

RAPID HIV TESTING

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Rapid HIV testing involves taking a sample (either a blood spot from a finger prick or saliva) to deliver a result, usually in less than 30 minutes.

Advantages of rapid testing include:

- Convenience of testing.
- Increased regular testing.
- A reduction in the cost of testing and subsequent clinic visits.
- Immediacy of result is an incentive to test.
- Potentially earlier HIV diagnosis and referral into treatment and care pathways.
- A significant lessening of barriers to testing including:
 - Time taken to test
 - Ease of testing
 - Ease of stress related to testing

Disadvantages of rapid HIV testing

Disadvantages to rapid testing appear to be centred on the reliability of the tests. On July 4, the United States Food and Drug Administration approved the Ora-Quick rapid HIV test for home use. The test can detect the presence of HIV antibodies by an oral swab or by a blood spot from a finger prick. The test can deliver the result in less than 30 minutes. The test has been demonstrated to be more than 99 percent accurate when used by a health care professional and 92 percent accurate in studies in consumers. Critics of home testing have argued that this could mean that one in twelve positive results may appear as a false negative which, in turn could lead to onward transmission.

Rapid Testing in Australia

Currently there are two rapid testing technologies being considered for approval with the TGA (a third test is mooted for lodgement with the TGA in September).

1) The Ora-Quick Advance HIV 1 / 2 Rapid Antibody Test (Blood spot or saliva).

The Ora-Quick test tests for antibodies to the virus so it may be less useful if an individual is in the very early days of infection (during acute HIV infection, before antibodies have been produced by the immune system). However as a regular, convenient and immediate alternative to established testing methods in Australia, this technology could offer individuals a very useful method of HIV testing.



2) Determine HIV 1/2 Ag/Ab Combo. (Blood spot finger prick).

Another test which uses a finger prick of blood is a combination HIV antibody / antigen test and is said to have greater accuracy than the saliva test. However, the antigen component of the test (a HIV antigen is a protein that can be detected before HIV antibodies are produced) has been reported as unreliable and difficult to read. It needs to be noted that if an individual test result is reactive as determined by any rapid test, then a standard blood test would need to be done to confirm the result.

How might the tests be used?

The immediate application of these technologies, once they are approved for use in Australia would be in clinical and community settings. In Victoria, VAC/GMHC is working with sector partners to secure resources to conduct a pilot study of rapid HIV testing in a community setting. Among other things this study will look at acceptability of the test and models of pre and post test counselling and referral.

In 2008 the Burnet Institute conducted an HIV prevalence study in Melbourne using saliva based HIV testing. Although individuals in this study were not given their results, 90 percent said that they would participate in oral sampling again.

Another recent study in four NSW sexual health clinics found that of the men in the study:

- 97 percent were satisfied with the rapid test pre-test discussion and the result delivery;
- 92 percent would recommend rapid testing to someone else;
- 80 percent would prefer rapid testing for their next HIV test and;
- 98 percent were satisfied with the process overall.

In summary, rapid testing for HIV would appear to be convenient, effective, and a powerful tool in breaking down barriers to existing testing methods. It remains a cause for some concern that these technologies have been in wide use around the world and are yet to be approved in this country. VAC/GMHC sees the speedy implementation of rapid testing in community settings as a priority in future prevention efforts.

