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The development and implementation of an innovative community-based intervention to strengthen community capacity for HIV prevention and care among African, Caribbean and Black (ACB) women in Ontario: Implementation study protocol — *Amoy Jacques*

Introduction/background:

In Ontario, ACB women are overrepresented among new HIV diagnoses, in part due to social and structural factors, such as HIV-related stigma, gender discrimination, and racial discrimination. This study seeks to create, implement, and evaluate an ACB community-based peer-led intervention to improve access to HIV prevention and care for ACB women in Canada. This protocol outlines the development, implementation, and evaluation of an innovative community-based intervention.

Methods:

This is a multi-site(Ottawa Toronto and Windsor) five-year phase-based study project that will be guided by Community-based participatory research, intersectionality, and implementation science frameworks. over a 5-year period, the project will be implemented in five non-iterative phases: 1: Community and partner engagement; 2: Critical health and racial literacy training curriculum and HIV resource development; 3: Implementation research with the first cohort of trained HIV Peer Equity Navigators (PENs); 4: Training of second cohort of HIV PENs and program implementation across Ontario; and 5: Evaluation, knowledge sharing and plans for national scale up. We will use a mixed methods approach, quantitative and qualitative data, including surveys and qualitative interviews to analyze and identify implementation scenarios and effectiveness. The research project is approved by the University of Ottawa Ethics Board.

Results and analysis:

The implementation strategy is expected to improve access and ensure equity to HIV prevention and care for ACB women. We will use descriptive, inferential, and thematic analysis to highlight the effectiveness of the intervention.

Conclusions and implications for policy, practice or additional research:

Evidence of the effectiveness of this innovative, peer-led intervention can be used to inform equity-based health policies and practices related to HIV prevention and care for ACB women in Canada. The results will be disseminated at community and national workshops, in peer-reviewed journals, and on web-based platforms.

GetaKit: An online HIV and STI testing service — Lauren Orser**Introduction/program need and objectives:**

Access to sexually transmitted infection (STI) and HIV testing became limited during and since the COVID-19 pandemic. Rates of new infections and ongoing risk practices for STI/HIV acquisition, however, did not decrease. To increase access to HIV/STI testing, we developed an online system, “GetaKit”, through which eligible persons can obtain clinically indicated STI/HIV testing services. To determine eligibility, patients complete an online risk assessment. The system then offers HIV/STI testing based on public health guidelines, including HIV self-tests and requisitions for STI testing to be completed at a laboratory. All requests for testing and test results are reviewed by a GetaKit clinician, and where indicated, treatment and follow-up is completed by local public health units. GetaKit also sends reminders to participants about when to re-screen for STI/HIV.

Program methods, activities and evaluation:

The methodology is a prospective analysis, evaluating uptake of STI/HIV services, uptake among persons in priority populations, completion rates of STI/HIV testing, and test positivity rates.

Program results or outcomes:

GetaKit was initially developed as platform for distribution of HIV self-tests. Since 2020, GetaKit has distributed over 9000 HIV self-tests, with 77% of participants reporting belonging to an HIV priority group. In May 2023, GetaKit STI launched in Ottawa and have since on-boarded prescribers from 5 Ontario public health units to offer STI/HIV testing in their areas.

Recommendations and implications for practice or additional research:

Through use of a unique risk screening algorithm and partnerships with public health units, GetaKit offers comprehensive STI/HIV screening services, without requiring persons to attend an appointment. With expanded reach across other public health jurisdictions, it is possible GetaKit can help facilitate access to testing, while allowing STI clinics to see persons with more complex care needs. Ongoing data collection is required to understand uptake, use, and diagnosis rates for those who attend GetaKit compared to other clinical services.

Syphilis Point-of-Care Testing and Immediate Treatment Evaluation (SPRITE) in 5 Ontario public health units — Megan Carter**Introduction/program need and objectives:**

Some public health units (PHUs) in Ontario have recently experienced a dramatic spike in the rate of infectious syphilis. Underserved populations, such as people who are street-involved, are at increased risk for syphilis and other STBBIs. Point-of-care tests (POCTs) represent a low-barrier method to interrupt syphilis transmission in undiagnosed and underserved populations.

Program methods, activities and evaluation:

Five Ontario PHUs have formed a community of practice (CoP) and are collectively evaluating implementation of the INSTI® Multiplex HIV-1 / HIV-2 / Syphilis Antibody Test targeted to their underserved populations from June 2023 to September 2024. Implementation is being evaluated using the RE-AIM framework and includes determining reach and accuracy of the test versus routine serology for syphilis, and understanding barriers and facilitators to implementation through qualitative analysis of CoP documents and a survey of participating health care providers (HCPs).

