

# HIV Prevention: Making Testing More Accessible

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# Objectives

- Review CDC HIV testing models
- Discuss environment of services
- Outline the pros and cons of different HIV test options
- Review key features of staff training
- Outline policies and legal considerations
- Plan for quality assurance and program evaluation



# National HIV AIDS Strategy (NHAS) 2020

- NHAS first released in 2010
- Presents a 5 year national strategy for HIV/AIDS management
- Key testing associated indicators: (10)
  - **Increase the percentage of people with HIV who know their status  $\geq 90\%$**
  - **Link 85% of persons newly diagnosed with HIV to care within one month**

National HIV/AIDS Strategy

<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

# CDC HIV Testing Models

**Clinical Setting**

**Routine Testing**

**Persons 13-64 years, persons with TB or STDs, pregnant women**

**HIV+**

**Link to care & prevention counselling**

**Nonclinical Settings**

**Targeted Testing**

**High risk individuals not regularly accessing healthcare**

**HIV-**

**Address repeat testing, nPEP\*, and PrEP^ if indicated**

\*nPEP is nonoccupational post-exposure prophylaxis; ^PrEP is pre-exposure prophylaxis

# HIV Testing Program Goals

- Expand high quality HIV testing
- Identify clients with undiagnosed HIV infection
- Link HIV-positive clients to HIV medical care as soon as possible
- Reengage previously diagnosed HIV-positive clients who are not in care
- Educate and refer to non-occupational post-exposure prophylaxis (nPEP), pre-exposure prophylaxis (PrEP), STD testing and treatment, or follow-up HIV testing as needed by HIV-negative clients
- Refer as needed to other health services, including social and behavioral services

# HIV Testing: Outside the Clinic Visit

## Types of settings

- Medical service venues: pharmacy, dental clinics, behavioral health clinics, etc.
- Outreach sites: Bathhouses, bars, community-based organizations, special events, needle and syringe exchanges, service sites for victims of human trafficking
- Mobile units
- Home testing

## Benefits

- Easy access
- Comfortable for populations who might not access medical services regularly

# Testing Environment

- Room/testing space
- Lighting
- Temperature
- Surface area
- Storage or disposal
  - Temperature monitors
  - Controls
  - Lot numbers
  - Expiration dates
- Equipment
  - Refrigerator/Centrifuge
- Prevention materials
  - Condoms/lubricant
  - Educational materials
- Supplies
  - Testing supplies
  - Data forms
  - Testing logs
  - Referral forms
  - Client feedback

# HIV Ab/Ag Tests

	1 <sup>st</sup> generation IgG Ab	2 <sup>nd</sup> generation IgG Ab	3 <sup>rd</sup> generation IgM & IgG Ab	4 <sup>th</sup> generation IgM, IgG Ab, and p24 Ag
Lab-based testing	Enzyme Immunoassay (EIA), Immuno-fluorescent assay (IFA), GS HIV-1 Western Blot*, Cambridge Biotech HIV-1 Western Blot*	Multispot, Chembio DPP, Avioq HIV-1 Microelisa System*, MedMira Reveal G2 Rapid HIV-1*, Geenius	Bio-Rad GS HIV-1/2 Plus O, Siemens ADVIA Centaur, Enhanced Ortho Vitros	Bio-Rad GS Ag/Ab Combo, Siemens ADVIA Centaur Ag/Ab Combo, Abbott Architect Ag/Ab Combo, BioPlex 2200 HIV Ag/Ab
CLIA <sup>+</sup> -waived rapid testing		INSTI HIV-1/HIV-2 <sup>^</sup> , UniGold Recombigen <sup>#</sup> , Clearview STAT-PAK, Clearview COMPLETE, OraQuick ADVANCE Rapid	INSTI HIV-1/HIV-2 <sup>^</sup> , UniGold Recombigen <sup>#</sup>	Alere Determine Combo Ag/Ab Rapid Test

