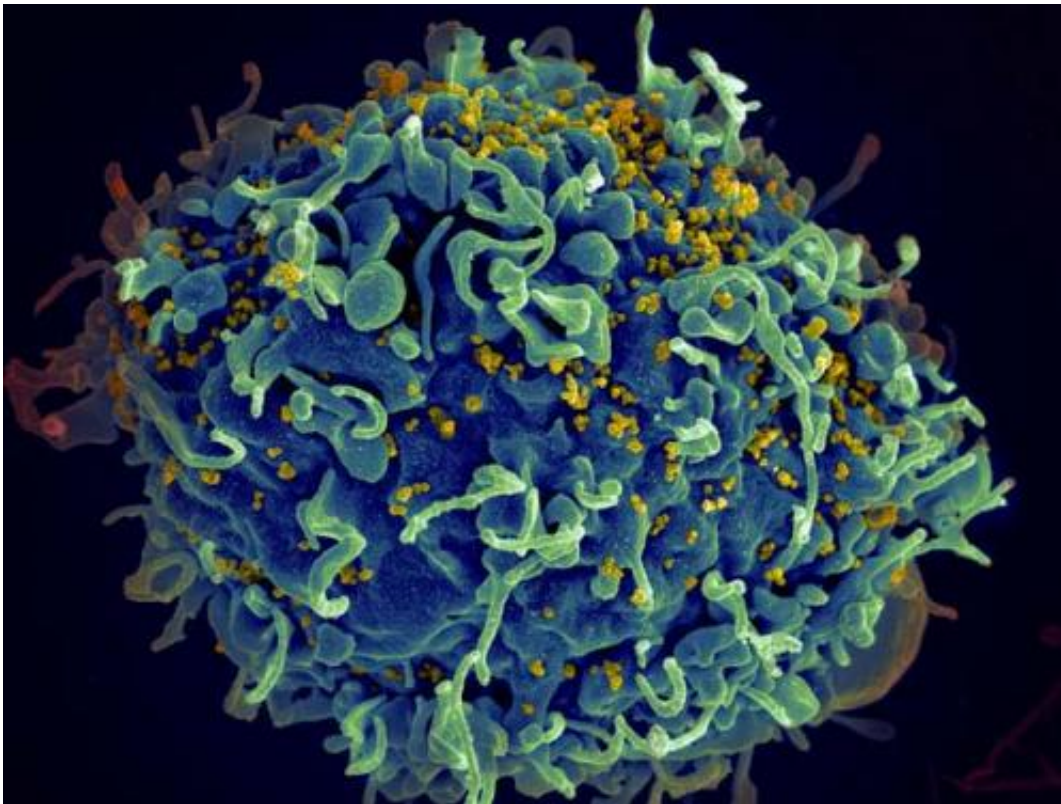


# HIV self-testing found safe, acceptable, and accurate

September 8 2015

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HIV, the AIDS virus (yellow), infecting a human immune cell. Credit: Seth Pincus, Elizabeth Fischer and Austin Athman, National Institute of Allergy and Infectious Diseases, National Institutes of Health.

HIV self-testing (HIVST) delivered by trained volunteers may prove to be widely used, safe, accurate, and acceptable in urban settings of sub-Saharan Africa, according to a study published this week in *PLOS*

*Medicine.* This community-based prospective study, funded by the Wellcome Trust and led by Augustine Choko of the Malawi-Liverpool Wellcome Trust Clinical Research Programme, Blantyre, Malawi and Liz Corbett of London School of Hygiene & Tropical Medicine, UK, also showed that HIVST may lead to acceptable linkage into HIV care services and have a very low incidence of major social harms such as partner violence.

In sub-Saharan Africa, only one quarter of adults have had a recent test and only half of people with HIV know their status. Home-based HIV testing and counseling (HTC) can achieve high uptake of testing, but requires heavy involvement of trained healthcare workers. Here, Corbett and colleagues evaluated an alternative to home-based HTC—HIV self-testing (HIVST)—in a two-year community-based prospective study of HIVST in Blantyre, Malawi. HIVST involves training individuals to perform and interpret their own HIV test. Three-quarters of the residents in the study self-tested (with highest uptake seen in women and adolescents, but also unusually good participation by men), and more than half of the 1257 participants who discovered they were HIV-positive accessed HIV care. Importantly, 94.6% of the participants reported that they were "highly satisfied" with HIVST even though 2.9% reported being forced to take the test, usually by a main partner. No HIVST-related partner violence or suicides occurred. Finally, HIVST and repeat HTC results agreed in 99.4% of participants selected as a quality assurance sample (1 in 20 of the participants).

The authors acknowledge limitations in the study design that will have introduced some imprecision around the estimates of uptake and linkage into care, and also that the acceptability and accuracy of HIVST may differ between, for instance, urban and rural communities. Nevertheless, these findings suggest that scaling-up HIVST could complement existing strategies for the control of the HIV/AIDS epidemic. The authors state, "continued high uptake in the second year suggests that scaling up

HIVST could have a sustained impact on the coverage of HIV testing and care in Africa, especially for men and adolescents."

**More information:** Choko AT, MacPherson P, Webb EL, Willey BA, Feasy H, Sambakunsi R, et al. (2015) Uptake, Accuracy, Safety, and Linkage into Care over Two Years of Promoting Annual Self-Testing for HIV in Blantyre, Malawi: A Community-Based Prospective Study. *PLoS Med* 12(9): e1001873. [DOI: 10.1371/journal.pmed.1001873](https://doi.org/10.1371/journal.pmed.1001873)

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