and PrEP Adherence: China (2)

- Geosocial network users had higher-risk behaviors such as multiple sex partners and condomless than non-users (all $P < .05$)
- During follow-up, Geosocial network users had significantly lower level of pill-counting adherence than non-users (adjusted odds ratio [aOR]=0.8, 95%CI=.6~1.0, $P = .038$)
- In the on-demand group, Geosocial network users had had only a trend towards lower levels of self-reported adherence (aOR=0.7, $P = .060$) but lower self-reported PrEP coverage during sexual activity (aOR=0.6, $P = .038$)

Wang et al JMIR 2020

HCV Screening during COVID

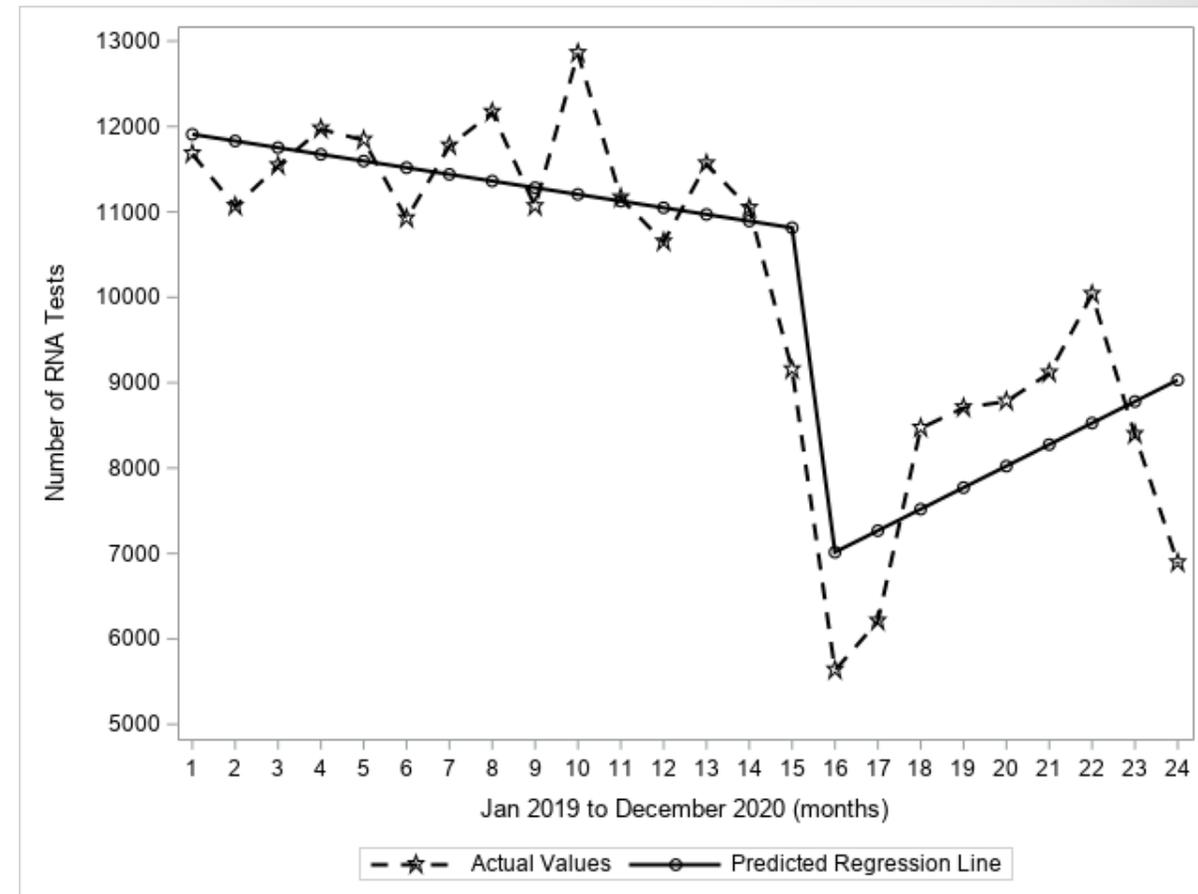
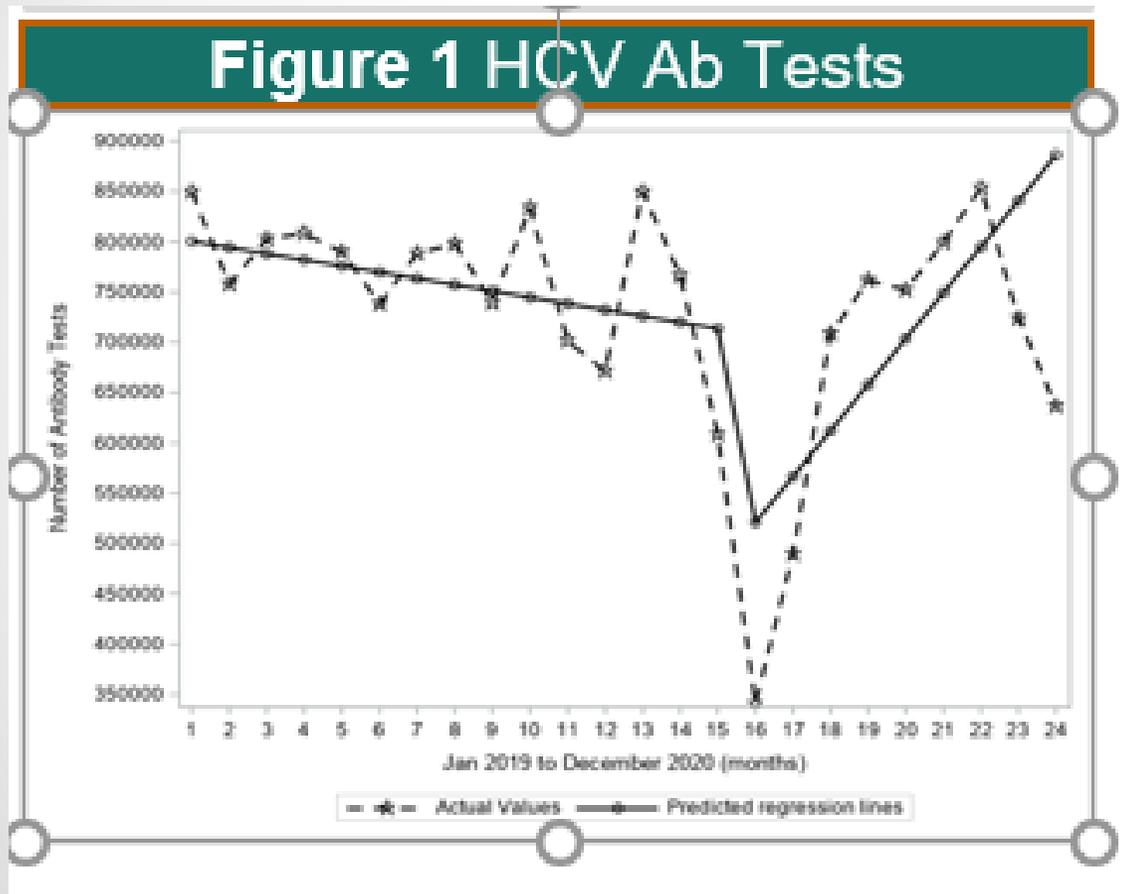
- Healthcare services disrupted by COVID-19 pandemic, reducing opportunities to conduct routine HCV antibody screening, clinical care, and treatment during the first half of 2020
 - HCV screening decreased between 35% and 59% during April 2020 and rebounded to a 6%–20% reduction in July and August 2020
 - Linkage to care of HCV-positive individuals and HCV treatment prescriptions reduced by 37%–43% between May and July 2020
- Longer term trends remain unknown.

