

Linked HIV/SARS-CoV-2 testing could reduce incidence of HIV and costs

Implementing linked HIV testing alongside SARS-CoV-2 testing has the potential to reduce the number of HIV infections substantially and reduce direct and indirect healthcare costs attributable to HIV.

This is the main finding of a study that used an HIV transmission model to assess the potential impact of widespread, linked, opt-out HIV testing combined with SARS-CoV-2 testing on the HIV/AIDS epidemics in six US cities (Atlanta, Baltimore, Los Angeles, Miami, New York City and Seattle). The cost effectiveness of this strategy was also assessed, accounting for a range of hypothesised effects of COVID-19 on HIV risk behaviours and access to treatment and prevention services.

The model predicted that linked, opt-out HIV testing alongside SARS-CoV-2 testing and contact tracing could reduce HIV infections between 2020–2025 in all six cities, ranging from 576–696 (1.6%–1.7%) fewer infections with 10% offered HIV testing (assuming 6.6% accepting a test) up to 5840–7225 (16.3%–17.2%) fewer infections with 90% offered testing (assuming 59.3% accepting a test). The initial incremental upfront investment required for the HIV testing strategy was estimated at between \$US20.6 million to \$220.7 million across cities (year 2018 values). However, in the long term, the intervention would result in savings in healthcare costs across all cities. "Population-level SARS-CoV-2 viral and serological testing may provide a unique opportunity to conduct HIV testing, among other health promotion activities," suggest the researchers.

Zang X, et al. The potential epidemiological impact of COVID-19 on the HIV/AIDS epidemic and the cost-effectiveness of linked, opt-out HIV testing: A modeling study in six US cities. *Clinical Infectious Diseases* : 12 Oct 2020. Available from: URL: <http://doi.org/10.1093/cid/ciaa1547> 803510086