What is self-testing?

HIV self-testing is a process in which a person collects his or her own specimen (either oral fluid, sometimes called saliva, or else blood from a finger prick), then performs a rapid HIV test and interprets the result. If the result is positive, the person seeks retesting at a facility to confirm this result or not. If the result of the self-test is negative, no further action is required unless the person has had a recent likely HIV exposure or faces high ongoing risk of HIV infection. In those cases, later repeat testing should be considered.

The World Health Organization (WHO) recommends HIV self-testing as an additional approach for delivering HIV testing services and as a safe and effective way to increase access to and uptake of HIV testing services.

WHO recommends HIV self-testing as a means to increase uptake of HIV testing.

Some people may want to perform the self-test alone, in private – at home, perhaps. Others may want to use the self-test with a person they trust, such as a friend or sexual partner, or while waiting to be seen in a health facility.

The rapid HIV tests used for self-testing detect HIV antibodies, which are produced by a person’s body when he or she acquires an HIV infection. HIV antibodies are present in many body fluids including oral fluid, blood, urine and breast milk. (Although HIV antibodies are present in oral fluid if someone has HIV, HIV cannot be transmitted through oral fluid/saliva.)

No HIV test can detect HIV infection immediately after exposure. There is typically a “window period” of one to three months after exposure before HIV antibodies can be detected.

Why are communities important to making HIV self-testing safe, acceptable and effective?

HIV self-testing is becoming much more widely available. Programmes are starting in a number of countries. As of July 2018, more than 40 countries report having policies to allow self-testing, many of which are now implementing self-testing programmes to some degree. (For the
最新政策信息，见www.HIVST.org。HIV自我测试工具现在可以在全球大多数国家和药房中购买，尽管这些工具可能未被监管或未通过高质认证。考虑到这一点，社区组织可以鼓励使用通过质量自我测试工具，以支持自我测试的适宜使用。

随着自我测试变得越来越普遍，对于了解HIV自我测试的社区来说，这非常重要。社区组织，特别是在HIV预防和护理方面，包括信仰社区组织，希望熟悉这个测试选项并决定如何最好地支持它。

一些社区组织，特别是在撒哈拉以南非洲地区，已经积攒了丰富的经验和知识与整合HIV自我测试到社区服务，以及通过社区带来的服务。社区领导的实施已经被证明是有效的，尤其在第一测试者中，对于针对低检测率的人群，包括男性、青少年、夫妇和关键人群的社区组织。社区领导支持HIV自我测试在一些情况下特别有用，因为可以接触到年轻人，包括青少年，在农村地区，这些地区识字率可能较低。

社区组织可以扮演多种重要角色支持自我测试。它是关键的，并可以解释后续测试和治疗的必要性。社区组织也可以提供自我测试示范，帮助用户了解其结果。视频演示也有所帮助。https://aidsfree.usaid.gov/resources/hts-kb/提供了支持HIV自我测试的工具，包括可以适应并帮助提供帮助和促进自我测试的视频。

**何时使用自我测试工具？**

在测试时大多数自我测试使用血液。一个人用一个口鼻涂抹棒，然后在上、下两个鼻孔中涂抹，再用涂抹棒放入试管中，几分钟后可见结果。

自我测试，从指尖测试，也在一些国家可用，并将在未来几年变得更加可用。这些测试附有简单可收的针头来采集血液。一些人想要自我测试，另一些人则可能更喜欢血液测试。它适合需要在家中进行的人。自我测试可以在药店和通过网络购买。

**哪些自我测试工具应该使用？**

HIV自我测试工具在采购时应被认定为质量工具。它以资源限制的设置使用自我测试工具，以测试质量，以测试质量，（如通过Global Fund）审查并认定的产品。Global Fund列表通过国际医疗设备监管机构论坛，例如美国的食品和药物管理局，欧洲的《欧洲经合组织公约》和澳大利亚的《质量保证/诊断产品》。

对于销售在私人领域，一些国家认识到风险管理，认可批准的工具，被国际医疗设备法规机构论坛，如美国的食品和药物管理局，欧洲《欧洲经合组织公约》和澳大利亚的《质量保证/诊断产品》。在一些国家，未经监管的自我测试工具在私人药店或通过网络销售。这些工具的质量未知。因此，对于社区组织来说，为使用只有通过质量保证的工具来通知人们是至关重要的。
and show the labels and markings of approved products according to the national system. Any product without such markings should be reported to the national regulatory authorities and to WHO using the complaint reporting system: http://www.who.int/diagnostics_laboratory/procurement/111121_user_complaint_form_for_adverse_events_and_product_problems_reporting_english.pdf?ua=1

What are the key messages for anyone who takes an HIV self-test?

Delivering the following messages is an important role for community organizations, including communities of faith and faith leaders, working together with health-care providers.

1. **If the self-test is “reactive” (that is, positive),** a person must always go to a clinic or community testing site for further testing to confirm the result. A self-test alone does not provide a conclusive positive diagnosis. When people who have a positive self-test result go to a testing facility, they should be tested according to the country’s national testing strategy and algorithm (starting with the first test in the algorithm). If retesting confirms the positive self-test result, a health-care provider will link the person to standard treatment, care, counselling and support.

   A person who self-tests positive always should go to a facility for further testing.

