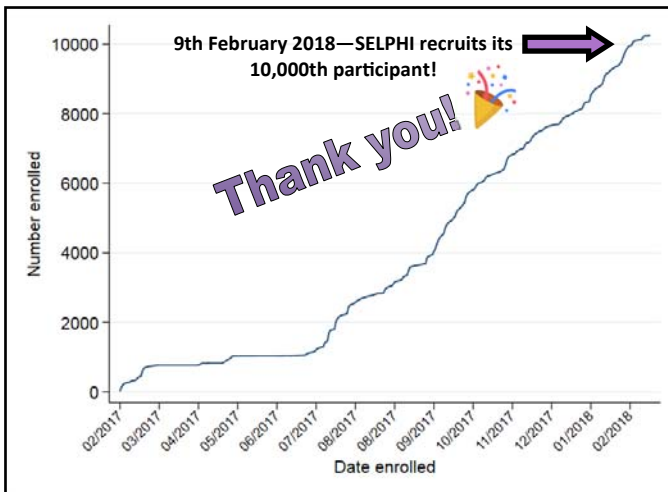


Over 10,000 of you have joined SELPHI—thank you!

Since the last study update, the SELPHI study has made amazing progress. Thanks to you, we have recruited a fantastic **10,248** participants!

When did this happen?



SELPHI recruited participants from **February 2017 to March 2018**, closing recruitment on **7th March 2018**.

The work continues...

Although recruitment has been completed, there is still lots of data to collect. Please keep completing your surveys when you receive them—they are vital in helping us find out if free self-testing is feasible!

Where did you come from?



Participants were recruited from all over **England and Wales**. Our biggest recruitment hot spots in the map above are shown in **dark red**.

A thank you from Roy Trelvelion

Roy Trelvelion is co-chair of the SELPHI Community Advisory Group, and tested HIV positive before successful HIV treatment.

“I know how much life has changed when I find myself telling gay men to get tested for HIV. I’m 69 years old, and my personal story is that I tested HIV positive in the early 1990s. Of course, in the ‘80s many of us didn’t get tested. Why would you want to test for something that can’t be treated? But now it’s different. HIV can be treated. Life expectancy can be similar to someone who’s HIV negative. Successful HIV treatment began in 1996.

I’ve seen how vital community action has been since the start of the epidemic. This ongoing community — the same wide community of gay men, trans people and all — is working together to bring an end to HIV. One way to do this is to work with doctors and researchers to prevent new cases of HIV and finally put a stop to the epidemic. We can do this through combination prevention. This means increased and repeat HIV testing, early treatment, undetectable viral load, and PrEP. Combination prevention has now brought about dramatic reductions in new HIV diagnoses for gay men.

However, access to HIV and STI services are under threat due to budget cuts, and we must make the effort to ensure regular HIV testing is there for all who are at risk.

It’s great that SELPHI now collaborates with over 10,000 at-risk participants from the gay and trans community. Everyone in the study team is grateful for your support. It’s crucial however that the SELPHI study can collect as much feedback from your surveys as possible. The community knows this is how to get the best quality evidence for the use of HIV self-tests — if provided free on the NHS.

We’d like to say thanks very much to all participants. The study hopes to inform us about all aspects of the way the community thinks about using HIV self-tests and repeat HIV self-testing.”

Stories from the SELPHI Team

Telling Europe that a self-testing trial is feasible



SELPHI was in the spotlight at the 22nd International AIDS Conference in Amsterdam this summer, where Charlie Witzel and Professor Sheena McCormack took part in a panel discussion about self-testing responding to health inequalities.

An interview with Professor Sheena McCormack, by Roger Pebody

Professor Sheena McCormack is one of the SELPHI study doctors and leads the study along with Professor Alison Rodger.

Roger Pebody is co-chair of the SELPHI Community Advisory Group.

Sheena, can you please remind us what SELPHI is about?

We're hoping to find out if self-testing is acceptable and easy to do. We're trying to work out if they help people to find out they have HIV earlier than they otherwise would.

How does taking part and completing surveys in SELPHI help?

We are really grateful to people who complete surveys because they are providing us with information about numbers of partners, use of condoms and their testing patterns, as well as any difficulty in accessing tests. Filling out surveys is critically important, because although it seems obvious that self-tests will be a sensible thing to do, we are a little worried that people will self-test for HIV and not go to a clinic and get a test for all the other STIs, so they might miss out on picking up gonorrhoea, chlamydia or syphilis early on. That would not be a good result of providing free self-tests

for everybody, so the surveys are asking about that.

How far are we into the study and how is it going?

It's going great. We had a good response to the ads and we've got over 10,000 people who've agreed to take part. We're now following people, so hopefully we will have a result in 18 months or so.

Will all this information change anything?

Well, we hope it might provide us with the information to convince HIV testing service providers that it's worth spending the money on free self-tests for everybody. So, it seems a no-brainer that giving people different ways to test is going to increase the testing, but of course, our public health budget is not a bottomless pit and they need to know that it is a cost effective way to provide HIV tests. That is what we are hoping to capture in SELPHI. At the moment, only 9 European countries have implemented self-testing. If SELPHI demonstrates that tests are cost-effective and people who chose to test themselves still link to care, then this would be very powerful evidence to support a more rapid roll-out of self-testing in Europe.

Thinking about what's going on with HIV in the UK at the moment, we've seen some big changes. There have been large falls in diagnoses. What's your explanation for this?

It's definitely a combination of things — testing, condoms, PrEP (Pre-Exposure Prophylaxis) and treatment. In London, I do think PrEP made a very big difference because we were already offering frequent testing in the clinics and we were getting people onto treatment very quickly. But we didn't see a drop in new infections until PrEP came along in late 2015 and 2016. So it's hard not to think that PrEP played a really important role in this setting.

When people talk about the drop in new infections, they mostly talk about treatment or PrEP. So does HIV testing still matter?

Testing is critically important because it's the first thing that you do on that pathway to getting treatment (if you've got HIV) or getting PrEP (if you're negative and need it). Testing is at the beginning of the pathway to everything. Testing is key because people may be living with HIV without knowing it. Some of this is reluctance to test, but a major barrier we can fix is to make testing more accessible — and self-testing will be crucial to this.

Get in touch with us...

What do you think of our work so far? Please contact us with your thoughts and suggestions:

Email: mrcctu.selphi@ucl.ac.uk

Website: <http://www.selphi.org/contact>

The study is being delivered in partnership with community representatives. You can find out more information on who they are on our website.