



Acceptability and Ease of Use of Home Self-Testing for HIV among Men Who Have Sex with Men

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Revised Abstract

Objective: Assess the acceptability and ease of use of home self-testing among men who have sex with men (MSM).

Methods: High-risk MSM are being randomized to have access to home self-testing using the OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test on oral fluids or to standard clinic-based testing for 15 months. At enrollment, subjects complete a self-administered survey, receive HIV/STI screening, and are advised to test quarterly in accordance with local guidelines. Men randomized to home self-testing are trained to use the test, receive a test kit, and can contact the study for additional kits as needed. During follow-up, men can test for HIV at any location and are then supposed to complete online surveys. A 24-hour contact is available for counseling and technical assistance. Acceptability of home self-testing is assessed at baseline. Post-test surveys describe home self-testing experiences and ease of use.

Results: Of 158 enrolled subjects, 84% reported that access to home self-testing would increase how often they test for HIV. Almost half (45%) reported that the most they would pay for a home self-test was ≤\$20, 27% would pay \$20-40, 17% would pay ≥\$40, and 11% would only use one if it were free. How often men thought they would use a home self-test varied by the cost; 87% expected to test ≥4 times per year if kits cost \$5 compared to 28% if kits cost \$50.

78 subjects were randomized to home self-testing and followed for a median of 14 months (IQR 11-15). These men received a kit at baseline, and 58 (74%) requested additional kits (1-6 per subject, 164 total). 51 men completed 109 surveys about testing at home. Subjects reported that the kit was 'very easy to use' in 105 (96%) of these surveys and 'somewhat easy to use' in the other 4. The 24-hour contact was used only to request new kits. All subjects reported non-reactive tests (by post-test surveys or when requesting new kits) except 1 reactive, 3 invalid/'confusing', 3 misplaced, 1 incorrectly performed, and 3 damaged/incomplete tests.

Conclusions: MSM are willing to use a rapid antibody test on oral fluids to test themselves at home, found it easy to use, and required little counseling or technical support. These results demonstrate that access to home-use HIV tests could increase HIV testing frequency among MSM, but the cost of the test may limit its impact.

Background

- In July 2012, U.S. Food & Drug Administration approved first home-use HIV test, OraQuick® In-Home HIV Test
- Home-use HIV test = rapid HIV test on self-collected specimen to learn HIV status at home
- Home-use tests could increase HIV testing and ↓ the time infected individuals are unaware of their status and potential for transmission
- We are conducting an ongoing randomized controlled trial to evaluate the impact of access to home-use tests on:
 - testing frequency
 - risk behaviors

Objective

Describe ease of use and acceptability of home self-testing using a rapid antibody test on oral fluids among high risk MSM

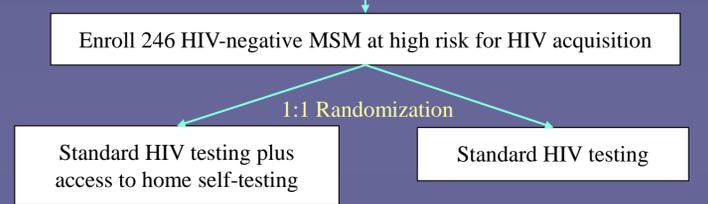
Acknowledgments

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Methods

Eligibility

- Identifies as MSM
- HIV-negative (documented test within 30 days of enrollment)
- Age ≥18 or older
- ≥1 of Public Health - Seattle & King County's criteria for high risk MSM in last year:
 - Unprotected anal sex with male partner of unknown or discordant status,
 - Methamphetamine or inhaled nitrite use,
 - Diagnosis of bacterial STI, and/or
 - ≥10 oral or anal male sex partners
- English-speaking
- Able to safely and confidentially receive and store home self-testing kit



Home Self-Testing for HIV

- OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test on oral fluids
- Training to perform/interpret test at baseline
- One home-use test provided at baseline
- Additional tests mailed to participants as needed
- Free test kits include test, test stand, instructions, counseling materials, list of local HIV & LGBTQ resources, and condoms
- Study investigators staff 24-hour line for technical support and counseling
- Optional dried blood spot collection for back-up laboratory testing
- After participant diverted kit, informed participants they would be taken off study if shared kit



