

## Spring update on the SELPHI study...

Detailed SELPHI research has already been shown at international conferences on HIV. Last summer SELPHI presented in Amsterdam, and this March in Seattle, USA (please see below for more information about the Seattle conference).

But importantly, the study continues to record much more about self-tests for HIV from your completed surveys.

## Why the SELPHI surveys are ongoing

There's still a lot of data we want to collect for the study. That's why completing your new surveys is vital to this research. Every survey that's completed helps us find out if free self-testing works well for you. But, to help keep the evidence high quality, SELPHI surveys are sent out in different ways.

For example, you might receive surveys from us roughly every three months. If you are, please keep completing them as you get them. On the other hand, you may have had just one survey. This would have arrived about three months after you joined SELPHI. But it's fine if you haven't been receiving surveys from us regularly. This is how the study is set up.

So, if you who haven't been receiving regular surveys from us, don't worry – it's just how the study works. However, will soon receive a new survey asking a few more questions about HIV testing. This survey looks again at some of the questions we asked you at the beginning of SELPHI. It's just as important to our research as all the other surveys – please complete it as fully as you can.

Your survey information is great at letting us know how, when and why people get tested for HIV. And also... When people get tested and why not.

## SELPHI research is discussed at international conferences

We report that SELPHI research is highlighted again. This time at an international HIV conference in the USA last month. At this conference, the SELPHI team outlined some of the rich, detailed data we've already collected from the surveys you completed when you first joined the study. The data showed that many people weren't testing for HIV as often as is recommended. For example, among men who'd recently had condomless anal sex with more than one partner, less than half had tested in the previous six months and a tenth had never tested.

This research shown at the conference helped other researchers from around the world to understand more about the research we are doing. SELPHI hopes to inform healthcare providers in other countries too. It could help them look at how HIV self-tests would fit in with their own healthcare systems.

**Sexual risk and HIV testing disconnect in MSM recruited to an HIV self-testing trial**

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**Background**  
Increasing levels of HIV testing in men who have sex with men (MSM) remain key to reducing incidence. However, levels of use and repeat testing in MSM are not meet current testing recommendations with 24% repeat testing and only 18% repeat testing (1). Participants poorly adhered to the recommendation to test 3 monthly for men at higher risk and through repeat conditions and interventions (2) with partners of unknown or uncertain HIV status, and/or if sexual activity (3) was condomless with only 21% of those at higher risk (4) reporting repeat testing 6 monthly (5).

**Methods**  
SELPHI is an internet-based, open-label, randomised controlled trial, which aims to assess effectiveness of free HIV self-testing (HIVST) may increase testing rates by removing structural and social barriers to testing (6). We report on the frequency of previous HIV testing and associated factors at baseline in MSM who opted to enroll in a large HIV self-testing trial (7).

**Results**  
22,112 men were recruited to the trial including 10,120 (46%) men who had sex with 2+ partners (20-45), most were of white ethnicity (94%), with over 40% of those aged 35 and 4.2% of those aged 18-24. The men were highly educated with 41% having university education in the previous 3 months, 88% reported AI and 72% reported CA with 21, male partners (78%).

**Conclusions**  
MSM recruited to this cohort were not testing as often as recommended. Overall, almost half had never tested or had tested <12 months previously in men at higher risk of recent sex was less than half had tested in previous 6 months and a tenth had never tested. This data is low compared to other studies of MSM and highlights the need for tailored interventions to increase testing rates in this population.

If you would like to view a summary of this recent report—and see the display poster in full—please follow [this link](#).

## How different people use HIV self-tests

We've also been analysing data from interviews we've done with some people who've taken part in SELPHI. This tells us that most people could be seen as being in one of three participant groups. People experienced SELPHI in very different ways. This depended on their HIV testing in the past along with their reasons for taking up to HIV self-tests.

Firstly, some participants had no regular testing routine. They were not engaged with sexual health or GUM services. They might have had difficulty making a connection to testing in traditional ways. For example, perhaps their nearest clinic was very far away from home, or they had concerns about their privacy. But self-tests helped them link with HIV testing. This group told us they used self-tests almost entirely because of having had a risk of HIV. This group was both younger and older than other participants. They were typically not aged between 26-40 years.

Secondly, another group had already got a regular HIV testing routine. Usually they tested at the GUM clinics or other testing service. But their most preferred option was home self-tests. Again, they said it removed barriers to testing, such as having to attend a clinic. This group used self-tests for many reasons. It might be because of risk, or for reassurance, or simply as a regular routine. These participants are spread across all age groups. Self-tests would be their first testing option—if they are widely available and free.

Thirdly, some participants used the opportunity to add self-testing to other ways of HIV testing. However, they have no strong preferences for self-tests. Their needs are well met by other services. Self-testing for this group is therefore a second choice. People in this group liked self-tests because they're a new way of HIV testing. So they used self-tests alongside other ways of testing. They were looking for reassurance. Or they simply replaced a routine clinic test with a self-test. Mostly they did not access self-tests because of significant HIV risk.

Which group do you think you belong to? Or perhaps your situation is different and isn't reflected in the groups above. This is one of our early analyses, but it isn't final. We are learning more about how different people use HIV self-tests as the study goes on.



## Get in touch with us!

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

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