Introduction to OraQuick Rapid HIV Testing

William F. Ryan Community Health Center
School Based Health Program

Presenters
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School Based Health Program

Our program offers complete primary care services onsite to students at West Side High School and Booker T. Washington Middle School

National HIV Statistics
- Somewhere between 900,000 and 1,125,000 Americans are now infected with HIV
- 50 to 60 percent of those infected with HIV DO NOT KNOW they are infected
- In 2003, between 40,000 and 50,000 Americans were infected with HIV
- 25% of all newly infected individuals are teenagers
- 50% of all newly infected individuals are age 25 or younger
- The rate of new HIV infections is climbing fastest in teenagers, women and people of color

HIV Testing Methods
- Blood Test
- OraSure
- OraQuick

Taking the Test
- Confidential Vs. Anonymous
- Patient consent and pre-test counseling
  - Risk Factors Assessment
  - Meaning of HIV Test Results
  - Transmission
  - Benefits of Testing
  - Recent Exposure
  - Reporting requirements
  - Partner notification
Why Rapid Test?

• Up to a third of people who have a sample taken for conventional (two week wait) testing never return to get their results.

Why not return?

• Stigma and Shame Associated with HIV
• Denial
• Fear
• Lack of awareness of treatment options

Rapid Test Procedure

OraQuick: Oral fluid, serum, whole blood

Obtain fingerstick blood specimen

Specimen loop with 5 microliters blood
Insert loop into vial and stir

Students should assume everyone they date might be infected with HIV

The benefits of testing with OraQuick

- Testing helps stop the spread of HIV
- Testing and treatment help stop the progression of AIDS
- Rapid results facilitate patient awareness of HIV status
  - Pregnant women
  - HIV positive
  - Health care workers

What you need to know in addition as nurses

- OraSure, OraQuick and blood test are detecting antibody to HIV
- In neonates the presence of antibody could mean exposure to HIV, but not infection with HIV.
  Maternal antibodies may persist for up to 6 months
- Absence of antibodies is not proof of absence of infection or incapability of transmitting HIV.
  Antibody response to recent exposure may take several months to develop. “seroconversion”

What you need to know in addition as nurses

- In the United States we typically test for HIV-1 antibodies. A closely related but distinct type of pathogenic human immunodeficiency retrovirus is HIV-2.
- HIV-2 has been isolated in West African patients with AIDS. Get a history!
Questions: 1987

- Should persons attending STD clinics have a test for HIV antibody?
- Persons attending drug treatment programs have a test for HIV antibody?
- The sexual partners of people with HIV infection be notified about their potential exposure and tested and counseled?

Questions: 1987

- Should persons attending family planning services have a test for HIV antibody?
- Pregnant women have a test for HIV antibody as early in pregnancy as possible?
- HIV antibody testing be a routine part of a premarital testing program?
- Every patient admitted to a hospital be tested for HIV antibody?

Questions: 1987

- How can HIV antibody test results be used for appropriate medical and public health purposes without their being used for discrimination of social ostracism?

1989 Recommendation

- No positive test results should be given to clients/patients until a screening test has been repeatedly reactive (i.e., two or more tests) on the same specimen, and a supplemental, more specific test such as the Western blot has been used to validate those results.

Proportion of persons who do not return for their HIV test results

<table>
<thead>
<tr>
<th>Year</th>
<th>HIV Positive</th>
<th>HIV Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>25%</td>
<td>33%</td>
</tr>
<tr>
<td>1996</td>
<td>26%</td>
<td>33%</td>
</tr>
<tr>
<td>1997</td>
<td>33%</td>
<td>42%</td>
</tr>
<tr>
<td>1998</td>
<td>38%</td>
<td>44%</td>
</tr>
<tr>
<td>1999</td>
<td>43%</td>
<td>48%</td>
</tr>
<tr>
<td>2000</td>
<td>42%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Source: CDC Client Record Database; Publicly-funded HIV testing

What if rapid HIV tests were used in all public testing sites?

<table>
<thead>
<tr>
<th>Year</th>
<th>HIV Positive</th>
<th>HIV Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>8,023</td>
<td>1,442,847</td>
</tr>
<tr>
<td>1997</td>
<td>9,843</td>
<td>1,147,251</td>
</tr>
<tr>
<td>1998</td>
<td>11,192</td>
<td>913,057</td>
</tr>
<tr>
<td>1999</td>
<td>10,593</td>
<td>913,057</td>
</tr>
</tbody>
</table>
1998 Recommendation

- Health care workers should provide preliminary positive rapid test results before confirmatory results are available in situations where tested persons benefit.

Contact Information

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