

Implementation of Acute HIV Infection Screening in STD Clinics Using Rapid HIV Antibody Testing, New York City, 2007

<i>Abstract Category:</i>	Strategies for Routine Screening for Acute HIV-Infection
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PROJECT

The New York City Department of Health and Mental Hygiene (NYC DOHMH) operates 10 sexually transmitted disease (STD) clinics; each offers rapid-HIV antibody screening (Oraquick Advance®). Three clinics participated in a national, multi-site study screening for acute HIV infection (AHI) via HIV-RNA nucleic-acid-amplification-testing (NAAT) on pooled antibody-negative specimens. Participation required written consent for HIV-NAAT prior to HIV testing and additional counseling on AHI and window of detection. Implementation involved daily specimen packaging and shipment to Albany from participating clinics. Blood specimens from consenting rapid-HIV antibody-negative individuals are same-day shipped from NYC to Albany, NY for pooled HIV-NAAT assay.

ISSUES

To assess the feasibility of implementing routine AHI screening at NYC DOHMH STD clinics and its acceptability to our patients.

RESULTS

Preliminary data (June -August 2007) indicated 59% (2305/3898) of HIV testers offered AHI screening accepted. A larger proportion of women than men (63% vs. 57%; $p \leq 0.01$), Blacks than Whites (64% vs. 41%; $p \leq 0.01$), Hispanics than non-Hispanics (69% vs. 57%; $p \leq 0.01$), and persons 41-50 years-old compared to other ages (62% vs. 59%; $p=0.16$) accepted testing. The need to wait an additional 5-7 days for NAAT results after having received a negative rapid test result on the day of testing may have disinclined many from participating. Out of 2278 pooled rapid-HIV antibody-negative specimens, 2 cases of AHI were identified; both were white MSM. Operational challenges included: lengthened pre-test counseling sessions to accommodate explaining AHI; changing “window-period” messages and collecting written informed consent for participation; hours of staff time required each day to sort and route specimens to the correct laboratory for testing; and time required to match shipping manifests to electronic data files sent to Albany Labs. Additionally, restricted shipping hours created difficulties with enrollment.

LESSONS LEARNED

Screening for AHI on a large scale will require: streamlining consent process, less labor-intensive specimen processing, local infrastructure for AHI screening and shortened wait time between testing and receiving results. Research should address reconciliation of rapid antibody and acute infection screening strategies.