

# Assessing the Efficacy and Feasibility of a Retail Pharmacy-Based HIV Testing Program

#### Background

The Virginia Department of Health (VDH) initiated a public/private partnership to launch an HIV testing program in 32 retail pharmacies which also conducted screening for other chronic diseases. We estimated that testing in retail pharmacies would lead to higher service uptake among first-time testers, that clients would reflect the racial/ethnic composition of communities where pharmacies were located, and that the public/private partnership would be more cost-effective than community-based HIV testing.

#### Methods

VDH selected stores in census tracts that were >30% Black/Latino, and where >20% of the population lived in poverty. Clients could request walk-in testing using a one-minute HIV rapid test whenever the pharmacy was open. Clients who tested positive were referred to confirmatory testing at a local nonprofit organization or health department.



### Conclusion

Retail pharmacy-based HIV testing effectively facilitates access to HIV testing for clients who will not seek testing from established testing venues, such as Community-Based Organizations (CBO) and Local Health Departments (LHD). Retail pharmacy-based HIV testing is an effective venue for HIV testing, specifically in geographically large or low incidence states, where it can provide services in areas not feasible for CBOs or LHDs. Public/private partnerships present potential cost savings over community-based HIV testing programs.

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#### Results

Between June 1, 2014 and June 30, 2016, Walgreens pharmacists performed 3,221 HIV tests, including 25 positive tests, for a 0.8% positivity rate. Among all clients in the pharmacy testing program, 46% had never been tested or were unsure, versus 31% of clients in community-based HIV testing programs. Among HIV-positive clients in the pharmacy testing program, 64% had never been tested or were unsure, versus 17% of clients in community-based HIV testing programs. Only 39% of tests were performed during business hours, while 61% were provided at night or over the weekend. Statewide, 61% of clients were Black or Latino, more than double the minimum selection criteria. The cost per positive test was \$4,300, versus \$14,900 in community-based HIV testing programs.

Selected Demographics					3000			
	Nonreactive		Reactive		2500			
	n	%	n	%	2000			
Race/Ethnicity					1500			
Black/African-American	1628	51%	16	64%	1000			
Hispanic/Latino	321	10%	1	4%	500			
Nhite	940	29%	5	20%	0			
Previous HIV Test					NA NA NA NA	No No		, <b>`</b> }
Don't know	256	8%	4	16%	the broch to the the	, bro 40	ter No	
Vo	1221	38%	12	48%		Dhar		ΛΠ
Yes	1626	51%	9	36%	Dick (HIV/+ oply)	Fildi	IIIdCy	
Age Range						1/	67%	157
13-19	90	3%	1	4%	Heterosexual	14 6	29%	4J7 230
20-29	1400	44%	12	48%	IDU	1	5%	230
30-39	955	30%	8	32%	Known HIV+ partner	4	19%	142
Gender						-		
Female	1317	41%	11	44%				
Vale	1864	58%	14	56%	Confirmatory Testing		86%	
	Limitations				(n=25)		00/0	
nacists only provide prelimina	rv HIV testing							
n time constraints nharmacis	ts do not conc	luct a rick ad	scosmont	or nrovido rick				
Fon councoling to clights M/k	vila tha nacitiv	vity rate of t	ho program	n cugaocte that	Medical Care			
c baye bigh loyale of behavioral UN/ rick, they cannot be broken down by rick factor				(n=21)		91%		
nave nigh levels of penaviora	ai miv risk, the			JWILDY FISK TACTOR.				
, only one pharmacist is on duty during a shift. Pharmacists must balance HIV				Linked				
g with other pharmacy duties	•					200/	100/ 0/	

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