Abstract #8

Acute HIV Infection Screening and Prevention, Study Implementation Challenges

Abstract Category:	Strategies for Routine Screening for Acute HIV-Infection
Primary Author:	Pat Simmons
Affiliation:	Bureau of HIV/AIDS, Florida Department of Health, Tallahassee, FL
Co-Authors:	Bennett, SB, Liberti, T, Patel, P, LaLota, M

PROJECT

The Florida Department of Health, Bureaus of HIV/AIDS, STD and Laboratories were granted funds to conduct a study in four selected Florida counties to identify persons with Acute HIV Infection (AHI). The study was designed to assess the feasibility of implementing nucleic acid amplification testing (NAAT) on pooled seronegative specimens in addition to HIV antibody screening. As part of study protocol, persons with AHI should be linked to care and offered partner counseling and referral services (PCRS) before antibody seroconversion. The participating counties are Hillsborough (Tampa), Pinellas (St. Petersburg), Orange (Orlando), and Duval (Jacksonville). From May 2006, through September 2007, an average of 67 HIV counseling and testing sites submitted samples for pooled NAAT at the Bureau of Laboratories in Jacksonville each month.

ISSUES

Initiation of the study presented obstacles for all involved Bureaus. One was that 25% of lab submissions were unsatisfactory for NAAT. This was addressed with a switch from ethylenediaminetetraacetic acid (EDTA) to plasma preparation tubes (PPT). Plasma collection in PPT tubes presented the challenge of immediate centrifugation, a task some sites were unable to fulfill. Other challenges included timely result reporting. We instituted a policy that required immediate follow-up of AHI cases.

RESULTS

In Florida, the addition of NAAT to our testing algorithm in four counties has led to the identification of 15 AHI cases out 40,500 persons screened, 3 of which were determined to be false positive NAAT results based on follow-up testing. Of the 12 found to be AHI, 3 have not been located for linkage or partner services. For the 9 persons with AHI that have been located, average time from collection to client contact was 22 days. The average time from DIS notification to completion of PCRS for the same clients was 3 days. Despite considerable challenges, beginning in July 2007, the study expanded to include all clients seeking rapid testing.

LESSONS LEARNED

The switch from serum based to plasma collection was not met with resistance; however, the handling and shipping issues need to be addressed with the sites and site labs before a switch is made. This AHI screening program had a 20% (3/15) false positivity rate. Immediate follow-up with AHI cases was not always done and seemed to place a considerable burden on the DIS staff due to staffing shortages. Screening for AHI can be successfully implemented; however, adequate resources should be allocated towards this goal.