

Video-delivered rapid HIV pre-test information to streamline HIV testing

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OBJECTIVE

We sought to determine if the video, "Do you know about rapid HIV testing?" can streamline rapid HIV testing efforts. We compared the video to an inperson discussion with an HIV counselor in regards to equivalence of patient comprehension of HIV and HIV testing fundamentals, time needed to deliver the information, and patient acceptance of the video.

METHODS

Patients at a US emergency department were randomized into two groups in a non-inferiority trial to receive pretest information from a video or an in-person discussion prior to being HIV tested. Participant comprehension of the pre-test information was evaluated using a 26-item questionnaire. The non-inferiority criterion was that the video would be accepted as non-inferior if the 95% CI of the difference (Δ) in mean scores on the questionnaire between the two information groups was less than a 10% decrease in the in-person discussion group's mean score. Time to deliver the pre-test information was measured. Participants were surveyed on which delivery method of rapid HIV pre-test information they preferred to receive. Two-sample tests of binomial proportions were used to compare groups.



RESULTS

Of the 574 participants, 54% were female and most were white (64%), never married/single (48%), had twelve or fewer years of formal education (60%), and had previously been tested for HIV (62%). The median time elapsed to deliver pre-test information was 10 minutes for each group.

Non-inferiority Trial Results

Mean scores on the questionnaire by group were:

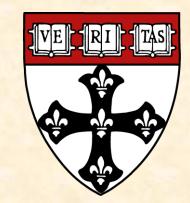
- In person discussion (20.8; 95% CI: 20.4-21.2)
- **△=0.68; 95% CI: 0.18-1.26**

These results satisfied the *a priori* non-inferiority criterion.

CONCLUSIONS

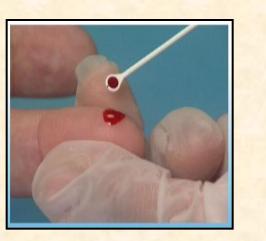
The video appears to be a good substitute for an in-person discussion in terms of patient comprehension of HIV pre-test fundamentals and time needed to provide the information. Participants were more open to the video as an information delivery method if the video was the source of their pre-test information.

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• Video (20.1; 95% CI: 19.7-20.5)





Patient Acceptance of the Video

Of those who received pre-test information from the HIV counselor, 74.9% preferred receiving pre-test information from a person, 1.7% from a video, and 23.4% from either

Of those who received pre-test information from the video, **31.2%** preferred receiving pre-test information from a person, 14.3% from a video, and 54.5% from either

Fewer patients in the video than the inperson discussion group had a preference for an in-person discussion (31.2% vs. 74.9%; p<0.001)

More patients in the video group than those in the in-person discussion group had no preference for type of pre-test information delivery method (54.5% vs. 23.4%; p<0.001)