



# Self-sampling and self-testing for HIV at a commercial and community-based test provider in the Netherlands: usability and user preferences

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## Background

- At-home HIV testing (self-sampling and self-testing) reduces testing barriers and potentially reaches populations who may not test otherwise. In the Netherlands, at-home HIV tests became commercially available in 2019, but data on user experiences are limited.

## Aim

- To explore characteristics of end users and their experiences with HIV self-sampling (HIVSS) or -testing (HIVST).

## Methods

- From April 2022 to June 2023 a survey link was distributed among end users who ordered a commercial HIVSS online or a free-of-charge HIVST via a community-based provider (AHF Checkpoint Amsterdam), in the Netherlands.
- Questions included usability, preferences, and barriers of testing.
- In descriptive analyses, we compared characteristics of end users and their experiences with HIVSS or HIVST from a commercial and community-based test provider.

## Results

- Survey participants recruited through the commercial provider were more often MSM, 35 years and older, born in the Netherlands, and with low/middle education level compared to survey participants at the community-based provider.

**Table 1.** Characteristics of HIVSS- and HIVST-users at a community and online commercial provider in the Netherlands

	Online commercial provider n (%), n = 89	Community-based provider n (%), n = 44
<b>Sex</b>		
Women	28 (31.5)	19 (43.2)
Heterosexual men	23 (25.8)	10 (22.7)
MSM	37 (41.6)	12 (27.3)
Transgender/non-binary/other	1 (1.1)	3 (6.8)
<b>Age group</b>		
18-24	11 (12.4)	15 (34.1)
25-34	40 (44.9)	18 (40.9)
35+	38 (42.7)	11 (25.0)
<b>Country of birth</b>		
The Netherlands	79 (88.8)	6 (13.6)
Other	10 (11.2)	38 (86.4)
<b>Education level</b>		
Low	4 (4.5)	1 (2.3)
Middle	20 (22.5)	5 (11.4)
High	65 (73.0)	38 (86.4)
<b>HIV test result</b>		
HIV negative	87 (79.8)	40 (90.9)
HIV positive	0 (0.0)	0 (0.0)
Not answered/unknown	2 (2.2)	4 (9.1)
<b>Ever tested for HIV</b>		
No	30 (33.7)	14 (31.8)
Yes	59 (66.3)	30 (68.2)
<b>Recently tested for HIV*</b>		
No, >6 months ago	31 (52.5)	18 (60.0)
Yes, in the past 6 months	28 (47.5)	11 (36.7)
<b>PrEP use</b>		
No, never used	81 (91.0)	43 (97.7)
Yes, currently not on PrEP	1 (1.1)	1 (2.3)
Yes, currently on PrEP	7 (7.9)	0 (0.0)

\* Percentage of persons ever tested for HIV; percentages do not always sum up to 100% persons ever tested as some persons did not know when they got tested last.

- MSM had more often previously tested for HIV compared to heterosexuals (84% (n=41) vs 56% (n=45), respectively). Among those, 56% (n=23) and respectively 20% (n=16) tested in the last 6 months. PrEP use (ever) was 18% among MSM (n=9) (0% among heterosexuals), of whom 78% (n=7) reported current PrEP use.
- Free-of-charge HIV testing and immediate test results were the most often reported reasons to take a HIVST via the community-based test provider. Not having to talk about testing to a GP, saving time, and waiting lists at Sexual Health Centers were most often reported reasons to take a HIVST via the online commercial provider. For both test providers anonymity was often reported as reason for choosing HIVSS/ST.

**Table 2.** Most reported reasons for choosing HIVSS/ST at the community-based or commercial provider

	Online commercial provider n (%*), n = 89	Community-based provider n (%*), n = 44
Free-of-charge test	NA	42 (95.5)
Immediate test results	5 (5.6)	29 (65.9)
Time-saving	32 (36.0)	24 (54.5)
Anonymity	25 (28.1)	23 (52.3)
Not having to talk to a GP	34 (38.2)	13 (29.5)
Waiting list at SHC	27 (30.3)	6 (13.6)

\* Percentages do not sum up to 100% because people can provide multiple answers. NA = not applicable; GP = general practitioner; SHC = sexual health centre

- Almost all end users used the paper manual to perform the HIV test (90%, n=119), online information of the test provider were less often used, both via their website (19%, n=25) or via instruction videos (19%, n=25).
- 23 (26%) study participants at the commercial provider reported some problems with the test performance, compared to 5 (12%) at the community-based provider, mostly related to the finger prick and obtaining enough blood: 16 (70%) and 4 (80%) at respectively commercial and community-based provider.
- None of the participants reported a reactive test result.

Participants' recommendations to improve accessibility of HIVSS/ST:

- Lower costs (commercial provider).
- More guidance in taking enough blood through the finger prick.
- More advertising to increase awareness for HIVSS/ST.

## Conclusions

- End users experience HIVSS/ST as an anonymous and timesaving way of HIV testing without having to talk to a health care professional. Yet some difficulties with performing the finger prick were reported.
- Most HIVSS/ST-users in this study had tested for HIV before, never used PrEP and no reactive HIV tests were reported.
- More research into the role of HIVSS/HIVST for accessibility of HIV testing in the Netherlands is needed.



Source: iStock