

# Spring European Hepatitis-HIV Testing Week pilot 2018

## Results from the 2018 pilot evaluation



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# Background and methods

# Background

- As part of the work through the **INTEGRATE JA** and in collaboration with the **European Liver Patients' Association**, a Spring European Testing Week was piloted from **18 – 25 May 2018**
- **Main aims of the pilot:**
  - To provide another opportunity during the year to promote testing and increase awareness of knowing one's hepatitis/HIV status
  - Focus on integrated testing activities for hepatitis and HIV with the aim of understanding how we can improve and address barriers
  - Assess interest and the feasibility of having more than one Testing Week during the year

# Evaluation methods

- One **online survey** in REDCap was distributed to all participating partners to evaluate the Spring Testing Week pilot.
- Two electronic survey **reminders** were sent prior to the survey deadline (21 June 2018).
- A **data collection form** was also distributed to collect weekly testing data (offer, uptake, positivity rate).
- **Limitations** include:
  - Limited answering possibilities due to pre-defined answer categories
  - Possible language barriers and perceptions of questions asked
  - Survey length
  - Majority of questions are optional and not required for the respondent to answer

# Survey data – a descriptive overview

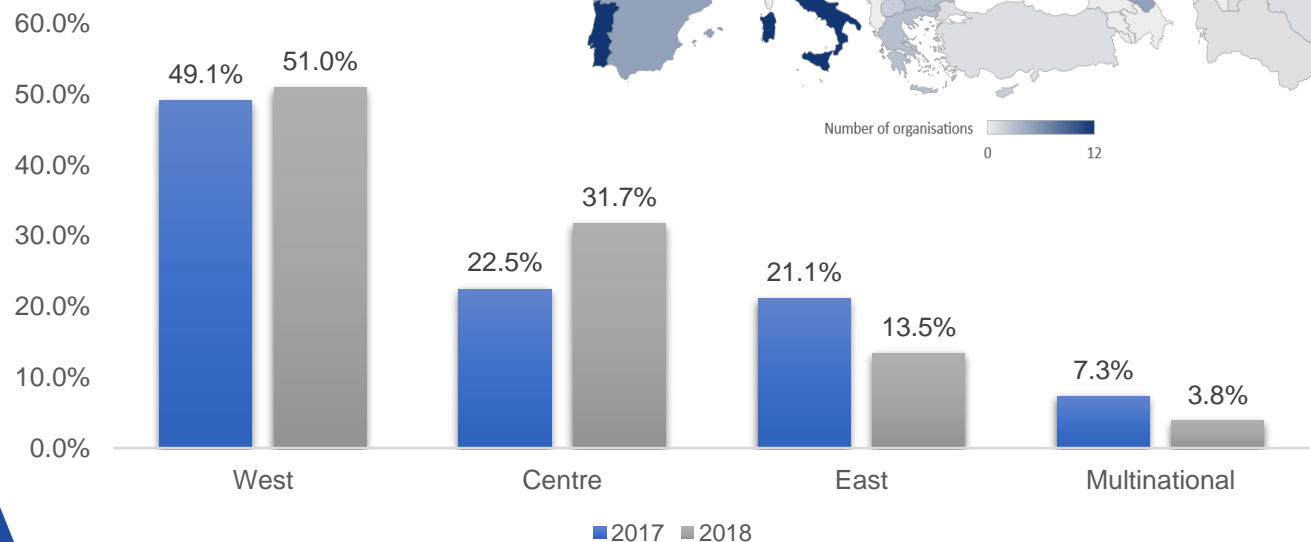
# Survey data – a descriptive overview

- By the end of the Spring Testing Week pilot, there were **104** organisations registered.
  - **40** organisations were completely new to TW, while 64 had previously participated
- Of the 104, 33 completed the evaluation survey for a **response rate of 32%**

# Spring pilot organisations

When comparing the November 2017 TW and the May pilot TW, there were **more organisations** from the **Western** (51.0%) and **Central** European (31.7%) regions (Figure 1)

Figure 1. Geographical distribution of orgs during November 2017 TW (N=640) and May 2018 TW (N=104)



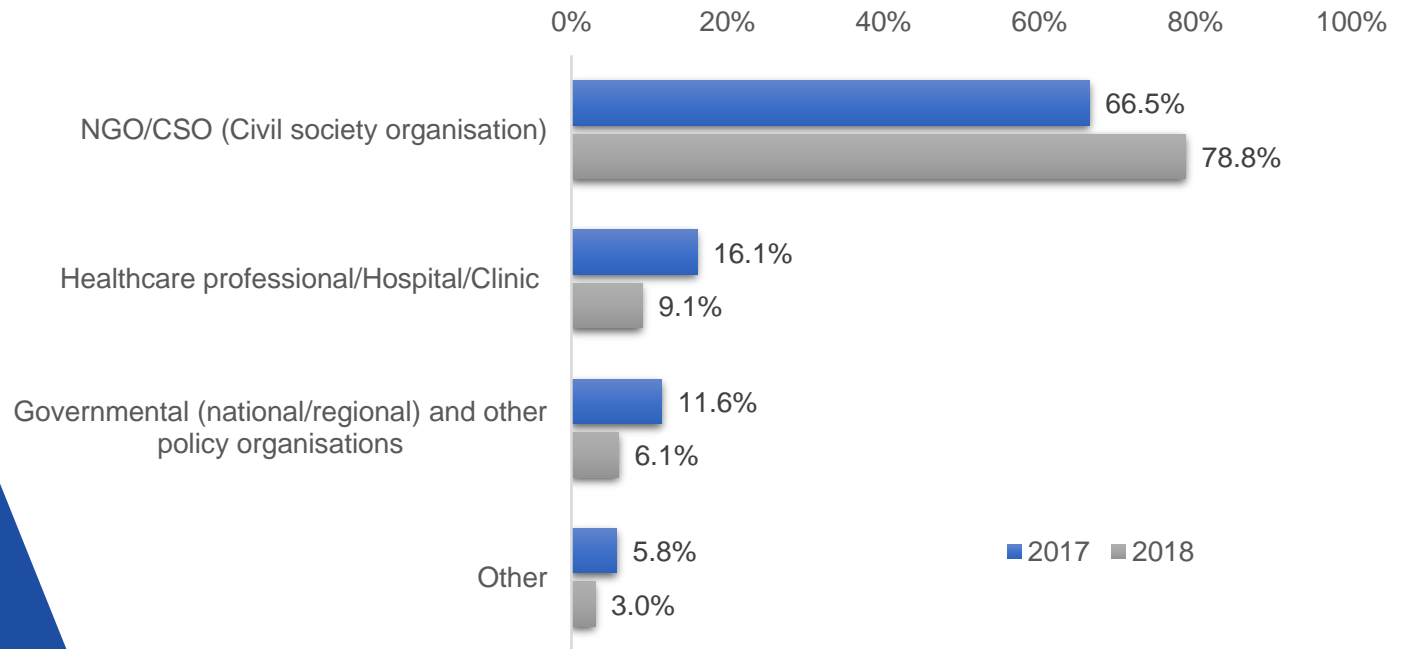


# ETW 2018 participating organisations and target populations

# Spring European Testing Week pilot

- Similar to the November 2017 TW, the majority of respondents represented **NGOs/CSOs** (78.8%) followed by healthcare professionals (Figure 2)

Figure 2. Types of respondents' organisation (2017, N=155; 2018, N=33)



# Type of setting for TW activities

- For the first time, respondents were asked in what type of setting did they conduct their TW activities
- The majority of the respondents (66.7%) said that they conducted their activities in **community settings** followed by other healthcare settings (Figure 3).