Kaufman et al. Am J Prev Med 2021; 61:369–76.

HCV testing across the US- Analysis

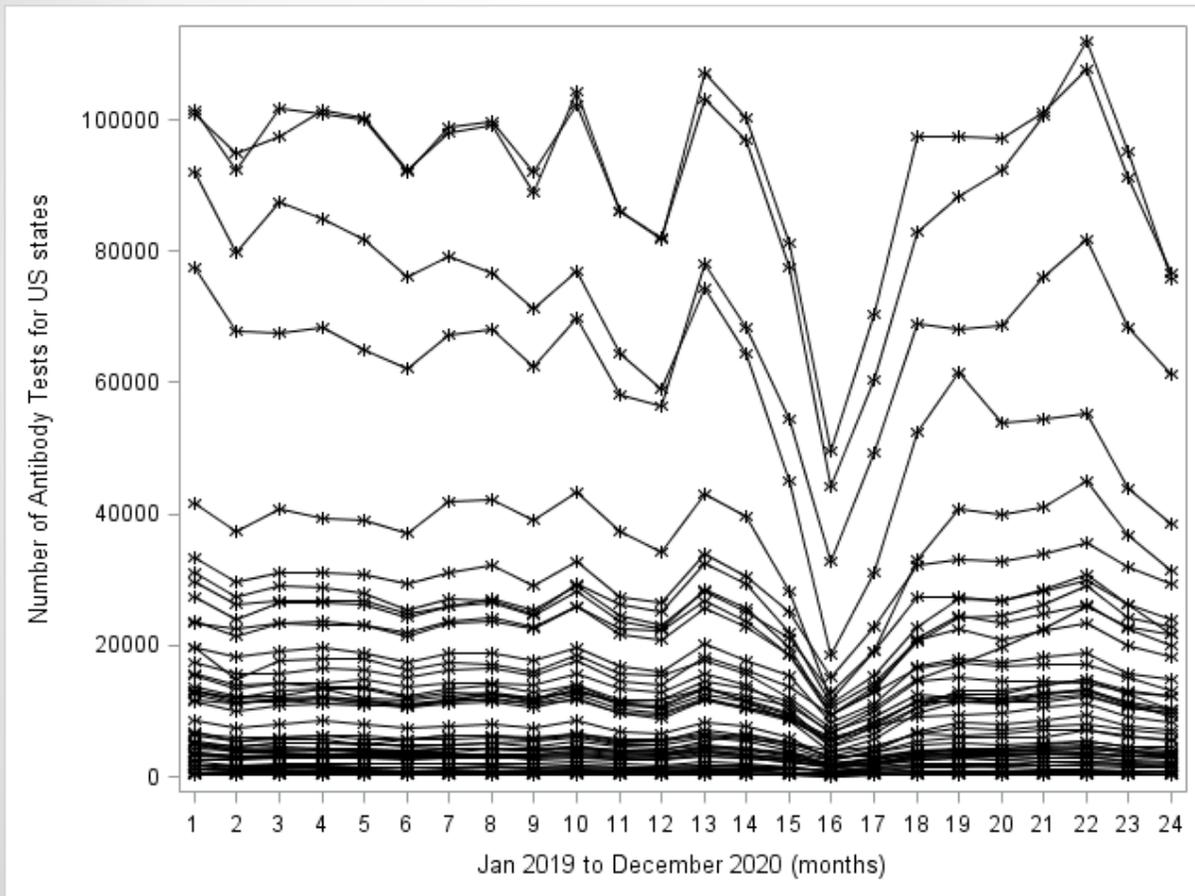
- **Objective:** To investigate the nationwide impact of the pandemic on HCV testing and treatment in the United States through the end of 2020.
- **Methods:**
 - Obtained monthly state-level volumes of HCV antibody, RNA and genotype testing and HCV treatment initiation, stratified by age and gender, spanning January 2019 until December 2020 from two large national labs (Quest and LabCorp).
 - Performed segmented regression analysis for each state from a mixed effects Poisson regression model with Month as the main fixed predictor, and State as a random intercept.
 - January 2019 to March 2020 was designated the 'pre-COVID period' and April-December 2020 designated the 'COVID period'.

