# SELF- AND RAPID TESTING FOR HIV

NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

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## BACKGROUND

HIV testing is a crucial component of efforts to address the HIV epidemic. Testing for HIV identifies those with infection so that they may receive antiretroviral treatment, which both improves their health and prevents transmission of HIV to others. In addition, PrEP, which prevents HIV acquisition among people with a higher risk for infection, requires testing prior to administration.[3] Both the Centers for Disease Control and Prevention (CDC) and the United States Preventive Services Task Force recommend universal HIV testing at least once in a person's lifetime.[4,5] In addition, testing is recommended in each pregnancy and at least annually for people with a high likelihood for infection, such as sexually-active men who have sex with men and people who inject drugs.[4] Periodic testing is also recommended for people taking PrEP.[3] Unfortunately, approximately 13% of people with HIV do not know about their HIV status.[6] Efforts to increase testing uptake and access are needed. Expanding HIV testing can be achieved through self-testing and rapid testing.

## DEFINITIONS AND DESCRIPTIONS

A **rapid** HIV test refers to one in which the results of testing are available in a short timeframe, usually 30 minutes or less.

A **self**-test is one in which at least part of the testing process is performed by a person without the involvement of a health care worker.

Self-testing typically refers to self-performed tests, in which a person both obtains the sample for testing and performs the analysis, usually at home or in another private setting; self-performed tests are rapid tests.[7] In contrast, a self-collected test is one in which a person collects the sample for testing, but the specimen is then submitted to a laboratory for testing. Self-collected tests are generally not rapid tests.

Self and rapid tests are commonly performed on either oral fluid or fingerstick blood. The only FDA-approved self-test for HIV uses oral fluid.[8]

## ADVANTAGES OF SELF- AND RAPID HIV TESTS

- Self-testing may increase access to testing by allowing people to test at a place and time that is convenient for them. It may also increase access for people who are uncomfortable seeking an HIV test at a clinical site.
- Because self- and rapid tests often rely upon oral fluid or fingerstick blood samples, they may be more acceptable than other HIV screening tests for people who wish to avoid blood draw from a vein.[9]
- Rapid testing allows people to learn their test result immediately, as opposed to waiting up to a few days for laboratory-based tests. This may facilitate same-day initiation of PrEP and/or rapid initiation of antiretroviral therapy for those who test positive for HIV.

## DISADVANTAGES OF SELF- AND RAPID HIV TESTS

- While testing methods vary, self- and rapid HIV tests may not be as sensitive for recently-acquired HIV infection as laboratory-based tests. For example, the window period – or the time from infection until a test turns positive – may be 23 days with self- or rapid tests that detect HIV antibodies but 18 days with a laboratory-based HIV antibody/antigen test and 10 days with a HIV nucleic acid test.[7] Because of the reduced ability to detect recent HIV infection, the CDC recommends against using oral fluid tests for PrEP monitoring.[3]
- Self-tests may cost more than some people are able to afford.
- Self-performed tests rely on people, often with no medical training, accurately executing and analyzing their test results. In addition, people who test positive on a self-test must link themselves to confirmatory testing and care. Research indicates that most people who obtain a positive HIV self-test result pursue confirmatory testing.[10]
- Positive self-test results are not reported to public health departments, in contrast to laboratory-based test results.[11] This can compromise public health surveillance of HIV and hinder the work of disease intervention specialists, who prevent further spread by assisting newly diagnosed individuals with partner notification. Positive results on self- or rapid tests require confirmation with a laboratory-based test before a definitive diagnosis of HIV can be made.
- Although uncommon, people may occasionally experience coercion to complete an HIV self-test from sexual partners.[12]

### *How can self- and rapid tests be incorporated into clinical care?*

Clinics can consider multiple strategies to include self- and rapid tests in care.

- Recent PrEP guidelines include rapid tests as a component of monitoring for HIV acquisition, along with laboratory-based HIV testing, for people taking HIV pre-exposure prophylaxis.[3,13]
- Rapid tests may be used as part of the initial evaluation of people presenting with symptoms of HIV infection, and or when a person presents in labor without prior HIV testing as part of their prenatal care.[14]
- Clinicians can educate patients about HIV self-tests. The CDC maintains a resource indicating local availability of free or low-cost HIV self-tests at gettested.cdc.gov. CDC also provides patient-focused information on HIV testing and self-testing at www.cdc.gov/stophivtogether/hiv-testing/self-testing.html.
- Rapid tests may be incorporated into the offerings of mobile or outreach clinics.

## SUMMARY

HIV testing is an important component of efforts to end the HIV epidemic. All people should be tested for HIV at least once in their lives, and testing should be performed more often for people with high likelihood for HIV infection. Self- and rapid tests for HIV are typically performed on oral fluid or fingerstick blood. They tend to be less sensitive for detection of early HIV infection than laboratory-based tests, but they may increase access to testing and can be used in a range of settings, including as part of PrEP management.

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