

Evidence Profile (Quantitative)

Recommendation question: Should risk screening be recommended for 2SLGBTQI+ people?

Population: 2SLGBTQI+ persons across the lifespan (including people from underserved communities)

Intervention: Risk screening

Comparator: No risk screening

Outcomes: Number of persons accessing screening [Critical], Earlier detection and/or intervention [Critical; not found within this literature], Level of treatment and/or support [Critical; not found within this literature], Change in knowledge of person receiving care [Important; not found within this literature], Risk behaviours [Important; not found within this literature]

Recommendation 3.1: The expert panel suggests health providers promote access to Human Immunodeficiency Virus- Sexually Transmitted and Blood Borne InfectionG (HIV-STBBI) screening for 2SLGBTQI+ people in collaboration with 2SLGBTQI+ community partners through:

- media campaigns* and/or
- outreach settings.

*This evidence profile refers to “media campaigns” statement”

Setting: All health care settings

Bibliography: 25979, 26852, 75, 87, 8372, 11099

Quality assessment							Study details		No. of participants/events		Summary of Findings Reported effects/outcomes	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Risk screening	No risk screening			
# of persons accessing screening (STD screening uptake, HIV screening rates)													
2	RCT; cluster RCT	Serious ^a	Not serious	Not serious	Not serious	None	75: China	75: The final intervention integrated images and stories distributed by social media and WeChat. The HIV self-testing platform was built in WeChat, and men who were interested could provide their address to receive one free oral HIV self-test kit in the mail. Men could also return a photo of	75: The proportion of individuals receiving an HIV test within a city was 8.9% (95% CI 2.2± 15.5) greater during the intervention periods.	75: [reported as rate only]	Both RCTs reported high rates of HIV testing in the intervention group compared with the control group. 75: The proportion of individuals accessing testing was higher during intervention periods compared with control periods.	⊕⊕⊕○ Moderate	75: Tang et al., 2018

Evidence Profile Recommendation 3.1: Promoting 2SLGBTQI+ Health Equity

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							87: China	the test results through WeChat. Control: cities acted as their own control prior to intervention implementation. 87: Participants maintained a WeTest account for 6 months. The account included messages about HIV, STIs, and HIV testing; first-person stories about people diagnosed and living with HIV; local data about HIV and STI infections among MSM; news about national policies related to HIV; and stories about general health concerns of MSM. In addition to new content, a video and information text about using the oral HIVST kit were permanently available on the WeTest account. Control: did not receive access to WeTest.	87: n=50 People receiving any HIV Test: Baseline 31 (62.0%) 6 mo follow-up 46 (92.0%)	87: n=50 People receiving any HIV Test: Baseline control 29 (58.0%) 6 mo follow-up control 34 (68.0%)	87: At follow-up, participants in the intervention group compared with those in the control group reported higher prevalence of taking any type of HIV test during the past 6 months (92% vs 68%, p < 0.01).		87: Zhu et al, 2019
4	Quasi-experimental studies	Very serious ^b	Not serious	Not serious	Not serious ^c	None	26852: USA	26852: Existing "Get Yourself Tested" campaign was adapted to be more inclusive of Black and Latino sexual-minority youth leading to a 3-month	26852: Mobile unit STD tests:	26852: NA	Overall, all studies demonstrated an increase in the number of people that accessed screening during the media campaigns. 26852: There was an increase in STD testing during the media campaign and mobile screening promotion. This increase was higher for the mobile	⊕⊕○○ Low	26852: Garbers et al., 2016