HCV testing across the US: results

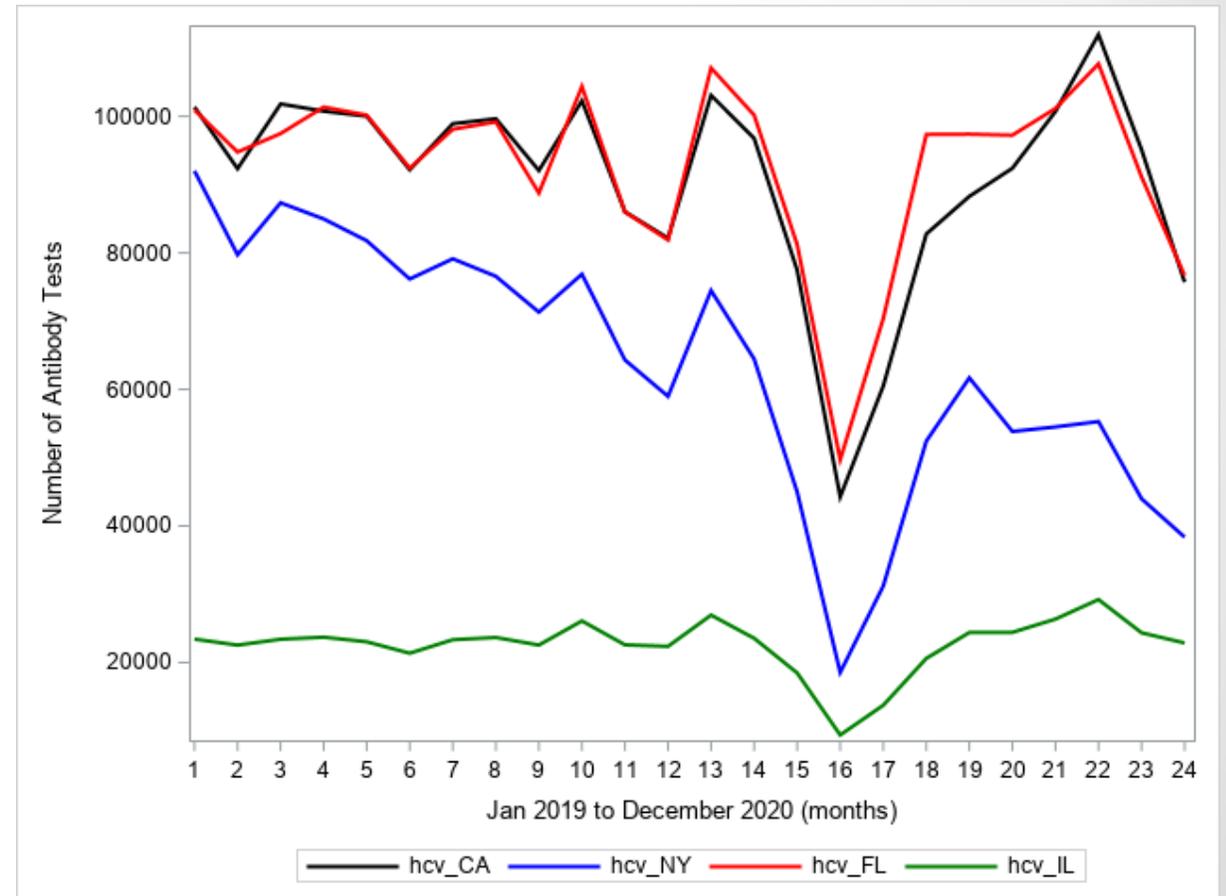


HCV testing across the US: results

