

Self-sampling kits to increase HIV testing among black Africans in the UK: the HAUS mixed-methods study

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Plain English summary

The HAUS study

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Plain English summary

Human immunodeficiency virus (HIV) diagnosis among black African people in the UK often happens long after infection, increasing the likelihood of ill health and further infections. Innovative ways to increase HIV testing are needed.

We wanted to find out if distributing HIV self-sampling kits (SSKs) through community and health-care services would increase HIV testing among black African people. Self-sampling involves taking your own sample and sending it to a laboratory that lets you know the result.

Stage 1 of the HAUS study was designing a way to distribute SSKs within existing services that was acceptable, workable and affordable. A review of published studies, focus group discussions and interviews helped to develop this. General practices and community-based organisations (CBOs) were chosen to distribute SSKs. A script was developed that reassured distributors and potential users about targeting black Africans, and ensured that SSKs were introduced consistently.

We had hoped to run stage 2 in Glasgow and London but, as a result of various reasons, could only test the intervention in London at 12 general practices and three CBOs. One-third of those people approached took part (36%, 125/349). Around half of those who took a kit (55%, 65/119) sent back their sample. No one had a reactive test, but 17% sent back samples with not enough blood to be processed. Participants and distributors felt that people liked the idea of SSKs and the location of the intervention, and that the offer encouraged them to test themselves. However, some found it difficult to take blood and many felt uncomfortable about ethnic targeting. The main barrier was time, particularly for those working in general practice surgeries. Our economic model suggests that this approach may be cost-effective.

Although our study did not prove to be feasible, it highlighted the need to develop more user-friendly SSKs. It also found that busy services do not have time to 'bolt on' a SSK intervention unless there is a strong incentive to do so.

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