

# HIV self-test: high acceptability and diagnostic performance among key populations in Argentina

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## Background

In Argentina, 17% of PLHIV do not know that they are infected; and HIV prevalence is high among key populations (KP) such as cisgender men who have sex with men (MSM) transgender women (TGW) and sex workers (SW). Implementation of HIV self-test in testing programs is recommended by the WHO.

This study was aimed to explore the acceptability and diagnostic performance of an HIV self-test in KP.

## Methods

This is a pilot cross-sectional study, individuals aged ≥18 years and self-identified as transgender men (TGM), TGW, MSM and/or SW with unknown HIV status were included.

Participants were recruited at local community-based testing centers in 3 districts in Argentina, where they were offered a finger-prick HIV self-test (SURE CHECK® HIV 1/2 Assay, Chembio Diagnostics), in addition to the standard POC HIV tests (Alere Determine® HIV-1/2).

HIV infection risk and self-test acceptability were assessed using an ad-hoc survey.

This study had the technical cooperation of the Panamerican Health Organization and was approved by local IRBs.

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## Results

Recruitment was significantly affected by COVID-19 pandemic.

A total of 321 individuals were included in the study. Median age was 29 year, and 30% of the study population were sex workers. Figure 1 shows participant's gender identity, level of education of the study population is shown in Figure 2.

Global HIV prevalence among the study population was 3.7%; and 22% of the participants had not been tested for HIV ever before.

Concordance between HIV self-test and conventional POC test was 97.8%, and acceptability among the participants was high (Figure 3).

Most of the participants were able to interpret the result correctly. There were 7 discrepancies: 2 participants made incorrect readings and 5 indicated that they didn't understand the result.

The main advantages of the self-test as mentioned by the participants included:

- privacy (42%);
- easiness (33%);
- and possibility to do it accompanied or alone (16%);
- 54% did not find any disadvantages and;
- 91% would seek medical attention if the test was positive.

