

HIV SELF-TESTING



[Best-Evidence for the Risk Reduction Chapter](#)

[Evidence-Based for the Structural Interventions Chapter](#)

POPULATION

- Men who have sex with men (MSM) without HIV

KEY INTERVENTION EFFECTS

- Increased HIV self-testing

BRIEF DESCRIPTION

HIV Self-Testing project provides free HIV self-test kits to men or transgender/non-binary people assigned male at birth who have sex with men without HIV and who engage in behaviors such as condomless anal intercourse (CAI) with partners with HIV or unknown status. Study participants receive:

- Pre- and post-test counseling materials
- Information about local HIV resources
- Condoms
- Training on how to perform a self-test
- Up to one HIV self-testing kit per month (mailed or clinic pick-up upon request)
- Optional testing reminders by email, phone or letter at frequency of participant's choosing
- Access to a 24-hour support telephone line; scheduling confirmatory testing after reactive self-tests

DURATION: 15 months

SETTING: Seattle, WA

STUDY YEARS: 2010 – 2014

STUDY DESIGN: Randomized controlled trial (RCT)

DELIVERERS: Unspecified

DELIVERY METHODS: Mailed or picked up at the clinic HIV self-test kits

STUDY SAMPLE

The baseline study sample of n = 166 intervention participants is characterized by the following:

- 78% White persons
 - 10% Black or African American persons
 - 4% Asian persons
 - 8% persons who identify as multiracial or other
- 18% persons of Hispanic or Latino ethnicity regardless of race
- 98% cisgender men, 2% persons who identify as genderqueer/neutral

STRUCTURAL COMPONENTS

Access – Increased access to HIV testing

- Provided HIV self-test kits

Physical Structure – Services provided in a non-traditional setting

- Mailed HIV self-test kits to make health services available at home or other location of participant's choosing

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- Intervention participants reported more HIV tests during follow-up at 15 months (mean = 5.3, 95% Confidence Interval [CI]: 4.7 - 6.0) compared to the control group (mean = 3.6, 95% CI: 3.2 - 4.0).
- Intervention participants were more likely to report quarterly HIV-testing as recommended than control participants (76% vs 54%, respectively), $p = 0.001$.
- In a subset of 130 participants with HIV tests verified, intervention participants had more confirmed tests during the 15-month follow up (mean = 4.7, 95% CI: 4.0 - 5.4) than control participants (mean = 2.5, 95% CI: 2.1 - 2.9).

CONSIDERATIONS

- Intervention participants tested at clinics an average of 1.4 times during the 15-month follow-up vs. 3.6 among control participants ($p = 0.0001$) suggesting that they replaced an average of 2.2 clinic-based HIV tests with 3.9 self-tests.
- Intervention participants reported fewer sexually transmitted infections (STI) tests during follow-up than control participants.
- Self-testing was noninferior to clinic-based testing with respect to the number of condomless anal sex partners in the previous 3 months, non-concordant condomless anal sex in the previous 3 months, and being diagnosed with a bacterial STI.
- Almost all 88 participants who reported using a self-test during the follow-up reported that the test was very easy to use (94%) and being very sure they used it correctly (93%).
- Of 178 study participants (both intervention and control) who received HIV testing at their end-of-study visit, 6 tested HIV positive (4 in the intervention group & 2 in the control group) and did not differ by study arm. All were linked to care.

ADVERSE EVENTS

- The author did not report adverse events.

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PRIMARY STUDY

Katz, D. A., Golden, M. R., Hughes, J. P., Farquhar, C., & Stekler, J. D. (2018). [HIV self-testing increases HIV testing frequency in high-risk men who have sex with men: A randomized controlled trial](#). *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 78(5), 505-512. doi: 10.1097/QAI.0000000000001709

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