



# Results of 3 years outreach VCT for HIV/STI in gay venues in Antwerp, Belgium



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## Introduction

HIV-incidence in Belgium is among the highest in Europe (>10/100,000).<sup>a</sup>

Men who have sex with men (MSM) are one of the most affected groups, and highly responsible for the increasing incidence.<sup>b</sup>

There's a discrepancy in prevalence between settings: 1,4% among young MSM, 4,9% in general gay venues, 14,5% in cruising venues. 14% of HIV-positive MSM in Antwerp are unaware of their HIV-status.<sup>c</sup>

Outreach HIV-testing may scale up the number of MSM getting tested, and thereby knowing their HIV-status. Awareness of one's status is a prerequisite for behavioral change.

a ECDC. HIV/AIDS surveillance in Europe 2009  
b Sasse A, et al., 2010  
c Vandenberghe, et al., Eurosurveillance, 2011

## Methods

Helpcenter, a low-threshold screening center for HIV/STI, offered outreach VCT test sessions for HIV, Syphilis, and Hepatitis in a fetish club and two gay bathhouses.

Hepatitis A/B-vaccination when required

Each session lasted three hours.

Sessions were announced two weeks prior to the sessions,

Results were communicated through standardized cell phone messages:



- All test results are OK; if you want, you can discuss your results with a physician
- At least one of the test results is not OK; please contact Helpcenter to discuss your test results with a physician

## Results

Between 2008 and 2010, 21 test sessions were organized. During these sessions, 293 men were tested (mean 14 per session; range 4-24).

38 men (13%) received message that at least one result was not OK.

Of these men, 7 were newly diagnosed with HIV: 1 in bathhouse (0,6% of participants in bathhouses), 6 in fetish club (5% of participants in fetish club) (p=0.005).

15 participants (5%) were previously aware of their HIV-positive status.

The venue was the only significant difference between STI-infectious participants and their STI-negative counterparts.

All but one participants received their result (he provided the wrong phone number).

## Feasibility

Thorough preparation is a prerequisite for succeeding, both long term (contacts and arrangements with owners) and for each session (test kits, material).

Sessions are properly announced

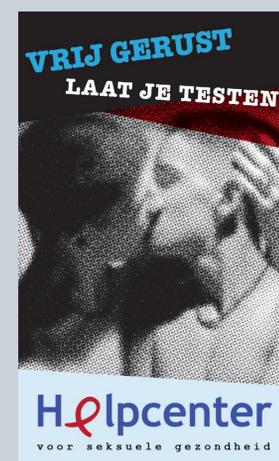
Outreach activities result in a high yield compared to other screening programs.

## Barriers

On-site co-operation requires permanent investment

Novelty expired, few new participants

High cost due to staff costs (3 staff members, nightly hours during weekends).



## Further increase of uptake of HIV-testing

Next steps to increase efficiency to reach this target group need to be studied: saliva tests (without needles), and community based testing (no medical presence required) are currently in development.