By State

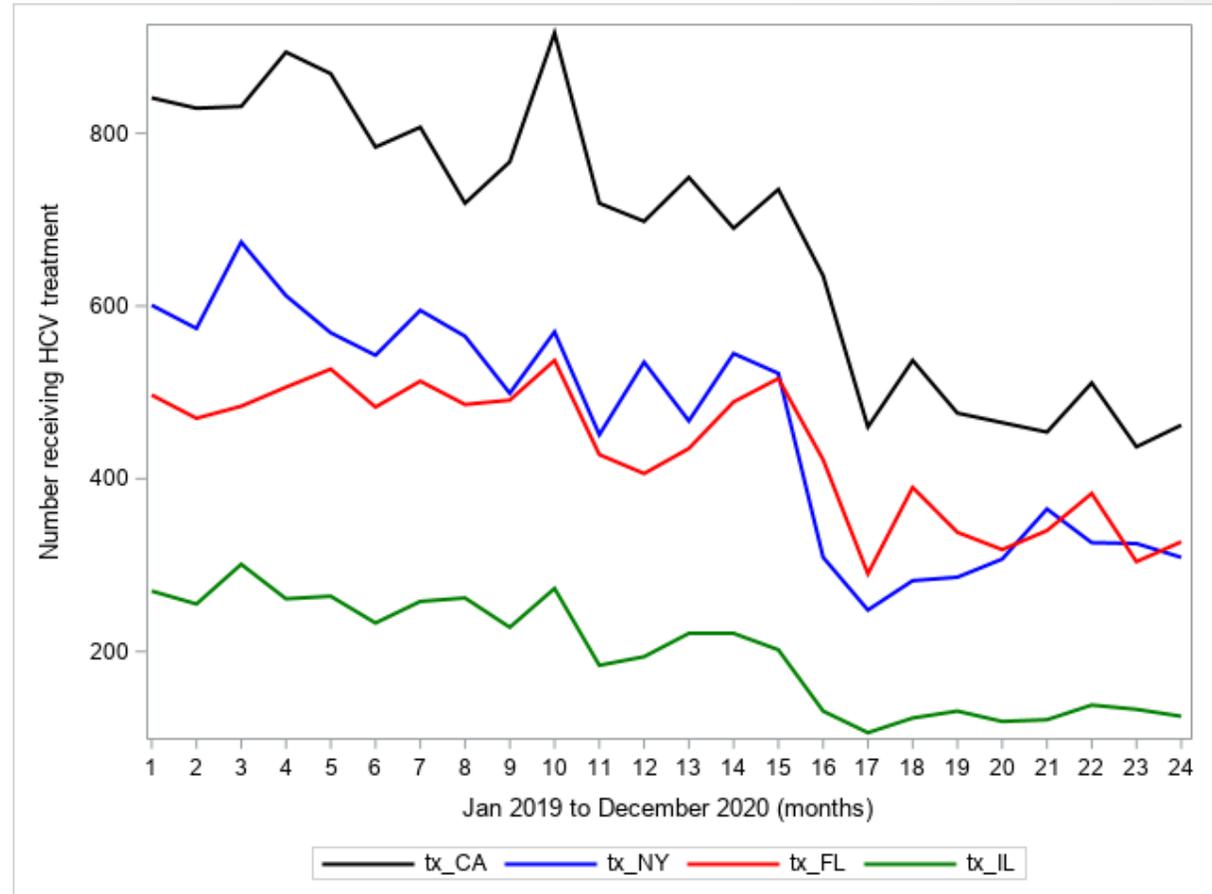
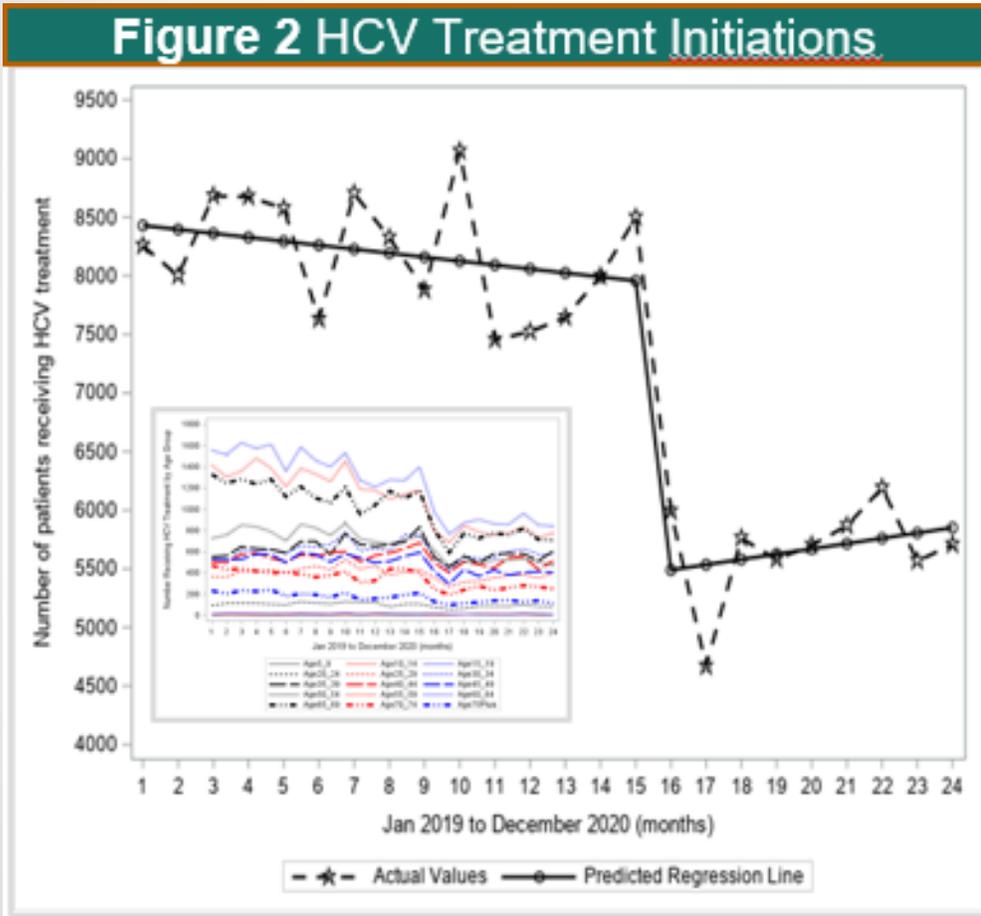