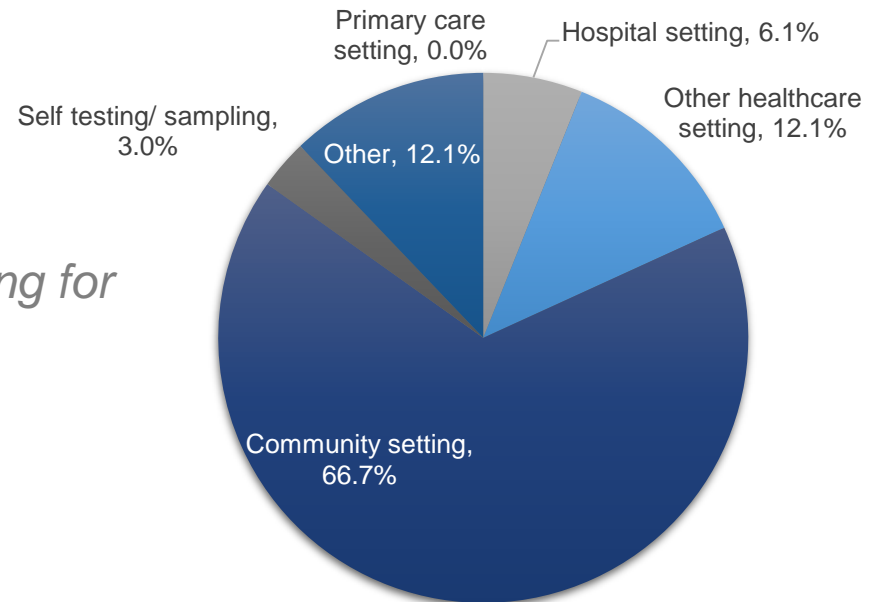


Figure 3. Type of setting for TW activities (N=33)

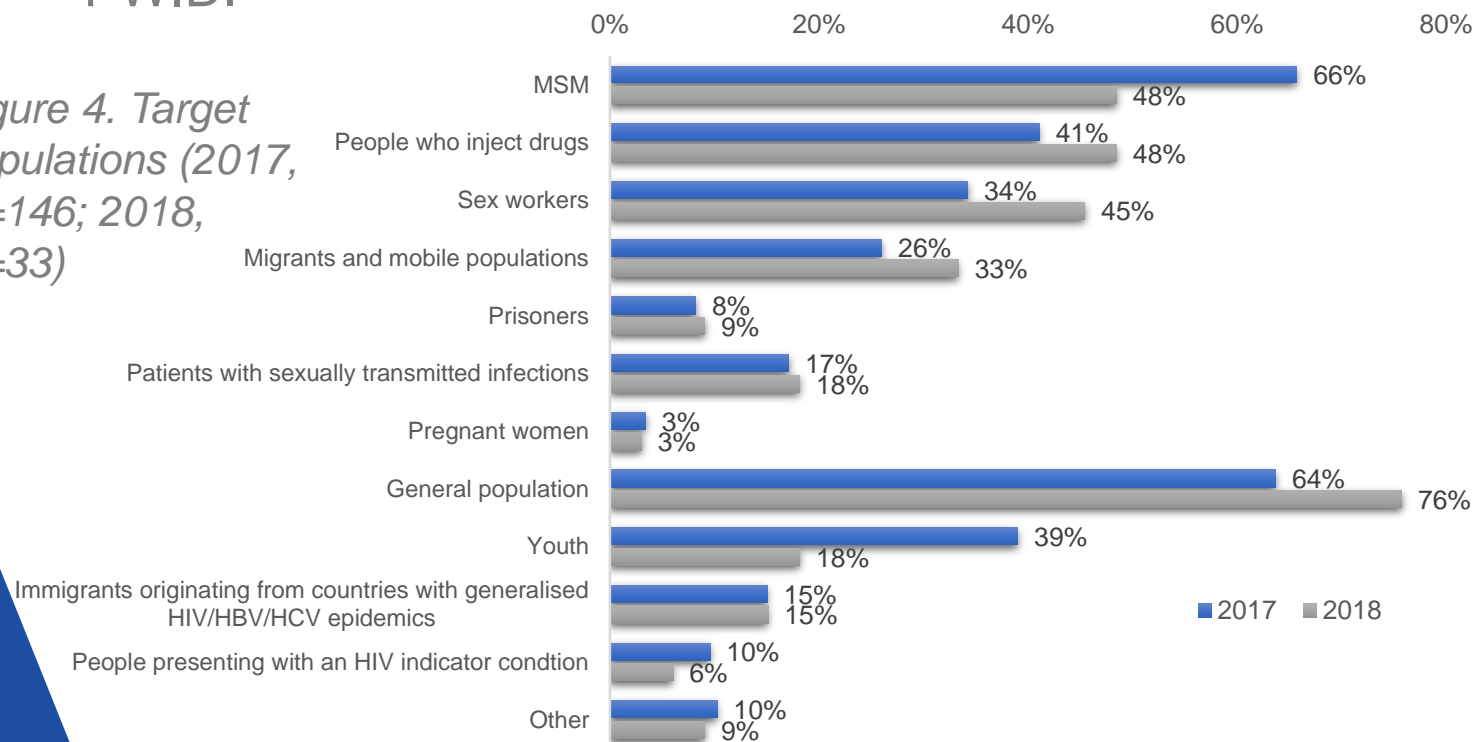
\*Other healthcare settings: STI/genito-urinary/dermato-venereology clinics (STI clinics), antenatal services, pharmacies, prisons, drug services, TB services and low thresholds clinics)

\*\*Other included: LBGT bar, NRC for HIV/AIDS prevention, online, digital communications campaign through social media

# Target populations

- The majority of respondents for the **May 2018 TW** targeted **the general population, MSM and PWID** (Figure 4).
  - While during the November 2017 TW, respondents reported targeting MSM, the general population and PWID.

Figure 4. Target populations (2017, N=146; 2018, N=33)



\*Respondents could select more than one option

\*\* Other target populations included: People with HIV related health anxiety disorder, people with alcohol dependency and medical staff.

# Types of activities

# Types of activities

- Similar to the November 2017 TW, the majority of respondents reported doing **testing activities**, followed by awareness raising (Figure 5)

Figure 5. Types of activities (N=33)

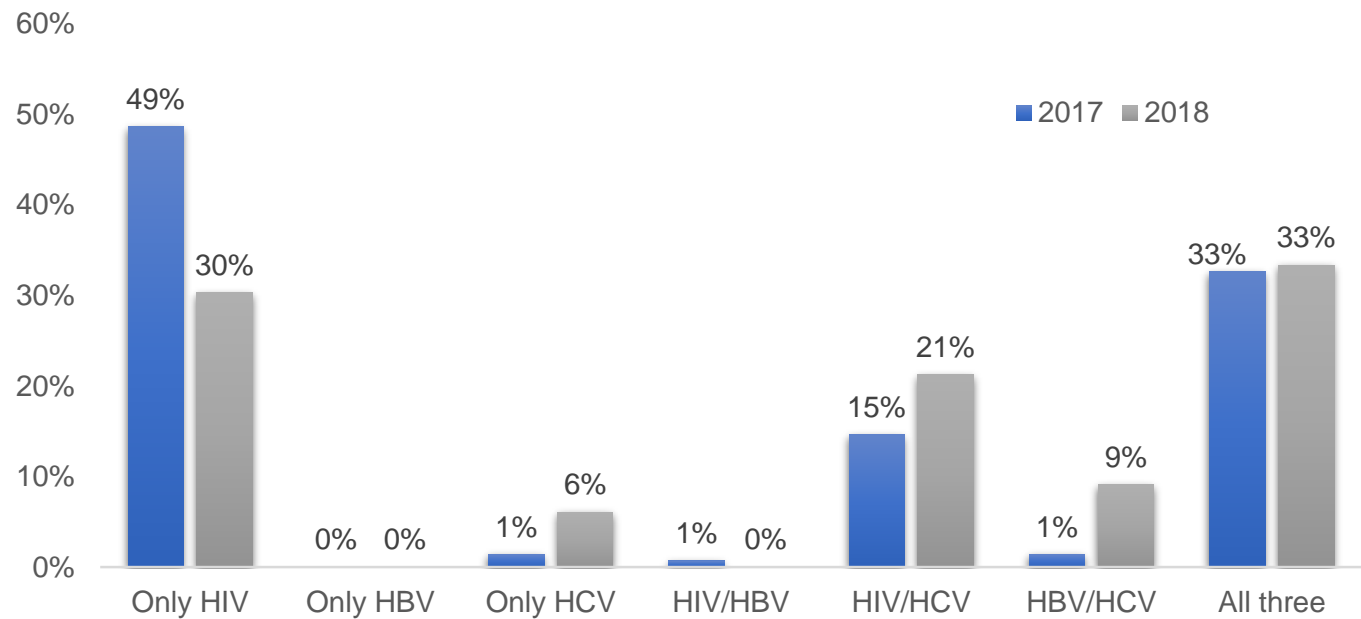


\*Respondents could select more than one option

# Types of activities

- The majority of respondents carried out for the May 2018 pilot carried out activities for **all three** (HBV/HCV/HIV) diseases. (Figure 6).

