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HIV partner testing by oral fluid home sampling: feasibility, acceptability and outcomes

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Background

• **Emphasis on early diagnosis**  \(^{\text{(Healthy lives, healthy people, Public Health white paper 2011; NICE guidance 34 2011; HIV testing guidelines BHIVA 2008)}}\)

• **High rate of late presentation in S Yorks**  \(^{\text{(HPA 2010)}}\)

• **Sero-discordant partners recommended to test every year**  \(^{\text{(BHIVA 2008)}}\)

• **Internal case note review in GUM showed 25% of current partners of HIV patients had never had a verified test**
Methods

- Postal home sampling kits offered Sept – Dec 2011 in GUM and ID to partners due an HIV test
- Excluded if under 16 or symptomatic of HIV / STI
- Telephone consultations with HIV Clinical Nurse specialist
- Samples returned to laboratory in pre-paid envelope
- All specimens tested:
  - by IgG to determine sample adequacy
  - by two assays (Roche COBAS and Genscreen Ultra) previously validated for oral fluid testing.
## Results

<table>
<thead>
<tr>
<th>Offered postal kit</th>
<th>46</th>
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<tr>
<td>Accepted postal kit</td>
<td>38/46 (82.6%)</td>
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| Accepted by            | 29/33 White British (87.9%)  
                          | 9/13 Black African (69.2%) |
| Returned sample        | 36/38 (94.7%) |
| Results                | Positive 0  
                          | Negative 32 (36)  
                          | Weakly reactive 3 (all negative on serology)  
                          | Low IgG 1 (negative on repeat oral fluid sample) |
Conclusions

• Feasible to offer, collect and process HIV tests by oral fluid home sampling
• Highly acceptable to patients, partners and staff
• Repeat samples required 4/36 (11.1%)
• Less acceptable to Black African patients / partners?
• PbR telephone tariff required (£58)