

# Initiation of Point-of-Service HIV Testing in Sexually Transmitted Disease Clinics

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## Introduction

- Knowledge of HIV serostatus is crucial to HIV prevention and linkage to HIV care.

- Point of service (POS) HIV testing in STD clinics may increase rates of HIV case-finding, post-test counseling and linkage to care.

## Objective

- To describe the characteristics of patients who chose POS HIV testing in the Baltimore City Health Department STD clinics

## Materials and methods

- In May of 2008, the Baltimore City Health Department STD clinics began offering POS HIV testing (OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test, OraSure Technologies, Inc.) to walk-in patients.

- Those consenting to HIV testing were offered the choice of POS testing or traditional HIV testing (results in one week).

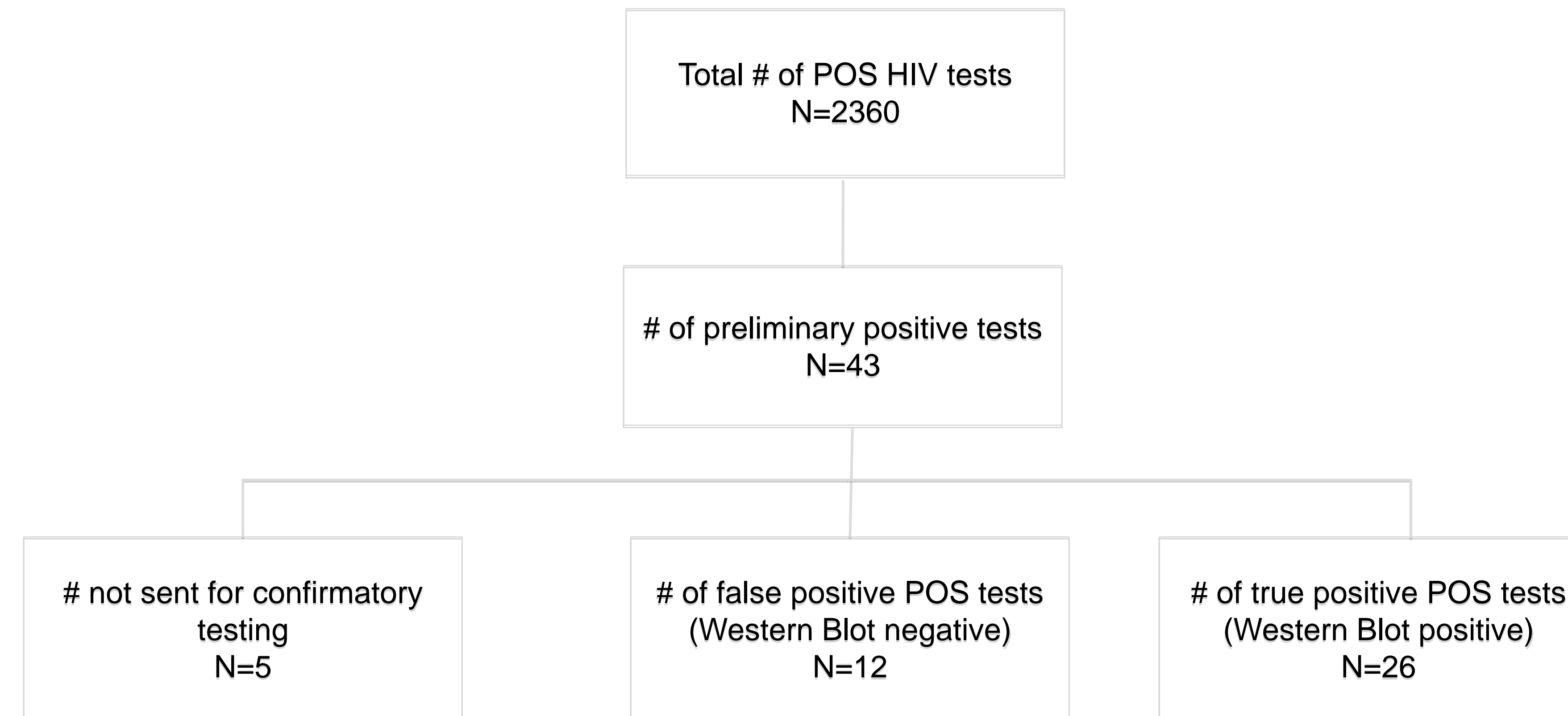
- Those electing a POS test saw a health educator who performed the test (either on oral mucosal fluid or whole blood); sera from POS positive HIV tests had confirmatory Western Blots.

- POS positive patients received post-test counseling, had additional HIV staging labs (CD4+ count and HIV viral load) and were referred for same-day partner notification services.

- We used the standard medical record to describe characteristics of patients undergoing POS testing and their early follow-up.

## Results

**Figure 1. POS HIV testing May 1, 2008 to September 24, 2008 in Baltimore city Health Department STD clinics.**



**Table 1. Characteristics of patients choosing POS HIV test in Baltimore City Health Department STD clinics**

	All patients (n=2310)	Confirmed HIV-positive patients (n=26)
<b>Demographics</b>		
Female	1073 (46%)	9 (35%)
African American	2088 (90%)	22 (85%)
MSM	75 (3%)	9 (35%)
<b>Same-day STD diagnosis</b>		
Gonorrhea	109 (5%)	3 (12%)
Chlamydia/NGU	490 (21%)	1 (4%)
Syphilis diagnosis	113 (5%)	5 (19%)
Trichomonas	108 (5%)	2 (8%)

## Results (cont.)

- HIV prevalence = 1%

- PPV of POS HIV test = 68%

- Of 12 false positive POS tests, 11 had very faint lines on test cartridge

- 62% of patients with true positive POS test received Western Blot results and 50% enrolled in on-site HIV care

## Conclusions

- POS HIV testing in STD clinics is feasible and can reach a population at high risk for HIV/STD co-morbidity.

- It provides the opportunity to deliver same-day HIV/STD testing, post-test counseling, partner services, and initiate HIV care.

- A significant number of preliminary positive POS tests were false positive and were qualitatively different in appearance (very faint line) from true positive POS tests as has been seen in other settings.

- Testing algorithms that reduce rates of false-positive POS tests and systems that strengthen engagement in care after POS testing are priorities for STD clinic settings.