Testing Task Group Recommendation Report

Task Group Objectives and Process

The Toronto to Zero Testing Task Group convened for 3 meetings between April 2019 and July 2019 to outline key gaps in testing services and develop recommendations for how to improve existing services and introduce novel testing options in Toronto. Given our group's focus, our recommendations are aligned with Toronto to Zero's objective to "Launch Innovative, Accessible Testing Programs". Through our recommendations, we specifically sought to:

- Identify gaps in the current delivery of services to diagnose new and undocumented HIV cases;
- Recommend strategies to better deliver these services in Toronto, including how to incorporate innovative and effective new strategies;
- Tailor recommendations to meet the needs of identified priority populations and other sub-populations that face additional barriers to testing and collaborate with other task groups and/or community members from affected communities to incorporate their input;
- Deliver a report to the Champion Team that identifies this Task Group's membership, key discussions about these issues, and a list of recommendations to incorporate into Toronto to Zero's Action Plan.

Task Group Membership

Co-Chairs

- Leo Mitterni, Hassle Free Clinic
- Vanessa Allen, Public Health Laboratory of Ontario, University of Toronto

Members

- Alexandra Musten, Ontario HIV Treatment Network
- Ann Burchell, Dalla Lana School of Public Health, St. Michael's Hospital
- Daniel Grace, Dalla Lana School of Public Health
- John McCullagh, Community Member
- Ken English, AIDS Bureau, Ministry of Health and Long Term Care
- Quinn Fenton, Toronto Public Health
- Ron Rosenes, Community Member
- Ryan Lisk, AIDS Committee of Toronto
- Ryan Tran, Asian Community AIDS Services

1. Increase HIV testing frequency and uptake by expanding and diversifying HIV testing sites to make testing more convenient and accessible to people in Toronto.

HIV testing remains the first entry-point into care for both people who are at risk of acquiring or newly-diagnosed with HIV. The latest Ontario HIV Epidemiology Surveillance Initiative (OHESI) testing report indicates that testing has increased nearly 44% between 2013 and 2018 and that the testing rate per 1,000 people also increased by 25%. While this success is encouraging, we still need to work to ensure that HIV testing is accessible to all at-risk populations and communities who have historically faced the most barriers to testing. Expanding HIV testing into Toronto emergency departments, pharmacies and both community-based and AIDS Service organizations (CBOs and ASOs) could broaden the availability of HIV testing outside regular clinic hours, and meet people where they are already accessing healthcare and other support services. Further, expanding testing opportunities to organizations with existing ethnospecific services could offer individuals testing opportunities in a context that is welcoming, culturally-safe and integrated into referral systems to other supportive services. This expansion of testing education and knowledge to these sites may contribute to a wider distribution of updated testing messages and HIV prevention practices. Note as well, that the dissemination of testing messages should also include existing testing providers, such as physicians and sexual health clinics to ensure that messaging is consistent across providers.

Studies have indicated that providing HIV testing in community settings and alternative clinical spaces is associated with increased testing, particularly of first-time testers. Shifting testing and the discussions around testing to more community-facing sites has the potential to facilitate early diagnosis, and would also engage individuals in discussions about prevention, harm reduction and recommended testing frequency. Expanding access to testing should also include addressing barriers to care, on-going engagement, anti-stigma training and regular re-training opportunities.

We recommend that testing services be expanded beyond existing testing sites to broaden the availability of testing services. It is the collective responsibility of current testing stakeholders, knowledge brokers and policy makers to develop resources and materials to support and integrate new testing initiatives within existing testing programs. Training should be adapted to new sites and their workflow (e.g. sites that do not have phlebotomy on-site and will rely on referral for confirmation blood draw). The goal of this expansion should be to offer testing in spaces that have historically served at-risk communities, so that testing is available in an environment that is safe and accepting and with strong

partnerships with other services for referral purposes. Initiatives like the Gay Men's Health Hub seek to bring clinical and social services under one roof to offer holistic, status-neutral services for cis and trans guys, and serve as an example of the way in which testing should be offered.

2. Support the introduction of innovative testing technologies, like online or self-testing, and develop strategies to support clients of these tools to connect to care and other testing services.

