Friday, January 30, 2015

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Consultation: Proposed performance requirements for tests to detect the presence of human immunodeficiency virus (HIV)

IVD Australia thanks the Department of Health and the Therapeutic Goods Administration (TGA) for the opportunity to comment on the *Consultation: Proposed performance requirements for tests to detect the presence of human immunodeficiency virus (HIV)*.

We look forward to working with you on this important initiative.

Yours sincerely

[redacted]

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IVD Australia Response to the

Consultation: Proposed performance requirements for tests to detect the presence of human immunodeficiency virus (HIV)

Executive Summary

IVD Australia thanks the Department of Health and the Therapeutic Goods Administration (TGA) for the opportunity to comment on the *Consultation: Proposed performance requirements for tests to detect the presence of human immunodeficiency virus (HIV)*.

Many Australians currently perform self-testing of their blood glucose, or their INR level, at home and effectively monitor and control their disease status. However these are tests for chronic disease and affected patients get very experienced at performing these tests. With OTC rapid HIV tests however many patients will only use these devices on a once off or infrequent basis. Due to the lack of expertise issues can occur with specimen collection (either whole blood or oral fluid swab), performance of the test and reading and interpretation of the result. This can result in false negatives providing a sense of security that may not exist. A false positive result could also give rise to unnecessary anxiety and lead the individual to believe they are HIV positive when they are in fact not.

In addition it must be made clear to users that the tests have a "window of validity" and testing outside this window may invalidate the result obtained. Self-testing requires consumer education and counselling. The UNAIDS guide to self-testing of HIV provides the following advice:

> *HIV self-testing is a process whereby a person who wants to know his or her HIV status collects a specimen, performs a test and interprets the test result in private. HIV self-testing does not provide a definitive diagnosis; instead, it is a screening test for the presence of HIV-1/2 antibodies or the HIV-1 p24 antigen. Any positive HIV result must be confirmed by a health worker in accordance with national testing algorithms.*[1]

Of the key conditions outlined in the Proposal Document, only those listed below are **not supported** by IVD Australia:

- Mandatory inclusion of specific limitations in the IFU;
- Instructions in multiple languages; and
- Compliance with the NPAAC *Guidelines for Point of Care Testing* – based on the draft of these guidelines that was released for public consultation in May 2014.

IVD Australia recommends that, along with approval of the use of self-test HIV IVDs, an education campaign around the use of these near patient tests be conducted by the Department of Health to raise awareness of the availability of testing at sexual health clinics and other facilities. This may assist in further improving the detection rate for HIV infection.

Education could include online videos, helplines, training at sales locations and the IFU will be created for the naïve user. The instructions for use (IFU) for the self-test IVDs should also include advice that: high risk users should test again on a periodic basis; and all positive results require confirmation (through traditional laboratory methodology). Additionally, counselling can be provided through national HIV helplines that already exist.

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1 *A short technical update on self-testing for HIV*, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2013, http://www.unaids.org/sites/default/files/media_asset/JC2603_self-testing_en_0.pdf

Response to Specific Questions

1. Performance requirements: whether or not you support the proposed requirements. If you do not support the proposed requirements you may make suggestions for alternative requirements that are acceptable to you and provide supporting reasons.

Laboratory Tests:

The performance requirements for laboratory-based tests are **supported**. This includes the requirement for laboratory-based rapid tests intended for screening or confirmatory diagnosis having the same performance requirements as PoC HIV tests.

Point of Care Tests (PoCTs):

The TGA's approach recognises that rapid PoCTs provide benefit due to increased testing rates even though their performance is not equivalent to laboratory-based assays. This approach is **supported** as are the performance requirements for rapid PoCTs.

Self-Tests:

The proposal that effective sensitivity (for example, sensitivity of the test when used by untrained self-testers), meets the expected point of care "benchmark" level of sensitivity and specificity for a self-test across the relevant specimen types would be the same as that expected for HIV PoCTs in relation to the detection of HIV antibodies is **supported**.

It is agreed that the manufacturer should not necessarily need to provide Australian usability and that studies conducted in a comparable setting with similar prevalence rates could be sufficient. The other proposed usability specifications are also **supported**.

A defined specification for inter-reader variability would be desirable – perhaps an agreement?

2. Risk mitigation strategies: an assessment of the suitability and likely effectiveness of the proposed risk mitigation strategies to be employed by manufacturers to allow a risk/benefit assessment of a device. If you do not support the proposed risk mitigation strategies you may make suggestions for amendments to the proposed strategies or suggestions of additional risk mitigation measures.