Study Procedures

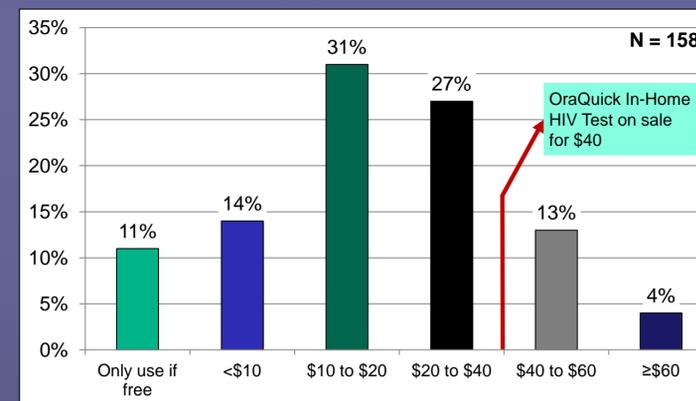
	Baseline (Month 0)	Quarterly (Months 3,6,9,12)	End of Study (Month 15)
Clinic visit	✓		✓
HIV testing	✓	Recommended	✓
Questionnaire	✓	After testing (online)	✓
STI screening	✓		✓
Request HIV/STI testing records			✓

Results

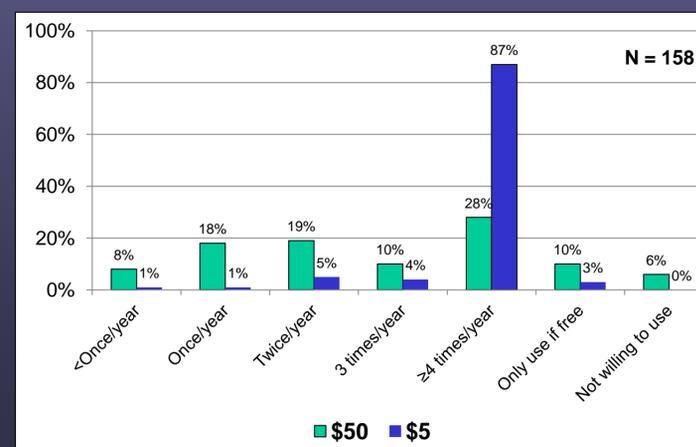
Characteristics of 158 participants enrolled as of October 17, 2012

Characteristic	Median or Number	IQR or %
Age (years)	40	30 to 48
Race		
White	118	76%
Black	17	11%
Asian	8	5%
Multiracial	10	6%
Other	2	1%
Hispanic / Latino	23	15%
HIV tests in last year	2	1 to 3
Previously used home HIV test	9	6%
Would test more often if home-use tests are available	133	84%

Most willing to pay for home-use test (US\$)



Expected HIV testing frequency based on cost (US\$) of home self-testing kit



Participant Experiences with Home Self-Testing

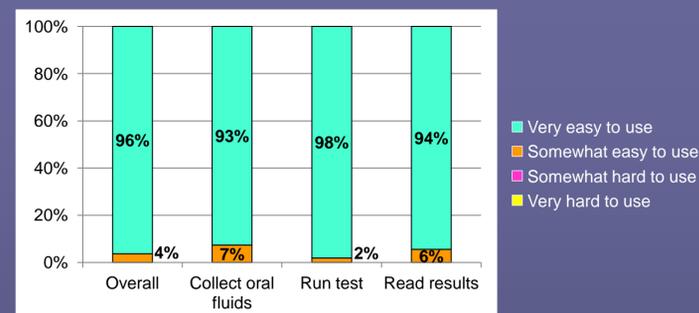
As of October 17, 2012:

- 78 randomized to home self-testing, followed for median of 14 months
- All 78 given tests at baseline
- 58 (74%) obtained total of 164 follow-up tests by mail or in-person
- No calls to 24-hour contact for counseling or help using test

Of 242 distributed home-use tests, participants reported:

- 2 reactive tests
 - 1 participant – sought confirmatory testing and is in care
 - 1 non-participant – participant tested sex partner after sex (case report)
- 2 invalid tests & 1 "confusing" result
- 3 tests misplaced or not received by participant
- 3 damaged or incomplete tests
- 1 test used incorrectly (run <20 minutes)

Ease of use of home self-testing reported in 109 post-testing surveys



Conclusions

- MSM were willing to perform home self-testing using a rapid HIV antibody test on oral fluids
- MSM found the test easy to use and required little counseling or technical support
- Access to home-use tests could increase HIV testing frequency among MSM, but the cost of the test may limit its impact
- Additional research is necessary to determine whether and how home-use tests:
 - can be safely and effectively used to increase awareness of HIV status
 - impacts linkage to care among persons receiving reactive tests at home