



## Dr Matthew Page Birmingham Heartlands Hospital

# Are all HIV postal sampling kits the same? Dried blood spots significantly outperform conventional mini-tube sampling in a real world comparative review

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#### **Declarations**

I have received educational, research and travel grants and personal fees from Gilead Sciences, ViiV Healthcare and MSD

#### Postal HIV kits: Context

- HIV testing remains a vital element in confronting the HIV epidemic
- There is a need to close the HIV undiagnosed gap
  - UNAIDS 90:90:90 target
  - Achieving this requires comprehensive testing programs
- There is a need to expand and simplify access to HIV/STI testing
  - Reduce barriers to testing

#### Postal HIV kits: Context

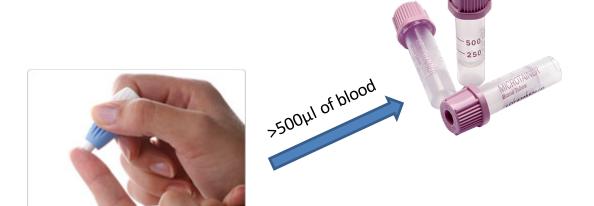
- Postal HIV/STI self-sampling is one way which this can be achieved
- Different blood collection systems for HIV postal kits
  - Have been validated
  - At variable costs to the suppliers
- In England, micro-containers (MT) for capillary blood sample collection are currently the most widely used system for postal blood sampling
- Dried blood spot (DBS) systems are becoming a popular alternative

## **A Unique Opportunity**

- Access to an established postal STI sampling kit service through the Saving Lives Charity
  - Charity provided both MT and DBS collection systems in their kits
- A clinical service with motivation to move away from MT blood collection systems for their STI postal kits
  - Due to;
    - Sample rejections because of inadequate blood volumes/suboptimal quality samples
    - A number of false positive results requiring patient recall to clinic
    - The option to trial a move to DBS

### Pictorial representation of blood collection system

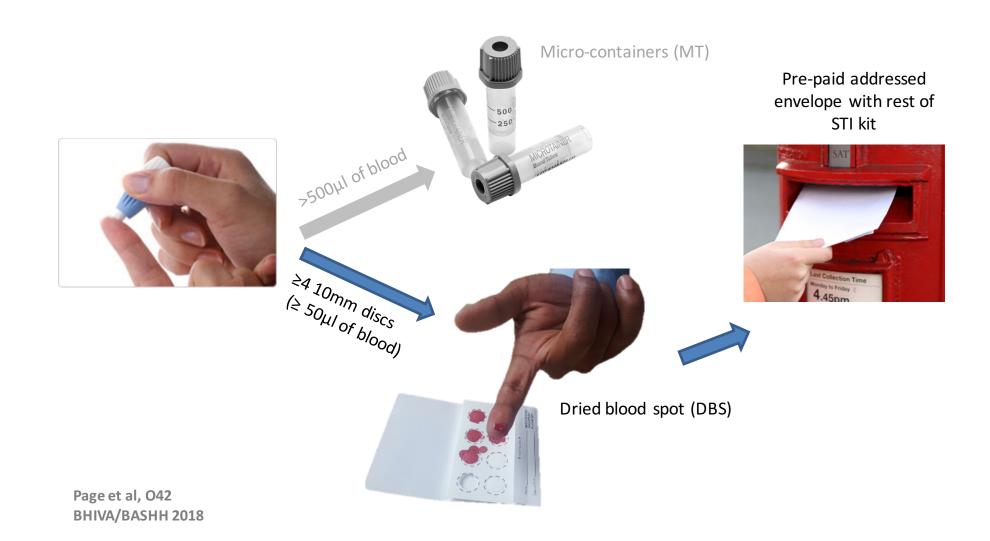
Micro-containers (MT)



Pre-paid addressed envelope with rest of STI kit



### Pictorial representation of blood collection system



## Simplified pictorial representation of blood collection system processes



#### **Aims**

 To ascertain how DBS and MT HIV collection systems compared as part of an online postal STI testing service

#### Primary outcomes:

- Kit return rates (any component of the kit)
- Blood sample return rates
- Successful processing/analysis rates of returned blood samples
- We also aimed to calculate the HIV Request-to-Result Ratio (RRR):
  - the number of online kit requests required to produce one successfully analysed HIV result

#### Methods

- North-West of England clinical service
  - Started using MT containing STI postal kits on 13/06/17
  - By 04/08/17 they had switched to DBS
  - Collected data until 22/09/17
- Retrospective review of data extracted from system database from 13/06/17 – 22/09/17
  - Baseline characteristics of kit requesters
  - STI kit return rates (any component of the kit)
  - Blood sample return rates
  - Successful processing rates of returned blood samples
  - Reactive results

#### Results: Baseline Demographics

550 results extracted

- 275 were MT
- 275 were DBS

No statistical diff. between MT & DBS w.r.t. sex or age

550 data sets	Mini-tube, n(%)* n=275	Dried Blood Spot, n(%)* n=275	COMBINED, n(%)* n=550	p-value (MT vs DBS)
Sex				
-Male	106 (38.5)	94 (34.2)	200 (36.4)	0.29
-Female	166 (60.4)	181 (65.8)	347 (63.1)	0.19
-Transgender	2 (0.7)	0 (0)	2 (0.4)	n/a
-Unspecified	1 (0.4)	0 (0)	1 (0.2)	n/a
Age, yrs [Median, (IQR)]	26 (22, 31)**	25 (22, 30)	26 (22, 31)**	n/a
Age, yrs [Mean, (95%CI)]	28 (27, 29)**	28 (27, 29)	28 (27, 29)**	n/a

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No statistical diff. between MT & DBS w.r.t. ethnicity

