Feasibility and acceptability of home sampling kits to increase the uptake of HIV testing among Black Africans in the United Kingdom:

The HAUS Study

Maureen Seguin & Catherine Dodds, on behalf of the HAUS Study Team
Overview

• Project setup
• The HAUS intervention
• Results
• What we learned
• Policy implications
Aim of Haus Study

To develop an SSK-based intervention to increase the provision and uptake of HIV testing among black Africans using existing community and healthcare provision.
Project setup – formative work

• 6 FGDs with Black Africans including
  ✓ 1 HIV positive group,
  ✓ 1 men only group;
  ✓ 1 young people only group

• 6 FGDs with specialist service providers

• 9 Interviews with HIV clinicians/commissioners

• Data collection conducted in Glasgow and London
Formative work - implications
The HAUS intervention

- HIV Self-Sampling Kits (SSKs) were offered through 12 GP surgeries and 3 Community-Based Organisations (CBOs) in London over a period of 4 months in 2016.
- Initial target of 1,200 SSKs distributed.
- Participants posted used SSKS to The Doctor’s Laboratory
- Results communication:
  - Negative: Text from The Doctor’s Laboratory
  - Positive/Indeterminate: Phone call from Health Advisor at Central and North West London NHS Foundation Trust (CNWL)
- Data collection point:
  - Enrolment log
  - Distribution, return rate, and HIV testing results
  - Acceptability questionnaire
  - Interviews with users and non-users
  - Process evaluation with service providers.
## How the kits were used

<table>
<thead>
<tr>
<th>Research protocol</th>
<th>In reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants take the SSK away from the distribution site and use the SSK at home</td>
<td>At GP surgeries:</td>
</tr>
<tr>
<td></td>
<td>• Some adherence to the protocol</td>
</tr>
<tr>
<td></td>
<td>• Some assistance given to patients to take sample at the surgery</td>
</tr>
<tr>
<td>Practice nurses distribute at GP surgeries</td>
<td>At CBO recruitment events:</td>
</tr>
<tr>
<td></td>
<td>• Some adherence to protocol</td>
</tr>
<tr>
<td></td>
<td>• Some assistance given to participants to take sample at locations including barber shop</td>
</tr>
</tbody>
</table>
Results

• Recruitment: 349 eligible persons approached
  – 125 (35.8%) agreed to participate
  – 119 were included in study (6 excluded due to issues with consent forms)

• Return rate: 0f the 119 included, 65 (54.6%) returned a SSK

• Of the 65 who returned a kit, 54 (83.1%) were negative and 11 (16.9%) were indeterminate (no positive results)
Reasons for declining

- I have recently tested for HIV
- Unspecified reason
- I do not believe I am at risk of HIV
- I would prefer not to use a SSK
- I would prefer to test elsewhere
- I prefer not to say
- I would prefer not to know my HIV status
- I do not like being offered SSK just because black African
- I already know that I am HIV positive
Our sample was:

- 48.7% male, 51.3% female
- Age range 18-79, average of 43 years
- 75.6% recruited at GPs, 24.4% recruited at CBOs
- Time since last HIV test:
  - Never previously tested: 30 (26.5%)
  - Less than a year ago: 19 (16.8%)
  - 1-2 years ago: 17 (15.0%)
  - 2-5 years ago: 17 (15.0%)
  - Over 5 years ago: 22 (19.5%)
  - Prefer not to say: 8 (7.1%)
Acceptability questionnaire

• Of 65 participants who returned SSK, 62 (95.4%) returned acceptability questionnaire
• The majority of kit returners (73.2%) would be willing to use SSK again
• Just under a third (32.2%) watched the video online
  – all who watched it found the video helpful,
  – many felt it made them feel more confident.
• Majority (82%) found the SSK instructions easy to understand
• Most (67.7%) felt comfortable with taking the sample themselves.
• Just over a third (34.5%) felt that targeting of black Africans was unacceptable.
• No one felt the location in which they were offered the kit was unacceptable.
21 participants interviewed

- 12 women, 9 men

- 17 recruited at GP surgeries, 4 at CBOs

- Median age 40 (range of 18 to 67)

- 13 had used the SSK, 8 had not used SSK

- Of the 13 who had used SSK, 9 had negative results, and 4 had indeterminate results.
Interview results

Acceptability of targeting black Africans

• Majority thought targeting of black African people for the intervention was acceptable.
  – Offer to other ethnic groups?
  – What about those married to persons of other ethnicities?

• Some thought it would not be acceptable to other black African people

• Some unaware that the intervention was targeted
## Interview results

### Acceptability to black African community

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fear of needles</td>
<td>1. Convenience</td>
</tr>
<tr>
<td>2. Insufficient blood flow</td>
<td>2. Non-threatening lancet</td>
</tr>
<tr>
<td>3. Issues with TINY vial</td>
<td>3. Clear instructions</td>
</tr>
<tr>
<td>4. Issues with follow-up for insufficient samples</td>
<td>4. Trust in distributor</td>
</tr>
<tr>
<td>5. Stigma, taboo, and fear regarding HIV and HIV testing</td>
<td>5. Awareness-raising of HIV testing and treatment</td>
</tr>
</tbody>
</table>
## Interview results

### Acceptability to service providers

<table>
<thead>
<tr>
<th>Primary Care Staff</th>
<th>CBO Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acceptability high despite low recruitment</td>
<td>• Acceptability high despite low recruitment</td>
</tr>
<tr>
<td>Major barriers:</td>
<td>— Added to service menu</td>
</tr>
<tr>
<td>1. Time</td>
<td>1. Competing interventions/programs</td>
</tr>
<tr>
<td>2. Targeting</td>
<td>2. Time</td>
</tr>
<tr>
<td></td>
<td>3. Targeting</td>
</tr>
</tbody>
</table>
Clear challenges

Profound delays getting intervention up and running

- Research approvals advice
- Kit selection
- Clinical governance

Glasgow unable to participate

Sample size impacted due to fieldwork time being halved
Policy implications

Proportion of Black African people using SSKs is very low


- Unacceptable proportion of insufficient samples
- CE marked assay needed for use with saliva samples
- Clear preference for expert presence to distribute kits and give positive results
- GP staff are distinctly uncomfortable offering targeted HIV testing based on ethnicity
We would like to thank:

- **Our participating community-based organisations**: Kwa Africa, NAZ & Positive East
- **Our participating GP surgeries**: Brigstock Medical Practice, The Corner Surgery, Crawley Road Medical Centre, Eagle House Surgery, Manor Place Surgery, Minet Green Health Practice, Morden Hall Medical Centre, Open Door Surgery, Paxton Green Health Centre, Royal Arsenal Medical Centre, Sir John Kirk Close Surgery & Streatham Common Practice
- **Our colleagues**: Jane Anderson, Fiona Burns, Jabulani Chwaula, Ibidun Fakoya, Paul Flowers, Nick Fremantle, Thomas Hartney, Rachael Hunter, Shabana Khan, Lisa McDaid, Lorraine McDonagh, Esther Mugweni, Eleni Nastouli, Caroline Parks, Greta Rait, Memory Sachikonye, Surinder Singh, Sonali Wayal, Peter Weatherburn, Ingrid Young & Ella Zomer