Background

- Self-testing offers convenience, and enables testing privately and anonymously.
- The public health impact of this product is not yet known.
- Self-testing offers opportunities to:
  - Reach those unaware of their infections;
  - Facilitate more frequent testing of those at highest risk;
  - Permit joint testing within a sexual partnership ("point-of-care testing").
- Since October 2012, kits have been available in US pharmacies.4
- The manufacturer's suggested retail price (MSRP) is $39.99.3
- We conducted a cross-sectional, in-person survey in NYC pharmacies.
- Using HIV surveillance data, and a list of all NYC pharmacies, NYC pharmacies

Study design

- We conducted a cross-sectional, in-person survey in NYC pharmacies.
- Using HIV surveillance data, and a list of all NYC pharmacies, NYC pharmacies

Analysis

- Using HIV surveillance data, and a list of all NYC pharmacies, NYC pharmacies

Results

Key result:

- Of all NYC pharmacies (n=2568), 19% were sampled.
- 93% of eligible pharmacies in the sample were surveyed.

Table 1. Characteristics of surveyed pharmacies.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All (n=361)</th>
<th>LowMN (n=161)</th>
<th>MidMN (n=161)</th>
<th>HighMN (n=161)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population poverty level*</td>
<td>27% 73%</td>
<td>112 70%</td>
<td>174 69%</td>
<td>25 82%</td>
</tr>
<tr>
<td>High poverty (90%)</td>
<td>25% 75%</td>
<td>129 74%</td>
<td>152 69%</td>
<td>20 82%</td>
</tr>
<tr>
<td>Very high poverty (90%)</td>
<td>0% 100%</td>
<td>113 68%</td>
<td>162 69%</td>
<td>25 82%</td>
</tr>
<tr>
<td>Neighborhood poverty level**</td>
<td>42.00 42.21</td>
<td>42.00 42.21</td>
<td>42.00 42.21</td>
<td>42.00 42.21</td>
</tr>
<tr>
<td>0 to &lt;10% (low poverty)</td>
<td>45 12%</td>
<td>20 12%</td>
<td>21 13%</td>
<td>14 8%</td>
</tr>
<tr>
<td>10 to &lt;20% (medium poverty)</td>
<td>33 9%</td>
<td>17 11%</td>
<td>12 8%</td>
<td>4 2%</td>
</tr>
</tbody>
</table>
| >99% of eligible pharmacies in the sample were surveyed.
- The majority of pharmacies surveyed were independent pharmacies (across both LowMN

Table 2. Availability, Accessibility, and Price of the Rapid HIV Self-Test Kit in NYC Pharmacies in Low vs. High HIV Morbidity Neighborhoods (bivariate analysis).

<table>
<thead>
<tr>
<th>Product characteristic</th>
<th>All (n=361)</th>
<th>LowMN (n=161)</th>
<th>MidMN (n=161)</th>
<th>HighMN (n=161)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product in the store</td>
<td>97 27%</td>
<td>54 34%</td>
<td>41 26%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Product not in the store</td>
<td>264 73%</td>
<td>107 66%</td>
<td>118 74%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Product accessible</td>
<td>325 68%</td>
<td>134 52%</td>
<td>190 50%</td>
<td>2 1%</td>
</tr>
<tr>
<td>Product NOT accessible</td>
<td>325 32%</td>
<td>127 48%</td>
<td>213 50%</td>
<td>0 99%</td>
</tr>
<tr>
<td>Product behind counter</td>
<td>64 68%</td>
<td>27 52%</td>
<td>37 33%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Product in front of pharmacy counter</td>
<td>264 73%</td>
<td>134 52%</td>
<td>119 60%</td>
<td>2 1%</td>
</tr>
<tr>
<td>Not visible behind pharmacy counter</td>
<td>47 26%</td>
<td>11 20%</td>
<td>25 18%</td>
<td>1 6%</td>
</tr>
<tr>
<td>Price above MSRP</td>
<td>30 70%</td>
<td>38 61%</td>
<td>68 79%</td>
<td>2 1%</td>
</tr>
<tr>
<td>Price within MSRP</td>
<td>231 30%</td>
<td>123 41%</td>
<td>105 28%</td>
<td>0 0%</td>
</tr>
</tbody>
</table>

Key result:

- Kits were available in 27% of pharmacies overall; availability did not differ by neighborhood strata.
- Pharmacies in HighMN were more likely to store the product behind the pharmacy counter compared with pharmacies in LowMN (77% vs. 55%, respectively).
- Kinds were priced above MSRP in 79% of pharmacies overall; price did not differ by neighborhood strata.

Other observations

- Chain vs. independent pharmacies:
  - Availability was greater in chain (vs. independent) pharmacies (84% vs. 9%, respectively).
  - Pharmacies in chain had higher awareness (84% vs. 9%, respectively).
- Morbidity Neighborhoods (bivariate analysis).

Discussion

- Exclusion of pharmacies >10 minute walk from a subway station may have introduced selection bias.
- Measurement of price may have been an overestimate if discounts were available at the time of purchase (e.g., coupons).
- Non-sampling pharmacies may not have understood questions about kit availability/location, leading to possible underestimation of pharmacist knowledge.
- Both availability and pharmacist awareness may have been affected by a concurrent marketing campaign by the manufacturer.
- To make the self-test kit a viable method for easy to access testing in HighMN, efforts are needed to encourage more pharmacies to carry them and display them more openly.

References