While HIV point-of-care testing (POCT) has been largely successful in contributing to the screening of HIV among priority populations in Ontario, more can be done to promote HIV testing in these populations. Some members of priority populations are not testing at all, not testing soon enough after a possible exposure to HIV, and not testing frequently within the HIV window period in order to identify their status earlier. Healthcare is becoming increasingly digitized and thus accessing HIV testing services online is becoming more of a reality. 'Get Checked Online' is a system that has been implemented in British Columbia, where clients are recommended tests based on an online risk assessment, receive a lab requisition (which is printed or displayed on a smart phone), and can be presented to a local lab for a blood draw (in the case of an HIV test). Negative results can be accessed directly by the client and positive results are provided by a local healthcare provider, who arranges follow-up and linkage-to-care. For individuals who have a strong understanding of HIV risk, opportunities for them to self-test, or self-direct their testing experience can not only relieve the burden of routine testing from sexual health clinics but also empower people to take the lead in their sexual health.

All testing requires strong linkage-to-care pathways. It is particularly critical that HIV self-testing programs be introduced with comprehensive instructions to access confirmatory bloodwork, and alongside other services represent the same level of wrap-around services that are available at any HIV testing site. In addition, pathways of care should be strengthened to support the increase of individuals using HIV self-tests to ensure that there are adequate mechanisms for follow-up bloodwork, ARTs and other supportive resources. Toronto can look to existing innovative testing approaches that occur outside of traditional clinical settings to inform self-testing linkage-to-care pathway development.

It is important to remember that testing strategies like Get Checked Online and HIV self-testing are not intended as a replacement for other forms of HIV testing. Instead, they should be considered as part of the larger testing landscape as both rely on the collaborative efforts of many stakeholders along the

care continuum to meet the linkage-to-care needs of people, regardless of their result. Currently in Ontario there are legislative restrictions that prevent individuals from ordering a laboratory requisition and accessing testing without having first been assessed by a medical professional. This poses a significant barrier to implementing innovative client-led testing strategies.

We recommend that policies restricting people from accessing HIV testing online be revised to facilitate the implementation of self-directed testing, or self-testing. Once new testing technologies are available, the AIDS Bureau and the Ontario HIV Treatment Network, in collaboration with testing stakeholders, will develop training modules to prepare local organizations to support self-directed clients as a result of self-testing. It is important to not lose sight that the goal of these initiatives is to broaden testing opportunities and reduce barriers to testing. For this reason, proposals that involve clients paying out of pocket for testing services, thus contributing to a two-tiered healthcare system, should be considered with care.

3. Promote appropriate HIV and STI testing frequency as recommended by Ontario's testing guidelines.

Ontario's HIV testing guidelines recommend any member of a priority population who believes they may have had a high-risk exposure should get tested at 3 weeks, 6 weeks and 3 months after exposure to ensure that their status is HIV negative. The promotion of Ontario's testing guidelines can complement the expansion of testing sites and device diversity by supporting their effective deployment. Together, testing guidelines, innovative testing technologies, and the expansion of HIV testing programs to alternative sites will allow more testing options and will play a role in increasing HIV testing frequency.

***We recommend that the new HIV testing frequency guidelines should be incorporated in pre- and post-test counseling discussions, with special attention to first-time testers at high risk*.** HIV testing guidelines will also require continued attention to lower testing barriers so people can access testing at recommended frequency, including the promotion of express testing programming that allows frequent testers the option of testing without pre-test counseling. This will also allow agencies to focus their resources to support first-time testers and/or those who have avoided testing because of anxiety about a likely positive test result.

4. Promote a "Status Neutral" Continuum of Care to HIV testing to connect clients to services regardless of their testing result.

The HIV continuum of care is a framework that maps a person's journey once they have been diagnosed with HIV. Ideally, people move through the continuum of care from HIV diagnosis to treatment with the goal of maintaining adherence to antiretroviral therapy (ART). Over time, with the success of PrEP, the evolution of harm reduction strategies, and the emphasis on mental wellness, HIV testing has expanded beyond acting as a point of entry for people diagnosed with HIV. Now, more than ever, there are important discussions to have with people about HIV prevention, harm reduction and overall sexual health that HIV testing can be impactful for someone with a negative result. This "Status Neutral" approach will ensure that all individuals, regardless of their HIV test results, will have access to linkage-to-care, either to HIV treatment or primary prevention engagement, increasing the likelihood of being engaged in the pathway of care. In fact, it is equally important to develop a reliable pathway for those who test negative through HIV self-testing to be offered PrEP and harm reduction services if they fit the guideline. This balanced approach of linking clients to downstream services can help to normalize prevention and help to destigmatize the treatment of HIV. This model depends on strong partnerships and integration of services to ensure the pathway has as few barriers as possible for clients to navigate. Promotion of a "Status Neutral" Continuum of Care requires acknowledgement that some people may have insufficient insurance coverage or income to afford medications or related health services and may require extra support to access PrEP at low or no cost. Programming that quickly connects people who test negative to prevention methods like PrEP or ensure that those who test positive are able to have long-term access to HIV treatment is considered best practice.

