

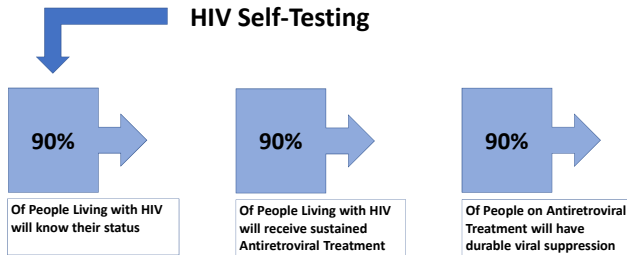
HIV Self-Testing Increases Testing in Young South African Women: Results of an RCT

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Background

To meet the UNAIDS 90/90/90 goal it is imperative to increase HIV testing uptake. **HIV Self-Testing (HIVST) may increase early HIV detection, particularly among young people. Secondary distribution of test kits from young women to peers/partners may be a good way to reach young people who do not attend traditional health services.**

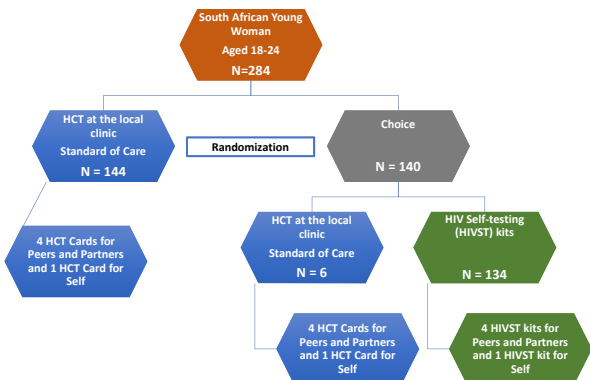


Methods

From December 2016 – July 2017 we enrolled 284 South African young women age 18-24 years in a randomized control trial to examine HIV testing uptake among those randomized to either: 1) an invitation to a local clinic for free HIV Counseling and Testing (HCT) or, 2) choice of free HCT or HIV Self-testing (HIVST) kits. Young women choosing HIVST in the choice arm were provided with 5 HIVST kits (OraQuick); young women randomized to or choosing HCT were given 5 invitations to test for free at local clinics. Four kits/invitations were intended for distribution to peers and partners plus one for themselves. **Young women were invited to return 3 months after enrollment to assess testing uptake between the two arms and distribution to peers and partners. We examined differences in testing between arms using Wald crude risk differences and crude risk ratios.**



'Bringing Development' Study Design



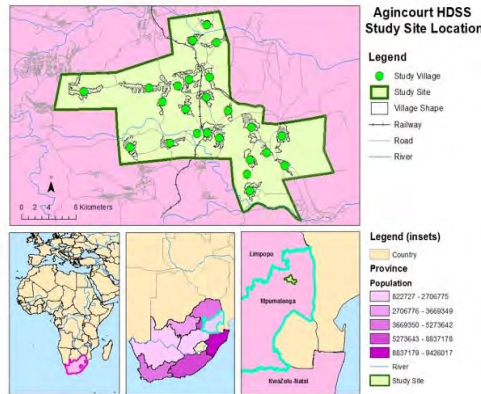
Study Aims

Aim 1: Improve Testing Uptake and Frequency - Determine whether young women offered a choice of HIV self-testing will test at a greater rate than young women offered clinic based testing only (HCT), increasing early detection.

Aim 2: Network Testing Referral - Determine whether utilizing young women's social and sexual networks to reach peers and male sex partners with HIV self-testing or clinic-based HCT will increase uptake of testing among young people, increasing detection of previously undiagnosed infections.

Location

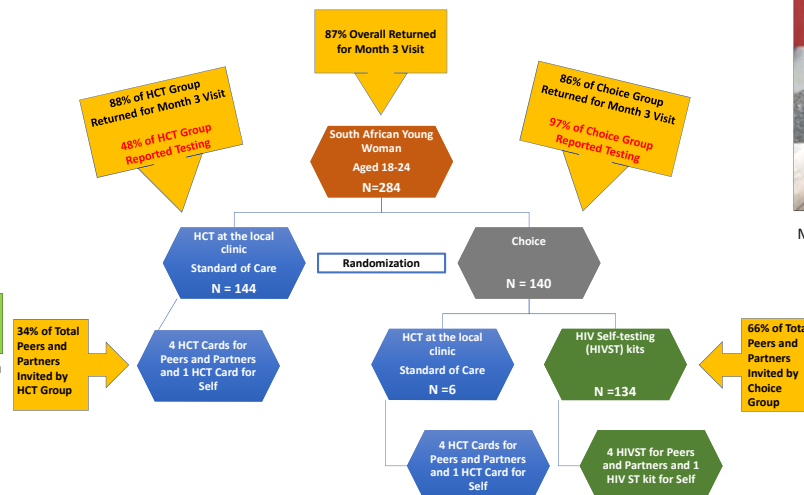
- The study is being conducted within the Agincourt Health and socio-Demographic Surveillance System (Agincourt HDSS) site in the rural Bushbuckridge sub-District in Mpumalanga province of South Africa.
- HIV prevalence in the study area was over 45% among 35–39 year olds in 2010-2011.
- Migration for work purposes is common in this area with as many as 60% of adult men and 30% of women migrating from rural to urban areas to find work in any given year.



Results

We randomized 144 young women to the HCT arm and 140 to the HIVST/choice arm. Of those randomized to choice, 134 (96%) chose HIVST and 6 chose HCT. Two months after the last enrollment, 247 (87%) women had returned for their 3-month visit (121 (86%) in the HIVST/choice arm, 126 (88%) in the HCT arm). **At the 3-month visit, 97% of women in the HIVST/choice arm reported testing compared to 48% of women in the HCT arm, a risk difference of 48% (Relative Risk 2.00 95% CI 1.66-2.40).** These women reported inviting 465 peers (80% female) and 35 partners to test--170 (34%) by HCT arm participants and 330 (66%) by choice arm participants.

Preliminary 3 Month Visit Results



Conclusions

We found that providing young women with a choice to self-test in addition to the option of clinic-based HCT led to 97% testing uptake within three months—virtually all through self-testing. In comparison, those offered HCT alone reported only half that amount of testing. In addition, we saw substantially more peer-referrals among women offered HIVST compared to the HCT arm. Many countries in sub-Saharan Africa are considering offering HIVST as another HIV testing option; we present strong evidence that this strategy will result in a substantial increase in HIV testing among young people compared with current practice.



Next Steps

- The results included in this analysis are preliminary. The 3 month follow-up visits are now finished and we will be completing our analysis on the full dataset.
- We have started our 9 month follow-up visits with index, peers, and partners and plan to complete those visits by June 2018.
- In 2018 we will also be conducting qualitative in-depth interviews with index, peers, and partners to further understand their experiences with the HIV self-test kits.



MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt)

