

# Integration of Rapid HIV Testing in Sexually Transmitted Disease Clinics In New Jersey



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**Background:** In the context of persistently high prevalence of STDs in many parts of the United States and with emerging evidence that the U.S. HIV epidemic increasingly is affecting populations with the highest rates of curable STDs, CDC's Advisory Committee on HIV and STD Prevention (ACHSP) has recommended that early detection and treatment of curable STDs should become a major, explicit component of comprehensive HIV prevention programs at national, state, and local levels. Also, in areas where STDs that facilitate HIV transmission are prevalent, screening and treatment programs should be expanded.

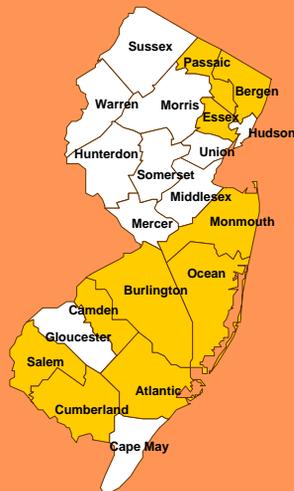
Testing and treatment of sexually transmitted diseases (STDs) can be an effective tool in preventing the spread of HIV. People with STDs are at about two to five times more likely than uninfected individuals to acquire HIV if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.

Efforts by public health authorities to control the spread of HIV in the United States have been frustrated by the inability to provide HIV testing and results in a single client encounter. The New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services (DHAS) funds Counseling and Testing Sites (CTS) that provide free, confidential HIV testing. The CTS sites employ state-trained HIV counselors with no laboratory background. During 2002, approximately 35% of over 70,000 clients visiting these CTS centers did not receive their results because they failed to return for a scheduled follow-up visit.

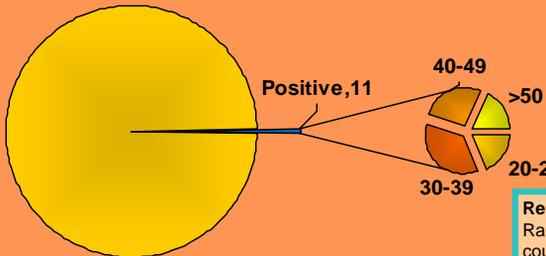
**Objective:** To integrate rapid HIV testing into STD clinics as routine care and to assure that patients receive their test results.

## Methods

- Out of the three rapid HIV testing methods available in the United States, Oraquick® was selected as the point-of-care rapid test for use at STD clinics in New Jersey. Sites used to use Oraquick® Advance when it became available. 14 sites received New Jersey Department of Health and Senior Services (NJDHSS) funding to conduct rapid HIV testing.
- Counselors at all of these sites completed a full day training session on counseling for the rapid test, including proper completion of the local fields in the CDC counseling and testing form. NJDHSS provided a laboratory director for sites that did not have a laboratory director.
- A rapid testing QA plan was developed, policies and procedure were developed, and New Jersey laboratory licenses obtained prior to implementing of rapid testing at each site. All persons performing the testing had a full day training on the testing procedure, QA plan, policies, and reducing the risk of occupational blood-borne pathogen transmission.
- 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.
- Completed CDC counseling and testing forms were sent to NJDHSS and analyzed using SAS (version 8.02, SAS Institute, Cary, NC) and Microsoft Access (Microsoft Corporation, Redmond, WA).

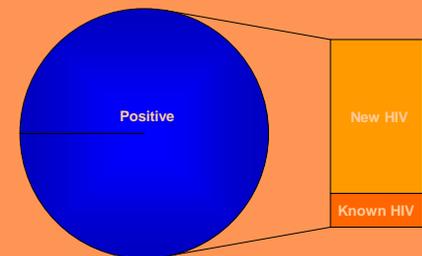


New Jersey counties with rapid HIV testing integrated into STD testing sites



Negative, 1953

Total testing results and age distribution of positive patients



New HIV diagnosis in the positive test group



The Oraquick device

## Result:

Rapid testing is available at 14 STD clinics in ten New Jersey counties. Due to inherent delay in processing the information from these sites (follow-up of patients, mailing of completed forms, scanning and databanking) accurate data could be obtained for nine sites. From May 1, 2004 through September 15, 2005, 1,964 tests have been done, with 1,954 (99.5%) receiving posttest counseling and results.

- Eleven of the 1,964 (0.6%) patients tested positive and 1,953 (99.5%) negative.
- Nine of the 11 (81.8%) persons testing positive were newly identified as infected.
- Of those tested 1,121 (57%) were male and 843 (43%) female.
- Of those testing positive:
  - 8 were male (6 of whom were newly identified as positive)
  - 3 were female (all of whom were newly identified as positive)
  - 11 were African-Americans

## Conclusion:

Rapid testing markedly improved the proportion of patients receiving results and provided the initial diagnosis for almost all of those testing positive. The major and most dramatic implication is the nearly absolute number of patients who received not only their preliminary results but also a full session of post-test counseling (99.5% of all patients, compared to 75% tested with conventional methods).

## Implications:

Rapid HIV testing can be successfully integrated into STD clinics, with excellent results.