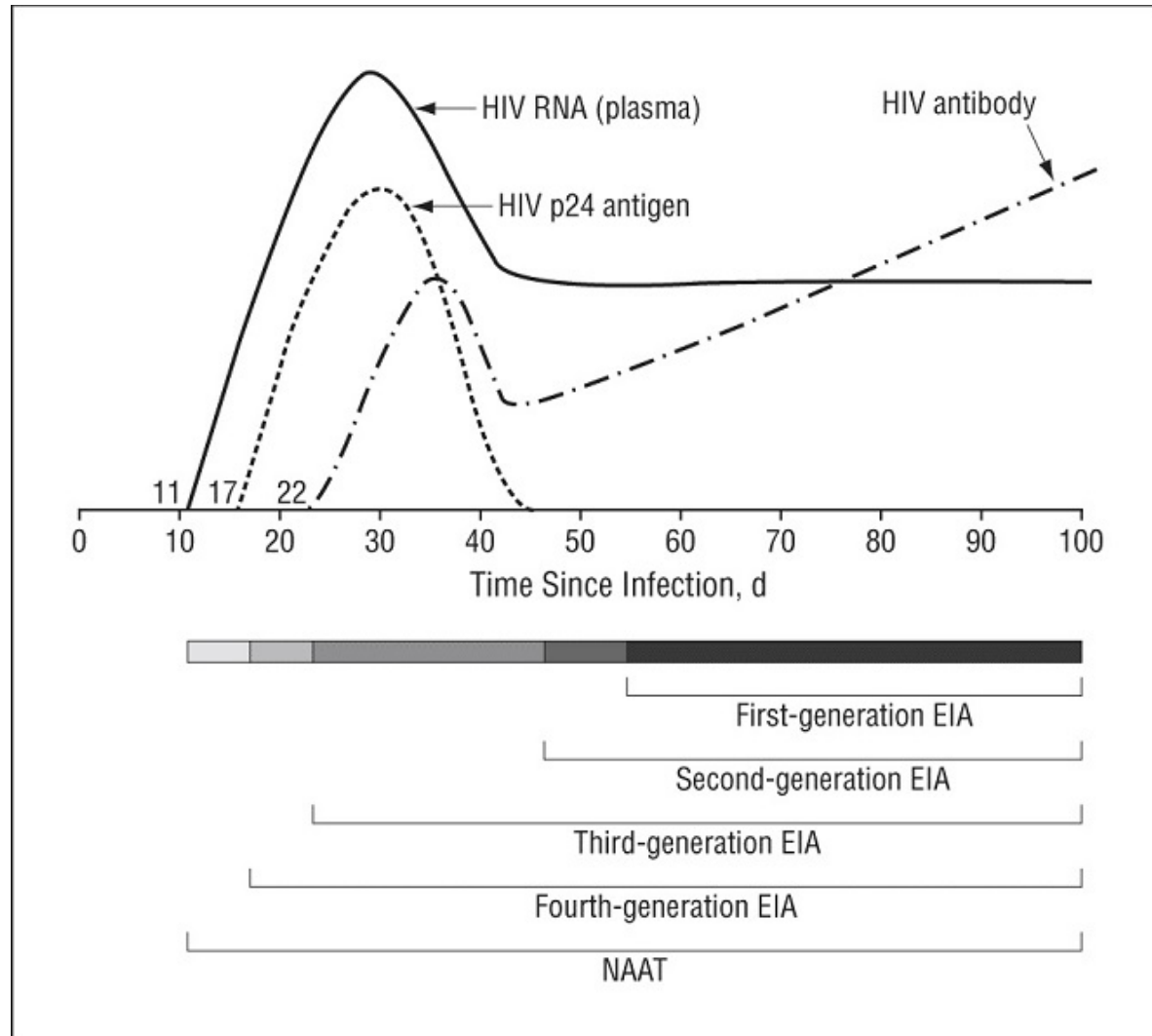
- \*Test for HIV-1 only; # 3<sup>rd</sup> generation test functioning as second generation test; ^Test sometimes classified 2<sup>nd</sup> gen but does detect IgM
- <sup>+</sup>Clinical Laboratory Improvement Amendments of 1988 (CLIA)

[http://www.cdc.gov/hiv/pdf/testing\\_Advantages&Disadvantages.pdf](http://www.cdc.gov/hiv/pdf/testing_Advantages&Disadvantages.pdf)

<http://www.biolytical.com/articles/3>



# Time to positive test from initial HIV infection



# Management of Positive Point of Care (POC) HIV Tests

- A positive HIV POC test is interpreted as a *preliminary positive* and follow-up confirmatory testing is required
- CDC recommends 1 of 3 testing algorithms for positive HIV POC tests
  1. Immediate linkage to a clinical provider
  2. Lab-based follow-up testing
  3. Second rapid test on-site
    - If both tests are reactive, provide immediate linkage to HIV care
    - If second test is nonreactive, refer to lab or clinical provider for follow-up testing
- Use the algorithm mandated by the local health department
- If there are options, take into account optimization of early detection, feasibility of implementation, cost, and likelihood of client follow-up

# Which HIV Test is Best for My Program?

## Lab-based

- **Optimizes early detection\***
- Automatic lab algorithms for confirmatory testing— one sample
- Requires follow-up for delivery of results

## Point of Care

- Does not require venipuncture
- Rapid results within testing encounter
- Limits loss to follow-up for test results
- Requires repeat testing for confirmation of a positive HIV test
- Lower cost

# Staff Training

- Protocols
  - HIV testing
  - Management of medical records
  - Referrals and linkage to care
  - Code of conduct
- Practical hands-on training usually available through the local health department
- CDC guide: *Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers*
- CDC's Rapid HIV Testing Online Course:

<http://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/CTR.aspx>

<http://www.cdc.gov/hiv/testing/nonclinical/>

[http://www.cdc.gov/hiv/pdf/testing/cdc\\_hiv\\_implementing\\_hiv\\_testing\\_in\\_nonclinical\\_settings.pdf](http://www.cdc.gov/hiv/pdf/testing/cdc_hiv_implementing_hiv_testing_in_nonclinical_settings.pdf)