2. **If the test is “non-reactive” (that is, negative),** the person does not have HIV. However, if a person reports having frequent possible exposures to HIV, it is important to give them information and referrals to specific prevention services and to give them condoms, if they want them, in addition to recommending that they retest in six months. Also, a person who reports potential exposure to HIV in the past six weeks should be encouraged to test again after three months.

3. **How soon should someone test after a potential HIV exposure?** HIV self-test kits detect HIV antibodies, which develop in the weeks after acquiring HIV infection. As with any form of HIV testing, a self-test will not detect these and be positive for at least six weeks after an HIV exposure. Therefore, people should be advised to self-test three months after a potential HIV exposure to be sure that the result is accurate.

4. **Not everyone has to self-test.** Someone who cannot perform the self-test or is having difficulty can visit a local clinic, testing centre or community HIV support group that can help them. For those who prefer self-testing, demonstrations and tools, such as video links and telephone hotlines, can support them. Talking with a community member who has self-tested also can help.

5. **A person who has HIV and is taking antiretroviral therapy should not use a self-test kit. It might give a false negative result.** Someone on antiretroviral therapy may have a very low number of HIV antibodies. Since the tests look for these antibodies, an HIV-positive person taking antiretroviral therapy can get a false negative HIV test result. Some people taking antiretroviral therapy may self-test, for a variety of reasons. Some people with HIV may think that they may have been cured and can stop treatment. Some may want to check how they are doing on treatment, confusing the self-test with a viral load test, which can indicate the success of treatment. Others may question whether they have HIV despite having been previously diagnosed with HIV and being on ART.

   A person who takes pre-exposure prophylaxis (PrEP) to prevent HIV acquisition may want to self-test in addition to HIV testing at a facility every three months. Community organizations can encourage and support people using PrEP to retest periodically and also to advise that self-testing cannot replace quarterly retesting during facility visits.

   Self-testing while on antiretroviral therapy can yield a false negative result.

Because people with HIV who are on ART may have a false negative self-test result, it is important to advise them not to use self-tests. If they want to retest, they should discuss this with a health-care worker who can advise what to do. For example, the health worker may offer a viral load test. They should understand that HIV does not have a cure, but an undetectable viral load shows that they are healthy and their treatment is working well.

If a person with HIV on treatment does perform a self-test and the result is negative, she or he must be advised to continue HIV treatment without interruption and to talk to a provider or counsellor.

Faith leaders raise HIV awareness on the WCC-EAA Day of the African Child.

Photo: Albin Hillert/WCC
Should people offer self-tests to others?

Offering a self-test kit and encouraging a sexual partner, friend or adult family member to self-test is often a great way to help people learn their HIV status. But it is important that people never force someone else to take a self-test or pressure them unduly if they do not want to self-test. The decision to take an HIV test is always a personal decision. WHO never supports forced or compulsory testing.

Should parents or guardians test their babies or children?

WHO does not recommend parents or guardians use HIV self-tests to test their babies or children. HIV self-tests will not provide correct results in children under two years because the mother’s antibodies may still be present in the child.

It is critical that children with HIV are linked as soon as possible to a clinic where they can receive further testing and treatment. If a parent or guardian has concerns that a child in their care may have been exposed to HIV, they should consult a health worker. It is always recommended that mothers, particularly those who have HIV, seek testing for babies soon after birth and have further testing according to national policies with final testing once the breastfeeding period has ended. A specifically trained health or community worker should conduct the testing.

Should HIV self-testing be available for adolescents?

Most countries have policies stating the age at which adolescents can access HIV testing without the consent of parents. While this varies by country, it is common for the age of consent to be around 15 or 16 years.

Self-testing has been popular with adolescents, who otherwise have been slow to access HIV testing.

Self-testing programmes for adolescents have been very popular and successful, reaching adolescents who do not seek testing through clinics and other testing sites. Because access and uptake remain low in these age groups, it is important to make this option available to higher-risk young people. Through their existing outreach and services, community-based organizations, and faith-based organizations in particular, may be well positioned to help young people and also provide follow-on support.

Can HIV self-testing be harmful?

There are many benefits to self-testing. Millions of people have used HIV self-testing without harm such as suicide or intimate partner violence. Many users report self-testing has enabled them to obtain HIV treatment or that learning they do not have HIV helped them to make choices about HIV prevention. There have been no indications that people increase risky behaviours after a negative self-test result.

Despite the many benefits, it is important community organisations provide messages, training and advocacy to mitigate any potential for harm, such as people with HIV testing while on treatment and discontinuing treatment, coercion or partner violence. Systems in the community to identify and respond to any harm are important. Community organisations can also continue to play a role in counselling people who have an HIV-positive test result and encouraging them to link to treatment and counselling people with a negative result about HIV prevention.

Learning that you have HIV is never easy. But having HIV, and not knowing that you do, keeps you from treatment that can help you live a long and healthy life. HIV testing offers the opportunity to know your HIV status and, if HIV-positive, to start treatment as soon as possible. Self-testing is an easy, quick and private way to learn one’s HIV status that many people will prefer.

RESOURCES


HIV self-testing research and policy hub: www.hivst.org

AIDSfree HIV testing services knowledge base: https://aidsfree.usaid.gov/resources/hts-kb/


WHO user compliant form for reporting problems and/or adverse events to diagnostic products: http://www.who.int/diagnostics_laboratory/procurement/111121_user_complaint_form_for_adverse_events_and_product_problems_reporting_english.pdf?ua=1