



Monitoring Community HIV Testing in Ireland, 2022

March 2024





Acknowledgments

The Health Protection Surveillance Centre (HPSC) would like to sincerely thank our community testing partners for providing HIV community testing data; the HIV Community Testing Monitoring Steering Group (see Appendix A for membership) and all those who contributed to this report: GOSHH Ireland; HIV Ireland and the MPOWER programme; Safetynet Primary Care Mobile Health and Screening Unit (MHSU); Sexual Health & Crisis Pregnancy Programme (SHCPP), HSE Health & Wellbeing; Sexual Health Centre, Cork; Sexual Health West (formerly AIDS West) and AIDS Care Education and Training (ACET).

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Key points

- HIV community testing continues to be an important tool in HIV prevention in Ireland
- 3,142 community-based HIV tests carried out by five partner organisations, representing a 2-fold increase compared to 2021 (n=1,433).
 - The highest proportion of tests were carried out in International Protection Accommodation Services (36.4%), followed by non-governmental organisational (NGO) headquarters (18.7%) and bars/clubs (18.4%)
- Twenty individuals had reactive test results, giving an overall HIV test reactivity rate of 0.6%, similar to 2021 (0.7%).
 - Highest rate in sauna/sex-on-premises settings (2.6%), followed by bars/clubs (1.4%), and LGBT community resource centres (1.2%)
 - By key population group, highest rate among migrants coming from a country of high HIV prevalence (1.4%), followed by gay, bisexual and other men who have sex with men (gbMSM) (1.3%)
 - Of the 20 individuals who had reactive tests, 14 were newly diagnosed, 5 were previously diagnosed, 1 unknown
- Excluding the five individuals identified as having been previously diagnosed with HIV, the reactivity rate was 0.5%.
 - By gender, higher rate in males (0.6%) than females (0.1%)
 - By key population group, highest rate among gbMSM (1.1%), followed by migrants from countries of high HIV prevalence (0.9%)

Background

HIV community testing, also termed voluntary community-based HIV testing (VCBT), can be defined as **HIV testing which occurs outside of established healthcare facilities.**

VCBT occurs in a variety of settings worldwide, including LGBTQ+ bars, clubs and community centres; sex-on-premises venues such as bathhouses and saunas; mobile outreach testing vans; testing in ethnic, cultural and community centres and organisations; refugee accommodation centres; drug treatment centres and one-off large community events, amongst others.

HIV community testing is **designed to make testing more accessible**, with the aim of improving detection, initiating early treatment, and preventing onward transmission, and is particularly tailored to communities most vulnerable to HIV acquisition. These include gay, bisexual and other men who have sex with men (gbMSM), transgender women, people who inject drugs (PWID), sex workers, and people from geographic areas with a high prevalence of HIV.

Background

The **objectives of monitoring community HIV testing:**

1. Assess trends in HIV testing and HIV reactivity rates, and
2. Determine if current testing strategies are detecting cases in key populations and in those less likely to access testing in traditional environments

This report presents a summary of HIV community testing in Ireland during 2022 including the demographic characteristics of those accessing community testing and those with a reactive test. In addition, the overall reactivity rates are presented as well as the reactivity rates excluding those identified as having been previously diagnosed with HIV.

For the purposes of this report, HIV community testing excludes testing occurring within hospitals, primary health care clinics, STI clinics, antenatal clinics and pharmacies. It also excludes HIV self-testing and self-sampling programmes. Summary data from the MPOWER self-testing programme and free HSE STI home-based testing programme are provided in slide 12



Data collection

Five partner organisations contributed to the HIV community testing monitoring programme in 2022 (see Appendix B for more details)

- Each partner collected anonymised case-based data electronically using a standardised template, with predetermined answer options, provided by the HPSC. Data collection was performed in line with [European Centre for Disease Prevention and Control \(ECDC\) recommendations](#)
- Following receipt of the individual data submissions, data were systemically validated and any discrepancies in the data were discussed with the partner organisation

Unlike in previous years, aggregate data from the National Reception Centre in Baleskin were not included in the analyses of this report which should be considered when making comparisons to previous reports. However, a summary of data from the National Reception Centre in Baleskin is provided in slide 12