Figure 1. Self-affirmed gender identity among the study population

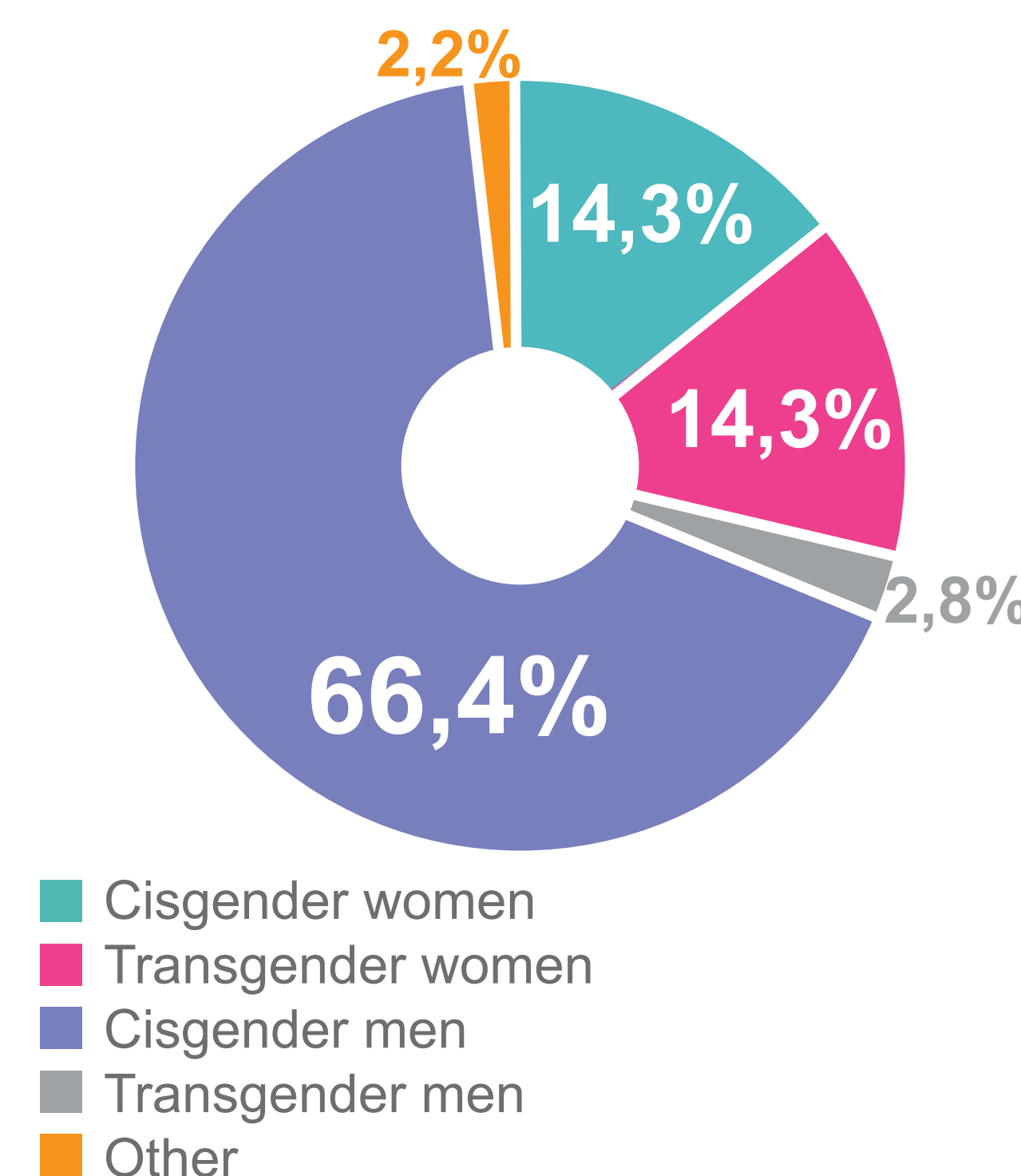


Figure 2. Highest level of education attained among the study population

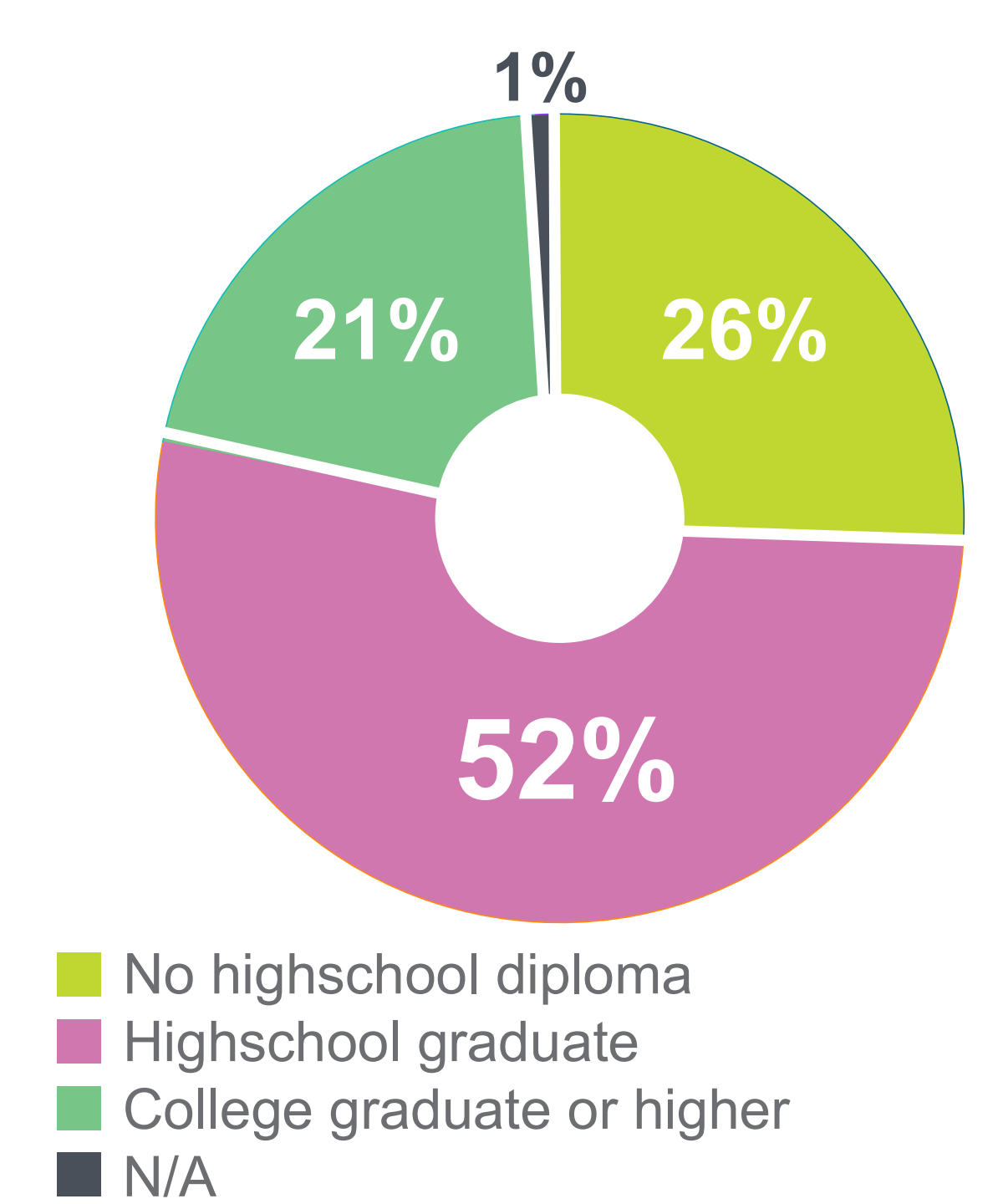


Figure 3. Self-test acceptability survey

The self-test was easy to perform—N (%)	311 (96%)
I felt that the waiting time to get the self-test result was too long—N (%)	63 (20%)
I found easy to interpret the self-test result—N (%)	283 (88%)
I consider the self-test results reliable/trustworthy—N (%)	285 (89%)
I would definitely use the self-test again if it available free of charge (i.e. pick it up from a clinic or pharmacy) —N (%)	303 (94%)
I would test for HIV more often if self-test were available at pharmacies and/or clinics. — (%)	295 (92%)
I would recommend the HIV self-test to others (i.e. friends, partners)—N (%)	302 (94%)
I would prefer to get the self-test done with someone else (i.e. a friend) rather than alone/by myself —N (%)	167 (52%)



## Conclusions

In this study, a finger-prick HIV self-test showed good diagnostic performance and was highly accepted by KP with a relative low level of education. Implementing this strategy could significantly contribute to improve access to HIV diagnosis among KP (particularly hard-to-reach KP) and closing the gap towards UNAIDS 95-95-95 targets.

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