Point of Care Tests (PoCTs):

It is agreed that the IFU for PoCT must be clear, easy to understand and that limitations should be clearly stated. However, manufacturers should be able to phrase limitations as appropriate for the product in question. The consultation paper provides three examples of limitations that *must* be included in the IFU. The mandatory inclusion of specific limitations in the IFU is **not supported** but rather limitations appropriate for the product should be clearly explained.

Self-Tests:

Overall the risk mitigations proposed are considered appropriate and sufficient.

It is **supported** that instruction on how to perform the test should be clear and simple but it is **not supported** that instructions should be provided in multiple languages. According to census data, the next most common language in Australia after English accounts for only 1.6% of households so the benefit of including additional languages would be marginal. Although thick instructional booklets in multiple languages were common and appropriate for professional use IVDS they are less useful for self-testing products. Even for laboratory-based tests booklets in multiple languages are no longer provided.

IVD Australia **supports** the use of clear diagrammatic instructions, which would provide more benefit than multiple languages; although if required, these instructions could be supported by multiple language translations on the company website.

> *An expected condition on the supply of a self-test would be that the sponsor would be required to provide the TGA with regular reports on the numbers of any reported false positive or false negative results or problems with the test. (Page 12)*

Consumers and other users (pharmacy) can provide feedback to the sponsor or TGA directly (IRIS) and this would be expected for test problems. False results (once confirmed) could be reported directly to the TGA by the consumer, HCP or laboratory (IRIS) or alternatively to the sponsor by usual issue/complaint mechanisms. It is **supported** that instructions to the consumer be provided in the IFU.

Industry is willing to partner with TGA for a 24/7 hotline, but given the cost constraints to serve this unmet population, it is not feasible for each sponsor to maintain and public health support should be considered.

3. **Conditions of approval: whether or not you support the proposed conditions of approval. If you do not support the proposed conditions you may make suggestions for alternative conditions that could be considered.**

Point of Care Tests (PoCTs):

It is **supported** that stringent conditions on PoCTs have the potential to restrict access of rapid testing and so conditions should be as simple as possible while ensuring tests are used appropriately.

The proposed conditions of making training available and providing post-market reports are generally **supported**. It is noted that all Class 4 IVD products are required to submit three annual post-market reports which must include all complaints and adverse events, these routine reports should be sufficient for PoCTs as well.

It is acknowledged that PoCT should only be used by, or under the supervision, of health care professionals but any condition restricting supply to such professionals needs to be carefully considered. For example, tests are typically supplied to organisations such as sexual health clinics or private GP clinics rather than specific named health professionals. A declaration stating that the test will be performed by, or under the supervision of a health professionals is a practical method of ensuring that the test is performed appropriately.

It is noted that enrolment in a PoC HIV quality assurance program (QAP) is not one of the proposed conditions and this is **supported**. The expense and administration of such enrolment is a significant barrier to offer testing, particularly for lower-volume regional clinics.

It is noted that sites performing testing with HIV PoCTs would be expected to comply with the NPAAC *Guidelines for Point of Care Testing* when they are released. Based on the draft of these guidelines that was released for public consultation in May 2014, this requirement is **not supported**.

To quote from the draft guidelines "*These best practice guidelines are focussed on operators within pathology laboratories…*" The draft guidelines contained detailed requirements that would not be practical to implement in primary care setting where the majority of rapid HIV testing occurs.

Self-Tests:

The condition to provide post-market reports on reported complaints and number of tests distributed is **supported**.

The potential condition to provide an on-line support service is a viable option to support self-testers but the provision of a 24 hour support-phone line by the manufacturer or Sponsor of the product is considered to be prohibitively expensive for the relatively small Australian market. IVD Australia believes that the cost of providing a 24/7 counselling service would be prohibitive for any individual Australian sponsor. Since HIV is a notifiable disease, one proposal is for the Government to fund the service as a public health service. A more practical risk mitigation measure would be the provision of clear directions on how to contact publicly available support and counselling services.

Other jurisdictions that permit self-testing for HIV such as New Zealand have support from community organisations. For example: the NZ AIDS Foundation provides a service in which they attend the person's residence with counselling at the time. They are supported by the government funded sexual health clinics (CHL). http://www.fastest.co.nz/ is a good example of such a successful venture.

4. Other Comments: not covered by the above sections

Self-Tests:

It should be made clear that the Sponsor/Manufacturer must meet the minimum performance requirements for self-tests and demonstrate that the benefits outweigh any risks.

It must be made clear that criteria in addition to these minimum performance standards may be required for inclusion of the product on the ARTG.

Other Comments

On page 15, Summary of Current Product Specific Conditions, it would be useful to offer some examples of accepted documentary evidence. For example, what document would prove a relationship with a pathology lab?