Independent from timing and extent of lockdown measures



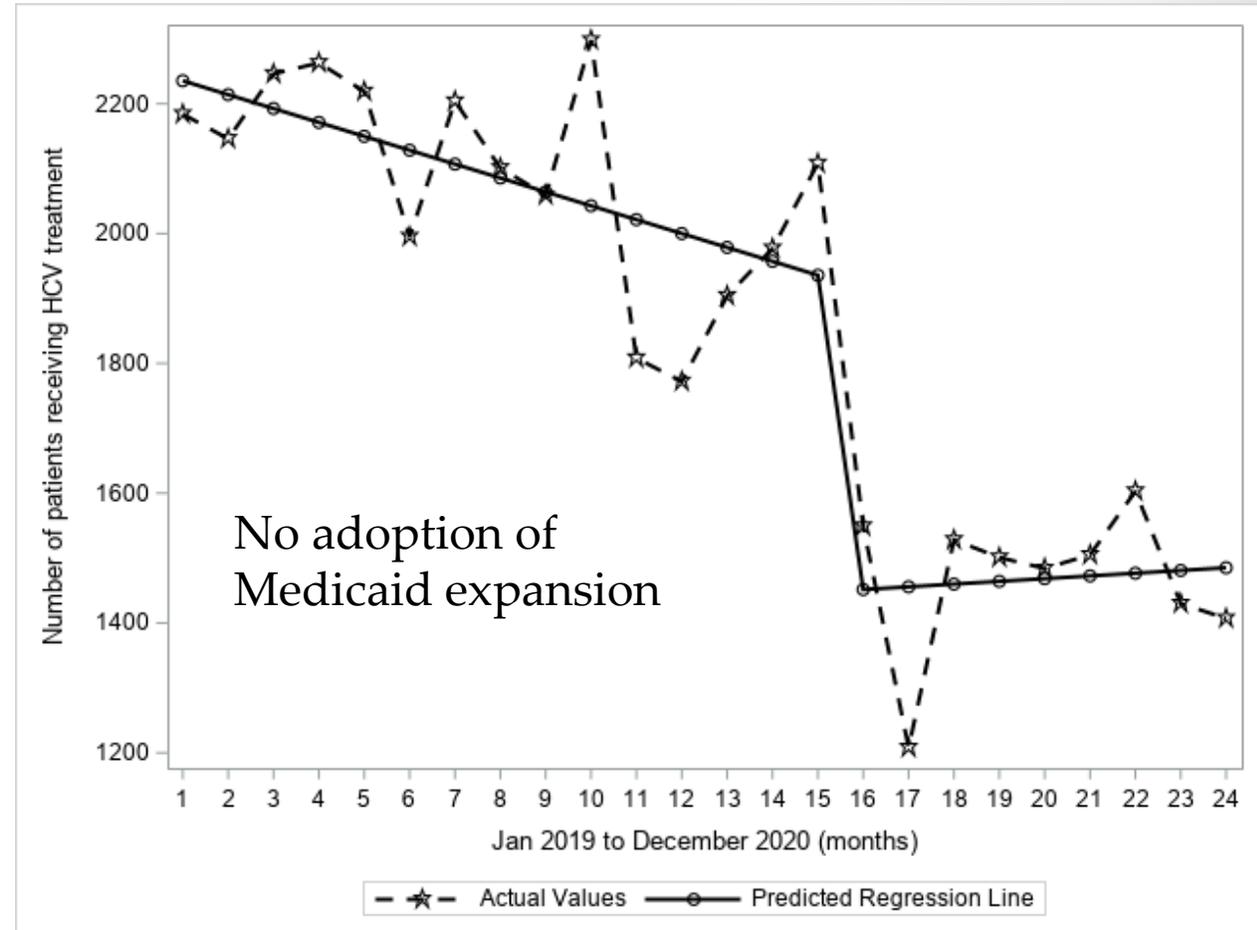
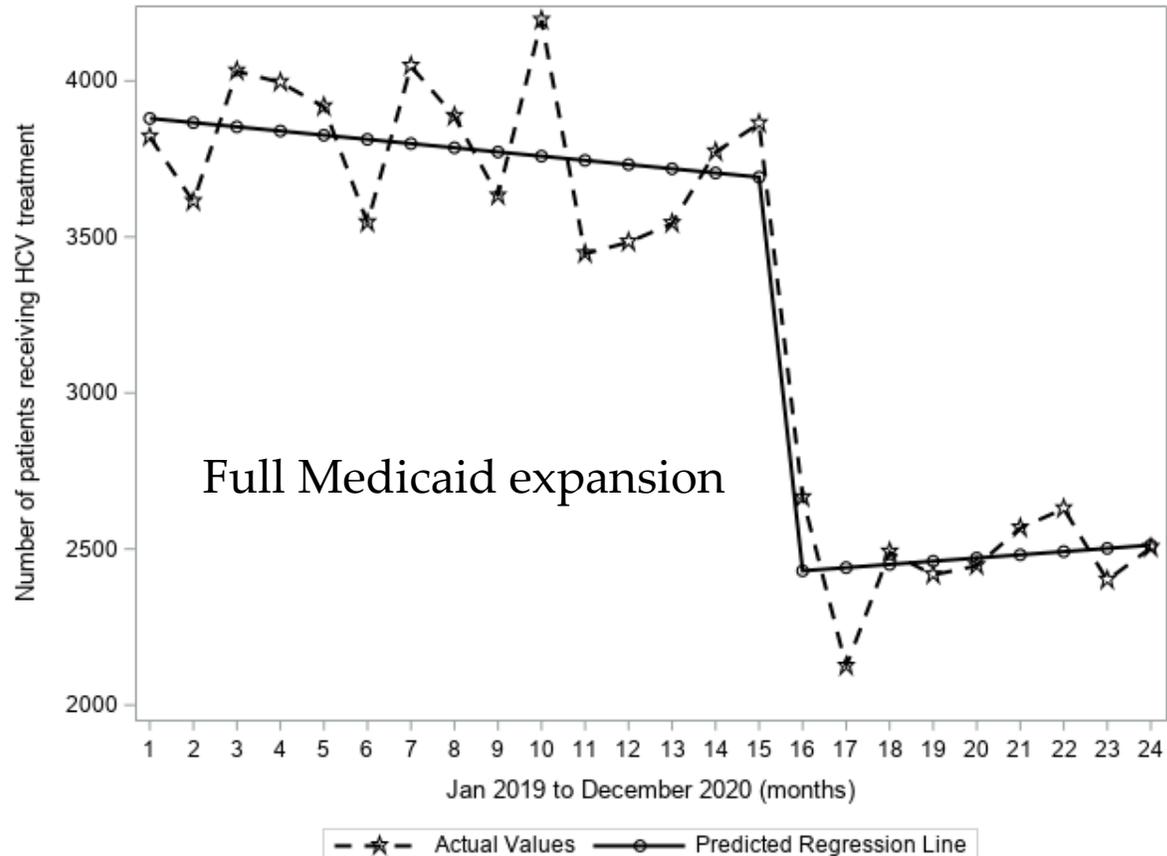
HCV TX across the US: results

In subanalyses, there were also similar trends in HCV treatment declines by state