Figure 6. HBV, HCV and HIV activities



# Awareness raising activities

“*Social media* - posts on Facebook and Twitter about *testing opportunities available*, as well as advertising that *full screening tests* offer HIV and HBV and HCV testing.”  
[Western Europe]

“Dissemination of information in *every NGO we collaborate with*. We presented information also in *peer to peer communication*.” [Centre Europe]

“awareness activities among the community, particularly with *Immigrants originating from countries with generalized HIV / HBV / HCV epidemics*”  
[Western Europe]

“*printing of materials* brochures, posters, condoms *announcement of the campaign on all media* with the help of certain celebrities , big social media campaign, lectures in colleges and high schools...” [Centre Europe]

“When we are out testing we give advice and information when speaking to pwud. Also, we have developed a *written and visual [campaign]* containing advice and information in a *language that matches the language of users*. Our folders are designed as waterproof sheet so it can be used as a sterile surface for preparing a fix. “ [Western Europe]



# Testing activities

# Outreach testing

- Majority of the respondents (68%) reported doing outreach testing\* (Figure 7) similar to the reported outreach activities in November 2017 (Figure 8)

Figure 7. Reported outreach testing for May 2018 TW (N=25)

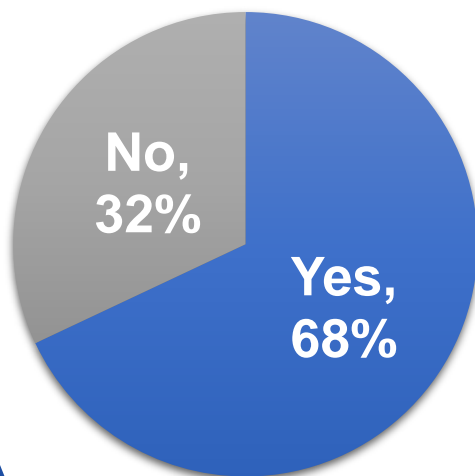
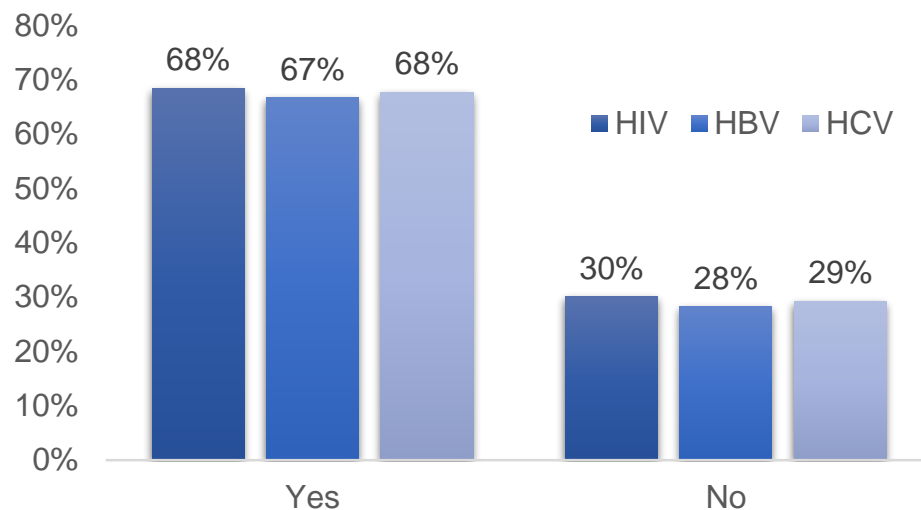


Figure 8. Reported outreach testing for November 2017 TW

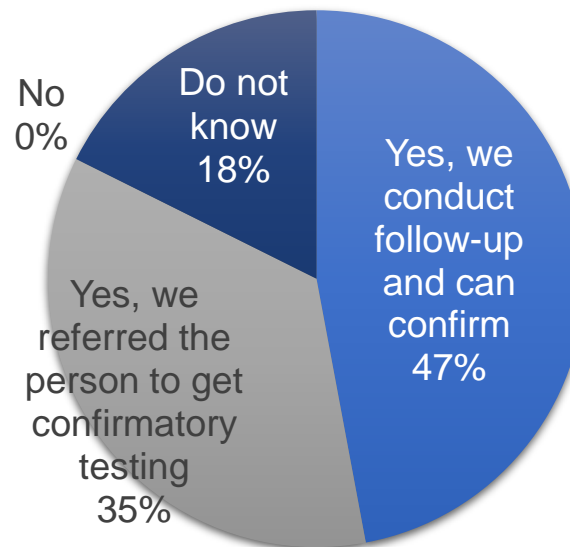


\*Outreach defined as outside your normal office/clinic or after hours

# Linkage to care

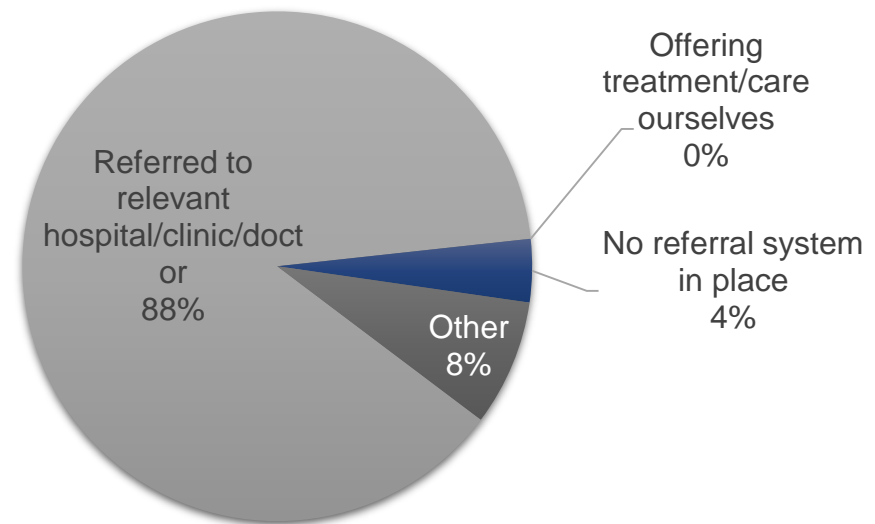
- Of those who conducted testing, 17 respondents provided input on **confirmatory testing** (Figure 9). The majority of these respondents reported conducting **follow-up and confirming that the individual who had a reactive test received confirmatory testing (47%)**

*Figure 9. Percentage of individuals who received confirmatory testing (N=17)*



# Linkage to care

- Of those who conducted testing, 25 respondents provided input on **linkage to care** (Figure 10).
- The majority of these respondents reported providing **referrals to a relevant hospital/clinic/doctor (88%)**
- *Figure 10. Percentage of individuals who were linked to care (N=25)*



