

At the Laboratory Interface: HIV Discordant Follow-up

<i>Abstract Category:</i>	Laboratory-based Confirmatory Algorithms Using Supplemental Western Blot, Indirect Immunofluorescence, or Nucleic Acid Amplification Tests
<i>Primary Author:</i>	Eugene Martin
<i>Affiliation:</i>	UMDNJ - Robert Wood Johnson Medical School, New Brunswick, NJ
<i>Co-Authors:</i>	Salaru G, Paul SM, Berezny L, Wolski M, Vega I, Cadoff EM

ISSUES

In 2004, the CDC recommended follow-up antibody testing one month after obtaining preliminary positive rapid HIV tests that do not confirm (i.e., discordant results). In New Jersey, this follow-up includes both antibody and nucleic acid testing (NAT). Patients testing negative at the one month follow-up are deemed to have a 'true' false positive rapid test result. Considerable anxiety is associated with the time lag to resolution and may contribute to the failure of patients to return after one month.

PROJECT

To allow more efficient handling of statewide discordant results, re-designed protocols were introduced at NJ HIV counseling and testing sites focusing on reducing the impediments to discordant resolution. At some sites, serum and plasma are collected together to allow Western blot and/or discordant resolution by NAT. If the Western blot establishes a discordant result, the frozen plasma is immediately sent for NAT testing. The goal is to complete testing before a client returns for confirmatory results. At other sites, plasma sample collection occurs when the client learns of a discordant Western blot result. Both protocols reduce the emotional waiting period, reduce resources used for outreach, and provide faster final disposition to clients. Because NAT is only performed when a discordant result has been documented, testing expenses are not increased.

RESULTS

Despite efforts to encourage clients to return for follow-up, only about half of clients with discordant results historically return for follow-up testing. With protocols designed to reduce inconvenience and turn-around-time, the median time from obtaining a preliminary positive to resolution of a discordant result has been reduced by more than 60% (43 days to 27 days). The number of clients being referred to outreach workers has fallen by nearly 20%.

LESSONS LEARNED

Efforts to resolve discordant results continue to be frustrated by clients who are lost to follow-up. Revised protocols allow for more effective and timely resolution of discordant results and insure that affected clients are more rapidly moved into care.