

Evaluation of an online service offering HIV self-test kits for UK-based sex workers identifying as female

M McCusker¹, J Vera^{5,2}, M Potter¹, J.A Welsh¹, S Nicholson³, K Nambiar², J Perkins⁴, G Dean². ¹Oasis Project, Brighton, ²Brighton & Sussex University Hospitals NHS Trust, ³Brighton & Hove City Council, ⁴BioSure (UK) Ltd, London; ⁵Brighton & Sussex Medical School, Brighton

BACKGROUND

HIV prevalence among female-identified sex workers (FSWs) in Europe range from <2% in Poland, 13% in Ukraine /Portugal and 20% in Latvia.¹ Estimates for UK SWs is 0.3%.² HIV rates amongst trans FSWs is higher at : 20% in Holland and 27% in Italy¹. A third (37%) of UK-based FSWs are migrants, with half from Eastern Europe³ The sex industry has changed in recent years. Most FSWs advertise online, via escort directories and advertising platforms. SW experience many vulnerabilities including isolation from lone working, stigma, discrimination and geographical distance from sexual health (SH) clinics. Higher risk of HIV for SWs can arise from multiple sexual partners, inconsistent condom use and hormone injections⁴.

AIMS

To assess the acceptability and uptake of free BIOSURE HIV self-test (HIVST) kits ordered through a bespoke website for UK-based FSWs.

METHODS

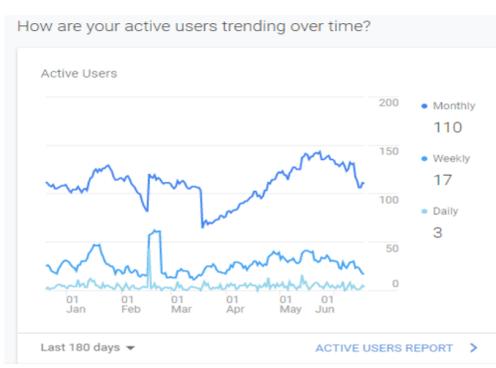
The FLeXible Alternatives to Self HIV testing (FLASH) website (<https://flashhivtest.co.uk/>) was designed and translated into 6 languages to engage migrant SWs. A service user group informed website content, promotion and evaluation. The evaluation used mixed methods including: order and survey data with telephone qualitative interviews of HIVST users. Views on website, kit packaging/delivery and HIVST were sought in the survey and interviews. Interviews were recorded, transcribed, and nVivo used for content analysis for themes arising.

RESULTS

144 kits were ordered from Jul-18 to May-19. The survey closed Mar-19 with 32% (46/144) completed; 20% of those (9/46) agreed to interview. Of the 46 surveys 67% were 18-35 years. 1 trans woman SW responded. Six (13%) reported moving to UK to live/work. 93% took the test at home. 45 reported a negative result, 1 responded N/A.

Table 1 Order Data (n=144)

Gender	Age Range	Region of Country	Last HIV Test
Female	138	18-23	13
Trans woman	6	24-29	43
		30-35	35
		36-41	28
		42-47	20
		48-53	4
		54-59	0
		60+	1
		Scotland	29
		Northern Ireland	3
		North East	12
		North West	17
		Yorkshire & Humber	12
		Wales	10
		Midlands	4
		East of England	5
		Greater London	26
		South East	20
		South West	4
		Prefer not to say/Blank	2



"I've been looking for something like that but no place offers it for free... and available to sex workers"

"Absolutely love the kit. Was apprehensive due to poor experience with different home test - but was fabulous"

Views about using FLASH from the survey

- 100% said they would recommend FLASH to another sex worker.
 - 100% felt FLASH was quick, convenient and would use it again
 - 74% preferred it to other ways of testing
 - 37% had some confidentiality concerns and 43% worried testing alone
- Some concerns were needle phobia or unsure how to do test properly rather than fear of result alone. A few did state this concern.
- 95% & 98% felt kits were discreetly packaged and information was clear
 - 96% knew what do if testing positive
 - 94% felt confident using the test
- Themes from survey free text (themes in italics)**
- Positive generally:* Easy website (8); fast delivery(6); easy test (5); convenient (3)
 - Negative aspcts:* anxiety at testing alone; fear of needles (7), bad experience with self-sampling (1) and fear of incorrect testing(1).

Qualitative Interviews (n=9)

Data saturation was reached with 9 interviews. Sample had good UK-spread; all female; 1 migrant. Themes from questions asked in bold, themes (in italics) :

- Previous HIV testing experience:** Sub-themes of SH clinics included wait time for appointments, judgement from staff ;positive comments about a SW-specific SH clinic
- Experience of HIVST kits:** views on **advantages:** avoids judgement, anonymity, easy, quick, convenient.; **disadvantages:** fear of positive result, none, prefer SH clinic. **Self-testing was most useful:** avoid SH clinic, respond to HIV risk , routine test, convenient and maintain negative status
- Awareness of HIVST before FLASH?** No (7/9)
- How did you hear about FLASH?** SW peer support forum (6/8), closed FB group (1), SW support agency (1)
- How much would you pay for HIVST?** Most felt retail price of £30 was fair; 6 would pay £25-35, 2 cited £15-20, £5 (1). This appeared to depend on income and proximity to SH clinic
- Interest in accessing other STIs from FLASH?** 100% said Yes. **How much pay for them?** £15 (1), £25-35 (2), full pack price £50-80 (3), free at SH clinic(2)

CONCLUSIONS

- The pilot demonstrated interest, feasibility and acceptability of HIVST kits ordered from a bespoke website for FSWs
- Feedback was extremely positive
- Targeted promotion was enhanced by FSW sharing information in their networks
- Access by higher risk groups may increase over time with a more targeted campaign

¹ ECDC, 2013; World Bank, 2013, ²PHE HIV testing in England: 2017 Report. ³UN Network of Sex Projects. Good Practice Guidance: Working with Migrant Sex Workers 2008, ⁴Guidelines on HIV prevention, diagnosis, treatment & care for key populations WHO 2014