PARTICIPANT QUESTIONS

The following questions were posed by participants during the “Self-Testing Strategies for HIV Testing and PrEP Access” hosted on Oct. 15, 2020.

Q: Could you provide updates on STI testing especially considering ChemBio’s new option?
A: Although ChemBio recently received FDA approval for a new rapid HIV and Syphilis test, the company as far as we know, the test was approved as a point-of-care test and has not received clearance to market the test for consumer-controlled use in the same way that the OraQuick at-home test has.

Q: What is the average return % for self-testing kits?
A: Most programs use rapid tests that the client performs at home, without having to return the tests to a laboratory. With self-collection kits, we are expecting that some of the kits won’t be returned for processing. We will follow-up with our partners that have had several years of experience using self-collection kits to understand their experience, share any benchmarks for programs that are implementing these strategies, and ask them to share some of their lessons learned and the strategies that they have used.

Q: Is at-home testing reaching the right communities and a cost-effective strategy?
A: Jen Hecht (BHOC) shared an estimate indicating that the program has been cost saving for health departments that have participated.

REDUcing COST: The NASTAD and BHOC are partnering on Take Me Home to be able to negotiate cheaper prices for these tests and the fulfillment services involved, purchasing these services and supplies in bulk and streamlining the platform used for these services. As non-profit organizations, this is part of our mission and we pass on these savings to our member health departments so they can stretch public health resources and serve additional clients.
**REDUCING COST BY MAXIMIZING EXISTING CAPACITY:** As Chris Hall (NCSD) noted, one way to reduce costs is to maximize CBOs and public health labs to the extent possible to provide high-quality services and reduce costs. In other words, is there a CBO in your jurisdiction that can take on some of the fulfillment services? Can they provide additional support to make sure that the tests shipped are used and returned for self-collection kits?

**TARGETING SERVICES:** In general, the design of the intervention cannot be divorced from our targeted outreach strategies. Take Me Home, for example, ensures that it is reaching key populations, primarily subpopulations of gay and bisexual men, by advertising through donated ads on geosocial mobile apps, like Grindr. In addition, as Jen explained, health departments can make some choices about who has access to the test, even among app users that click on the ad through the eligibility criteria for their jurisdiction. In other words, it’s important to continue to focus this type of testing on individuals at high-risk for HIV. Health departments can work with CBOs or on their own to promote the service to other populations with digital assets provided by Take Me Home.

**Q:** How to home test for Hep B and creatine for PrEP initiation?

**A:** Hepatitis B (HBV) and creatinine level tests can be performed using dried blood spots collected at home. For these tests, the client will receive a self-testing kit, do a finger prick, and drop a few drops of blood on a cardboard punch card that keeps the blood dry and stable for transportation. That is shipped to the lab and processed. The lab then makes results available to the client through a secure portal. Jen mentioned these tests will soon be available through Take Me Home, precisely to support clients in PrEP initiation and maintenance. *(TMH will start by focusing on PrEP maintenance and expand to offering PrEP initiation)*. Dried blood spot tests have been used for HIV, STIs, and a number of other conditions across the globe for many years. There has been a ton of research on the validity of these tests for hepatitis C and B, in addition to HIV. Please follow-up with the team for additional references.

**Q:** What is the best way to advertise and collect demographics?

**A:** Jen discussed the strategy that Take Me Home uses—geosocial mobile apps advertising. This video shows how demographics are collected. NASTAD is currently compiling models on the best ways to advertise and collect demographics and will share additional strategies as a part of this series. Denver and Charlottesville are examples of showcasing how community partnerships are crucial for advertising. These successful programs share information with CBOs to promote within their networks. Word of mouth can be a powerful tool, especially for getting programs off the ground.
For demographics: Multiple programs use online surveys with technology such as RedCap (a HIPAA-compliant data collection software) which interested clients answer ahead of ordering and receiving a kit. These surveys are a good way to collect demographic information. Other programs such as in Charlottesville, VA use peer navigators to conduct brief phone-based surveys rather than use an online form.

Q: Is there any guidance on incorporating peer advocates to provide at home testing kits to targeted community members?
A: NASTAD is currently looking into promising practices and will share once obtained.

Q: What are some of the challenges in implementing STI self-testing?
A: NACCHO authored Self-Testing for HIV and STIs through Local Health Departments: Survey Reveals Barriers, Opportunities. The article discusses barriers and opportunities to implementing a STI self-testing program, which includes lack of funding, limited validation of test kits, administrative roadblocks, etc. NACCHO also authored Self-Testing for HIV and STIs at LHDs: Survey and Stories from the Field which provides challenges and solutions.

Q: Are the companies that make the tests able to be used in the home facilitating the collection of data, especially results?
A: Many of the labs have systems for sharing data, though this depends on the type of test and the lab being used. Data collection strategies, particularly results reporting, vary between programs and jurisdictions. For HIV home tests, OraSure does not request any results from purchasers but do provide multiple resources for clients using their tests to get information about their test results and support in conducting the test. The manufacturer also works with health departments bulk purchasing test kits to include referral information when kits are mailed to clients directly from the manufacturer. For STI tests, data collection and results reporting differ based on laboratory protocols.

