

Feasibility of Introducing Rapid HIV Testing in Baltimore City Oral Health Clinics and School-Based Health Centers



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Background: Rapid Testing

- 2006 CDC recommendations: offer screening for HIV infection in all health care settings for all patients aged 13-64yrs
- Goal: Increase number of people who know HIV status, diagnose HIV earlier, facilitate access to care earlier.
 - Nearly 50% of new infections in the US in ages 13-29
 - 70% Baltimore adolescents have never tested for HIV
- Rapid testing: point-of-care HIV test
 - Oral fluid or whole blood
 - Results available in 20 mins: may reduce loss-to-follow-up
 - Can be administered by anyone with training: may increase the variety of sites where testing can be offered



Rapid HIV testing in Baltimore

- Rapid testing currently offered in Baltimore at BCHD STD clinics, Emergency Departments, Community-Based Organizations, & through outreach activities in high risk locations
 - + Increases % of testers who receive results
 - False positive results
- Not all residents access these facilities; other health-care settings exist within BCHD.
- Limited data on implementation of rapid testing in OHCs, SBHCs



HIV Testing in OHCs/SBHCs

- OHCs: no HIV testing currently offered
 - MO dental clinic patient survey: pts would like, use HIV testing if available
 - Growing perception that comprehensive oral health can include HIV testing
- SBHCs: conventional HIV testing currently offered; no rapid testing used
 - Whole blood and OraSure (not rapid) avail.
 - Several studies of Baltimore adolescents found preference for rapid testing
 - HTYA program reported preference for rapid testing



Methods

- Interviews, site visits, protocol reviews at locations where rapid testing currently offered
- Distributed information on rapid HIV testing to providers in 2 OHCs & 10 SBHCs (high schools)
- Follow-up clinic visits to survey attitudes & preferences of providers
- Semi-structured questionnaire
 - OHC staff: dental asst. (N=5), pt coord (N=1) dentists (N=2)
 - SBHC staff: nurse practitioners (N=9); comm. health nurses (N=5)
 - Clinic workflow observation, inspection, determination of logistical opportunities and barriers
- Survey response themes coded
- Descriptive statistics: percentages



Results-SBHC

- Background & prior exposure
 - Mean est. return for HIV test results: 88% (60%-100%)
 - Low positivity rate: most NPs had given 0-1 + result
 - 0/14 nurses had used rapid test before
 - #1 reason for refusing to get test: don't like needles
- Advantages perceived (unprompted)
 - Decrease time to results: 64%
 - Decrease anxiety during waiting period: 29%
 - More students might get tested with rapid: 36%
 - No advantages for staff: 57%
- Disadvantages perceived (unprompted)
 - Interrupting clinic workflow (79%)
 - Clinic disruption due to students waiting (64%)
 - Concern about confidentiality (58%)
 - Students miss class while wait for test to develop (50%)
 - Lack of support for results delivery (65%)



SBHCs cont'd

- Overall response (on a scale of 1-5):

(1) Strongly positive:	(4) 29%	➔	72% [95%CI 42-92%]
(2) Somewhat positive:	(6) 43%		
(5) Strongly negative:	(4)		29% [95%CI 8-58%]
- Logistics: -lack of staffing barrier to testing
 - » Not always staff for blood draw
- Other comments:
 - Wanted to know student opinions
 - Wanted to hear more from experienced setting (e.g. HTYA)
 - “Why fix what isn’t broken?”



Results-OHC

- **Advantages perceived (unprompted) :**
 - Would provide more opportunities for testing (50%)
 - Providing a service that pt population needs (50%)
 - Would be less stigmatizing than being seen in an STD clinic (50%)
 - Can provide better care if know pt status (50%)
 - No disadvantages (38%)
- **Disadvantages perceived (unprompted) :**
 - Concern about confidentiality (25%)
 - Concern about additional workload, time constraints (50%)
- **Overall attitude:**

– Strongly positive :	6/8		75%
– Somewhat negative:	1 (12.5%)	→	25% [95%CI 3-65%]
– Strongly negative :	1 (12.5%)		
- 6/7 would like training in counseling & testing



Results-OHC II

- Comments:
 - “They [patients] wouldn’t feel like they’d be stamped [by] going upstairs.”
 - “It would increase public health services [that we could provide]...but we can’t accommodate people as is.”
 - Patients already think that staff are “practicing” on them because of the reduced rate. They will be “suspicious of HIV testing.”
 - “Make it available...people should be aware.”
- Preliminary protocol developed for integrating rapid HIV counseling & testing into patient visit

Strengths & Limitations

- Limitations:
 - Small sample size
 - Varied knowledge & familiarity with rapid testing
- Strengths
 - Completeness within Baltimore City
 - Input from wide variety of stakeholders within BCHD
 - Providers, laboratory, administrative, other staff
 - Recommendations can be specifically tailored to settings

Recommendations: OHCs

- Facilitate partnership with OHC, STD clinics to discuss post-test referral for confirmatory testing & follow-up
- Provide training to OHC staff, develop protocol with staff input
- Develop monitoring and evaluation benchmarks: uptake, test results, transfer outcomes
- Phased initiation of rapid HIV testing in OHCs

Recommendations: SBHCs

- Informational seminar with HTYA, adolescent physicians, and NPs/CHNs/MOAs
- Develop protocols & pilot introduction at one clinic
 - evaluate timing for students
- Parallel survey of school attendees on interest, willingness to use

Public Health Significance

- Expanding testing base and opportunities within city infrastructure
- Responding to need identified by data and national recommendations
- Engagement of clinical providers across disciplines
- May serve as model for other settings (OHC)

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