Improvements in Linkage-To-Care – A Switch to Rapid/Rapid Testing Algorithms

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HISTORY

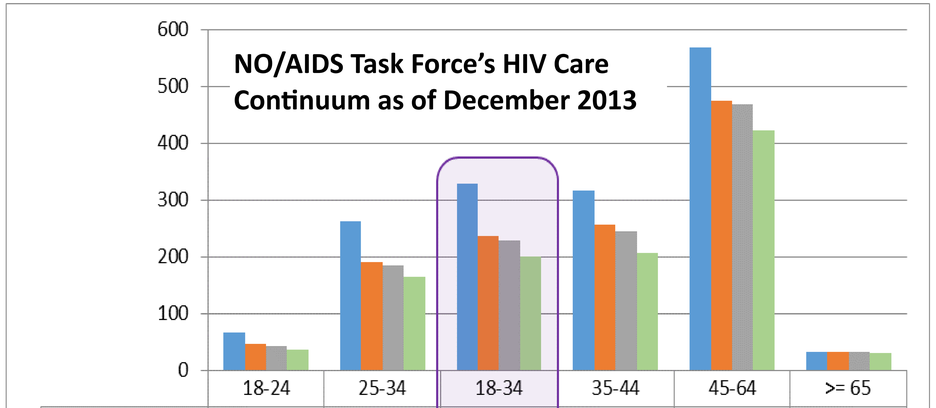
NO/AIDS Task Force/CrescentCare was founded in 1983 in response to the HIV/AIDS epidemic in New Orleans. We recently became a Federally Qualified Health Center and took on the name CrescentCare as an umbrella name for all of the services offered by our agency.

As an AIDS service organization we offer linkage-to-care, primary medical care, support groups, case management, legal services, emergency financial assistance, transportation, housing assistance, and a food/clothing pantry, and more - to clients who have been diagnosed HIV positive.

OBJECTIVES

Looking at NO/AIDS Task Force's previous use of a conventional testing algorithm (a rapid HIV test followed by a Western Blot test) for identifying HIV+ clients and linking them to care vs. the use of our recent transition to a rapid/rapid-testing algorithm (a rapid HIV test followed by a second rapid HIV test made by a different manufacturer); we can see the constructive effect that delivering an immediate "confirmatory" result has on linkage-to-care for HIV positive individuals.

Even though our conventional testing model was yielding linkage-to-care rates of 88% (above the goal of 85% set in the National HIV/AIDS Strategy) we continuously look for components of our testing model that can be improved in an effort to further increase our overall linkage-to-care rates and boost participation in each leg of the continuum-of-care.



	18-24	25-34	18-34	35-44	45-64	>= 65
Linked to Care	66	262	328	317	568	33
Retained in Care	46	190	236	256	474	33
Prescribed ARVs	43	185	228	245	468	32
VL Suppression	36	164	200	206	423	31

METHODS

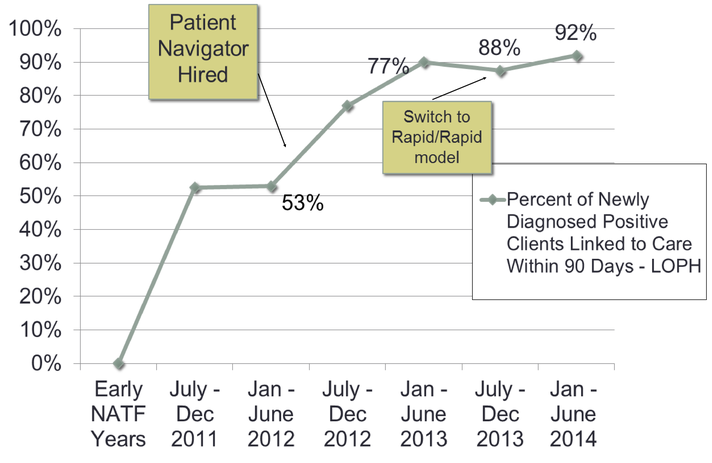
Rapid HIV testing takes place regularly at 3 clinics around New Orleans as well as at bars in the French Quarter, local consulates, local universities, and at street outreach/community events via a medical mobile unit.

Prior to March of 2014, our agency implemented a rapid/conventional-testing model for delivering HIV positive results. If an initial rapid test came back reactive, a second specimen sample was collected and sent off for a western-blot test. This model took up to two weeks for the client to receive their confirmatory result and begin the process of linking-to-care. Now clients receive a 20-minute oral rapid test as the initial test and a 60 second rapid finger stick test as the new "confirmatory" test. Both results are given in the same session and the clients are able to begin the process of **linkage-to-care immediately**.

RESULTS

Since switching to the rapid/rapid testing model the agency's linkage-to-care rate has increased by 4%; from 88% (N=110 positive clients between March 2013 – February 2014) to 92% (N=84 positive clients between March 2014 – February 2015).

Update: Since the time this abstract was written the agency switched to a rapid/rapid testing model that uses a 20 minute 4th generation finger-stick test as 'Test 1' followed be a 60 second rapid test as 'Test 2'. We have continued to see the same high linkage rates regardless of which rapid tests are used as 'Test 1' and Test 2'.



CONCLUSIONS

Eliminating confirmatory/western blot tests that require clients to wait extended periods of time have increased our already high linkage-to-care rates. Clients that received confirmatory results the same day as their first positive result had a higher linkage-to-care rate than those who waited days/weeks for their confirmatory results.

Using a rapid/rapid testing model has proven beneficial in identifying and enrolling newly diagnosed clients into care.