

Providing rapid HIV testing in a non-medical setting: In-home testing of pregnant women and their families

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DREXEL UNIVERSITY
COLLEGE OF MEDICINE

Maternity Care Coalition



Background:

- ❑ The CDC's has recently increased their estimate of new annual U.S. HIV transmissions from 40,000 to 56,000. This has reinforced the need for accessible models of HIV testing.
- ❑ Testing pregnant women for HIV is critical to identify women and link them into care, and for preventing transmission to infants and partners.
- ❑ Prenatal care is critical to prevent mother to child HIV transmission.
- ❑ Providing in-home maternal care may be beneficial for hard-to-reach populations.

Program Goals

- ❑ Incorporate HIV testing into an in-home prenatal and postpartum care program in an urban high-risk neighborhood
- ❑ Identify HIV+ individuals
- ❑ Link HIV+ individuals into care
- ❑ Provide HIV/STD education, prevention counseling, and skill-building to clients and their partners and families in their home
- ❑ Repeat HIV test for pregnant patients in 3rd trimester and 6 months postpartum

Partnership

- ❑ In 2005, a partnership was formed between 3 organizations to incorporate HIV testing into an in-home prenatal and postpartum care program:
 - Drexel University College of Medicine, Division of Infectious Diseases and HIV Medicine – an HIV medical clinic, including rapid HIV testing program
 - Maternity Care Coalition – a community-based organization providing maternal health services, including their MOMobile program
 - Neighbor to Neighbor Community Development Crops, Inc. – a faith-based community organization interested in providing HIV education to members

Methods

- ❑ HIV counselors accompanied prenatal advocates on home visits, offering HIV education, prevention counseling, and rapid testing to pregnant women
- ❑ An HIV education, skill-building, and rapid testing component was integrated into the home-based maternal health program.
- ❑ Services were provided to partners and family members in the home.
- ❑ Prevention messages were given on an individual basis as well as through “kitchen table” family and friends participation

Start-Up Challenges

- ❑ There is very little precedent for home-based HIV testing services in the U.S.
- ❑ Tester concerns:
 - ensuring confidentiality and privacy
 - maintaining safety and security
 - giving positive result with others in home
- ❑ Program manager concerns
 - training and quality assurance for testing
 - consistency of prevention messages
 - accurate data collection

Oraquick Oral Rapid Test

Prelim. Positive Results

Negative Results

Perform a blood fingerstick

Prelim. positive

Negative

**Patient Education
Confirmatory Oral Test
Western Blot**

**Risk Reduction Counseling
Confirmatory Oral Test
Western Blot**

**Schedule return
appointment**

**Schedule return
appointment**

- **No further testing.**
- **False negative results with acute HIV infection. If known or suspected exposure repeat in 3 months**
- **If high risk behaviors repeat in 6 months.**
- **If no risk factors repeat annually.**
- **If pregnant, repeat at 32 weeks gestation.**

Protocol

Negative Test Result:

- ❑ No further confirmatory testing.
- ❑ False negative results may occur in those with acute HIV infection. If person has known or suspected exposure to HIV retest in 3 months
- ❑ If client has high risk behaviors repeat test in 6 months.
- ❑ If no identified risk factors repeat annually.
- ❑ If pregnant, repeat test at 32 weeks gestation.

Protocol

Preliminary Positive Test Result:

- ❑ Repeat Oraquick rapid test by fingerstick using whole blood.
- ❑ Send oral Western Blot, regardless of result of the second rapid test.
- ❑ Schedule two-week follow-up for Western Blot results.
 - Negative or indeterminate: follow-up fingerstick in 4 weeks
 - Positive Western Blot: refer client to an HIV provider

If patient is pregnant with preliminary positive test result:

- ❑ If in prenatal care, obtain patient's permission to communicate results to her OB & begin interventions to prevent MTCT.
- ❑ If not in care, refer directly into prenatal and HIV care
- ❑ Perform quantitative HIV RNA (viral load) with results obtained before delivery.

Program results

	N	%
Clients HIV tested	40/70	57%
HIV results provided	40	100%
Acceptance	40/53	75%
Clients previously tested	61	87%
Clients educated	70	100%
Negotiation skills	59	84%

Recommendations

- ❑ Develop partnerships between maternal care and HIV organizations to provide integrated home care.
- ❑ Develop plans to ensure safety and confidentiality when home HIV testing.
- ❑ Adapt maternal care programs to involve partners and family members with HIV/STD risk reduction
- ❑ Have in place plans and protocols for positive test results
- ❑ Identify service orgs for referrals in the community

Lessons Learned

- ❑ In-home testing may be valuable for pregnant women who are not accessing prenatal care, and other hard-to-reach populations. Pregnant women who are in prenatal care may already be tested for HIV.
- ❑ We found a high acceptance rate for testing in home.
- ❑ In-home testing can focus on 3rd trimester and six month postpartum testing.
- ❑ Privacy and convenience of home visits may increase likelihood of accepting HIV testing.
- ❑ Partners and family members who otherwise may not interface with health care system had increased access to HIV services. “Kitchen table” testing should be further explored.

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