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Age, yrs [Mean, (95%CI)]	28 (27, 29)**	28 (27, 29)	28 (27, 29)**	n/a
Ethnicity <sup>¥</sup>				
-Any other mixed	2 (0.7)	2 (0.7)	4 (0.7)	1
background				
-Any other white background	7 (2.5)	5 (1.8)	12 (2.2)	0.56
-Unknown/not spec.	3 (1.1)	1 (0.4)	4 (0.7)	0.62
-White & Asian	4 (1.5)	3 (1.1)	7 (1.3)	1
-White and black Caribbean	3 (1.1)	1 (0.4)	4 (0.7)	0.62
-White British	242 (88)	253 (92)	495 (90)	0.12
-White Irish	10 (3.6)	6 (2.2)	16 (2.9)	0.31

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No statistical diff. between MT & DBS w.r.t. ethnicity

No statistical diff. between MT & DBS w.r.t. sexuality

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-White Irish	10 (3.6)	6 (2.2)	16 (2.9)	0.31
Sexuality				
-Heterosexual Male	86 (31.3)	66 (24)	152 (27.6)	0.06
-Heterosexual Female <sup>†</sup>	152 (27.6)	167 (60.7)	319 (58)	0.20
-MSM <sup>‡</sup>	20 (7.3)	28 (10.2)	48 (8.7)	0.23
-WSW <sup>‡</sup>	16 (5.8)	14 (5.1)	30 (5.5)	0.71

95%CI rounded to nearest whole number, \*to one decimal place, \*\*x1 data missing † inclusive of transgender female, † inclusive of bisexual. \*Omissions of ethnicity for Bangladeshi, Black African, Black Caribbean, Chinese, Indian, and white & black African due to extremely low numbers (in many cases zero) and unable to calculate p-values for these

#### Results: Returns & Processing – MT vs DBS

Test type	STI Kit Return/Request n (%)	HIV Sample Return/STI kit return n (%)	Successful HIV sample processing & analysis/HIV sample return	Overall HIV result obtained/ STI kits requested n (%)	Request-to- result Ratio (RRR) n (ratio)
			n (%)		
Mini Tube	189/275 (68.7)	167/189 (88.4)	93/167 (55.7)	93/275 (33.8)	275/93 (2.96)
Dry Blood Spot	183/275 (66.5)	164/183 (89.6)	162/164(98.8)	162/275 (58.9)	275/162 (1.70)
p-value	0.58	0.70	<0.001	<0.001	<0.001

No differences between kit and blood sample return rates

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			n (%)		
Mini	189/275 (68.7)	167/189	93/167 (55.7)	93/275 (33.8)	275/93 (2.96)
Tube		(88.4)			
Dry	183/275 (66.5)	164/183	162/164 (98.8)	162/275 (58.9)	275/162(1.70)
Blood		(89.6)			
Spot					
p-value	0.58	0.70	<0.001	<0.001	<0.001

No differences between kit and blood sample return rates

Significant differences between processing/analysis rates

3 MT Kits required/ 1 successful HIV result vs 1.7 for DBS – statistically significant

Test Type	Reason why sample not processed for analysis n (%)				
	Number of	Number of No Insuff. Significantly No request			
	blood samples	specimen	sample	haemolysed or sample	
	not analysed	returned		>4 days old	
Mini Tube	96	21/96	62/96	12/96 (12.5%)	1/96 (1%)
		(21.9%)	(64.6%)		
Dried Blood	21	19/21	2/21 (9.5%)	0/21 (0%)	0/21 (0%)
Spot		(90.5%)			

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Spot		(90.5%)				

Test Type		Reason why sample not processed for analysis n (%)				
	Number of blood samples	3				
	not analysed	returned		>4 days old		
Mini Tube	96	21/96	62/96	12/96 (12.5%)	1/96 (1%)	
		(21.9%)	(64.6%)			
Dried Blood	21	19/21	2/21 (9.5%)	0/21 (0%)	0/21 (0%)	
Spot		(90.5%)				

Test Type		Reason why sample not processed for analysis n (%)				
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Dried Blood	21	19/21	2/21 (9.5%)	0/21 (0%)	0/21 (0%)	
Spot		(90.5%)				

Test Type		Reason why sample not processed for analysis n (%)				
	Number of blood samples not analysed	No specimen returned	Insuff. sample	Significantly haemolysed or sample >4 days old	No request form	
Mini Tube	96	21/96	62/96	12/96 (12.5%)	1/96 (1%)	
		(21.9%)	(64.6%)			
Dried Blood	21	19/21	2/21 (9.5%)	0/21 (0%)	0/21 (0%)	
Spot		(90.5%)				

#### Results: False positives – MT vs DBS

Test Type	Reactive results (%)	Positive result	False positivity rate
		confirmation* (%)	(%)
Mini Tube	5/93 (5.4)	0/93 (0)	5/93 (5.4)
Dried Blood Spot	0/162(0)	0/162(0)	0/162(0)

<sup>\*</sup>Confirmed by venous blood sample

Demographics of the 5 false positive;

- All Caucasian
- Age range 19-30years old
- Four females (HT), One male (MSM)

#### Limitations

- Pragmatic review
  - MT & DBS comparison conducted consecutively rather than in parallel
  - Relatively small numbers over a short period of time
  - ?Regionally specific

Lack of patient feedback on experience of both kits

#### Conclusions

#### **Key points**

- Significant differences between performance of postal MT and DBS samples
- High proportion of inadequate blood volumes associated with MT
- MT HIV blood samples yielded a higher than expected false positive rate compared to DBS
- Request-to-result ratio (RRR) provides a way to show the effectiveness of a postal testing system

## Acknowledgements







The Royal Liverpool and Broadgreen University Hospitals







