

Decentralising Sexually Transmitted Infection Testing for MSM Population in China's Primary Care

Dear Editor,

Testing HIV/Sexually Transmitted Infection (STI) is the key strategy in HIV prevention in China (1). Despite China's Centre for Disease Control and Prevention and government hospitals provide free HIV Voluntary Counselling & Testing (VCT), its utilisation among men-who-have-sex-with-men (MSM) remains low, often restricted to those tested repeatedly and outcomes sub-optimal (2). Many community-based organizations (CBOs) also provide rapid HIV/ STI testing of variable quality with potential false reassurance. A number of studies from China have demonstrated the disconnect between STI and HIV service. This is particularly the case when MSM migrated to urban districts for employment and to avoid discriminations, yet they are restricted from accessing healthcare service or HIV programs, making prevention and the control of HIV/STI among this high-risk population very challenging.

Since 2009, China has been establishing a primary healthcare infrastructure composed of rural township centres, village clinics and urban community health centres (CHCs), to strive for equal and easy access to basic public health services. Studies in China have demonstrated the promise of primary care as a new service delivery mode for HIV testing to complement the existing models (3). Our nationwide representative survey of 3,580 CHC staff across 20 cities examining the feasibility of implementing HIV/STI testing service found that, despite most (79-85%) agreed HIV/STI testing was an important part of regular healthcare, 25-30% would perform one even if the patients asked for it (4). Barriers cited included lack of training, concerns about reimbursement. clinic reputation and stigma against key populations.

We interviewed 16 MSM-focused CBOs using a semi-structured interview guide consisting questions about current HIV/STI testing options, service utilisation, perceived facilitators and barriers to testing, and suggestions to increase testing uptake among MSM in China. We found that many expressed concerns over the quality of testing services provided in primary care setting while the long opening hours and closer geographical proximity in the community would allow easier healthcare access. The concern over privacy and disclosure of personal information and testing results remained a challenge for decentralised testing at primary care settings.

A pilot test was conducted at Liwan Fengyuan Street CHC in Guangzhou to examine the feasibility of setting up a HIV/ STI (syphilis, chlamydia and gonorrhoea) testing for MSM between June to November 2017. Prior to the pilot, two half-day training workshops on setting up gay-friendly clinical service; health concerns of the MSM population; and, technical support of clinic-based rapid real-time PCR testing for gonorrhoea and chlamydia, were provided. Novel point-of-care rapid diagnostics for HIV and syphilis, and clinic-based rapid real-time PCR testing for gonorrhoea and chlamydia were used.

30 MSM young (72% aged between 20-29 year), well-educated (50% university graduates) participants were recruited, twenty of whom were internal migrants. Two-third (67.9%) were using dating apps to meet new sex partners. Over half claimed to have a good understanding of these infections. Despite majority were anxious about HIV/ AIDS (63.3% reported “anxious” to “extremely anxious”), nearly half (43.3%) of them have never been tested for HIV/STI before.

Of the 30 participants, 8 (26.7%) participants were tested to be infected with HIV or, one or more STI (Table 1). Overall, two-third (66.7%) were satisfied with the service. Three-

quarter of them (73.3%) found that the tests were smoothly conducted and satisfied with the healthcare professionals involved in the testing (76.7%) and the vast amount of instructions and explanation provided (70.0%). One false positive was detected due to contaminated gloves and two missed cases were also observed using pooled samples when such might have reduced the sensitivity.

This is the first study known in China attempting to provide integrated testing for HIV/ STI for the key population in primary care setting. It fills the evidence gap to inform government policymakers in planning the upcoming public health strategies addressing both barriers and facilitators of HIV/STI testing in primary care setting in China. This pilot demonstrated the potential opportunity of decentralising HIV/STI testing service at primary care level in China. The on-site PCR was designed for the ease of operation in CHC without a laboratory but its implementation shows some of the complexity and difficulties required in overcoming such a sensitive topic. An integrated education campaign with HIV testing promotion is needed to gain the trust and achieve partnership with CBOs.

Test results	N	%
Not infected	22	73.3
Infected	8	26.7
Chlamydia only	3	37.5
Gonorrhoea only	2	25.0
Chlamydia + Gonorrhoea only	1	12.5
Syphilis only	1	12.5
Syphilis + HIV only	1	12.5

Table 1 Test results of the pilot

Reference:

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