

Bill and Ben Go Shopping

Initial Discussion About The Educational Implications of Rapid HIV Antibody Testing

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Their eyes had met across the dance floor. They are now intent on other body parts meeting. Bill and Ben are on their way home. They call into the chemist. "Condoms or test?" asks Bill. "Test" says Ben. They hand over \$3 to the chemist and administer the test strip to their gums. Three minutes later "It's negative", says Bill, and shows Ben. "It's a girl", Ben shrieks, laughing. Bill playfully slaps him. Ben shows him his HIV-negative result. Now nothing will get in the way of the meeting of their body parts.



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Sound implausible? Do we care about this?

Whether we like it or not Rapid HIV Testing will be available in Australia during the next five years. You can already order Rapid HIV Testing kits now over the Internet - although they are not approved by the TGA for use in Australia.

There have been dramatic improvements in Rapid HIV Testing over the last four years. The rapid HIV test approved in the USA in April 2004 is orally administered, gives a result within thirty minutes and is almost as accurate as existing testing methods. (It gives a slightly higher false positive rate).

Since that time newer tests claiming higher levels of accuracy have been developed. A rapid HIV test that gives a result within three minutes was launched in South Africa during September.

In the United States and Canada, rapid testing has been introduced at the "point of care" - that is, in medical settings. Because of the high numbers of people who were not returning for their HIV test results in North America, rapid testing was seen as a significant technological improvement. It was used as part of the rationalisation by the CDC for a "new education paradigm" which shifted the priority in prevention to people with HIV and away from "people at risk".

In both Europe and North America self-administered home testing kits can be purchased over the Internet. Sometimes these kits use rapid testing technologies. For people concerned about confidentiality and for people wanting to know their result before going for a test for migration purposes home testing provides an alternative. Some people are also using home testing because of long waiting lists at anonymous testing sites (over six weeks in many genitourinary medicine or "GUM" clinics in the UK).

In Australia, where people not returning for their HIV test result is rare and where anonymity and confidentiality are the norm, there was no imperative for the quick introduction of rapid HIV testing. There are, however, significant reasons to think about

RAPID TESTING – EDUCATIONAL IMPLICATIONS

Discussion Paper

introducing rapid testing in medical settings. Most candidates for testing would at least like the option of getting their test result quickly. (For a really brief discussion of rapid HIV testing at the point of care see AFAO's attached discussion document). There are also ethical and practical issues associated with the introduction of rapid HIV testing in medical settings.

For a really detailed exploration of these issues see:

<http://www.aidslaw.ca/Maincontent/issues/testing/finalreports/graphics/e-rapid.pdf>

The reason for this paper is to get us to start thinking about the educational implications. For example, if rapid HIV testing was available only at the point of care should we change our negotiated safety guidelines?

The current guidelines are encapsulated by the 4T's - Talk, Test, Test, Trust. The guidelines recommend testing twice three months apart - and assume compliance within that three months. Yet the majority of couples who practice negotiated safety that includes UAI (unprotected anal intercourse) commenced UAI with each other before their relationship had gone three months. Indeed, a national search for any couple that had followed the three-month rule would probably locate very few couples. We also "know" (as in suspect, surmise or the research indicates) that:

1. Many, if not most, negotiated safety agreements are put in place after UAI has already occurred.
2. Many agreements are based on a disclosure of negativity - not even the first test is done - thus getting couples who are forming a relationship to wait until there is concordance on one test (i.e. wait 30 minutes in a rapid testing environment) may represent a significant improvement.
3. The "early" period of relationships remains one which is associated with HIV seroconversions

So even if rapid testing does not arrive soon, our negotiated safety guidelines (even if they are only a theoretical best practice guideline) probably should change to be somewhat more useful in terms of actual practice. Maybe we could have 'ideal practice' and 'minimum' guidelines - obviously we would need to discuss with doctors how this would translate into guidelines relevant for clinical practice.

Would rapid testing make a difference? In the context of negotiated safety where the minimum guidelines say 'wait for the results of one test', then having a rapid HIV test available to achieve this would seem to make compliance more likely.

And what about in the context of casual sex? At the moment we don't endorse negotiating unprotected sex between "negative" men in casual encounters. But we know it happens. Would the availability of easily accessible rapid testing make this more likely?

There has been no debate - here or internationally - about the use of rapid HIV testing in this context. But usually the use of the technology precedes the policy and the educational advice.

We might say we don't need to be concerned - rapid HIV testing will only be available in the clinic and the guidelines for its use should preclude people wanting testing for unprotected sex in a casual context.

RAPID TESTING – EDUCATIONAL IMPLICATIONS

Discussion Paper

But is it really a bad thing in the context of casual sex? Might not the easy availability of a rapid HIV test promote negotiation in this context? And is getting a concordant result in this context now any different from what already happens in the context of negotiated safety? Although the practice in this context can't guarantee 100% safety - aren't we adding safety?

Our temptation with new technology is usually a reflex "Just say no" - little Nancy's that we are. However, maybe if the technology were easily accessible, gay men would work out sensible ways to use it - including in casual contexts. And maybe, instead of being worried about buying rapid tests at the chemist we should actually advocate for them.

You can already buy rapid tests over the Internet. In the USA, the CDC has been soliciting for programs that use rapid HIV testing in outreach programs. And what about rapid tests in sex venues and/or brothels?

They remain unapproved in Australia. Although you can buy them over the Internet from overseas providers, they may be stopped at customs. And any application to introduce them more widely than point of care settings is likely to be resisted. AFAO does not currently support making home testing easily available in Australia - but it still means we have to be aware that it can occur and debate the educational implications.

Let's go back to Bill and Ben...

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