# Staff Safety

- Universal Precautions
- Occupational Safety and Health Administration standards
- Access to occupational health and post-exposure prophylaxis (PEP)
- Environment
  - Number of staff required to be onsite
  - Hours of service
  - Emergency preparedness
  - Code of conduct at outreach sites, mobile units, testing events

<http://www.cdc.gov/hiv/testing/nonclinical/>

<http://blink.ucsd.edu/safety/research-lab/hazardous-waste/sharps/>

<http://www.janssencns.com/risperdal/bipolar-i-disorder/dosing-and-administration/instructions-for-use>



## Data Security and Confidentiality Guidelines

for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs:

Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



# Client Safety

- Informed consent
- Health information compliance & data security and confidentiality
  - Comply with HIPAA
  - Adhere to the standards outlined in *Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs*
- Reliable HIV test results
- Post-test counselling, referral, and linkage to care

# Policies and Legal Considerations

- Authorization for agencies providing HIV testing (CLIA certification)
- Provider training and certification to perform HIV testing—Health department
- Informed consent criteria
- Provision of confidential vs. anonymous testing
- Record keeping and ensuring confidentiality
- Laboratory certifications or licensure
- **Reporting HIV testing results**
- **Provision of partner elicitation and notification services**
- **Quality assurance procedures**

# HIV Testing Program Maintenance

## Quality Assurance

- Testing procedures and logs
- Chart documentation review
- Team meetings and case conferences
- Client surveys or interviews
- Reviewing client informational materials and referral resources

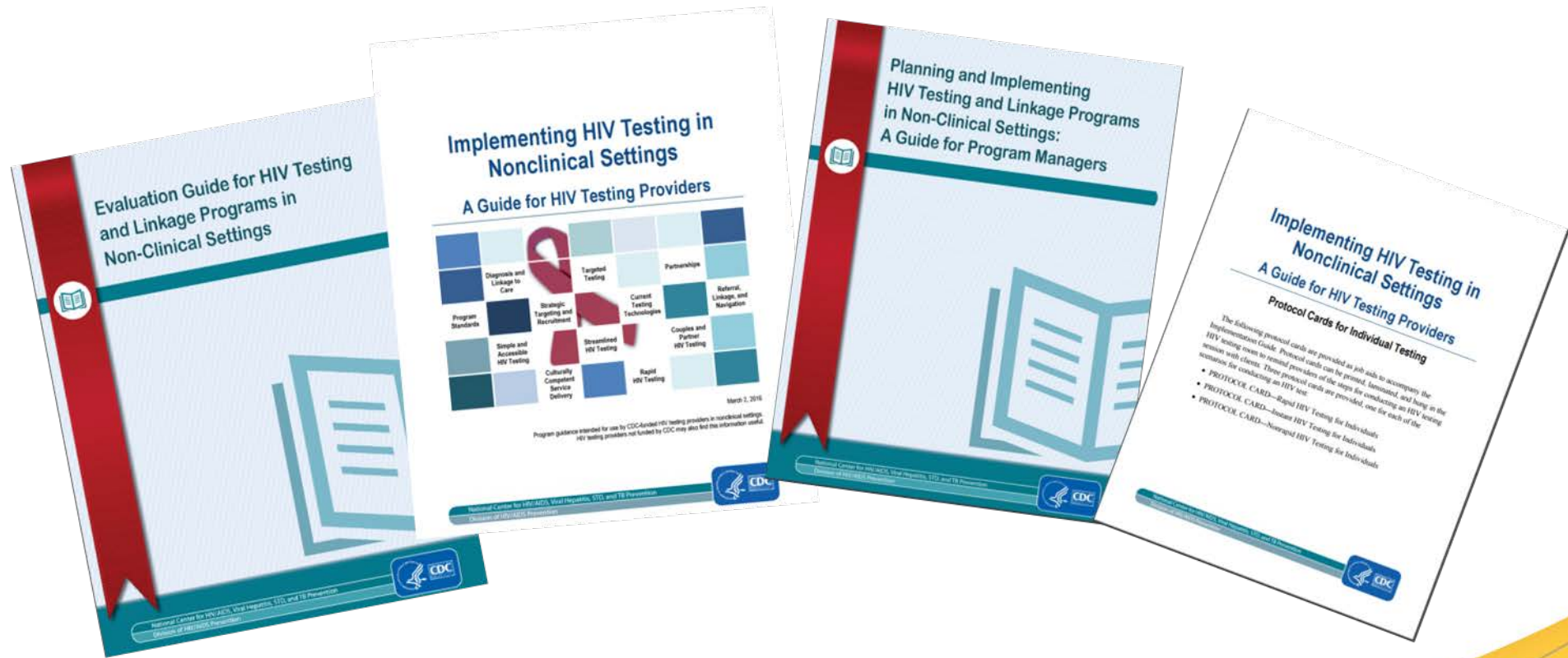
## Monitoring and evaluation

- Number of tests
- New HIV diagnoses
- Successful HIV linkage to care
- nPEP and PrEP referrals



# Resources

<http://www.cdc.gov/hiv/testing/nonclinical/>





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