

# Rapid HIV Testing Statewide at Publicly Funded Counseling and Testing Sites: A Successful Statewide Initiative in New Jersey

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## INTRODUCTION:

- New Jersey is a high prevalence state for HIV disease;
- 5th in the US in cumulative reported AIDS cases,
- 3rd in cumulative reported pediatric AIDS cases, and
- 1st in the proportion of women with AIDS among its cumulative reported AIDS cases.<sup>1</sup>

➢ The major focus of HIV prevention and control has been to promote the acceptance of risk reducing behaviors through prevention counseling and testing and to facilitate linkage to medical, prevention and other supports services.<sup>2</sup>

➢ The percentage of adults in the United States who obtain an HIV test has remained 10 – 12% per year for more than a decade.<sup>3</sup>

➢ Antibody testing to diagnose HIV was introduced in 1985.<sup>4</sup> The standard laboratory testing protocol for HIV requires obtaining a specimen and sending it to a licensed laboratory for testing. The patient needs to return for a second visit to receive test.

➢ The Centers for Disease Control and Prevention currently recommends that all providers integrate HIV counseling and testing into routine practice.<sup>5</sup>

➢ Rapid testing offers the advantage of point-of-care testing with results available in 20 to 40 minutes.

➢ Only 65% of persons receiving non-rapid HIV testing in New Jersey receive posttest counseling and their HIV test result.

➢ Four rapid HIV tests have been approved by the United States Food and Drug Administration (FDA) and are currently available for commercial use:

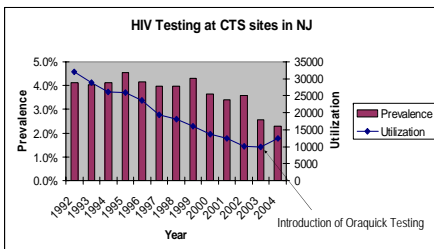
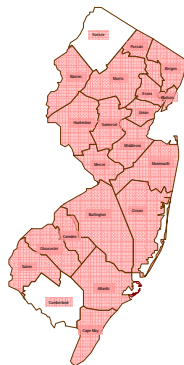
- Oraquick® Advance HIV-1/HIV-2 (Orasure Technologies, Bethlehem, PA),
- Reveal™ (MedMira Laboratories, Halifax, Nova Scotia),
- Unigold® Recombigen (Trinity Biotech plc (Wicklow, Ireland), and
- Multispot® HIV-1/HIV-2 (Bio Rad Laboratories, Hercules, CA)

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

- 1) assisting in diagnosis and counseling of patients with HIV disease,
- 2) reducing vertical HIV transmission for women who present in labor with unknown HIV status, and
- 3) reducing the risk of occupational and non-occupational transmission of HIV.<sup>6,7</sup>

➢ This poster describes the implementation and effectiveness of point-of-care rapid testing at publicly funded counseling and testing sites statewide in New Jersey.

## AVAILABILITY OF RAPID TESTING IN NJ



A decade-long decline in HIV testing at CTS sites was reversed, with a 25% increase in 2004.

## METHODS

Oraquick® was selected as the point-of-care rapid test for use at publicly funded counseling and testing sites in New Jersey.

Sites started to use Oraquick Advance when it became available.

125 sites received New Jersey Department of Health and Senior Services (NJHSS) 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 counseling and testing 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.

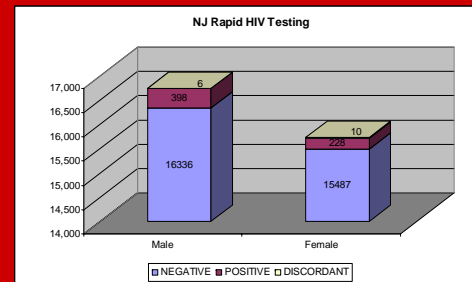
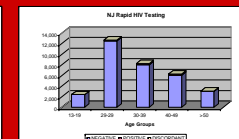
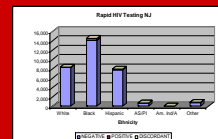
All preliminary positive rapid tests were confirmed with a Western blot performed by the NJDHSS laboratory.

Completed CDC counseling and testing forms sent to NJDHSS

Data analysis - SAS (version 8.02, SAS Institute, Cary, NC) and Microsoft Access (version 2000, Microsoft Corporation, Redmond, WA)

## Results

Total tests	Results with counseling	HIV +	HIV -	Newly Identified
32,463	32,300 (99.5%)	626 (1.9%)	31,837 (98.1%)	419 (67% of HIV+)



## Quality Assurance Issues Encountered:

- |                       |                                     |
|-----------------------|-------------------------------------|
| ✓ Temperature Issues  | ✓ Under vs. Over Ascertainment      |
| ✓ Reagent Storage     | ✓ Documentation                     |
| ✓ Storage of Controls | ✓ Availability of procedures        |
| ✓ Testing Environment | ✓ Supervisory Oversight             |
| ✓ Reading of Devices  | ✓ Availability of Technical Support |

As of October 5, 2005, 125 publicly funded counseling and testing sites offered rapid HIV testing.

Available at 19 of the 21 counties in New Jersey.

## RETURN FOR RESULTS:

Through July 2004, 3,062 people had HIV rapid testing, of whom (99.7%) received their results and counseling.

## NEW DIAGNOSIS:

Of the 110 confirmed positive results, 69 (63%) were previously undiagnosed.

## Conclusion

- Rapid HIV testing has been successfully implemented
- Nearly 100% of clients receive results.

➢ Encourages prompt diagnosis of patients with HIV disease. Patients are then referred to an HIV specialist.

➢ The majority of those identified were black (2.8%), male (2.4%), and in the 40-49 year old age range (3.4%) a reflection of the epidemic

➢ 2/3 of those tested positive previously undiagnosed

➢ False Positive tests are rare events (<.06%)

➢ Plans: continued expansion of rapid HIV testing.

## References:

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➢ Centers for Disease Control and Prevention. Number of persons tested for HIV – United States, 2002. MMWR 2004 December 3; 53:1110-1113.

➢ Truong, H-H M and Klausner, JD. Diagnostic Assays for HIV-1 infection. MLO 2004;36 no. 7: 12-20.

➢ Paul, S, Grimes-Dennis, J, Burr, C, and DiFerdinando, GT. Rapid Diagnostic Testing for HIV: Clinical Implications. 2003(Supplement):100:11-14.

➢ Centers for Disease Control and Prevention. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. MMWR 2005 September 30;54(RR09):1-17.

➢ Centers for Disease Control and Prevention Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States. Recommendations from the U.S. Department of Health and Human Services. MMWR 2005;54(RR02):1-20