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

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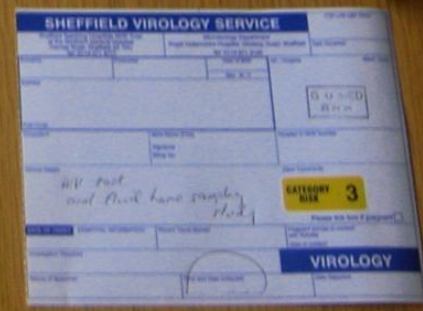
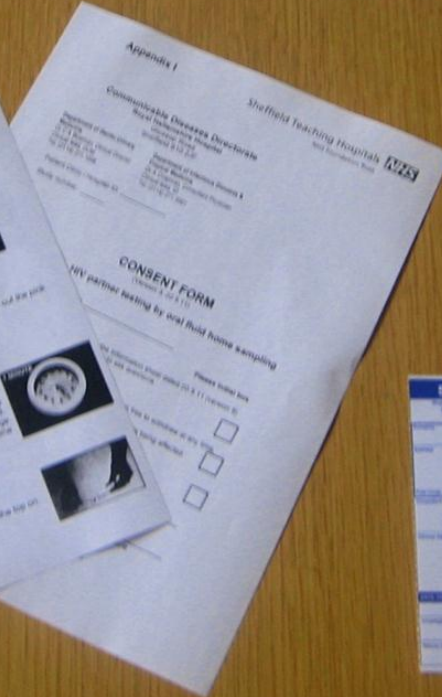
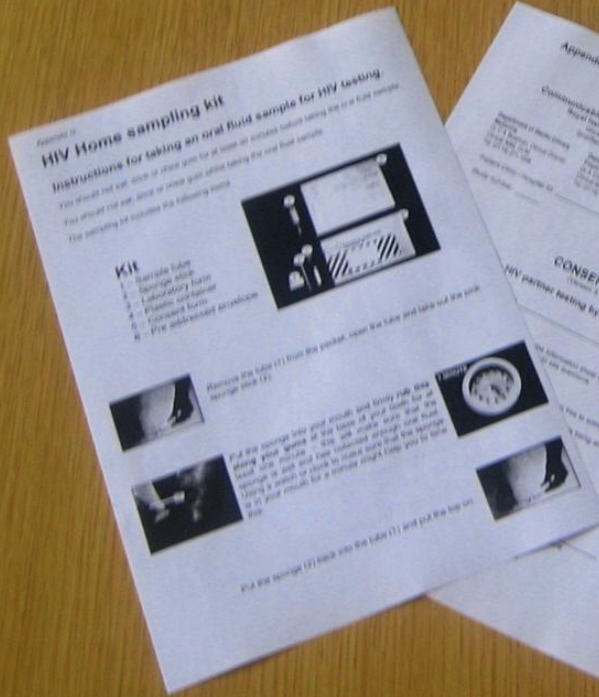
BHIVA Annual Conference April 2012

Background

- **Emphasis on early diagnosis** (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** (HPA 2010)
- **Sero-discordant partners recommended to test every year** (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

Offered postal kit	46
Accepted postal kit	38/46 (82.6%)
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)