Learning to Use a New Tool: Considering public health uses of over-the-counter rapid HIV tests

Achieving the HIV Testing Goals of the National HIV/AIDS Strategy
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Initial impressions

• The OraQuick In-Home HIV Test is a welcome addition to the array of tools available to help people learn their HIV status
• It is currently the only approved rapid OTC rapid HIV test on the US market
• Performance is good enough to permit endorsement by health departments
• OraSure Technology’s marketing plans will address several key sectors of the at-risk community, including MSM and the African American and Latino communities
• Cost will be reasonable for some, but out of reach for others
Questions regarding the role of public health?

• Can an OTC rapid test complement existing screening and testing options supported by governmental public health?
• Do health departments have a role in enabling access to this product for some?
• Should health departments measure whether previously untested priority communities are successfully using this product?
Related public health responsibilities

- Encouraging knowledge of HIV status
- Ensuring access to high quality screening and confirmatory testing
- Enabling linkage to quality medical care
- Collecting and analyzing timely and complete surveillance data
- Evaluating strategies and activities for effectiveness
The challenges of confirmatory testing and linkage in an OTC environment

- We hate to lose control of the process, but testers are always ultimately in control
- Devising systems that rely on individual initiative and follow-through (with supports)
- Standard challenges of adequate resources, local and appropriate care sites, quality management
- Allowing the benefits of expanded testing to outweigh the potential costs
This is not new to public health, and not purely a function of OTC access

There have always been HIV testing environments that make confirmation and linkage a challenge:

• Standard EIA testing where a client fails to return for results
• Anonymous test sites
• Testing in another state or country
• Emergency department rapid testing when a confirmatory specimen is not obtained
• Rapid testing in outreach settings where field staff may not be able to obtain confirmatory specimens
• Individuals who refuse referrals or do not attend appointments for care
Current considerations in Massachusetts

- Incorporating facts about in-home rapid testing into print and online public information materials
- Developing public health materials for use by pharmacists to support their customers who buy the product
- Linking the state AIDS hotline/local online resources to OraSure’s National Support Center (bidirectionally)
- Proposing a project to make in-home test kits available to US born and non-US born black men in Brockton
- Considering social marketing of home-based rapid testing to increase screening frequency among gay/bisexual men
Ongoing challenges

- Guaranteeing that accurate local referral information is provided purchasers of the kit
- Adjusting linkage strategies to maximize confirmatory testing and HIV care for home-based testers
- Supporting complete and timely reporting of HIV positive results to state surveillance (by care sites); engagement of state DIS
- Emphasizing the importance of engagement with partner services through National Support Center and through local information outlets
Summary

• The advent of rapid home testing can help with overall efforts to promote knowledge of HIV status
• Health departments and their partners can integrate OTC testing into existing strategies
• Timely confirmatory testing and linkage to care are central challenges, as they have always been
• It is time for creative approaches to expanding HIV testing access, particularly for at-risk populations, in which OTC rapid HIV testing can play a role
Thank you

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