HE Total tests by venue setting

Table 1: HIV tests by venue setting, 2022

Venue setting*	Number of tests (n)	Proportion of total tests (%)
International Protection Accommodation Services	1,143	36.4
NGO headquarters	587	18.7
Bar/Club	578	18.4
Emergency accommodation/Homeless service†	236	7.5
College/University	223	7.1
LGBT community resource centre	172	5.5
Sauna/Sex-on-premises venue	78	2.5
Community or family resource centre	51	1.6
Addiction service/resource centre	32	1.0
Mobile community screening	29	0.9
Other**	13	0.4
Total	3,142	100.0

In 2022

3,142 community-based HIV tests were carried out

- 2,027 (65%) were done using rapid point-of-care testing (POCT) methods
- 1,115 (35%) were done using laboratory-based testing methods



* Interpretation of venue settings may have differed among partner organisations.

† This category may include Beneficiaries of Temporary Protection (BOTP) who are in State-provided emergency accommodation.

** Other included recreation centres and domestic violence centres.

HE Reactivity rates* by venue setting

Table 2: Reactivity rates by venue setting, 2022

Venue setting†	Number of tests (n)	Total		Total minus previously known HIV diagnosis	
		Reactive tests (n)	Reactivity rate (%)	Reactive tests (n)	Reactivity rate (%)
International Protection Accommodation Services	1,143	5	0.4	4	0.3
NGO headquarters	587	3	0.5	2	0.3
Bar/Club	578	8	1.4	5	0.9
Emergency accommodation/Homeless service**	236	0	0.0	0	0.0
College/University	223	0	0.0	0	0.0
LGBT community resource centre	172	2	1.2	2	1.2
Sauna/sex-on-premises venue	78	2	2.6	2	2.6
Community or family resource centre	51	0	0.0	0	0.0
Addiction service/resource centre	32	0	0.0	0	0.0
Mobile community screening	29	0	0.0	0	0.0
Other††	13	0	0.0	0	0.0
Total	3,142	20	0.6	15	0.5

In 2022

20 individuals had reactive test results, with 5 identified as having been previously diagnosed with HIV

Test reactivity rates were highest in sauna/sex-on-premises venues



*Please note that type of test may vary by site and year. Different tests will have different sensitivities and specificities.

† Interpretation of venue settings may have differed among partner organisations.

**This category may include Beneficiaries of Temporary Protection (BOTP) who are in State-provided emergency accommodation.

†† Other included recreation centres and domestic violence centres.



Total tests and reactivity rates* by demographic characteristics (1)

Table 3: HIV tests and reactivity rates by testing history, gender identity and age in Ireland, 2022

Demographic characteristic	Number of tests (n)	Total		Total minus previously known HIV diagnosis	
		Reactive tests (n)	Reactivity rate (%)	Reactive tests (n)	Reactivity rate (%)
Total	3,142	20	0.6	15	0.5
First time testing for HIV	Yes	928	4	3	0.3
	No	1,075	11	8	0.7
	Unknown	1,139	5	4	0.4
Gender identity†	Male	2,267	15	13	0.6
	Female	801	4	1	0.1
	Trans male	30	1	1	3.3**
	Trans female	12	0	0	0.0
	Other (incl. non-binary)	29	0	0	0.0
	Unknown	3	0	0	0.0
Age in years (median, range)	30 (17-78)	32 (25-45)			
Age group	17-24	782	3	2	0.3
	25-29	690	5	5	0.7
	30-39	982	9	6	0.6
	40-49	441	3	2	0.5
	50-59	160	0	0	0.0
	60+	77	0	0	0.0
	Unknown	10	0	0	0.0

In 2022

Almost half (46%) of individuals reported that this was their first ever HIV test (where these data were reported)

By gender, test reactivity rate was higher among males than females

By age group, test reactivity rate was highest in those aged 30-39 years, however, when excluding the previously known positives, the rate was highest in those aged 25-29 years



*Please note that type of test may vary by site and year. Different tests will have different sensitivities and specificities.

† Gender identity refers to a person's internal sense of themselves. This may be different or the same as a person's assigned sex at birth.

**HIV test reactivity rate should be interpreted with caution due to low numbers tested (<100) among some demographic subgroups.