We recommend that a "Status Neutral" approach be applied to all testing initiatives. Ensuring that linkage-to-care pathways have been established for either HIV positive or negative results will require greater collaboration across sectors, and possibly additional resources to support Linkage-to-Care Coordinators, such as the ones based at Hassle Free Clinic and Toronto Public Health. It will also require campaigns and knowledge sharing activities to ensure that all stakeholders have access to the most updated information regarding harm reduction, HIV prevention, PrEP as well as HIV treatment.

5. Include community voice when developing HIV testing programs, events and associated campaigns to ensure that messaging is relevant to the needs and concerns of under-served populations.

It is difficult to know testing rates of some priority populations in Ontario, such as African, Caribbean and Black and Indigenous communities, as race-based data was not collected until very recently (2018). While new test requisition forms and improved estimates from OHESI about the size of priority populations provide some understanding of population-specific testing rates, we know that more can be done now to engage communities in proportion to their risk of HIV and ongoing new diagnoses. Part of this work includes redefining our perception of hard-to-reach populations by devoting extra attention to ensure that testing opportunities are expanding beyond clinical settings and into areas where priority populations are living, working and accessing other services. Testing strategies will vary considerably depending on the particular population in question. The creation of recommendations should be tailored to the unique needs and experiences of the 5 priority populations which are Indigenous communities, African, Caribbean, Black (ACB) communities, people who use drugs (PWID), gay, bisexual men who have sex with men (GBMSM) and at-risk women. It is strongly encouraged that key stakeholders of each community play a meaningful role in the development of HIV testing programs. This can be accomplished through the meaningful involvement of members of these communities in early stages of program development andcommunity consultations through partnerships with organizations who primarily serve these communities. Programs should be developed to reflect the most updated epidemiological trends and data to ensure that they have a predictive element in their outreach.

We recommend meaningful engagement of community representatives in the development of testing strategies intended to reach the listed priority populations. Stakeholders should be prepared and willing to enact decisions that engender equity in testing access in Toronto. In some cases, this might mean formalized collaborations between organizations to ensure culturally-safe practices, in others it might be the redistribution of resources to ensure that a smaller organization providing service to a particular community has the means to fully support their clients.

6. Develop tools to support and train healthcare providers to implement current testing recommendations and messaging in their practices, with particular emphasis on a Status Neutral approach that includes U=U.

Whereas HIV specialists have historically managed the medical care of people living with HIV, there is now a growing expectation that general practitioners manage the medical care of people living with HIV from diagnosis to long-term chronic care. Instead of referring newly-diagnosed patients to Infectious

Disease specialists, there may also be a need to provide additional support and encouragement for family doctors to continue providing HIV care for these patients. Meeting this new expectation of care requires ongoing, up-to-date training to appropriately prepare healthcare providers to make decisions and engage in discussions about a care plan that suits their client's individual needs. An important part of this ongoing training should include topics of stigma, discrimination, racism and oppression.

In the context of HIV testing, it is important to note that the majority of HIV tests in Toronto continue to be delivered by physicians. Implementing a status-neutral approach to testing will likely necessitate increased involvement of physicians in testing services to deliver HIV prevention modalities like PrEP to individuals who test negative. Toronto healthcare providers should be well versed on topics like PrEP, conducting a risk assessment, pre and post-test counselling, U=U and harm reduction strategies in a way that is culturally-safe and non-stigmatizing. Strong partnerships between healthcare providers and ASOs will work to complement any lack of knowledge of resources and referrals to support people testing.

We recommend the development of a Toronto-based campaign, linked with training modules, and the most up-to-date version of the Ontario Clinical Care Guidelines. This campaign should be presented at relevant conferences whose primary audience is healthcare providers, and promoted in spaces where healthcare providers access other continuing education. Content should be easily accessible online and can be incorporated into other provincial efforts to engage health care providers in HIV related services (e.g. OntarioPrEP.ca).