Other responses included:

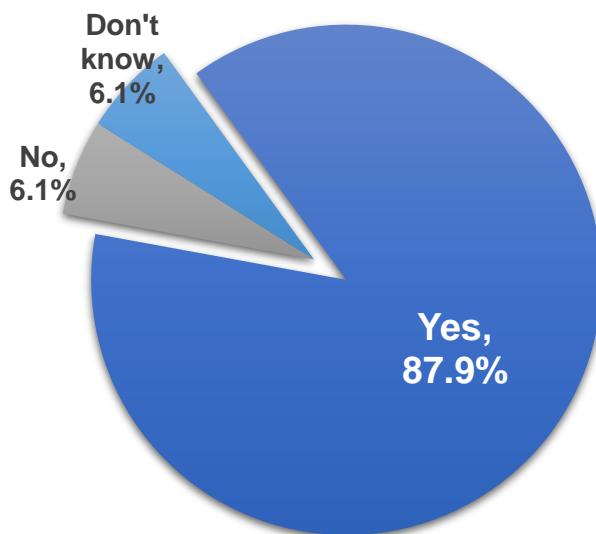
“I shared information with key stakeholders”; “We did not carry out testing activities”

# Spring European Testing Week pilot

# Past experience with ETW

- The majority of respondents (87.9%) reported **participating in past Testing Weeks** (Figure 11).

Figure 11. Percentage of individuals who participated in past TWs (N=33)



Example reasons why respondents participated in the pilot:

*"Because we understand it to be an opportunity to demystify test-related issues and an opportunity to talk more about HIV, HCV, HBV."*

*"We participate actively in the ETW and we think it is very interesting to carry out similar campaigns at other times of the year"*

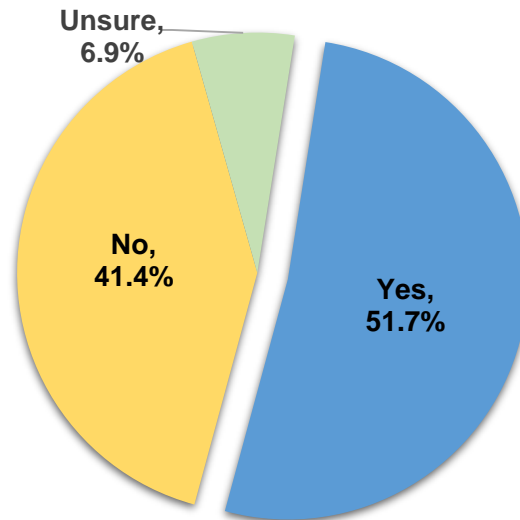
*"it a good opportunity to increase awareness about HIV and hepatitis and to test more persons than usually"*

*"We think that the testing weeks are important because we want the elimination of hepatitis according to WHO. This will not be possible even with 2 testing weeks - we would need more or testing month."*

# Past experience with ETW

- Of those who participated in past TWs, 51.7% reported **conducting different activities** than what they do for the November campaign (Figure 12).

Figure 12. Percentage reporting conducting different activities for Spring pilot compared to November campaign (N=29)



## Examples:

*In the fall we did testing in room lent to us by a drug injection facility. We used a mobile clinic in the spring week.*

*In spring you can do more activities on the street*

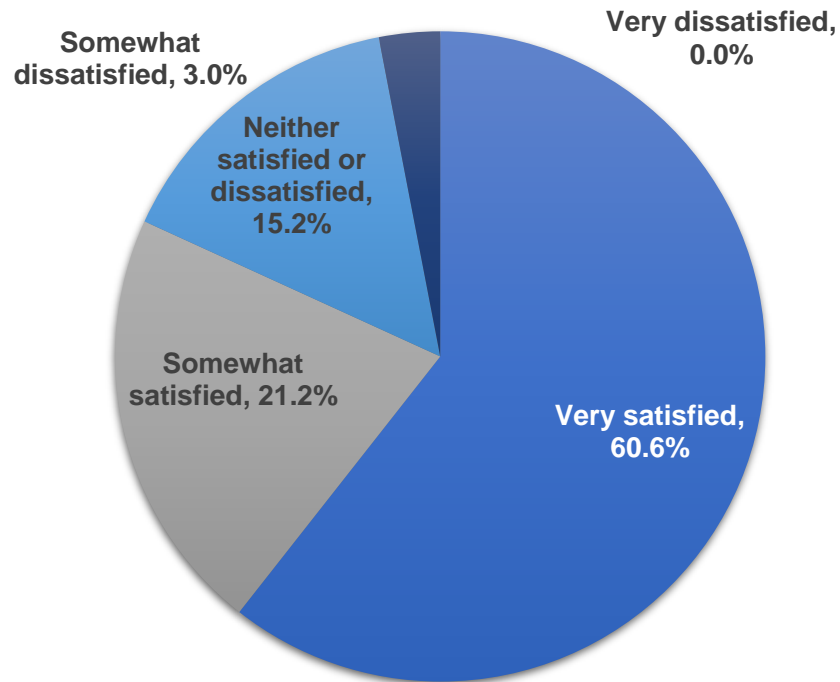
*More open space activities allowed us to reach bigger part of general public which increased number of tested persons*

*Better weather conditions than those in November allowed us to do more open spaces testing events which increased the number of tested general population.*

# Satisfaction with the Spring TW pilot

- The majority reported being **very satisfied** (60.6%) with the Spring TW pilot (Figure 13).

Figure 13. Reported satisfaction with the Spring TW pilot (N=33)



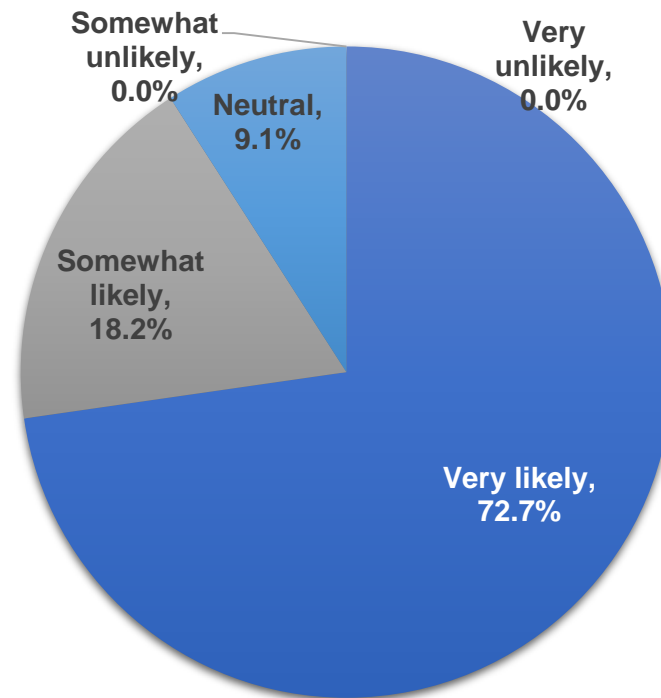
*Reason for dissatisfaction included being informed late of the initiative*



# Participating in more than one TW per year

- The majority reported that they would be **very likely** to participate in more than one TW per year (72.7%) (Figure 14).