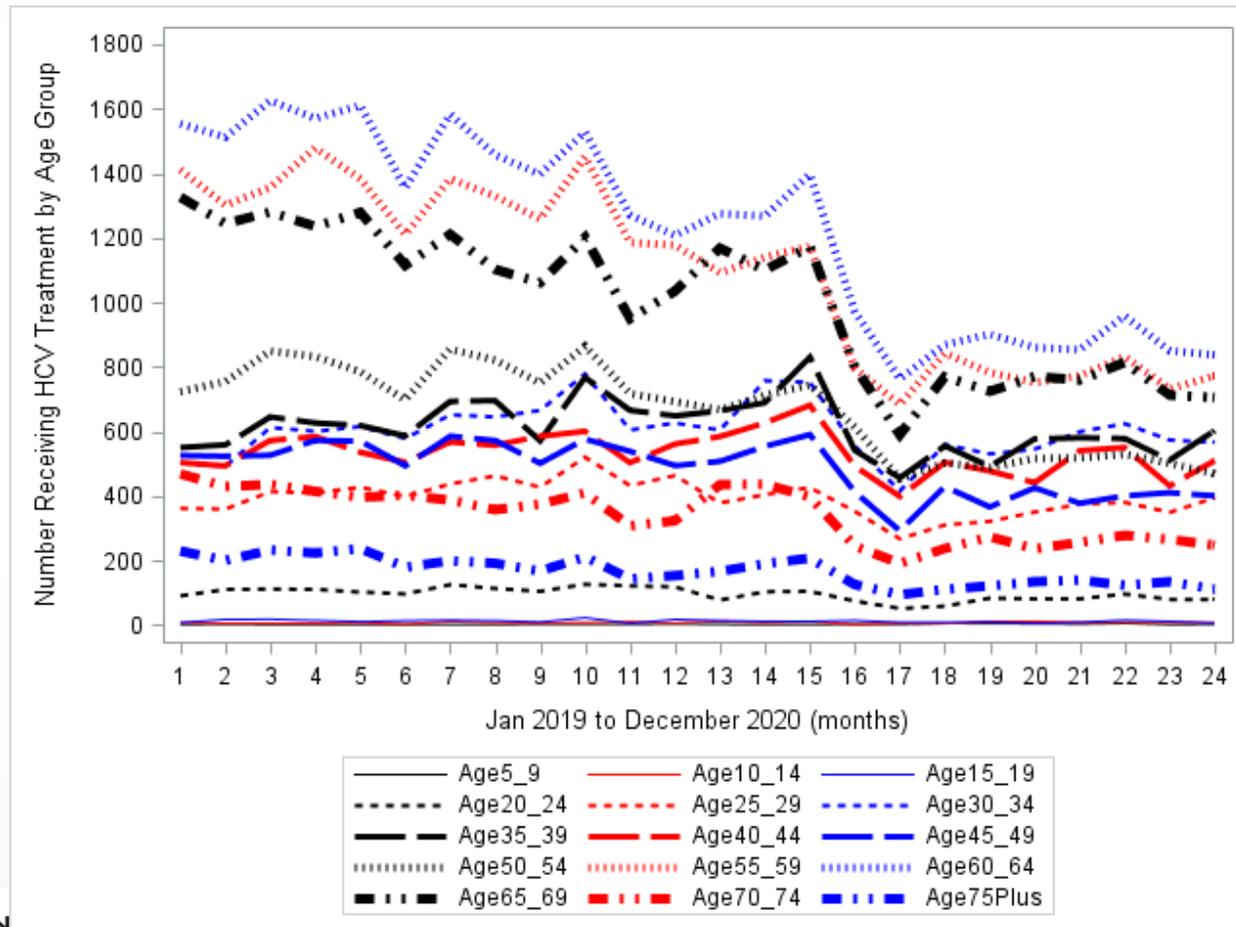
HCV TX: Medicaid Expansion

States that did not adopt Medicaid expansion did have a significant month-to-month decrease in HCV treatment initiations during the pre-COVID-19 period ($P = .014$), whereas the states that adopted Medicaid did not ($P = .3$). However, there was no difference in the trend after April 2020 between states that adopted Medicaid and those that did not (both $P < .001$).



HCV treatment across the US: results

By Age Group



HCV testing across the US: conclusions

- HCV testing and treatment dropped by over 30% during April 2020 at the start of the COVID pandemic.
- While HCV testing increased again later in 2020, HCV treatment rates did not recover.
- Efforts should be made to link HCV positive patients to treatment and revitalize HCV treatment engagement by health care providers.

Optimising HIV/STI testing programs post COVID



PRIMARY INFECTION
Research Consortium



G2G program

- Good2Go (G2G) sexual health clinic – in central San Diego, California – provided
 - HIV screening (for acute and prevalent infection)
 - testing and treatment for bacterial STIs
 - access to same day antiretroviral treatment (ART) for MSM persons newly diagnosed with HIV
 - and same day pre-exposure prophylaxis (PrEP) for persons vulnerable to HIV acquisition

Objective / Methods

- Exploratory sequential mixed-methods study
- Objective: to gain a better understanding of the motivations of G2G study participants to receive testing at our community-based program.
- Themes derived from five focus groups (June to August 2019) were used to develop a five-item quantitative survey.

The survey: experiences with the Good to Go (G2G) program

- **3 main questions** (choose all that apply, then choose most favorite feature)
 - Which features of Good to Go (G2G) do you like?
 - What experiences do you have at Good to Go (G2G) that you find valuable?
 - What would make you more likely to use Good to Go (G2G) in the future?
- **2 more questions** on testing at other venues:
 - If Good to Go (G2G) stopped providing STI testing services, how likely would you be to return to G2G vs, another HIV testing?
 - How would your HIV and STI testing change, if the Good to Go (G2G) program were to go away?

Population

- Survey conducted in 259 repeat testers 02/2021-09/2021
 - 255 male gender; 4 non-binary
 - 43% (111/259) Hispanic Ethnicity
 - 85% (221/259) White race; 8,1% Asian; 4,2% Black/African American
 - Median Age: 34, range 20-75

Which features of Good to Go (G2G) do you like most?

Selection	N	%
A one-stop shop to get sexual health services	51	19,7
No cost HIV testing	34	13,1
Having a streamlined process for testing and receiving my test results	29	11,2
No cost STI testing	27	10,4
Professional staff	20	7,7
Convenient Location	18	6,9
The environment (e,g, atmosphere, vibe) at the Good to Go testing site	17	6,6
Easy Scheduling	16	6,2
Other (4/12 Fast service!)	12	4,6
Completing a routine survey about my sexual health	11	4,2
Privacy	11	4,2
Good communication of test results and recommended follow-up	7	2,7
None of the Above	3	1,2
Use of technology to deliver my test results (e,g, text message, email)	3	1,2

Which features of Good to Go (G2G) do you like most?

Selection		N	%
A one-stop shop to get sexual health services		51	19,7
No cost HIV testing		34	13,1
Having a streamlined process for testing and receiving my test results		29	11,2
No cost STI testing		27	10,4
Professional staff		20	7,7
Convenient Location		18	6,9
The environment (e,g, atmosphere, vibe) at the Good to Go testing site		17	6,6
Easy Scheduling		16	6,2
Other (4/12 Fast service!)	comfortable to be there	12	4,6
Completing a routine survey about my sexual health	Efficiency		
Privacy	Efficiency, reliability, excellent no-cost tests	11	4,2
Good communication of test results and recommended follow-up	Fast service	11	4,2
None of the Above	Friendly compassionate staff	7	2,7
Use of technology to deliver my test results (e,g, text message, email)	Non clinical feeling		
	Quick and easy	3	1,2
	Super clean		
	The staff are kind and understanding.	3	1,2

Which other features of G2G do you like?