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							25979: Canada	<p>campaign in four venues of New York City, promoting STD testing at events and through mobile testing and online and social media.</p> <p><i>Control:</i> Three-month period prior to campaign used as baseline</p> <p>25979: The media campaign intended to impart messages about HIV and syphilis risk among MSM.</p> <p>The campaign centered on a cartoon figure, dubbed "Casey," who experiences flu-like symptoms after having unprotected sex. The campaign was promoted through a dedicated campaign website, posters and wall projections in gay neighborhoods in Toronto and Ottawa, banners for the testing clinics, advertisements on websites oriented to gay men, newspaper and magazine ads, ads on the gay radio station (Proud FM), walking billboards at gay community events, giveaway cards from walking billboards, and postings on construction site</p>	<p>pre-campaign: 18 post-campaign: 33 (83% increase)</p> <p>Youth clinic STD tests: pre-campaign: 241 post-campaign: 266 (10% increase)</p> <p>25979: HIV tests during the campaign: Toronto: 7,915 (20% increase) Ottawa: 2,832 (23% increase)</p> <p>The number of tests was higher for the campaign period (p = .02, time series analysis of all 77,686 tests summarized by month and adjusted for region).</p>	<p>25979: HIV test during the 2 months prior to the campaign: Toronto: 6,616 Ottawa: 2,300 Rest of Ontario: 5,812</p>	<p>testing unit than for the youth clinic testing.</p> <p>25979: There was an increase in HIV testing in Toronto and Ottawa during the media campaign. The rest of the province, where the campaign was not offered, did not experience this increase based on time-series analysis.</p>		25979: Adam et al., 2016

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							8372: Spain	barricades, on building façades, and in alleyways. <i>Control:</i> Baseline public health Ontario lab results were used as a control group. 8372: Authors created a blank user profile in the most commonly used apps among MSM in Spain (Grindr, PlanetRomeo and Wapo). The investigators sent a private picture message to all near users through the 'chat' option, in order of proximity to at least 50 users, offering them the possibility to take rapid HIV, syphilis and hepatitis C tests, as well as to be vaccinated against hepatitis A and B in one of our two centres. Testing was of no cost and confidential.	8372: Effectiveness: 73.2% Of 108 users who were interested in attending HIV-STBBI testing facilities, 79 attended.	8372: NA	8372: The majority of users interested in testing, attended testing.		8372: Guitierrez et al., 2018
							11099: USA	11099: CHHANGE intervention (Challenge HIV stigma and Homophobia and Gain Empowerment): is a community-level, theory-based, multicomponent, anti-HIV/AIDS stigma and homophobia intervention, implemented in a high HIV prevalence, low income, predominately Afro-	11099: # of HIV tests conducted by BMK's storefront (NY Blood Centre/Brooklyn Men [K]onnect partnership [BMK]) increased by 350%, from 45 to 156	11099: NA	11099: HIV testing increased after implementation of the intervention.		11099: Frye et al., 2019

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								Caribbean and African American, urban neighborhood.	clients in 3 months after implementation of intervention.				

Explanations:

- a. Two RCTs were rated using the Cochrane ROB 2.0 tool. One RCT was rated as low risk of bias, one was rated as high risk of bias. Reasons for concerns were self-reported outcome measurement and limited details on how randomization was achieved.
- b. Studies were assessed using the ROBINS-I tool. Three studies were rated as *critical* risk of bias and one was rated as *serious* risk of bias. Reasons for concern were due to confounding not being controlled for, missing data and measurement of outcomes. We downgraded by 2.
- c. Total sample size > 400, therefore there was no need to downgrade.

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Recommendation 3.1: The expert panel suggests health providers promote access to Human Immunodeficiency Virus- Sexually Transmitted and Blood Borne Infection (HIV-STBBI) screening for 2SLGBTQI+ people in collaboration with 2SLGBTQI+ community partners through:

- media campaigns and/or
- outreach settings*.

*This evidence profile refers to "outreach settings" statement"

Setting: All health care settings

Bibliography: 26852, 31850, 34816

Quality assessment							Study details		No. of participants		Summary of findings Reported effects/outcomes	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Risk screening outreach	No outreach			
<p># of persons accessing screening (Number of tests completed, number of persons who accepting screening) Follow-up: 1 week, 3 months</p>													
2	Quasi-experimental studies	Very serious ^a	Serious ^b	Not serious	Not serious ^c	None	26852: USA	26852: Existing Get Yourself Tested campaign was adapted to be more inclusive of Black and Latino sexual-minority youth leading to a 3-month campaign in four venues of New York City, promoting STD testing at events and through mobile testing and online and social media. <i>Control:</i> Three-month period prior to campaign was used as a baseline. There was no	26852: Mobile unit STD tests: pre-campaign: 18 post-campaign: 33 (83% increase) Youth clinic STD tests: pre-campaign: 241 post-campaign: 266 (10% increase)	26852: NA	Overall two studies demonstrated an increase in the number of people that accessed screening in outreach settings and one study had mixed results. 26852: There was an increase in STD testing during the media campaign and mobile screening promotion. This increase was higher for the mobile testing unit than for the youth clinic testing.	⊕○○○ Very Low	26852: Garbers et al., 2016