Total tests and reactivity rates* by demographic characteristics (2)

Table 4: HIV tests and reactivity rates by region of origin and key population group in Ireland, 2022

Demographic characteristic		Number of tests (n)	Total		Total minus previously known HIV diagnosis	
			Reactive tests (n)	Reactivity rate (%)	Reactive tests (n)	Reactivity rate (%)
Total		3,142	20	0.6	15	0.5
Region of origin	Ireland	928	2	0.2	1	0.1
	Sub-Saharan Africa	645	7	1.1	5	0.8
	North Africa and Middle East	395	0	0.0	0	0.0
	Central or Eastern Europe	386	2	0.5	1	0.3
	Latin America and Caribbean	297	7	2.4	6	2.0
	Western Europe	196	0	0.0	0	0.0
	South & South East Asia	136	2	1.5	2	1.5
	Other†	65	0	0.0	0	0.0
	Unknown	94	0	0.0	0	0.0
Key population group**	gbMSM	1,021	13	1.3	11	1.1
	Sex with the opposite sex	880	4	0.5	2	0.2
	Migrant coming from country with high HIV prevalence	427	6	1.4	4	0.9
	People who have ever injected drugs	13	0	0.0	0	0.0
	Sex workers	10	0	0.0	0	0.0
	Unknown/unidentified	1,000	1	0.1	0	0.0

In 2022

By region of birth, test reactivity rate was highest in Latin American and the Caribbean

By key population group, test reactivity rate was highest among migrants coming a country of high HIV prevalence, however, when excluding the previous positives, rate was highest in gbMSM



*Please note that type of test may vary by site and year. Different tests will have different sensitivities and specificities.

† Other includes Australia and New Zealand, East Asia and Pacific, and North America.

