HIV SELF-SCREENING
What it is and how to integrate it into HIV Testing Services

The National Department of Health and the South African Pharmacy Council supports the use of WHO approved HIV self-screening kits for people who may not be able to access facility-based testing for different reasons. HIV self-screening provides an opportunity for such people to screen themselves in private and in their own time.

HIV self-screening is not intended to displace facility-based HIV testing but is rather a complementary approach to reach previously untested, hard-to-reach, and test-averse populations.

Currently, the WHO approved OraQuick oral HIV self-screening kit is approved for the South African market. The OraQuick oral HIV self-screening kit detects HIV antibodies in oral fluids collected from a gum swab.

A reactive (positive) result always requires confirmatory testing by a trained tester following the national testing algorithm. Interpretation of a non-reactive (negative) result will depend on the ongoing risk of HIV exposure. Individuals with possible exposure within the past 3 months should be encouraged to re-screen 1 month after possible HIV exposure. While individuals with high ongoing risk, should be encouraged to re-screen regularly. Re-screening can be done with an HIV self-test or a facility-based rapid test.

HIV self-screening refers to a process in which a person collects his or her own specimen (oral fluid or blood) and then performs an HIV test and interprets the result, often in a private setting, either alone or with someone he or she trusts.

All healthcare providers should support clients who have self-screened by conducting a rapid HIV screening test and if positive, a confirmatory rapid HIV test together with appropriate pre- and post-test counselling.

A reactive (positive) result always requires confirmatory testing by a trained tester following the national testing algorithm.

Interpretation of a non-reactive (negative) result will depend on the ongoing risk of HIV exposure. Individuals with possible exposure within the past 3 months should be encouraged to re-screen 1 month after possible HIV exposure. While individuals with high ongoing risk, should be encouraged to re-screen regularly. Re-screening can be done with an HIV self-test or a facility-based rapid test.

A person may also get an invalid result or may have struggled to interpret their result. Instructions in the kit recommend attending a health facility where a trained tester will conduct testing following the national testing algorithm.

HIV self-screening is not recommended for anyone on ARVs or PrEP, as it may lead to a false negative result. It has also not been validated for any person under the age of 12 years.

HIV self-screening is acceptable to many people across different contexts and can therefore increase uptake and frequency of HIV testing, particularly among populations at high ongoing risk of HIV, who may be less likely to access testing or test less frequently than recommended.

HIV self-screening kits used by self-testers can perform as accurately as when used by a trained tester.

References:
• Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services. World Health Organization 2016.
• National HIV testing services policy. South Africa National Department of Health 2014.