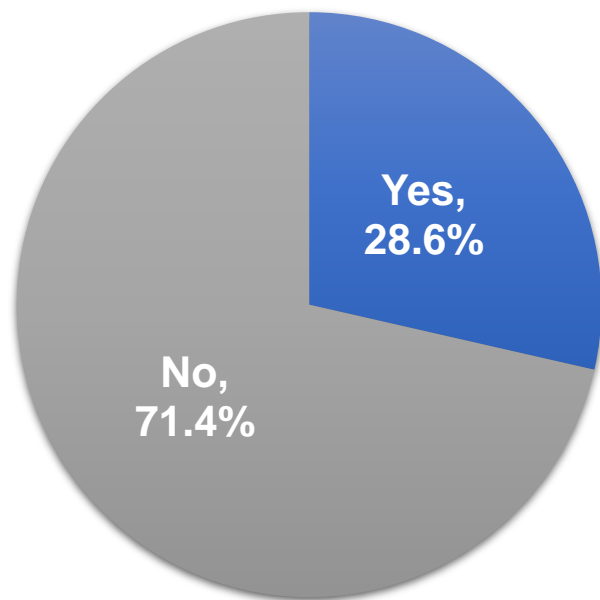
Figure 14. Reported likelihood of participating in more than one TW per year (N=33)



# New experiences

- A large proportion of respondents reported **not gaining new experiences** (71.4%) with the Spring TW pilot (Figure 15).

Figure 15. Percentage reporting new experiences with the Spring TW pilot (N=28)



Of the respondents who reported 'yes' (N=8), they reported the following new experiences:

*"Our team has the opportunity to test more people and to raise awareness about the importance of testing. We offer free testing for the general population, but also for the medical professionals and for the institutionalized children"*

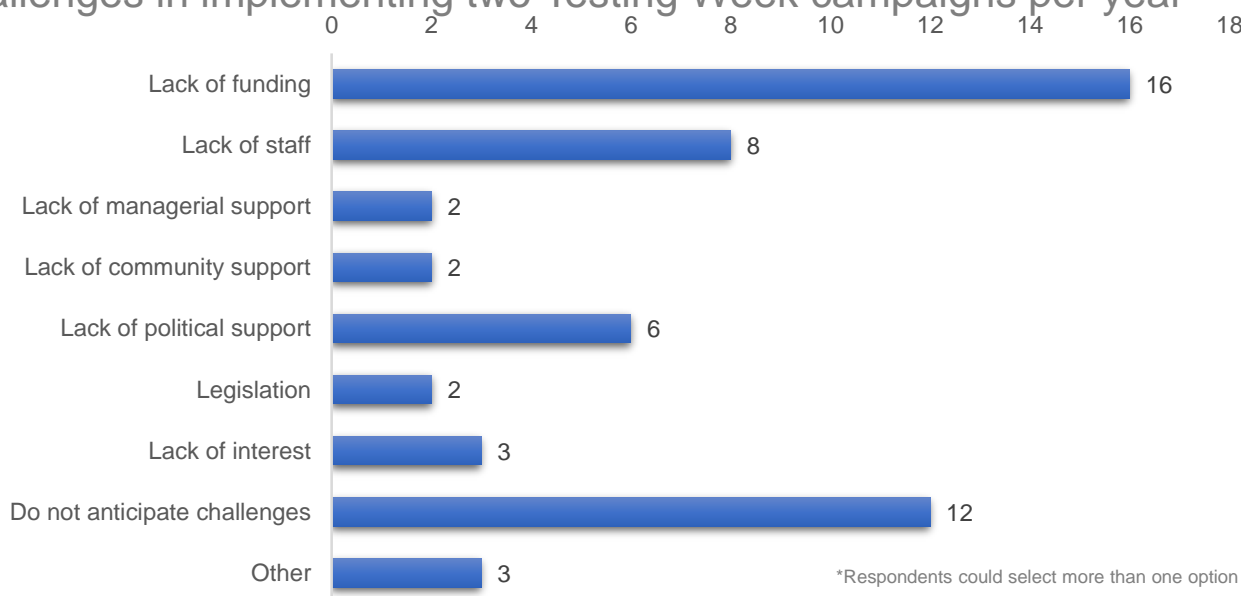
*"Perform more prevention on the street, since the time of year is more appropriate"*

*"Spring time is a kind of awakening of the inhabited by a cold winter dream spring and good weather makes them think positively, and when we have all linked with the news that hepatitis C is a curable disease, it has been very positive for everyone to relax and start more people to test"*

# Challenges in implementing two Testing Week campaigns per year

- Lack of funding was the most reported challenge to implementing more than one TW per year. However, a sizeable portion of respondents reported not anticipating any challenges. (Figure 16).

Figure 16. Challenges in implementing two Testing Week campaigns per year (N=33)



## Challenge examples:

*Test kits, especially for HBV and HCV*

*We live in a small city with a low population. People are getting access to testing all year round as a result of our expanding community based, peer participative rapid testing programme, as a result clients didnt feel the need to test twice this year. It might be a bit much in terms of targeted work to get people who have been at risk to test twice a year.*

# Website activity

# Website analytics overview

April to July 2018



**2,424**

website visits



Average time on page

**3 minutes**

**08 seconds**



**5,929**

page views



**1,512**

unique users



**2.45**

pages per visit

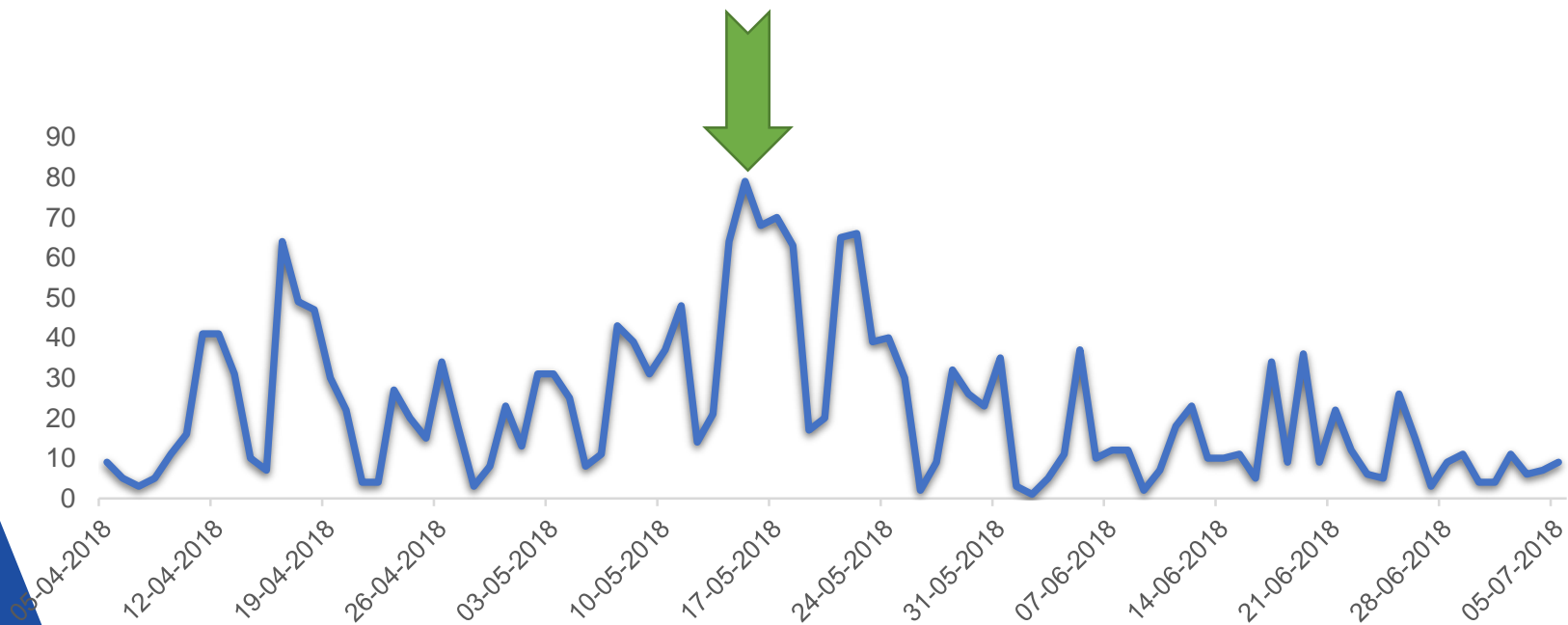


**610**

downloads of testing  
week materials

# Peak traffic to website

Figure 27. Traffic to the ETW website from 05 April to 05 July 2018



- The peak number of visits were seen **a week before Spring testing week 2018** (18- 25 May)
- The biggest peak was on **Tuesday 15 May**, with **79 visits**

# Most popular website pages

Figure 18. Most visited pages, April to July 2018



The **testing week materials** was the most visited page, followed by the **who's signed-up** section and the **media centre**.

