ABSTRACT

Purpose: The New Jersey Department of Health and Senior Services Division of HIV/AIDS Services (NJDHSS DHAS) introduced rapid HIV testing at selected publicly funded counseling and testing sites throughout New Jersey to improve the proportion of high risk persons testing for HIV and to increase the proportion of people who learn their test result.

Methods: Staff at publicly funded counseling and testing sites received a one day training on rapid HIV testing, completed competency testing and passed proficiency testing prior to offering rapid HIV testing. All rapid testing sites were licensed by NJDHSS. Data was collected using the standard Centers for Disease Control and Prevention counseling and testing form.

Results: Rapid testing began at 1 site on November 1, 2003. By 7/26/04 24 sites offered rapid testing. Data received through 7/26/04 indicated that 3,002 people had rapid testing, 3,002 of whom (99.7%) received posttest counseling and their test result. Of the 3,002 people tested, 2,209 (73.5%) were male and 793 (26.4%) were female. Positive test results were not included in the data analysis form. The HIPR-positive results included 60 (0.7%) previously undiagnosed people. Past to rapid testing only 0.5% of patients received posttest counseling and their HIV test result.

Conclusions: Rapid HIV testing has been successfully implemented at publicly funded counseling and testing sites in New Jersey. The percentage of people receiving posttest counseling and test result increased from 66% to 97.5%. Rapid testing identified previously unrecognized positives. The majority of people who tested positive were previously undiagnosed. Based on the success of rapid testing thus far, NJDHSS plans to expand rapid testing to 179 publicly funded counseling and testing sites statewide.

INTRODUCTION

New Jersey is a high prevalence state -
- 5th in the US in cumulative reported AIDS cases,
- 3rd in cumulative reported pediatric AIDS cases, and
- 2nd in the proportion of women with AIDS among its cumulative reported AIDS cases.

Rapid testing has been successfully implemented at publicly funded counseling and testing sites in New Jersey. The percentage of people receiving posttest counseling and test result increased from 66% to 97.5%. Rapid testing identified previously unrecognized positives. The majority of people who tested positive were previously undiagnosed. Based on the success of rapid testing thus far, NJDHSS plans to expand rapid testing to 179 publicly funded counseling and testing sites statewide.

Rapid diagnostic HIV testing has several clinical applications. These include:

- assisting in diagnosis and counseling of patients with HIV disease,
- reducing the risk of occupational transmission of HIV.

METHODS

Rapid testing was selected as the point-of-care rapid test for use at publicly funded counseling and testing sites statewide.

In 2003 OraQuick was the only FDA approved, CLIA-waived point-of-care rapid test in the United States.

All 21 publicly funded main counseling and testing sites and their 179 satellite sites in New Jersey were eligible to start rapid testing. In addition to free standing counseling and testing sites, these locations include federally qualified health care centers, STD clinics, hospitals, emergency departments, HIV clinics, women’s health centers, TB clinics, and family planning clinics.

A full day training session on counseling and testing in the rapid test was developed, including proper completion of the local fields in the CDC counseling and testing form.

All counselors completed the training session.

A laboratory director was selected, QA plan developed, policies and procedures developed, and New Jersey laboratory licenses obtained prior to implementation of rapid testing at each site.

All persons conducting testing passed competency and proficiency testing.

All preliminary positive rapid tests were confirmed with a Western Blot performed by the NJDHSS laboratory.

Each site submitted completed CDC counseling and testing forms to NJDHSS.

The forms were scanned into the counseling and testing database.

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DATA analysis was done using SAS (version 8.2), SAS Institute, Cary, NC and Microsoft Access (version 2000, Microsoft Corporation, Redmond, WA).

RESULTS

The first site started rapid testing in New Jersey on November 1, 2003.

As seen in Figure 1, by December 31, 2004 48 sites statewide were conducting rapid testing, many in high prevalence areas.

CONCLUSIONS

Rapid HIV testing has been successfully implemented at publicly funded counseling and testing sites statewide.

The percentage of people receiving posttest counseling and test result increased from 66% to 99.5% with rapid testing.

The infected person identified by rapid testing reflect the HIV epidemic in New Jersey in that the majority of those identified were black, male, and in the 20-49 year old age range.

Rapid testing identified previously unrecognized positives.

The majority of people who tested positive were previously undiagnosed.

A minimal number of persons tested had a false positive rapid test.

Based on the success of rapid testing thus far, NJDHSS plans to expand rapid testing to 179 publicly funded counseling and testing sites statewide.

REFERENCES