**Individuals could be reported as part of one more key population groups.

HF Reactivity rates, 2018-2022*

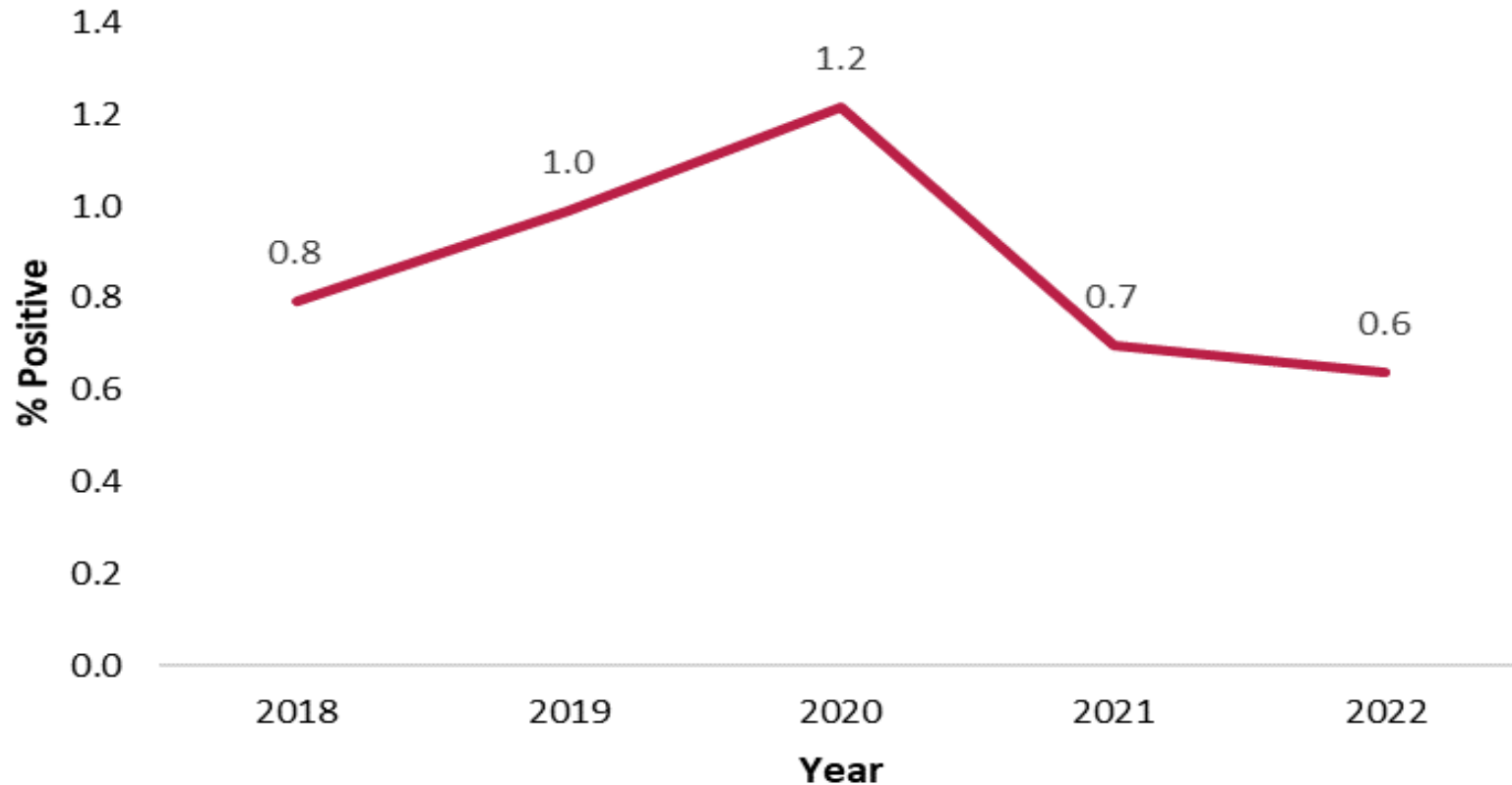


Figure 1. Trend in reactivity rates of community-based HIV tests, 2018-2022

In 2022

20 individuals had reactive test results, giving an overall HIV test reactivity rate of 0.6%, very similar to the reactivity rate in 2021 (0.7%) and a slight decrease compared to pre-pandemic year 2019 (1.0%)



*The number of services offering community testing may vary each year. Therefore, comparing data from different years may not be valid. Please see technical notes for more details.



Other relevant HIV testing data – 2022

(1) MPOWER AT HIV IRELAND

MPOWER at HIV Ireland provide a self-testing service for HIV

In 2022, 1,438 tests were distributed.

Of these:

- 94% male; 2% non-binary individuals; 1% transgender people; 3% female
- 92% identified as gbMSM
- 59% born in Ireland (59%); 41% born outside Ireland
- 13% never previously tested

Outcomes of testing are not available as results are not centrally collated.

(2) HSE - FREE HOME-BASED STI TESTING

HSE provide a free home-based STI self-sampling service which began as a pilot in 2021 and was launched as a national service in October 2022

In 2022, there were 44,179 completed tests for HIV

- 19 were confirmed positive with an additional 10 individuals having a previously known HIV diagnosis

(3) NATIONAL RECEPTION CENTRE, BALSESKIN

National Reception Centre (NRC), Baleskin provides voluntary HIV screening as part of a general health screening programme

In 2022, 1,585 people screened for HIV

- 50 (3.1%) confirmed positive, with an additional 5 having a recent positive result from another Irish screening/hospital service
- Of the 55 people with a positive result*:
 - 71% female; 29% male
 - 96% from sub-Saharan Africa
 - All linked to an infectious disease clinic for further clinical follow-up

*Includes people with a previously known HIV diagnosis and unknown HIV status; breakdown not available.





Discussion (1)

Testing is the gateway to HIV prevention, treatment, care and other support services. In a [recent report](#), ECDC stated there is “evidently a need to scale up coverage of such testing interventions”.

There were 3,142 community HIV tests performed by five partner organisations in Ireland in 2022. This represents a 2-fold increase in the number of tests compared to 2021 (n=1,433)*. The increase is likely to be due to several factors.

- The easing of COVID-19 related restrictions from early 2022 onwards resulted in the re-opening of many testing sites which were closed during large time periods in 2020, 2021 and early 2022, particularly bars, clubs and saunas
- Travel restrictions which were in place during the COVID-19 pandemic were lifted in early 2022 and resulted in increased migration to Ireland
- The [highest number of International Protection Applicants](#) to Ireland in a single year in 2022
- The Russian invasion of Ukraine resulted in almost [70,000 Ukrainian refugees to Ireland](#)



*Excluding data from National Reception Centre, Baleskin



Discussion (2)

Testing in community settings and at home can expand opportunities for testing among individuals who may find testing in traditional health settings less accessible or acceptable for various reasons. Of those partaking in community testing in 2022, almost half were testing for the first time (where data were available).

The reactivity rate in 2022 is very similar to the reactivity rate in 2021 and slightly lower than in 2020 and 2019. Groups with higher reactivity rates include gbMSM; those born in Latin America and Caribbean, South and South-East Asia and Sub-Saharan Africa.