# Testing Week top material downloads

spring  
17-18-25  
MAY  
2018  
EUROPEAN  
HEPATITIS-HIV  
TESTING  
WEEK  
TEST.TREAT.PREVENT.  
www.testingweek.eu



Total downloads of testing week materials

610



Total downloads of the TW Flyer

26



Total downloads of the testing data monitoring form

30



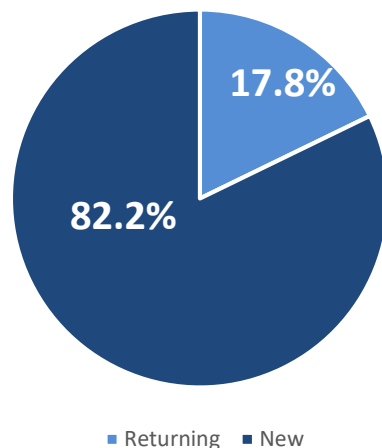
Total downloads of Spring Testing Week logo

121



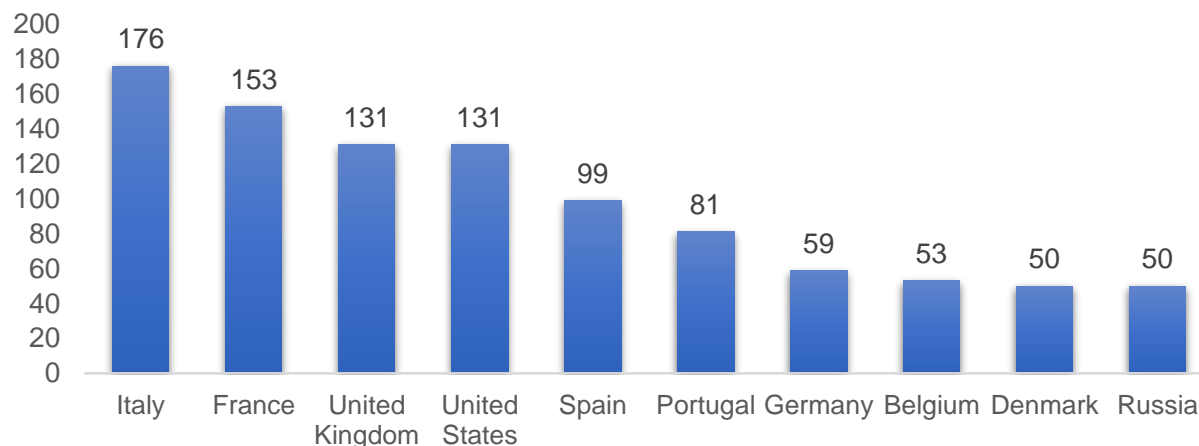
# User behaviour (Apr – Jul 2018)

Figure 19. New vs. Returning Visitors



- **New (single) visit users** visited **1,512 times**
- **Returning users** visited **327 times**

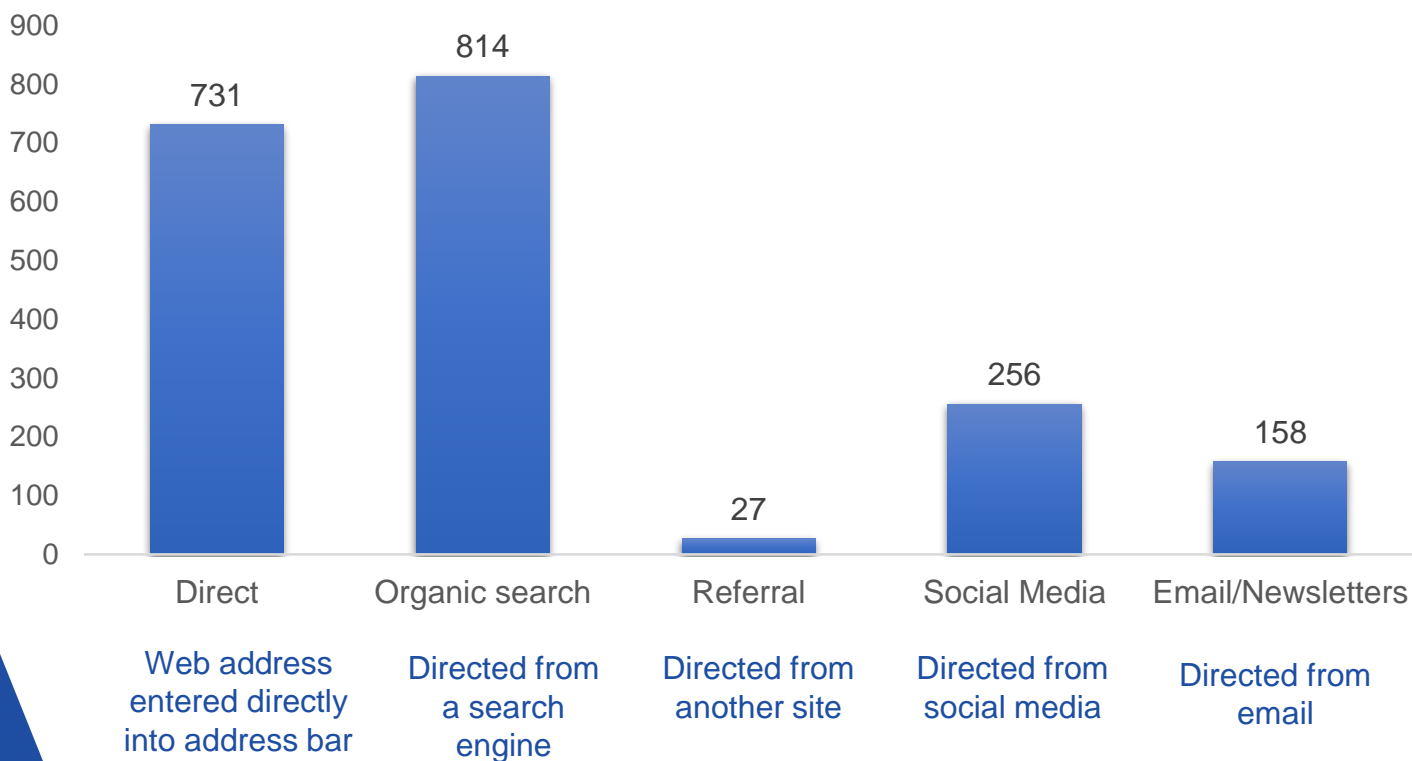
Figure 20. Top 10 countries by visitors



# Traffic sources (Apr – Jul 2018)

- **41%** of traffic came from users **searching through a search engine**, followed by a direct search by entering the web address (**36.8%**) (Figure 21)

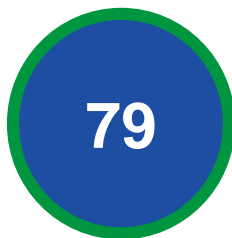
Figure 21. Traffic sources



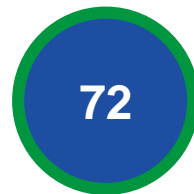
# Traffic source: top referrals by clicks



