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

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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 highrisk 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 inhome 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

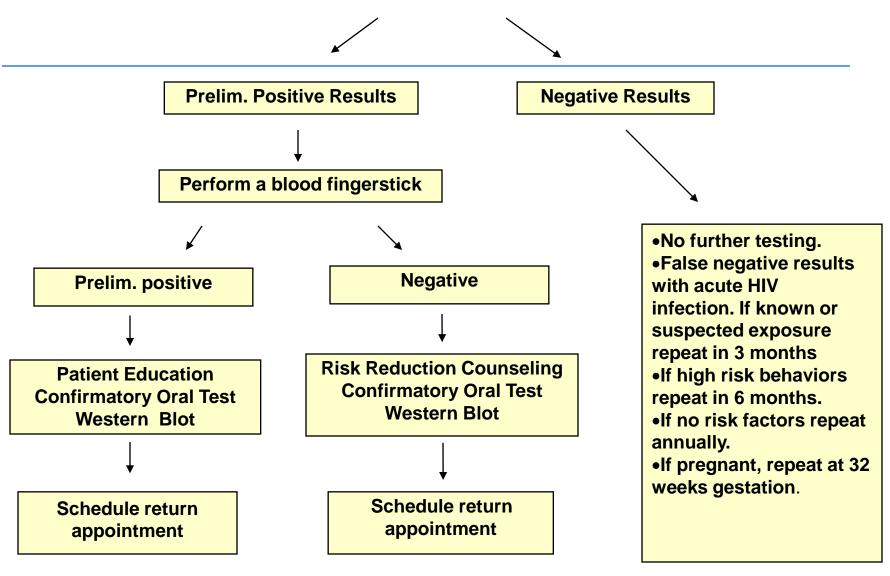
Methods

- 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



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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-toreach 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.

Acknowledgements

This project was funded by a grant by the Office of Minority Health.

Thanks to our community partners and the HIV testers and patient advocates.

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