Q: What precautions should jurisdictions who can experience extreme cold be taking when implementing home/mail HIV test programs?
A: According to OraSure, The OraQuick In-Home HIV test should be stored at a temperature of 36 degrees to 80 degrees Fahrenheit. If the test was stored for any extended period of time (3 hours or more) in an excessively hot (80 degrees Fahrenheit and above) or cold (36 degrees Fahrenheit or below) environment, the OraQuick In-Home HIV test should not be used. For more information, click here.

Q: How to incorporate self-testing into EHE planning and implementation?
A: Though EHE funding (PS19-1906 and PS20-2010) does not specifically note self-testing, The flagship HIV prevention funding announcement for PS18-1802 provides resources on
implementing. Included within the PS18-1802 funding announcement, a link to Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers is referenced as a guide to inform Strategy/Activity #2 “Identify persons with HIV infection and uninfected persons at risk for HIV infection”. Page 29 of the “Implementing HIV Testing in Nonclinical Settings” has a section titled “Home Test Kits” as a CDC-approved testing approach. EHE funding is meant to expand efforts above and beyond what is currently available in your jurisdiction through PS18-1802 funding.

Ending the HIV Epidemic in East Baton Rouge Parish, Louisiana is a great jurisdicational example of how to implement the EHE initiative. The article provides insight on efforts including partnering with community members and government organizations to implement the initiative. For more information regarding implementing the EHE click here.

Q: We’re strategizing implementing rapid at-home testing in our community. We are concerned about reactions leading to IPV.

A: This is an important concern in all of our work. It’s important to note that these tests are currently available in most communities, but individuals need to pay for them. What is happening through these programs is that health departments are taking an active role to increase access to these tests.

The HIV Self-Testing and Partner Notification guidelines from WHO (with additional case studies/annexes here), and a study on association between IPV and women’s distribution and use of HIV self-tests with male partners in Kenya available here are a few resources you may find useful.

Q: Given it is only one company providing the test, can they assist by sending non-identified data to the counties or state of purchase?

A: This is something to bring up directly to the manufacturer. In many cases, health departments or community providers purchase test kits in bulk so the manufacturer might not have demographic information about who purchased the test. The webinar series will address evaluation and strategies to link clients to services, including linkage-to-care and linkage-to-PrEP.

Q: Did you say that I Want the Kit is at no-cost to patients?

A: Currently, only people living in Maryland, Washington, DC, and Alaska can order and receive a test from IWTK. The collection kit and laboratory testing are free. Washington DC participants will pay $3.66 to mail swab(s) back for testing. Return postage is prepaid for all other participants. For more information: https://www.iwantthekit.org

Q: Are the tests only available on dating sites? I tried to go to the takemehome.org and it says coming soon.

A: The tests are not available on the dating apps, but the tests are marketing through the dating
apps. TakeMeHome.org is an additional URL that we will be rolling out in the next few months for the same service. TakeMeHome.co is available now.

Q: Is NASTAD able to share more on potential solutions regarding the reported challenge of shipping costs as well as individual HIV home test costs?
A: Shipping through the U.S. Postal Service is the least expensive option, but prices are typically $16.50 for priority mail. First class mail could also be explored to reduce costs. In addition, ASOs could explore the special prices for nonprofit mailers program, which provides a discount to nonprofit organizations. There are a number of requisites for a package to qualify. It is unlikely that a rapid OraQuick test would qualify, but the self-collection kit is likely to qualify as long as the price of the items in it remains below approximately $14 and the nonprofit is the entity that owns the contents. Please consult Publication 417, which describes the program and provides a guide to determine whether a mailing is eligible or not. The discount rates are not standard, so it is not possible to determine in advance of applying to the program whether the discount offered will be meaningful.

Q: Why only one test per year? (Asked when Jen Hecht discussed Take Me Home.)
A: The eligibility criteria currently screens for individuals who haven’t tested in at least a year. In the future, we will expand that criteria for specific jurisdictions, based on their preference. For STI testing, users will be able to order a test no more than once per 90 days.

Q: How do you determine HCV risk eligibility? Do they fill out a survey?
A: BHOC has a risk questionnaire. If they indicate no risks, we will not add an HCV test to the kit.

Q: Can you repeat the costs for STD testing?
A: BHOC will be releasing a pricing sheet shortly. Very round numbers (includes shipping): HIV dried blood spot only: $50-55, Comprehensive STI, including HIV DBS: $140 and PrEP: $70.

Q: Is Jen able to share the timeline for the STI testing and repeat the estimated costs for each test?
A: Timeline: Fall for pilots and early 2021 for additional jurisdictions to join.