MSM Able to Use Home HIV Tests to Screen Sex Partners and Lower Risk

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Men who have sex with men and are at “high, high risk” of HIV can successfully use in-home rapid HIV tests to screen their sexual partners for the virus, according to a study involving a sample of this MSM population. The research, by Alex Carballo-Dieguez, PhD, and his colleagues at the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University, was presented Tuesday, July 24, during an oral poster discussion at the XIX International AIDS Conference (AIDS 2012) in Washington, DC.

Participants in the study found the oral swab tests easy to use and “highly acceptable,” according to the researchers. The in-home tests helped these MSM identify high-risk partners—in fact, 10 men tested positive—and the tests helped the participants modify their own behavior so they were at lower risk of contracting HIV.

The topic of in-home HIV testing is no longer a hypothetical one. In July, the Food and Drug Administration approved the first such test, the OraQuick In-Home Rapid HIV test, which, according to the manufacturer OraSure, is expected to be available over the counter this October at “slightly more” than $17.50.

But would men who engage in high-risk sexual behavior—specifically, non-monogamous men who don’t use condoms when they have receptive anal sex with other men—be interested in testing their partners before hooking up? What would their motivations be? What problems—such as physical violence—could arise? In short, could the home tests be a successful harm-reduction technique?

To explore these topics, Carballo-Dieguez and his colleagues recruited 32 men in New York City to partake in a study. Each participant received 16 test kits to take home and use as an option. Carballo-Dieguez sought out men he characterized as “high, high risk”—they had multiple partners and reported never using condoms the last 10 times they had sex, or they had more than four partners in the past year and used condoms less than 80 percent of the time.

The average age of participants was 34. Forty-one percent were white, 33 percent were African American, and 19 percent were Latino. In the previous three months, participants had an average of 15 male sexual partners, 11 occasions of unprotected receptive anal intercourse and nine occasions of unprotected insertive anal intercourse. In addition, 48 percent had a lifetime history

of sexually transmitted infections (STIs), 93 percent used alcohol in the previous three months, and 56 percent used marijuana during that same time period.

Before enrolling, participants performed a self-test using the home test in the researchers' offices. During the three-month study period, they filed, via a phone system, weekly reports on their sexual behavior. And for the duration of the study, researchers set up a 24-hour hotline run by clinical psychologists.

Of the 32 men enrolled, 27 used the home tests to screen their partners. Of the nearly 140 sexual partners they encountered during the study period, 101 (72 percent) men agreed to take the home test, 23 (16 percent) men refused and 17 (12 percent) were not asked. The tests were used at home and, occasionally, in public.

Ten men tested positive for HIV; six of them did not know they were living with the virus. In addition, two partners disclosed that they were HIV positive once they were asked to take a home test. When a partner did test positive, the men did not have sexual intercourse. However, the researchers note, the participants did show empathy for their partners who tested positive.

There were four calls to the hotline, but Carballo-Dieguez said that all four calls were about clarifying the test results—for example, interpreting whether two lines meant a positive or negative reading.

He also noted that of the 124 partners asked to use the home test, there were seven instances of verbally aggressive reactions, but that no one resorted to physical violence.

In general, the researchers noted several other results: Participants liked having access to the home testing kits and found them easy to use, and they carried the kits around to various locations. Most partners were willing to take the test, and if they weren't, the refusal was viewed as a warning sign. Often, mutual testing took place, and the period they waited for results gave them time to re-evaluate whether they really wanted to have unsafe sex. In most instances, substance abuse didn't interfere with the home testing process. The tests had a high acceptability among ethnic minorities. And finally, participants said the experiences with home testing shifted their own awareness of HIV risk, which in turn led them to take fewer risks.

During the discussion period, audience members brought up concerns about using home testing to weed out HIV-positive sexual partners and thus lower risk. As one German conference delegate put it: "I remember a time when condom use was posed as a method to have sex with MSM without needing to know who was infected. Is that time over?"

"I think the [MSM] community is further ahead than we are as prevention workers," Carballo-Dieguez replied. "Unfortunately we have a patronizing approach to people; we think we have to treat them like they're fainting violets. These men are not! We have to catch up to where things are, and we have to empower people if we can."

On the challenges of stigma and the window period—the highly infectious time shortly after a person contracts HIV but when the antibodies won't show up on a home test—Carballo-Dieguez acknowledged that the home test isn't 100 percent perfect. "When I talk about testing, I understand there is a risk for some people," he said. "But it's also an opportunity to empower people to put prevention in their own hands, and this is something people can do on their own. It's technology that's already available. It is something that can have an effect for some people—for certain people. If tools are there, we have to find a way to clarify [them]. For example, we can say, 'This is how some people use [the test]. You make your choice.' It is up to them.

"We are still giving people an efficient tool to screen [HIV risk]," he said. "Sometimes, because we want something that is optimal we don't work with something that is good enough."

In the written abstract of the study, the researchers conclude: "MSM at high risk can use [home tests] to screen sexual partners, and many partners will agree to take the test. Use of HT results in detection of previously unknown infections and avoidance of HIV exposure. Making [home tests] available within networks where high-risk sexual practices are common may be a cost-effective way to identify previously undetected cases. [Home tests] may become an important harm reduction technology."

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