Acceptability and intended usage preferences for six HIV testing options among internet-using men who have sex with men

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**ABSTRACT**

**Introduction**

Men who have sex with men (MSM) remain disproportionately impacted by the HIV epidemic in the US. Testing for HIV is the cornerstone of comprehensive prevention efforts and the gateway to early engagement in care. However, many MSM report not being tested within the past year and a high proportion of seropositive men are unaware that they are infected.

**Background**

Depending upon their preferences or circumstances, men can choose from several HIV testing options ranging from the traditional to the contemporary. Previous research studies among MSM have focused on the acceptability of selected testing modalities in isolation, but none have evaluated attitudes towards multiple approaches when presented collectively.
Purpose/Objectives

We sought to determine the acceptability of the following six HIV testing options among internet-using MSM and identify which approaches rank higher than others in terms of intended usage preference: Testing at a physician’s office; Individual Voluntary counseling and testing (VCT); Couples’ HIV counseling and testing (CHCT); Expedited/express testing; Rapid home self-testing using an oral fluid test; Home dried blood spot (DBS) specimen self-collection for laboratory testing.

Methods

Between October and November 2012, we surveyed 973 HIV-negative or unknown status MSM. Participants were provided brief descriptions about different testing options and asked to indicate their likelihood of using each approach hypothetically offered free of charge. Kruskal-Wallis tests were used to determine whether the stated likelihood of using each option differed by selected respondent characteristics. Men were also asked to rank modalities in order of intended usage preference, and consensual rankings were determined using the modified Borda count method.

Results

Majority of the men reported being extremely likely or somewhat likely to use all HIV testing approaches except home DBS self-collection for laboratory testing. Younger MSM indicated greater acceptability for expedited/express testing (P < 0.001), and MSM with lower educational levels reported being more likely to use CHCT (P < 0.001). Non-Hispanic black MSM indicated lower acceptability for VCT (P < 0.001). Rapid home self-testing and testing at a physician’s office were the two most preferred options.

Discussion

Our study demonstrates the potential for combining multiple testing options as part of comprehensive prevention strategies to promote regular testing among MSM. Newer approaches such as rapid home self-testing and expedited/express could be incorporated as key components of such packages.

Limitations

Non-Hispanic black men comprised a small proportion of our sample and our results have limited generalizability. Also, usage intentions do not always translate into actions and the extent to which newer modalities will be adopted is yet to be determined.

Conclusions

MSM in our online study were willing to use most testing approaches, with rapid home self-testing and testing at a physician’s office consensually emerging as the top ranked choices across all demographic and behavioral strata.

Implications

Novel approaches to increase the frequency of HIV testing among MSM in the US are urgently needed. Combination testing packages could enable men in putting together annual testing strategies personalized to their circumstances, and warrant due consideration as an element of comprehensive HIV prevention efforts.

ACKNOWLEDGEMENTS

This work was facilitated by the Center for AIDS Research at Emory University (P30 AI050409).