



Third Joint Conference
of the
British HIV Association (BHIVA)
with the
British Association for Sexual Health and HIV (BASHH)

1–4 April 2014

Arena and Convention Centre · Liverpool

THIRD JOINT CONFERENCE
OF BHIVA AND BASHH 2014



Dr Michael Brady
Terrence Higgins Trust

Home HIV sampling linked to national HIV testing campaigns: a novel approach to improve HIV diagnosis

Dr Michael Brady
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Background

- 22% of HIV remains undiagnosed¹
- 47% of HIV is diagnosed late¹
- ~ 50% MSM diagnosed in 2010 – 2012 tested positive on their *first* HIV test¹
- Increased testing & regular testing for those most at risk could reduce HIV incidence in MSM²

¹HIV in the United Kingdom: 2013 report. Public Health England

²Phillips A *MSM in the UK: Prevention Effects of ART in Perspective*. 21st Conference on Retroviruses and Opportunistic Infections, Boston, abstract 116, 2014.

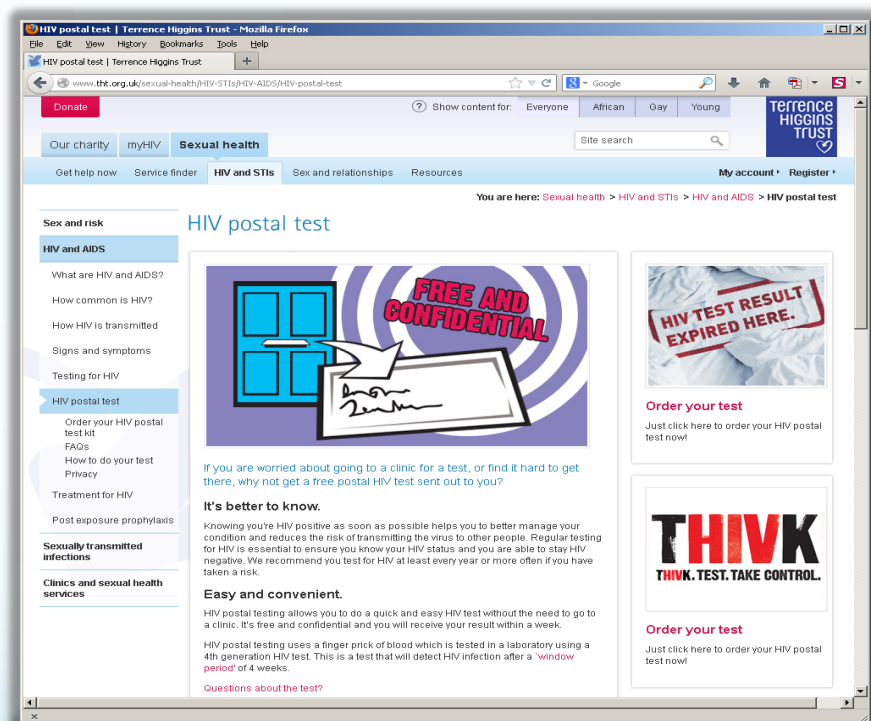
Background

- Home HIV *sampling*
 - Undertake the test at home – result delivered later
- Home HIV *testing*
 - Undertake and read the test at home
- In the UK: repeal of the HIV Testing Kits and Services Regulations (1992) – April 2014

Background

- Home HIV sampling potentially:
 - More acceptable / convenient for some
 - Improve uptake of testing where access to service is difficult or a barrier
 - Offer a practical solution to regular and repeat testing
 - Offer a practical solution to HIV testing at GP registration

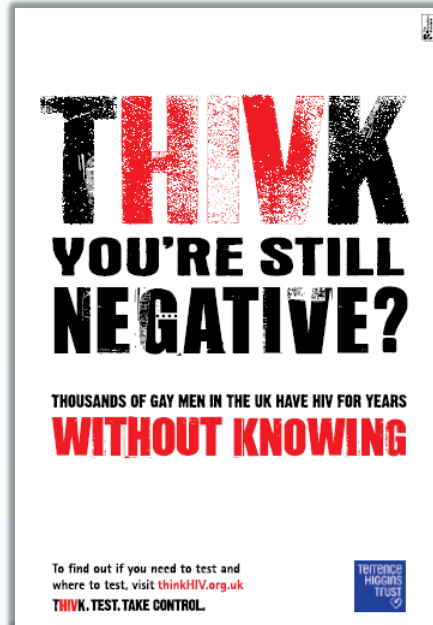
THT home HIV sampling service



- HIV tests ordered on-line through THT website
- 4th generation dried blood spot HIV test
- Samples posted to PHE laboratory in Manchester
- Negative results by text
- Positive results by phone
- Referral by THT to HIV service recommended
- Consent for follow up to confirm access to care

PHASE 1: JANUARY – SEPTEMBER 2013
PHASE 2: NOVEMBER 2013 – MARCH 2014

Promoted by HIV prevention campaigns and through social media



Results

Phase	Activity (requests)	Returns (%)	Positivity (%)	Access to care
Phase 1 January – September 2013	9,868 73% MSM 5.4% African	6,274 (63.6%) 73% MSM 4.4% African	105 (1.7%) MSM 1.8% African 3.6%	11.4% known positive 100% referred 74.7% confirmed access to care
Phase 2 November 2013 – March 2014	7,761 90.3% MSM 9.8% African	4136* (53.3%) 87.2% MSM 7.3% African	41* (1.0%) MSM 0.8% African 2.6%	20/41 (48.7%) confirmed access to care*
Total	17,629	10,410 (59.0%)	146 (1.4%)	66.4%*