Facebook

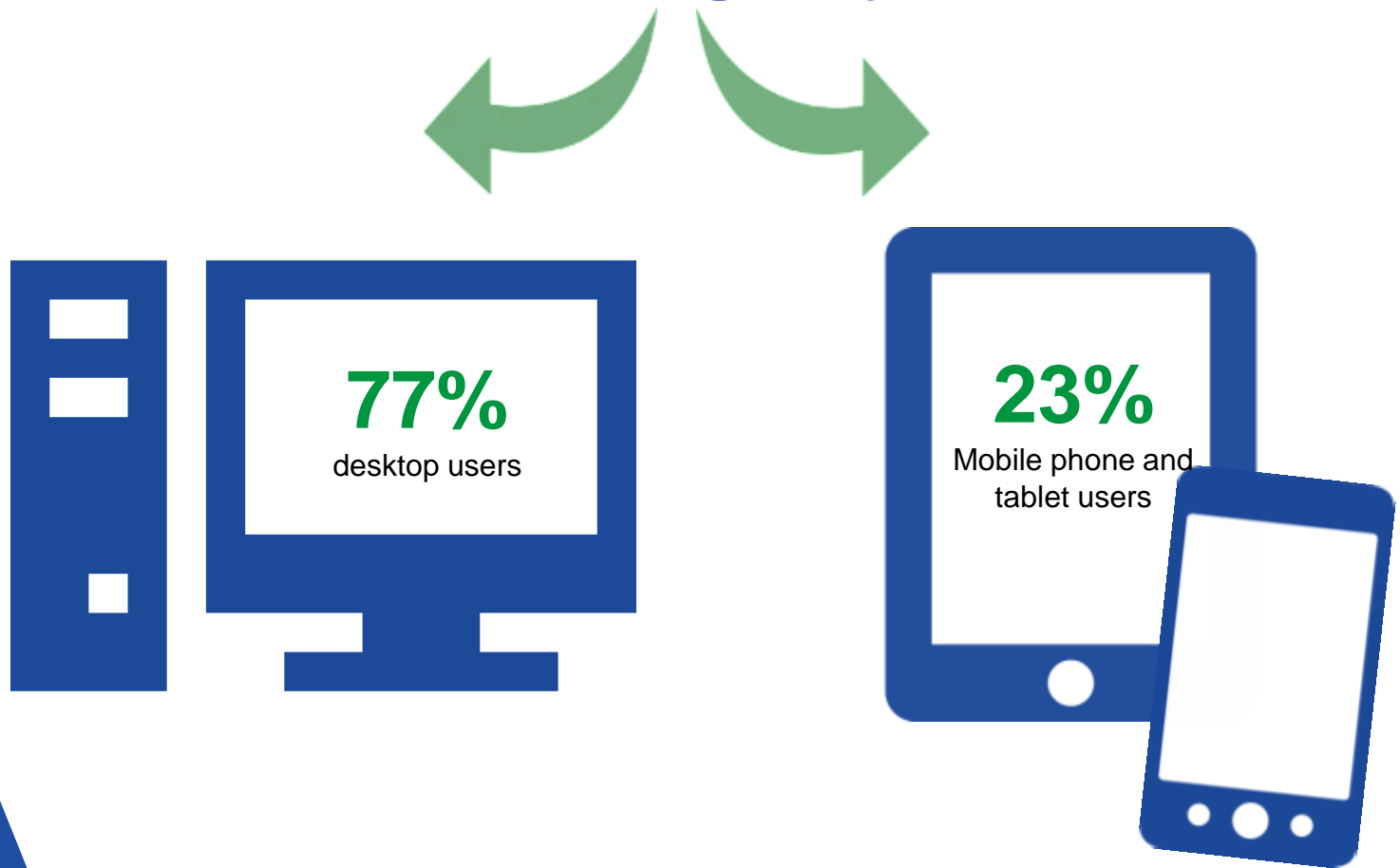


Twitter



LilaMilano.it

# Website usage by device

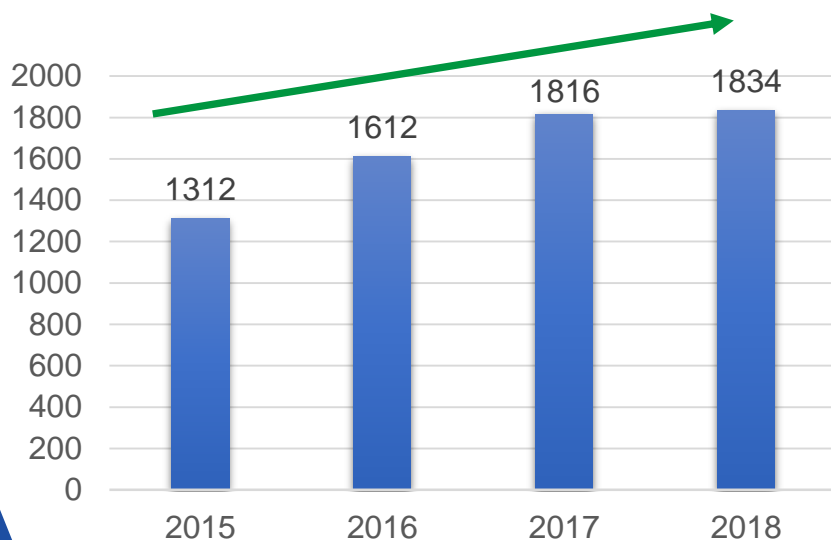


- The **majority of visitors** to the website (during the TW pilot) were **desktop users (77%)**, an **increase** from the Nov 2017 campaign (54.4%)
- The amount of users on mobile phones and/or tablets **decreased from 45.5%** during the Nov 2017 campaign to 23% for the pilot

# Use of social media

# Facebook - Fans

Figure 22. Facebook fans\* from 2015 – May 2018



Top 10 countries	Total number	Percentage
Portugal	218	13.0%
Italy	153	9.1%
Denmark	134	8.0%
United Kingdom	129	7.7%
Spain	124	7.4%
Greece	71	4.2%
Ukraine	58	3.5%
Belgium	49	2.9%
Netherlands	49	2.9%
Poland	45	2.7%

Our core audience: **almost equally men and women**, majority are between the **ages of 25-45**

# Facebook - Activity

- Between April 8<sup>th</sup> and July 7<sup>th</sup> 2018, **31 posts were published** (in average **2.6 posts per week**)
- Total reach\* of Facebook posts: **6,492 times**
  - On average, **one post** can reach\* **209 Facebook users**
  - On average **one post** can have an **engagement rate of 17** (number of times a user clicked, liked, shared or commented)
- The #EuroTestWeek hashtag was used on Facebook **35 times**

**APOYO POSITIVO**  
May 21 · 🌐

Esta semana celebramos la #SpringTestingWeek, para promocionar la prueba del VIH y de la hepatitis. Si tienes dudas o hace tiempo que no te has hecho la prueba, hay muchos puntos de diagnóstico precoz, donde te atenderemos de forma profesional y gratuita.

PREVÉN - HAZTE LA PRUEBA - ACCEDE AL TRATAMIENTO - SE INDETECTABLE

European HIV-Hepatitis testing week  
Ministerio de Sanidad, Servicios Sociales e Igualdad  
Ayuntamiento de Madrid  
Ayuntamiento de Torremolinos  
Ayuntamiento de Málaga

See Translation

**Spring IN TRANS MISIBLE**  
18-25 mayo  
PREVENT - TEST - TREAT - UNDETECTABLE

**MADRID**

SERVICIO DE DIAGNÓSTICO PRECOZ DE VIH, HEPATITIS B Y C Y SIFILIS. 9 puntos en Madrid. 91 358 14 44 de Lunes a Viernes. Profesional, gratuito y confidencial

**24 MAYO TESTING ESPECIAL UCM**  
11:00 a 18:00 horas  
Punto informativo junto a la Estación de Metro Ciudad Universitaria  
Pruebas gratuitas VIH y hepatitis B y C  
En colaboración con UCM y la Casa del Estudiante

**25 MAYO**  
**PATRULLA CONDONERA POR CHUECA**  
21:30 a 23:30 horas  
**FIESTA SPRING TESTING WEEK EN DLRO Live**  
A partir de 00:00 horas

