

# **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

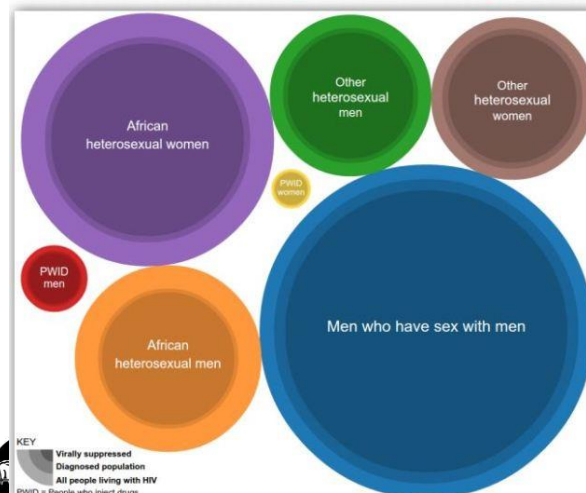


**STIGMA**

**PRIVACY**



HIV in the United Kingdom: 2014 Report



KEY  
 Virally suppressed  
 Diagnosed population  
 All people living with HIV  
 PWID = People who inject drugs

# 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

## Research protocol

Participants take the SSK away from the distribution site and use the SSK at home

Practice nurses distribute at GP surgeries

## In reality

At GP surgeries:

- Some adherence to the protocol
- Some assistance given to patients to take sample at the surgery

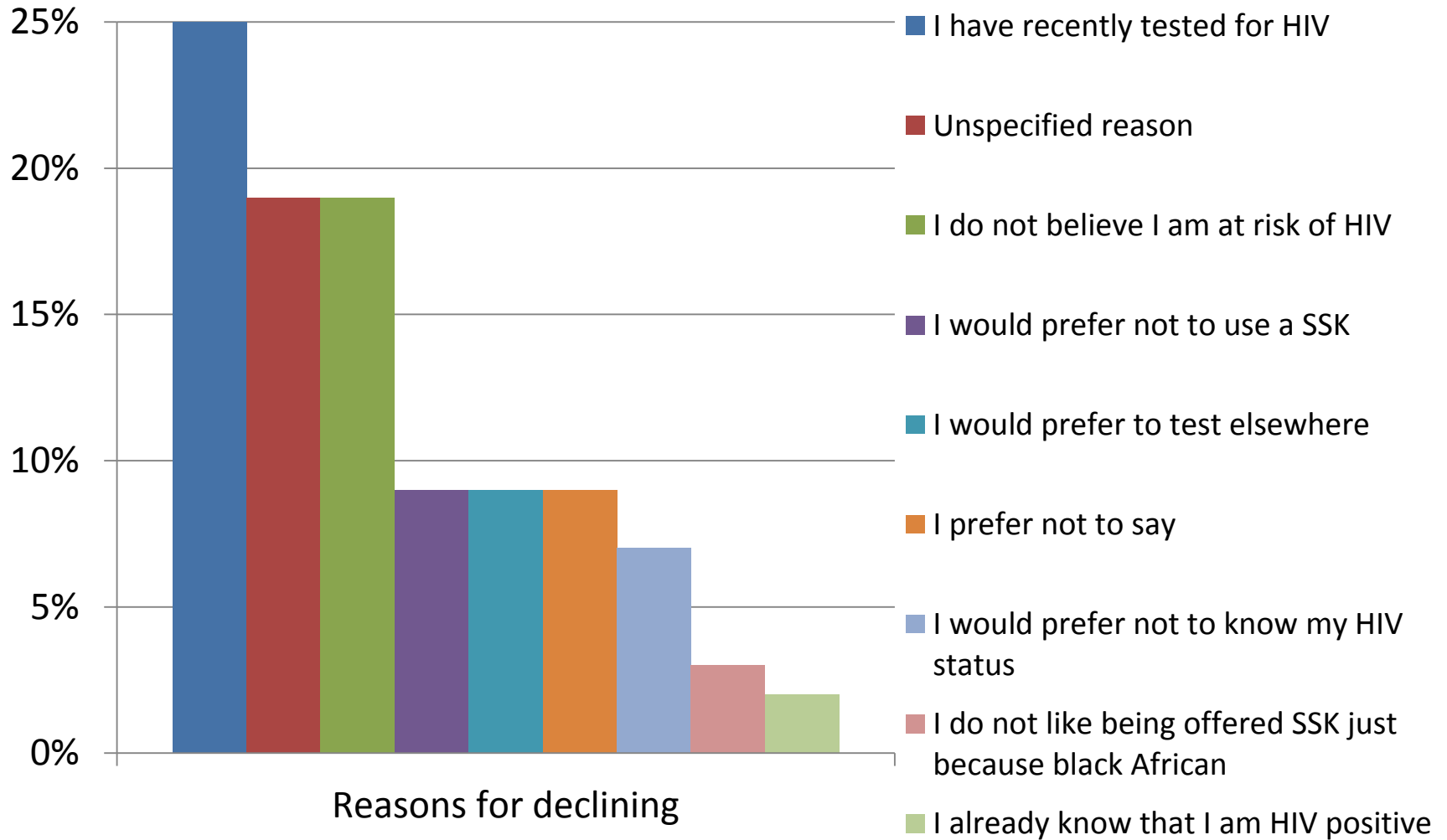
At CBO recruitment events:

- Some adherence to protocol
- Some assistance given to participants to take sample at locations including barber shop

## 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: Of 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)





# 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.



# HAUS

# Interview results

---

- 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.



## 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

## Acceptability to black African community

### Barriers

1. Fear of needles
2. Insufficient blood flow
3. Issues with TINY vial
4. Issues with follow-up for insufficient samples
5. Stigma, taboo, and fear regarding HIV and HIV testing

### Facilitators

1. Convenience
2. Non-threatening lancet
3. Clear instructions
4. Trust in distributor
5. Awareness-raising of HIV testing and treatment

## Acceptability to service providers

### Primary Care Staff

- Acceptability high despite low recruitment

Major barriers:

1. Time
2. Targeting

### CBO Staff

- Acceptability high despite low recruitment

- Added to service menu

Major barriers:

1. Competing interventions/programs
2. Time
3. Targeting

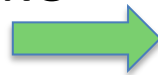
## Clear challenges

Profound delays  
getting intervention  
up and running



Glasgow unable to  
participate

- Research approvals  
advice
- Kit selection
- Clinical governance



Sample size impacted  
due to fieldwork time  
being halved



# Policy implications

*Proportion of Black African people using SSKs is very low*

*Guerra et al (2016) The National HIV Sampling Service.*

*Sex Transm Infect 2016;92(Suppl 1):A1–A106*

- 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