**Feasibility and Reach of a HIV Self-Test (HVST) Giveaway, New York City, 2015-16**

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**Background**

- HIV self-test (HVST) may increase HIV status awareness.
- Advantages include convenience and privacy.
- Barriers include cost and limited access.

- New York City Department of Health and Mental Hygiene (NYC DOHMH) Health Department piloted an HVST Giveaway (HTG) among men and transgender people who have sex with men (MTSM).
- Tests sent at no cost, through mail.
- Entirely online – recruitment, eligibility assessment, kit order.
- We examined feasibility, reach, and experiences of our HTG model.

**Methods**

**HVST Giveaway Model (Figure 1)**
- Participants recruited on dating applications and websites.
- Eligibility determined via brief questionnaire.
- Eligible participants emailed 1 x 2500 available discount codes to redeem on the manufacturer’s website.
- Once redeemed, participant was sent package with HVST and NYC DOHMH-created insertions on testing and on PreP/PEP.
- “2 months after HVST distribution ended, participants recruited via email for follow-up survey (incentive: $25 gift card).

**Eligibility**

Adult MTSM, NYC residents, not previously HIV-diagnosed.

**Data measures**

Age, race/ethnicity, time since last HIV test; test receipt, use, experience, result and, if reactive, confirmatory testing, care and prescription.

**Data analysis**

(1) Calculated proportions; (2) Compared responses on eligibility questionnaire among follow-up survey respondents vs. non-respondents using chi-square test, to examine representativeness of follow-up survey respondents.

**Figure 1. Participant Experience of HVST Giveaway, New York City, 2015-16**

**Results**

**Feasibility (Figure 2)**

- Recruitment concluded in 23 days with 2497 codes distributed.
- Among those screened, 74% were eligible.
- Among eligible participants, 71% redeemed codes.
- Response to the follow-up survey was 48%; among respondents, 92% had received the test; among test recipients, 80% used the HVST received.

**Reach (Table 1)**

- Majority of HVST users were <35 years-old, 41% were of Black and/or Hispanic, and 18% had income <$30,000/year.
- Most HVST users reported recent risk of HIV exposure.
- Almost half had either never tested or not tested in the past year.

**HIVST Giveaway Experience (Table 2)**

- Most HVST users reported testing sooner than usual or for the first time.
- Almost all HVST users reported being likely to recommend HTG to a friend.

**Test Results (Table 3)**

- Among HVST users, 7% reported a reactive result, of whom 5 reported no previous diagnostic; 80% of the latter reported confirming a reactive test.

**Representativeness of Follow-up Survey (data not shown)**

- No differences in age, race/ethnicity, HIV testing history or area of residence were detected comparing all those who redeemed codes to those who reported receiving HVST on the follow-up survey (p<0.05).

**Discussion**

- We rapidly distributed a large volume of HVST to NYC MTSM, demonstrating the feasibility of the model.
- Reach included a diverse set of NYC MTSM, many of whom had never tested or not tested recently.
- Despite reaching those at higher risk of HIV exposure, reported seropositivity was relatively low.
- Most of those with reactive results were linked to care.
- We received positive feedback on the experience, suggesting that this is one acceptable way to reach MTSM for HIV testing.
- Findings will inform future HTG adaptations, including partnering with community-based organizations to recruit those at risk of HIV exposure who may not be reached online.

**References**

1. Witzel TC, Rodger, AJ. New initiatives to develop self-testing for HIV. Curr Opin Infect Dis. (2017) 30(1)


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