Program results or outcomes:

From June to mid-October 2023, one PHU held three major testing events and conducted routine weekly outreach initiatives, resulting in 48 POCTs administered (46 with confirmatory syphilis serology). Three of the 48 were invalid (6.3%), four positive (all true positives), and 41 negative (three false negatives with previously treated syphilis infections and no indication of reinfection based on past

health assessment and serology). Percent positivity based on POCT only is 8.9%. POCT accuracy estimates are 57.1% sensitivity, 100% specificity, 100% positive predictive value and 92.7% negative predictive value. All four positive cases were treated - two in the field and two in clinic after confirmation of reinfection based on serology and contact tracing.

Recommendations and implications for practice or additional research:

The four other participating PHUs plan to start implementation at the end of October 2023. These are preliminary results, based on small numbers, in a population experiencing a high incidence of infectious syphilis and a potential outbreak involving marginalized groups in greatest need of services. Urgent action is needed to address this growing public health crisis in Ontario and elsewhere.

A national survey of psychosocial correlates of Canadian women's intentions to participate in human papillomavirus test-based primary cervical screening — *Ovidiu Tatar***Introduction/background:**

HPV test-based primary cervical screening is replacing cytology across Canadian jurisdictions. In other countries, women's unpreparedness and concerns hindered the transition and postimplementation screening uptake. We investigated psychosocial correlates of intentions of screening eligible individuals to participate in HPV-based primary cervical screening.

Methods:

We conducted a nation-wide web-based survey of individuals aged 21-70 years in 2022 and oversampled under-screened i.e., >3 years since their last screen or were never screened. We used five Canadian validated scales to measure HPV test-based screening knowledge, attitudes, and beliefs. We employed the multistage Precaution Adoption Process Model to assess women's stage of intentions regarding participating in HPV testing and self-sampling, i.e, unengaged, undecided, having decided to participate, or having decided not to participate. We estimated associations of psychosocial factors with the intentions' stage using multinomial logistic regression.

Results and analysis:

In both groups (adequately screened n=1871; under-screened n=1853), women who had more knowledge about HPV was associated with intention to participate in HPV testing. Women who report more personal barriers to the HPV test was associated with lower intentions to participate in HPV-testing or use of self-sampling. Expressing more concerns about self-sampling was associated with lower intentions to self-sample; while women expressing higher need for autonomy and worries about HPV testing were associated with increased intention to self-sample. In the under-screened group, increasing age was associated with lower intentions and living in Canada for < 10 years was associated with higher intentions to engage in HPV testing and to self-sample.

Conclusions and implications for policy, practice or additional research:

Our results could be used by policymakers and healthcare professionals to adapt communication and implementation strategies for adequately and under-screened individuals. These strategies should include consideration of insufficient knowledge and negative attitudes and beliefs to ensure a smooth transition to HPV-based primary cervical screening.

Mapping person-focused innovation(s) for screening and diagnosis of sexually transmissible and blood-borne infections (STBBIs) during the COVID-19 pandemic: A scoping review - *Shannan Grant***Introduction/background:**

Public health plays a key role in the prevention and treatment of sexually transmitted and blood-borne infections (STBBIs). Timely access to screening/testing is imperative for the provision of STBBI-care. During the COVID-19 pandemic, STBBI testing significantly decreased, and providers in Atlantic Canada expressed concern over missed or delayed diagnoses and its subsequent impact on linkage to care.

Methods:

This review identified and mapped peer-reviewed literature on person-focused initiatives(s) for screening and diagnosis of STBBIs during the COVID-19 pandemic. Original research and gray literature (e.g., abstracts, reports) were considered for inclusion. Google, MEDLINE (Ovid), CINAHL (EBSCO), Embase (Elsevier), Social Services Abstracts (ProQuest), and Sociological Abstracts (ProQuest) were searched for peer-reviewed and gray literature. Screening and data extraction were completed by four independent reviewers. Conflicts were resolved by the first and senior author.

Results and analysis:

In total, 49 results/ literature were included in the final review; 13 peer-reviewed articles, and 36 gray literature results. Of the 13 peer-reviewed articles, 8 explored patient interactions with screening/testing initiatives, representing 1616 patients. The remaining 5 articles explored provider interactions, representing 183 providers. Results included five countries: United States (n=26/49), Canada (n=18/49), United Kingdom (n=2/49), Australia (n=2/49), and Spain (n=1/49). Eleven testing initiatives were identified, including: 1) at home/self-testing (n=6/49), 2) point-of-care testing (n=10/49), 3) non-clinic-based testing (n=13/49), 4) pharmacy-based testing (n=2/49), and 5) telehealth/mobile services (n=7/49).

Conclusions and implications for policy, practice or additional research:

This scoping review offers important insights into existing initiatives in STBBI testing observed during the COVID-19 pandemic. An evidence-based means of closing the knowledge-to-action gap, this review provides a starting point from which care providers, researchers and others can build original research, integrate findings into programs, and engage in the "art of the possible".