

Project MSS 249R

Executive Summary

A randomized controlled trial evaluating the efficacy of enhanced and standard versions of HIV testing and counselling (HTC) in reducing sexual risk behaviours, increasing HIV retesting rate and risk perception among men who have sex with men (MSM) in Hong Kong

Aim and objectives

The aim of the proposed randomized controlled trial (RCT) was to evaluate the relative efficacy of an enhanced version of HIV testing and counselling (EHTC) that combines a component proven effective and new components involving e-health and HIV risk self-assessment versus standard-of-care HIV testing and counselling (SHTC) in reducing sexual risk behaviours, and increasing HIV retesting rate and risk perception among men who have sex with men (MSM) in Hong Kong.

Study design

A parallel-group and non-blinded randomized controlled trial (RCT) was conducted

Target population

Inclusion criteria were: 1) men of age 18 years or above taking up HTC at AIDS Concern, an NGO and our collaborator, 2) anal intercourse with at least one man in the last six months, 3) able to read and comprehend Cantonese, 4) willingness to provide contact information and to complete a simple follow up evaluation at Month 6, and 5) no intention to leave Hong Kong for one month consecutively within the next six months. Those self-reported or tested to be HIV positive will be excluded from the study.

A total of 590 eligible users of AIDS Concern's HTC service were invited by staff of AIDS Concern, 437 (74.1%) provided informed consent and completed the baseline survey.

The baseline survey, pre-test counseling and rapid testing

After completion of a self-administered questionnaire on site, all 437 participants received the same standard-of-care pre-testing counseling. Two participants were tested HIV positive and excluded from the study.

Randomization

HIV-negative participants (n=435) were randomized 1: 1 to the intervention group (n=217) and the control group (n=218).

The control group

Participants that were allocated to the control group received the standard-of-care post-test counseling of SHTC.

The intervention group

In addition to the steps received by members of the control group, the intervention group was exposed to four additional intervention components: 1) an online video clip based on fear appeal approach, 2) a pamphlet and post-test counseling promoting HIV retesting, 3) the e-health HIV risk calculator, and 4) brief e-health reminders for retesting.

Main findings

At Month 6, participants in the intervention group reported significantly lower prevalence of unprotected anal intercourse (UAI) with non-regular male sex partners (NRP) (14.7% versus 22.5%; $p=0.038$), and higher prevalence of HIV testing of any type during the follow-up period (23.0% versus 15.1%; $p=0.036$). At Month 6, more participants in the intervention perceived high/very high risk of HIV infection via UAI with NRP (91.7% versus 81.2%; $p=0.001$).

However, there was no difference in prevalence of UAI with regular male sex partners (RP) (31.3% versus 35.3%, $p=0.378$), UAI with male sex workers (1.4% versus 2.3%, $p=0.479$), perceived overall risk of HIV infection ($p=0.413$) or perceived risk of HIV infection via UAI with RP ($p=0.412$).

Conclusion

The findings showed that EHCT can potentially increase HIV retesting rate and reduce UAI with NRP among local MSM. However, the effect size was relatively small and future improvements are needed.

比較標準版本與提升版本愛滋病測試與諮詢服務在降低高危性行為，提高愛滋病測試率及風險預期的效能：一項隨機對照試驗

目的

評估提升版本與標準版本愛滋病測試與諮詢服務 (HTC) 對降低香港男男性接觸者 (MSM) 高危性行為，提高再次接受愛滋病測試率和風險預期的效能。

項目設計

平行組非盲隨機對照試驗

目標群組

入選標準為：1) 18 歲或以上在關懷愛滋進行 HTC 的男性，2) 過去六個月至少與一位男性肛交，3) 能閱讀和理解廣東話，4) 願意提供聯絡資料並在第六個月完成後續評估，5) 無意在未來六個月內連續離港一個月。關懷愛滋的工作人員共邀請了 590 名符合條件的 HTC 使用者參與此項研究；437 名 (74.1%) 完成了基線調查。所有參加者均接受了標準版本的測試前諮詢。兩位參加者測試呈陽性並被排除。

隨機分組

愛滋病陰性受試者獲隨機分到干預組和對照組。對照組接受標準版本的測試後諮詢。干預組的干預內容還包括：1) 網上短片，2) 促進再次接受愛滋病測試的小冊子和測試後諮詢，3) 愛滋病風險計算器，4) SMS 提醒。

主要結果

在六個月隨訪時，干預組參加者與非固定性伴無套肛交的發生率顯著低於對照組 (14.7%對 22.5%)，在過去六個月內再次接受愛滋病測試者顯著高於對照組 (23.0%對 15.1%)。

結論

提升版本 HTC 服務可能增加 MSM 再次接受愛滋病測試並減少非固定性伴無套肛交的發生率。但是兩組間的差異較小，需要進一步改進。