

HIV Monitoring Technologies for Resource-Limited Settings

Review of Viral Load Technologies

**Susan A. Fiscus, Ph.D.
University of North Carolina at Chapel Hill
On behalf of the Viral Load Working Group
Forum for Collaborative HIV Research**

Model for HIV Assays in Resource-Poor Settings

- Reference Center>>>

- Provincial or district level >>>>>

- Primary care or rural setting>>>

- Viral load

- Expensive

- Complex technology

- Gold standard

- P24/Reverse transcriptase?

- Lower cost

- Less complex technology

- Ship samples (DBS or fixatives)

- Least resource intensive

- Least complex

NC PROJECT





DON'T KEEP FOOD-STUFFS AND
DRINKS IN THIS FRIDGE

CHONDE TISAIKE ZAKUDYA
KAPENA ZAKUMWA M'KATIMU

Steps to Validation and Technology Transfer

- **Performance characteristics**
 - Sensitivity
 - Specificity
 - Precision
 - Reproducibility
 - Linearity
- **Clinical validation**
 - Diagnosis
 - Clinical monitoring
 - Progression of disease
- **Costs (Equipment, reagents, personnel)**
- **Technology transfer**
- **Proficiency testing**
- **Dissemination/Acceptance**

Viral Load – HIV RNA

- ***Roche Monitor, 1.5 – RT-PCR**
 - ***bioMerieux NucliSens- isothermal NASBA**
 - ***Bayer Versant - bDNA**
 - **bioMerieux EasyQ – molecular beacon**
 - **Primagen Retina Rainbow – molecular beacon**
- * FDA approved**

- **NASBA – WePpB 2059; ThPeB 7045**
- **Versant – MoPeB 3140; MoPeC 3419**
- **bioMerieux Easy Q – McLernon, CROI, 2004; MoPeB 3123; MoPeB 3145**
- **Retina Rainbow – WePpB2064; WePeE6864**
- **Abbreviated Roche assay – MoPeB 3093**

Pros and Cons of HIV RNA Assays

■ Advantages

- High Throughput
- Well validated
- 3 are FDA approved
- Clinician familiarity
- Most (all) subtypes
- Manufacturers QA reagents
- Work with DBS
- Possible reduced price through large volume purchase

■ Disadvantages

- Expensive equipment
- Expensive reagents
- Technologically complex
- Equipment maintenance

Other Assays

- Real time PCR
- P24 antigen
- Cavid RT
- Point of Care –
 - Dipstick
 - Chip technology
 - Shipping specimens

Real Time PCR

- **Several recent papers (Palmer, et al 2003; Gibellini, et al., 2004)**
- **Real-time immuno-PCR (Barletta, et al 2004; MoPeB 3170)**
- **Several posters here – MoPeB 3114; MoPeB 3115; MoPeB 3116; MoPeB 3143; MoPeB 3145; MoPeB 3162; MoPeB 3167)**

Pros and Cons of Real Time PCR Assays

■ Advantages

- Reagents inexpensive compared to commercially available kits
- Can be very sensitive (Palmer to 1 cp/ml, using 7 ml of plasma)

■ Disadvantages

- Very expensive equipment costs
- Home brew assays, so variability in reagents and no manufacturer's QA
- Reproducibility
- Technologically complex
- Prone to contamination
- Clinical validation yet to be done

Heat Dissociated p24 Antigen

- Assay works very well to diagnose infants (Sutthent, 2003; Sherman, 2004; Fiscus, unpublished; MoPeB 3112; WePpB 2057)
- New buffer described by Dr. J. Schupbach (JAIDS, 2003) increases sensitivity of the assay (Jennings, ICAAC, 2003; Fiscus, CROI 2004)
- In general studies using the kit buffer have performed less favorably (Bonard, 2003; Prado, 2004) compared to those using the Schupbach buffer (Ribas, 2003; Schupbach, 2003; Stevens, in press)

Heat Dissociated p24 Antigen

- Other sources of p24 kits with heat stable epitopes are Zeptomatrix and Innogenetics
- Posters – MoPeB 3144; MoPeB 3168; TuPeA 4357; TuPpB 2036)

Pros and Cons of Heat Dissociated p24 Antigen

■ Advantages

- Equipment generally available
- Less technologically complex
- High through put
- Less prone to contamination
- Excellent for infant diagnosis
- Very reproducible

■ Disadvantages

- Doesn't measure virion-associated molecule, so often get different results than RNA
- Works best with non-kit buffer, therefore, has similar QA problems to other "home-brew" assays
- Usually not as sensitive as most of the other assays
- Limited dynamic range
- Need more data on other subtypes and clinical validation
- Probably as expensive as RNA assays if you can get a large volume discount

Cavidi ExaVir Assay (RT)

- **Newer version of assay much more sensitive (Jennings, unpublished; Crowe, unpublished; MoPeB 3171)**
- **Being evaluated as an alternative to VL testing (Stevens, in press; TuPpB 2037)**
- **Phenotype assay – MoPeB3155; WePeB5733**

Pros and Cons of the ExaVir Assay

■ Advantages

- Should work on all subtypes
- Inexpensive equipment
- Sensitive to at least 400 cp/ml
- Phenotype from same RT prep
- Less prone to contamination than PCR assays

■ Disadvantages

- Very long assay (3 days)
- Tedious extraction process
- Phenotype assay only for NNRTIs and T analog NRTIs
- Probably as expensive as RNA assays if you can get a large volume discount

Point of Care Tests

- **Dipstick – Helen Lee**
- **Chip Technology – Bill Rodriguez, others**
- **Shipping specimens**
 - Dried blood spots
 - Sample tanker – stabilizes dried plasma
 - Tempus RNA stability tube
 - Transfix

Conclusions

- **Commercially available viral load assays are becoming less expensive, but are still technologically complex and best suited for large reference labs**
- **Real time PCR assays, though less expensive for reagents, suffer from high equipment costs and lack of QA of reagents**
- **HD P24 antigen seems suitable for infant diagnosis, and much less expensive than NAT**

Conclusions (2)

- **Alternative assays for viral load (p24 and RT) may be useful in provincial labs, but:**
 - **Are in a state of flux**
 - **P24 may not strictly correlate with HIV RNA VL**
 - **P24 assay gives best results with a home-brew lysis buffer**
 - **P24 and RT assays need more clinical validation, especially with the latest versions**

Conclusions (3)

- **Primary care or rural settings for the moment will have to ship samples to a reference laboratory**
- **Point of care testing may be available in the next few years, but results will have to carefully QA'd and costs may make it better to ship samples to a reference lab with high throughput, QA, and negotiated kit prices**

Issues to consider when choosing the viral load assay?

- Performance of assay – dynamic range, specificity, reproducibility, subtype specificity
- Cost of the assay, and infrastructure
- Cost and availability of the personnel
- Specimen shipment and storage
- Specimen volume
- Quality control, Contamination control, Internal controls
- Availability of automation steps
- Turn around time (less important)