Background

Sero-discordant partners of HIV positive patients are advised to test annually for HIV, to facilitate early diagnosis among this high risk group. Barriers to repeat testing include the cost and inconvenience of time off work to attend clinic. HIV home sampling by oral fluid has been validated for local use and found to be acceptable when offered to MSM during outreach\(^1\), although uptake amongst Black Africans was poor\(^2\).

Methods

Sero-discordant partners of HIV patients under the care of Infectious Diseases or Genitourinary Medicine in Sheffield were eligible for the study if asymptomatic for HIV or other sexually transmitted infections (STI) and were due an annual screen over a 3-month period in 2011. Participants were offered the option of attending clinic or receiving an oral fluid home sampling kit by post, with a pre-paid envelope to return the sample to the virology laboratory. All specimens were tested by two HIV assays, namely Roche COBAS and Genscreen Ultra which had been validated previously for oral fluid testing. In addition total IgG was done on all specimens to assess sample adequacy.

Results

Results are shown in table 1. All tested negative, although 4/36 (11%) participants were required to submit a further sample (3 blood, 1 oral fluid) to obtain a validated result: 3 specimens were reactive in one of the two assays; one oral fluid specimen had inadequate IgG level. Of the 6 partners who declined oral fluid home sampling, 2 preferred to attend clinic, 2 claimed to have tested elsewhere and 2 had no sexual contact since their previous test. Many participants expressed appreciation of the convenience of home sampling and said they would use again. No problems were identified with using the kits.

Conclusions and Recommendations

Oral fluid testing can be integrated in a routine diagnostic laboratory using automated screening systems. There is a high demand for home sampling for HIV among sero-discordant partners, allowing more convenient and hence more reliable uptake of annual testing, although uptake was greater among White British than Black African partners. The option of home sampling should be routinely available to sero-discordant partners, although clinic attendance for full STI screen should be recommended if symptomatic or at risk. A telephone consultation tariff is required to cover the costs under Payment by Results (£58 agreed locally).

Key Learnings

- HIV partner testing by oral fluid home sampling is a feasible and acceptable alternative to clinic attendance
- The possible need for a repeat sample of oral fluid or blood to confirm either a negative or positive result should be explained.

References