Selection	N	%
A one-stop shop to get sexual health services	86	33,2
No cost HIV testing	121	46,7
Having a streamlined process for testing and receiving my test results	83	32
No cost STI testing	137	52,9
Professional staff	136	52,5
Convenient Location	79	30,5
The environment (e.g, atmosphere, vibe) at the Good to Go testing site	102	39,4
Easy Scheduling	81	31,3
Other	27	10,4
Completing a routine survey about my sexual health	32	12,4
Privacy	94	36,3
Good communication of test results and recommended follow-up	97	37,5
None of the Above	6	2,3
Use of technology to deliver my test results (e.g, text message, email)	95	36,7

Which other features of G2G do you like?

Selection		N	%
A one-stop shop to get sexual health services	Caring, compassionate staff	1	
	Chill/friendly staff	1	33,2
No cost HIV testing	Fast and convenient	2	46,7
	fast service	1	
Having a streamlined process for testing and receiving results	Fast service	4	32
	Feels less like a hospital/clinic	1	
No cost STI testing	Friendly staff	1	52,9
Professional staff	Having services for MSM is very rare so I like that	1	52,5
Convenient Location	I can test with out it being part of my military record	1	30,5
The environment (e,g, atmosphere, vibe) at the Good to Go	Location	1	39,4
Easy Scheduling	Quick results	2	31,3
Other	Services are hard to find in other locations.	1	10,4
Completing a routine survey about my sexual health	The ambience	1	12,4
	The best thing that ever happened!	1	
Privacy	The colors are very welcoming	1	36,3
Good communication of test results and recommended next steps	The early test	1	37,5
	The early test.	1	
None of the Above	The throat and anal swab, it's hard to get at my primary care.	1	2,3
Use of technology to deliver my test results (e,g, text message)	The whole process how well executed it is.	1	36,7
	website	1	
	Welcoming and polite staff	1	

What experiences do you have at Good to Go (G2G) that you find most valuable?

Selection	N	%
Contributed to research	57	22
I am supporting the overall health of my community	54	20,8
I feel empowered about my sexual health	27	10,4
I am improving my sexual health	25	9,7
I feel less anxiety towards testing for HIV	25	9,7
I feel less anxiety towards testing for STIs	25	9,7
I feel empowered about my overall health	18	6,9
I feel valued by the program	18	6,9
None of the above	6	2,3

What other experiences do you have at Good to Go (G2G) that you find valuable?

Selection	N	%
Contributed to research	79	30,5
I am supporting the overall health of my community	81	31,3
I feel empowered about my sexual health	59	22,8
I am improving my sexual health	50	19,3
I feel less anxiety towards testing for HIV	66	25,5
I feel less anxiety towards testing for STIs	66	25,5
I feel empowered about my overall health	51	15,7
I feel valued by the program	41	15,8
None of the above	59	22,8
Other	6	2,3

What other experiences do you have at Good to Go (G2G) that you find valuable?

Selection	N	%	
Contributed to research	79	30,5	
I am supporting the overall health of my community	81	31,3	
I feel empowered about my sexual health	59	22,8	
I am improving my sexual health	50	19,3	
I feel less anxiety towards testing for HIV	66	25,5	
I feel less anxiety towards testing for STIs	66	25,5	
I feel empowered about my overall health	51	15,7	
I feel valued by the program	41	15,8	
None of the above	Best service participant has ever received		
Other	Friendly staff		22,8
	It's so easy to get tested		2,3
	No judgement from staff		
	Peace of mind		

What one thing would make you more likely use G2G in future?

Selection	N	%
Access to same-day STI treatment	46	17,8
Being able to test for HIV/STIs more than once every 3 months	40	15,4
Add additional testing locations for the Good to Go mobile testing van	29	11,2
None of the above	26	10
Access to parking for Good to Go appointments	23	8,9
Access to free point of care (same-day, on-site) COVID testing	22	8,5
Access to mental health counseling via telemedicine	14	5,4
Access to same-day PrEP	14	5,4
Being able to refer my heterosexual friends for HIV testing at God to Go	11	4,2
Other {g2gconsdrfutr1_othr}	10	3,9
Access to PrEP navigation services	8	3,1
Access to same-day HIV treatment if I test HIV-positive	8	3,1
Access to substance use support services via telemedicine	3	1,2
Being able to refer my transgender friends for HIV testing at Good to Go	2	0,8
Access to case management via telemedicine	1	0,4
Transportation support for Good to Go appointments	1	0,4

What one would make you more likely use G2G in future?

Selection	N	%
Access to same-day STI treatment	46	17,8
Being able to test for HIV/STIs more than once every 3 months	40	15,4
Add additional testing locations for the Good to Go mobile testing van	29	11,2
None of the above	26	10
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Access to free point of care (same-day, on-site) COVID testing	22	8,5
Access to mental health counseling via telemedicine	14	5,4
Access to same-day PrEP	14	5,4
Being able to refer my heterosexual friends for HIV testing at	12	4,2
Other		
Access to PrEP navigation services	11	3,9
Access to same-day HIV treatment if I test HIV-positive	11	3,9
Access to substance use support services via telemedicine	1	0,3
Being able to refer my transgender friends for HIV testing at Good to Go	1	0,3
Access to case management via telemedicine	1	0,3
Transportation support for Good to Go appointments	1	0,3
on-site) COVID testing"	1	0,3
Adding more appointments	1	0,3
Giving condoms and lube	1	0,3
Having a medical provider on site to answer medical questions	1	0,3
Hep B vaccine	1	0,3
I am no longer eligible due to recent changes, I will truly miss G2G,	1	0,3
NO COST HIV&STI testing	1	0,3
Obtain results faster for Early Test	1	0,3
Offer primary care service/labs	1	0,3
On going HIV research	1	0,3
Pride tickets	1	0,3

Which else would make you more likely use G2G in future?

