



National HIV Prevention Conference

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[TITLE:] LOUISIANA RAPID HIV TESTING: PROTOCOL, PRACTICE, AND PROOF

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Lachance, N¹; Oakes, L²; McKeever, J²

¹Louisiana Office of Public Health, Lafayette, LA; ²Louisiana Office of Public Health, New Orleans, LA

ISSUE: Each year in Louisiana, more than 40% of persons who come to public clinics for traditional HIV testing do not return to receive their test results. Further, approximately 30% of persons who test HIV positive do not receive their test results. With the advent of rapid HIV testing, clients are able to receive counseling, be tested, and receive their result in less than an hour. While rapid HIV testing presents numerous opportunities to make HIV testing accessible and increase the percentage of persons receiving their results, the advancements in technology and increased public interest present challenges in the program's deployment.

SETTING: HIV testing sites in Baton Rouge, New Orleans, and Lafayette Louisiana, including community based organizations (CBO.s), STD clinics, bars, prisons, and clients homes.

PROJECT: In July 2003, Louisiana initiated the use of OraQuick rapid HIV-1 testing and became one of the leaders in protocol development, training, and data collection. Currently, 11 sites conduct rapid HIV testing under the supervision of the Louisiana Office of Public Health, HIV/AIDS Program. These sites provide counseling and rapid testing in a number of venues including bars, bath houses, clinics, jails, health fairs, and private settings identified through Partner Counseling and Referral Services. When integrating rapid HIV test technology into their programs, sites faced a wide range of logistical and programmatic challenges, from liability insurance to lancet sizes. Their experiences in overcoming these challenges were valuable in helping the health department and other organizations facilitate a smoother transition into rapid testing. This session will focus on the protocol and criteria used to select rapid HIV test sites, the training and certification required by the state health department, the anticipated

expansion of rapid testing throughout Louisiana, and the data collected to support expansion statewide.

RESULTS: Since the implementation of rapid testing in Louisiana, more than 130 persons have been certified as rapid HIV testing counselors through 14 state trainings. To date over 12,673 tests have been conducted with 155 (1.22%) of these being confirmed positives. During the first full year of testing 94% of the 5430 persons tested were provided with their result, indicating a significant increase over traditional testing. The highest rate of positivity (8.3%) has occurred in the field-testing that is conducted through PCRS.

LESSONS LEARNED: Involvement of all program partners to ensure buy-in for the implementation of rapid testing is essential. Lessons include: 1) techniques to develop a protocol that meets the needs of the CDC, the state health department, and the testing sites; 2) methods to design relevant training and certification for rapid test counselors; 3) elements to ensure quality with all aspects of rapid testing, from counseling to specimen processing; 4) strategies to overcome challenges providing materials and support to all testing sites; and 5) techniques to utilize preliminary data to analyze and monitor rapid testing programs.



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