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							34816: UK	<p>specific screening campaign during this time.</p> <p>34816: Intervention: DIY postal kits The DIY postal kits consisted of self-taken pharynx, urine and rectal CT/NG samples and self-sampled finger-prick for HIV, syphilis, hepatitis B and hepatitis C screening.</p> <p>Intervention: sauna nurse outreach The nurse-delivered outreach service consisted of a monthly asymptomatic screening clinic held within the venue undertaken by a trained sexual health nurse practitioner and health care assistant. Health promotion advice was offered, and CT and NG samples were taken. Service users had the option of self-taken or practitioner taken samples.</p> <p><i>Control:</i> The local sexual health clinic was used as the control group</p>	<p>34816: Number accessing screening: Sauna outreach: 80 DIY postal kit: 33</p> <p>Number accepting CT and NG screening: Sauna outreach 26/30 (86.6%) DIY postal kit 30/30 (100%) p=0.032</p> <p>Number accepting blood screening: Sauna outreach: 25/30 (83.3%) DIY postal kit: 16/30 (53.3%) p <0.001</p>	<p>34816: Number accessing screening: NR</p> <p>Number accepting CT and NG screening: 30/30 p=0.032</p> <p>Number accepting blood screening: 30/30 p<0.001</p>	<p>34816: More people accessed screening through the sauna outreach nurse than the DIY postal service [access not reported for the sexual health clinic]. More people at clinic accepted blood screening followed by the sauna nurse and the DIY postal kit group least. Both those attending the sexual health clinic and accessing the DIY postal kit accepted 100% of CT and NG screening. The sauna nurse group accepted CT and NG screening less.</p>		34816: Wood, Ellks & Grobicki, 2015

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1	Cross-sectional	Very serious ^d	Not serious	Not serious	Not serious ^c	None	31850: Australia	31850: The Pop-up was installed on the 25 November 2013 for 5 days, coinciding with World AIDS day activities conducted by HIV community organisations and the NSW Ministry of Health. The installation consisted of a caravan that was wrapped in a social marketing campaign message aimed to raise awareness of HIV and the possibility of ending HIV. <i>Control:</i> The Sydney Sexual Health Centre was used as a comparison group.	31850: Number of gay and bisexual men accessing tests: 182 (in a one week period) Average number of HIV tests per hour: 7	31850: Number of gay and bisexual men accessing tests: 230 (in a 3 month period) Average number of HIV tests per hour: 4	31850: The pop-up testing service was accessed by large amount of gay and bisexual men over a short period of time (although an exact comparison group was not available). The average number of tests per hour was higher in the pop-up group than in the clinic setting.	⊕○○○ Very Low^e	31850: Knight et al., 2014

CT: Chlamydia trachomatis

NG: Neisseria gonorrhoeae

NR= not reported

Explanations:

- a. Studies were assessed using the ROBINS-I tool. Both studies were rated as *critical* risk of bias due to confounding not being controlled for, missing data and measurement of outcomes. We downgraded by 2.
- b. There is one study with a positive direction of effect and one with null effect. There was also heterogeneity in the studies included in terms of interventions and outcomes. We downgraded by 1.
- c. Total sample size > 400, therefore we did not downgrade.
- d. The study was assessed using the ROBINS-I tool. The study was rated as *critical* risk of bias due to confounding not being controlled for, missing data and measurement of outcomes. We downgraded by 2.
- e. Although the evidence was only downgraded by 2 points, it was rated as very low as it was based on a cross-sectional study with high risk of bias.