*to date

Results

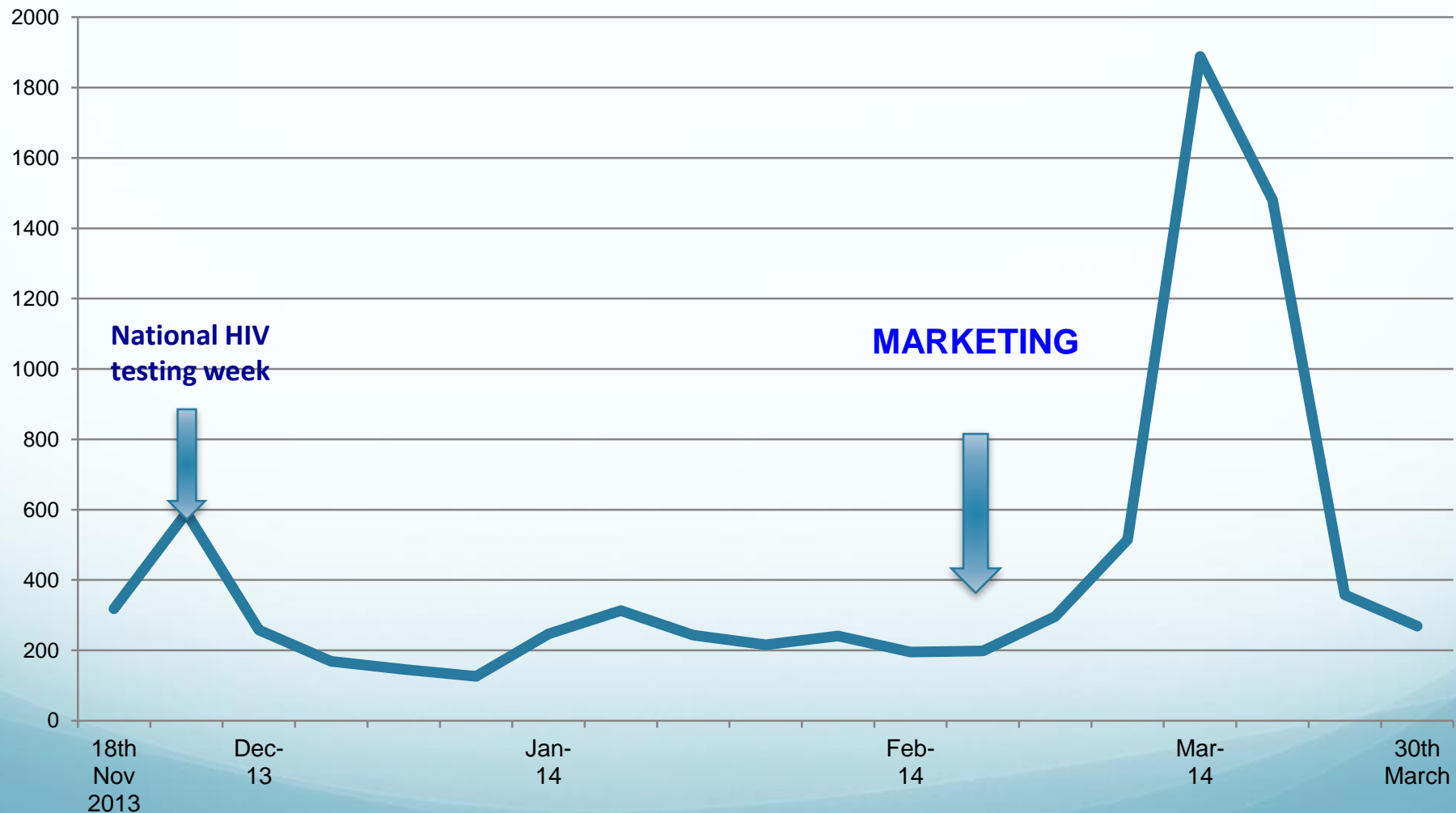
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Access to care (Phase 1)

Outcome	Number	Confirmed attendance at HIV service (%)
Accepted referral to HIV service	38	32 (84.2)
Self referral to HIV service	46	33 (71.7)
Already known to be positive and accessing care	11	11 (100)
Declined further contact/failed to respond to messages	8	1
Living abroad (Spain/Zambia)	2	N/A
Total	105	77 (74.7)

Relationship to marketing (Phase 2)



User experience

- On-line questionnaires:
 - Testers
 - n = 915
 - Non-testers
 - n = 137

- Why did you choose a postal HIV test?
 - I did not want to attend an STI service – 52.2%
 - Clinic opening times are inconvenient – 47.7%

- 32% had never tested for HIV before

User experience



Question	915/5009 responses (18.3%)
Would you recommend the service to a friend expected to test negative ?	96.7%
Would you recommend the service to a friend expected to test positive ?	65.4%
I would use the service again	97.2%
I would prefer a home test with immediate results	68.7%

Conclusions

Home HIV sampling:

- Feasible and acceptable
- Uptake is closely linked to health promotion activity and marketing via social media
- Accessing black African population is more challenging than MSM
- Could potentially be a major contribution to national HIV testing strategies
- It is important to ensure that support and pathways to care are robust
- Suggestion that, for some, home testing would be acceptable

Acknowledgements.....

- Service users
- Terrence Higgins Trust:
 - *Emmanuel Buenavventura*, Fizza Qureshi
 - Dominic Edwards, Peter Kelly
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- PHE Laboratory (Manchester):
 - Ken Mutton, Dave Ellis
- HIV Prevention England



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