As highlighted in previous reports, there is still no widely accepted cost-effectiveness threshold for HIV community testing. The overall HIV test reactivity rate (0.6%) and the reactive rate excluding those with a known previous HIV diagnosis (0.5%) are greater than the standard seropositivity threshold considered to be cost-effective in a hospital setting (0.1%)¹.

In addition to community testing, other novel and innovative testing programmes which increase access to HIV testing have been introduced in Ireland in recent years.



Conclusion

HIV community testing continues to be an important tool in HIV prevention in Ireland and serves to increase the proportion of people living with HIV in Ireland who are aware of their diagnosis and reduce the number of people who are diagnosed late (CD4 count less than 350 cells/ μ l)

In addition to identifying people with undiagnosed HIV, it is important to acknowledge the valuable work done by community organisations in reaching members of key populations with testing initiatives, including awareness raising and peer-led outreach

Continuing and expanding provision of HIV testing interventions, especially HIV testing interventions outside of traditional settings, can help to ensure increased accessibility for key populations at increased risk of acquiring HIV



Technical notes

- Unlike in previous years (2018 to 2021), analysis of HIV community testing data does not include data from the National Reception Centre in Baleskin. This should be considered when comparing data in this report to reports from earlier years.
- Directly comparing data from different years may not be valid because the number of services offering community testing varies each year. In addition, certain services included in some years were excluded in subsequent years as they were no longer considered to fit the criteria of community testing.
- Two methods are used in HIV community testing in Ireland: rapid point of care testing (POCT) and laboratory-based testing.
 - Laboratory-based testing involves obtaining blood samples through venepuncture, which are then tested for HIV 1/2 antibodies and HIV-1 p24 antigen simultaneously in a specialised laboratory.
 - Rapid POCT utilises portable serology assays that detect HIV 1/2 antibodies within one to twenty minutes. Typically only fingerprick blood samples are required to operate these devices, which are in the form of lateral flow or immunofiltration devices. POCT can occur in a variety of community settings and can be performed by trained non-laboratory staff.
- The denominator used to calculate the HIV test reactivity rate is “all tests performed”, not “individuals tested”. This is the case as certain individuals may have tested more than once during 2022.
- The results are presented as HIV test reactivity rate; this can also be called HIV testing prevalence rate or HIV seropositivity rate.



Appendix A

Membership of the Community HIV Testing Monitoring Steering Group

Name	Organisation
Derval Igoe	HSE Public Health: National Health Protection Office
Kate O'Donnell	HSE Health Protection Surveillance Centre (HPSC)
Mark Campbell	HSE Health Protection Surveillance Centre (HPSC)
Mary Archibald	HSE Health Protection Surveillance Centre (HPSC)
Adam Shanley	MPOWER Programme at HIV Ireland
Caroline Hurley	Sexual Health and Crisis Pregnancy Programme (SHCPP)
Rachael MeTrusty	Sexual Health and Crisis Pregnancy Programme (SHCPP)
Roisin Moore	SafetyNet Primary Care
Caitriona Pollard	SafetyNet Primary Care (joined October 2023)
Saroja Bhandari	SafetyNet Primary Care (joined October 2023)
Cillian Flynn	GOSHH Ireland
Joe McDonagh	Sexual Health West
Catherine Kennedy	Sexual Health Centre Cork (left February 2024)
Martin Davoren	Sexual Health Centre Cork (joined February 2024)
Richard Carson	AIDS Care Education and Training (ACET)
Yvon Luky	AIDS Care Education and Training (ACET)
Erin Nugent	HIV Ireland (left October 2023)
Ann Piercy	HIV Ireland (joined October 2023)
Aileen Kitching	National Office of Public Health and National Social Inclusion Office, HSE (joined October 2023)
Claire Dunne	National Office of Public Health and National Social Inclusion Office, HSE (joined March 2024)





Appendix B

List of member organisations and those who provided data in 2022

Organisation/Programme	
1	GOSHH Ireland
2	MPOWER Programme at HIV Ireland
3	SafetyNet Primary Care Mobile Health and Screening Unit
4	Sexual Health Centre Cork
5	Sexual Health West (formerly AIDS West)
6	HIV Ireland (no testing carried out in 2022)
7	AIDS Care Education and Training (ACET) (no testing carried out in 2022)