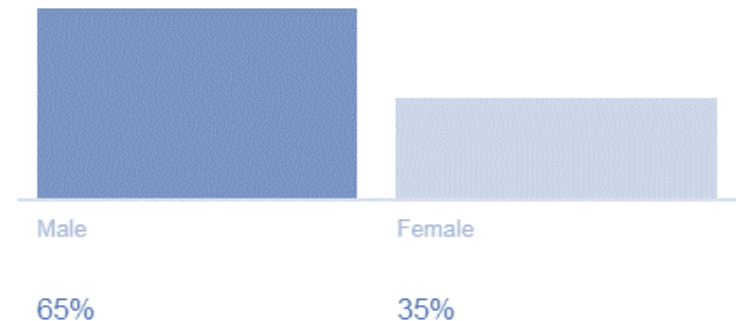
\*Post reach is the total number of unique people who see our Page and post content

# Twitter - Followers

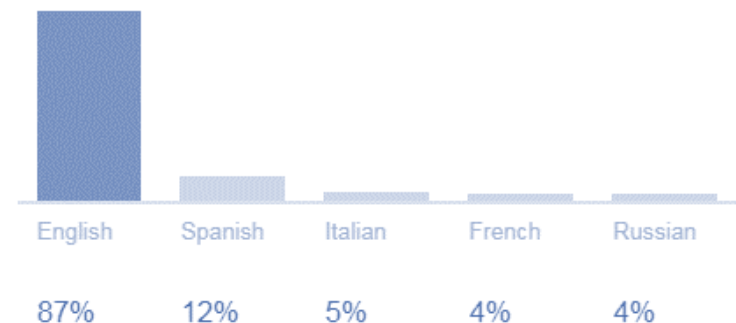
Figure 23. Twitter followers demographics

- Total number of **Twitter followers** – 1,186
- Our core audience on Twitter is mainly **English-speaking men aged 25 to 34**

## Gender



## Languages





# Twitter - Activity

- ETW Twitter profile published **13 tweets** from **5 April to 4 July 2018**
- ETW Twitter profile earned **15.4K impressions\***
  - An average **169 impressions** per day
- Top tweet of during this time period earned **4,199 impressions**



**EuroHIVHEPtestweek** @HIVheptestweek · Apr 12  
Announcing the Spring European Hepatitis-HIV Testing Week pilot! Check out our website for more info:  
[bit.ly/2JFq3bU](http://bit.ly/2JFq3bU) @HepatitisEurope @IntegrateJA  
[pic.twitter.com/r8gzM3f2qQ](https://pic.twitter.com/r8gzM3f2qQ)

[View Tweet activity](#)

\*Impressions on Twitter are the number of times your content may have been displayed on a users feed, no matter if it was clicked or not

# Media coverage

# Media coverage

- A publication search was conducted utilizing the media service, Meltwater
- In total, **8 online articles** were found for the Spring ETW pilot
  - Search was limited due to language restrictions and less accessibility of publications in local media
- International organisations including the European Commission (CHAFEA) and European Centre for Disease Prevention and Control published web articles to commence the Spring ETW pilot



**European Centre for Disease Prevention and Control**  
An agency of the European Union

Home > News & events > ECDC and EMCDDA make the case for active case finding of communicable diseases in prison

**News & events**

## ECDC and EMCDDA make the case for active case finding of communicable diseases in prison

NEWS  
23 May 2018

What are the most (cost-) effective ways to prevent and control communicable diseases in prison settings? In their joint public health Guidance published today, ECDC and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), present the evidence on active case finding as a key measure to diagnose communicable diseases early. The two agencies advise to actively offer testing for hepatitis B, hepatitis C and HIV to all people in prison and to conduct universal testing for tuberculosis at prison entry.

The Guidance provides scientific advice on different options for active case finding among people in prison in order to diagnose a range of communicable diseases early. For this, ECDC and the EMCDDA systematically retrieved and assessed the evidence on the effectiveness of active case finding interventions for blood-borne viruses, sexually transmitted infections and tuberculosis in prison settings in the European Union and European Economic Area.

[Interrupting transmission with test-and-treat approach](#)

Compared to the general public, people in prison have a higher burden of communicable diseases such as hepatitis



**CHAFEA**  
Consumers, Health, Agriculture and Food Executive Agency

EUROPA > European Commission > Chafea > News & Events

**NEWS**

## Spring European Hepatitis-HIV Testing Week

18 - 25 May 2018

The [INTEGRATE Joint Action](#) in collaboration with the European Liver Patients' Association, is launching a pilot campaign to promote wide-scale testing for hepatitis and HIV.

All interested organisations, at the local and national level, can sign up to participate.

**EUROPEAN  
HIV-HEPATITIS  
TESTING  
WEEK**  
TEST.TREAT.PREVENT.  
www.testingweek.eu

[Read more](#)

# Conclusions

# Conclusions

- Despite a short notice, there were a substantial amount of organisations that participated in the Spring ETW pilot
- The majority of the organisations were from NGO/CSOs and worked primarily in community settings
- There was a slight shift in the targeted groups for the pilot, however there was a reported increased focus on other key groups including sex workers, migrants and mobile populations, prisoners and patients with STIs
- Respondents reported conducting similar activities (testing and awareness raising) compared to the Nov 2017 TW
- There was a lower percentage of organisations conducting only HIV activities and a more even distribution of combined activities for HBV/HCV/HIV activities
- The majority of organisations had previously participated in past TWs however, many reported conducting different activities when compared to past TWs

# Conclusions

- A recurring theme in the respondent feedback was that organisations were able to conduct more outdoor outreach activities due to better weather conditions
- There was a reported high satisfaction with the Spring pilot and the majority were in favour of having more than one TW per year with many stating that they would be very likely to participate in two TWs per year
- Despite the lack of new materials for the Spring pilot, the materials page was the most frequently visited ETW webpage and many downloaded the Spring pilot logo
- Social media remained to be an active platform during the pilot week with many organisations sharing their activities and photos
- With more advanced planning and availability of the logo translated into different languages, a second TW in Spring is a feasible and acceptable campaign

# Acknowledgments

# Acknowledgments

- The **HiE Secretariat** would like to express their thanks to the following people and organisations for all **their hard work and contributions** during the development, coordination and execution of the Spring ETW pilot and its subsequent evaluation:
  - European Liver Patient's Association
  - INTEGRATE Joint Action
  - The **104 participating organisations**
  - **The Working Group**: Josip Begovac,, Ben Collins, Caroline Daamen, Nikos Dedes, Valerie Delpech, Zoran Dominkovic, Maria Duterte, Jason Farrell, Marine Gogia, Cary James, Chamut Kifetew, Tudor Kovacs, Teymur Noori, Sini Pasanen, Lisa Power, Daniel Simões, Dorthe Raben, Ann-Isabelle von Lingen, Tonni van Moonfort, and Anna Zakowicz.



# Acknowledgments continued

- Laura Fernandez-Lopez (Centre d'Estudis Epidemiològics sobre les ITS i Sida de Catalunya (CEEISCAT)) for her contributions to the development of the evaluation
- **The evaluation was completed** by Lauren Combs and Chenai Muchena with input from Dorte Raben, the HiE SC, the ETW WG.

# Financial statements

# Financial statements

- The HiE initiative is governed by an independent Steering Committee (SC). The Coordinating Centre is at CHIP, Rigshospitalet and the political Secretariat is at EATG.
- The conditions of funding the initiative are approved by the SC. Industry sponsors are invited to quarterly updates but do not participate in the SC. Financial support of the initiative is provided by Gilead Sciences
- Financial support of the HIV in Europe initiative provided by: Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, Danish National Research Foundation (grant 126), European Commission under the 3rd and 2nd Health Programmes, European Centre for Disease Prevention and Control (ECDC), Gilead Sciences, GlaxoSmithKline, Merck, Pfizer, Schering-Plough, Swedish Research Council, ViiV Healthcare and Tibotec.