Selection	N	%
Access to same-day STI treatment	55	21,2
Being able to test for HIV/STIs more than once every 3 months	33	12,7
Add additional testing locations for the Good to Go mobile testing van	36	13,9
None of the above	59	22,8
Access to parking for Good to Go appointments	26	10
Access to free point of care (same-day, on-site) COVID testing	16	6,2
Access to mental health counseling via telemedicine	27	10,4
Access to same-day PrEP	35	13,5
Being able to refer my heterosexual friends for HIV testing at God to Go	26	10
Other	11	4,2
Access to PrEP navigation services	26	10
Access to same-day HIV treatment if I test HIV-positive	39	15,1
Access to substance use support services via telemedicine	13	5
Being able to refer my transgender friends for HIV testing at Good to Go	24	9,3
Access to case management via telemedicine	16	6,2
Transportation support for Good to Go appointments	7	2,7

What would make you more likely use G2G in future?

Selection	N	%
Access to same-day STI treatment	55	21,2
Being able to test for HIV/STIs more than once every 3 months	33	12,7
Add additional testing locations for the Good to Go mobile testing van	36	13,9
None of the above	59	22,8
Access to parking for Good to Go appointments	26	10
Access to free point of care (same-day, on-site) COVID testing	16	6,2
Access to mental health counseling via telemedicine	27	10,4
Access to same-day PrEP	35	13,5
Being able to refer my heterosexual friends for HIV testing at Good to Go	26	10
Other		
An emergency service for cases that need quick response	1	4,2
Covid-19 Vaccine	2	
Access to PrEP navigation services	1	10
Extended hours	1	
Access to same-day HIV treatment	1	15,1
Having walk in appointments	1	
Include other testing services like UTI or other STDs	1	
Access to substance use support services via telemedicine	13	5
Being able to refer my transgender friends for HIV testing at Good to Go	1	9,3
more staff	1	
Access to case management via telemedicine	16	6,2
Transportation support for Good to Go appointments	7	2,7
Offering Hep B Hep A vaccines	1	
Same day appointments	1	
syphilis treatment	1	

If Good to Go (G2G) stopped providing STI testing services, how likely would you be to return to G2G vs, another HIV testing site?

Selection	N	%
I would definitely come back to G2G	176	68
I would probably come back to G2G	27	10,4
I would probably go to another HIV testing site	25	9,7
I would definitely go to another HIV testing site	17	6,6
I would be just as likely to come back to G2G as I would another HIV testing site	13	5

Only 16.3% would probably/likely not come back!

How would your HIV and STI testing change, if the Good to Go (G2G) program were to go away?

Selection	N	%
I would test less often than I test at Good to Go	140	54,1
I would test the same amount as I test at Good to Go	98	37,8
I would test more often than I test at Good to Go	11	4,2
I would stop testing for HIV and STIs	7	2,7

Only 42% would test at least as frequently!

54.1% would test less frequently and 2.7% would even stop testing!

Most Appreciated Features & Valuable Experiences



G2G

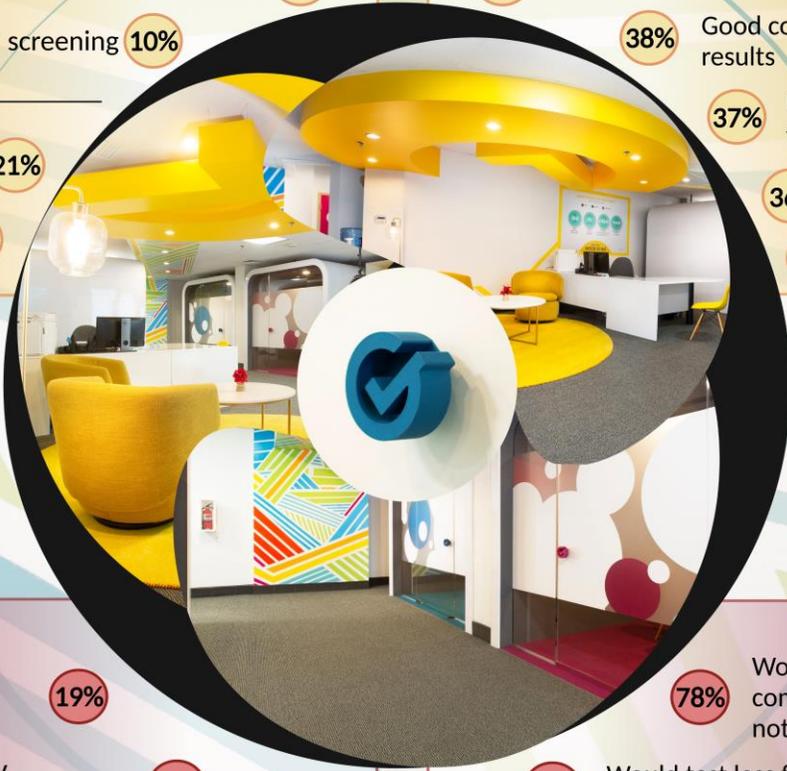
A community based comprehensive health screening program



Other appreciated features

- One stop shop to get sexual health services **19%**
- Streamlined process for receiving test result **11%**
- No cost HIV **13%** & STI screening **10%**
- Supporting overall community health **21%**
- Contribution to research **22%**

- **53%** Professional staff
- **39%** Environment at G2G testing site
- **38%** Good communication of test results
- **37%** Use of technology to deliver test results
- **36%** Privacy
- **31%** Easy scheduling



- Access same-day STI treatment **19%**
- More frequent STI/HIV screening availability **15%**
- Additional locations for the mobile testing van **11%**

- **78%** Would definitely/probably come back if STI testing is not offered anymore
- **54%** Would test less frequently for HIV/STI if the testing program is closed
- **3%** Would stop testing completely for HIV/STI if the testing program is closed

Improvement suggestions



Impact of stopping the program



Conclusion

- COVID-19 did impact HIV testing numbers, although rates rebounded.
 - For some period automated ED programs where the only screening programs still standing.
 - Linkage to HIV care remains a challenge particularly re-linkage of out-of-care known HIV positives
- HCV testing numbers went down during early phases of the pandemic but rebounded, while HCV treatment initiation dropped and remained at a low level.
- Same day STI treatment is a desire from participants in order to further improve screening programs
- The closure of community based HIV screening programs will likely have a further negative impact on HIV screening rates.



Thank You for Your Attendance!

Please visit us at:

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