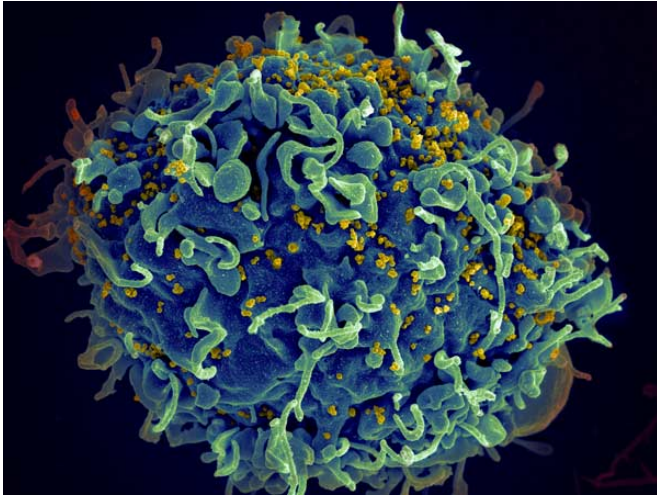


DIY sampling kits accessed through gay men's social media unearth new HIV cases

24 May 2016



HIV (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

Offering DIY sampling kits for HIV using online dating apps and social media targeting gay men, successfully unearths previously undiagnosed cases of the infection, reveals an evaluation of the first large-scale dedicated service in the UK, published online in the journal *Sexually Transmitted Infections*.

Furthermore, this approach catches most [men](#) before their [infection](#) has reached an [advanced stage](#), so making it easier and potentially cheaper to treat effectively.

In 2013 Public Health England (PHE) reported that, in London alone, an estimated one in eight gay men is living with HIV, but 16% of them don't know they are infected.

Inconvenience, time pressures, lack of guaranteed anonymity, perceived stigma from healthcare

professionals and unwanted counselling may deter many at-risk gay men from getting tested for HIV.

According to PHE, almost a third of those diagnosed with HIV in 2013 were at an advanced stage, when it is more difficult and expensive to keep the infection and its consequences in check.

In a bid to boost HIV testing rates, particularly among those considered hard to reach, the Dean Street sexual health clinic in central London launched a DIY home sampling kit (DeanStreet@Home) for gay men at the end of 2011.

The DIY kit was accessed online through [social media](#) that [gay men](#) might use to hook up with sexual partners, including Gaydar, Grindr, Recon, and the Facebook pages of gay magazines.

Respondents were first required to complete a one-off risk assessment, which mirrored standard sexual health clinic pre-test questions on condom use, timing of last unprotected sex, if and when they had last been tested for HIV, as well as the HIV status of their partners.

They were then given information on how to curb their risks of infection and on safe sex.

Regardless of their level of risk, men could request a home sampling kit (mouth swab or a finger prick blood sample from August 2013) with instructions on how to use the kit and a pre-paid envelope. This was dispatched within 24 hours.

The evaluation period ran from January 2012 to the end of December 2013, during which time, 17,361 men completed the risk assessment.

Of these, almost half (45%) had been at risk of HIV infection and over a third (36%) had never been tested for the virus.

Some 11,127 men clicked through for more information, 30% of whom had never been tested for the virus, and 41% of whom had had unprotected sex with an HIV positive partner or partner of unknown status since their last HIV test.

[10.1136/sextrans-2015-052090](https://doi.org/10.1136/sextrans-2015-052090)

Provided by British Medical Journal

Most of the men who clicked through for further information requested a DIY kit.

In all, just under 6000 test kits were returned, of which 122 were 'reactive', with 82 confirmed as a new HIV diagnosis—equal to a screening prevalence of 1.4%: anything above 0.2% is thought to be cost effective. All of these men received further care.

Among the newly diagnosed, one in five (20%) had a test result consistent with very recent infection—within the past few months.

Feedback indicated that the service was acceptable and welcome.

The researchers point out that 14 samples were reactive when participants weren't HIV positive, which was higher than expected. And, as currently set up, the service was unable to link risk assessment results to individual users among those who didn't request or return a kit.

But the approach avoids some of the ostensible barriers to HIV testing while helping men to protect themselves and minimise their risk of infection, they say.

"Whilst there remains an ongoing debate around home sampling's lack of immediate linkage into care or opportunity to test for other sexually transmitted infections, it is important to note that, through eliminating key barriers to testing, we have the potential to reach [men who have sex with men] who may not otherwise test for HIV, while still offering online education and engagement with services, which home testing may not provide," they write.

More information: Identifying undiagnosed HIV in men who sex with men (MSM) by offering HIV home sampling via online gay social media: a service evaluation, [DOI](#):

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