

OraQuick Outreach to High Risk Persons of Color

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Epidemiology: HIV in North Minneapolis

- **Minnesota: Low to mod rate of AIDS (4/100,000 - 1999)**
- **Minneapolis: 44% new HIV cases (2001)**
- **North Side of Mpls. has highest rates of GC, chlamydia, syphilis, teen pregnancy**
- **Racial disparity in HIV/AIDS:**
 - **Men of color = 12% pop, 37% HIV**
 - **Women of color = 11% pop, 79% HIV**

SUDS Outreach (4/99 - 10/00)

- **SUDS testing on-site at CBOs that work with African Americans at increased HIV risk.**
- **752 clients tested.**
- **Advantages of SUDS (rapid test):**
 - **99% learned test result.**
- **Disadvantages:**
 - **Required venous blood sample**
 - **Required lab equipment**
 - **Required extra trip to CBO**

OraSure Test (10/00 - present)

- **1800 clients tested**
- **Advantages:**
 - **higher client acceptance**
 - **convenient for outreach worker**
 - **more cost-effective than SUDS**
 - **one worker can do larger groups**
- **Disadvantages:**
 - **lower % learn test results (82%)**

OraQuick Research Study (7/22/02); N = 115

- **On-site group pretest counseling.**
- **Individual testing and post-test counseling.**
- **Testing procedure:**
 - **Oral fluid OraQuick (research only)**
 - **Fingerstick OraQuick (results given)**
 - **Fingerstick neg -> OraSure backup**
 - **Fingerstick pos -> venous EIA/WB**

OraQuick: Selecting an Outreach Site I

- **Meet with CBO staff at site visit before doing testing.**
- **Space needs:**
 - **group pre-test counseling space**
 - **individual testing space**
 - **individual post-test counseling space**
- **Physical needs for testing:**
 - **flat table or counter, adequate light**

OraQuick: Selecting an Outreach Site II

- **Time constraints:**
 - **How long do we have to test this group?**
 - **What will they be doing while they are waiting to be tested?**
 - **How many clients will likely be tested?**
 - **How much pre-test counseling will be necessary?**

OraQuick Pretest Counseling I

- Good pretest counseling is critical.
- Standard pretest counseling plus counseling specific to OraQuick.
- Client **MUST** understand that a false reactive test is a possibility.
 - In other words a reactive OraQuick does **NOT** equal a diagnosis of HIV.
 - A confirmatory test must be always done to rule HIV in or rule it out.

OraQuick Pretest Counseling

II

- **How do you tell clients about falsely reactive OraQuicks in terms they will understand?**
 - **“Everybody’s blood is a little different.”**
 - **“You might have had an unusual cold or flu bug that can trigger the test to turn positive.”**
 - **“And in that case the backup test will tell us if it’s not HIV”**

Post-test Counseling I: OraQuick Negatives

- **Can be counseled regarding their test result just as clients with negative standard test.**
- **Including “window”.**

Post-test Counseling II: OraQuick Positives

- **Have a written protocol.**
- **Go over again the possibility of false positive.**
- **Get confirmatory test.**
 - **Venous EIA/Wb (? CPR/DNA).**
- **Counsel regarding client-centered measures to avoid HIV transmission.**
- **Get good, reliable contact information.**
- **Make appointment for backup results.**
- **Assess psychosocial needs.**
- **Maintain contact with client.**

OraQuick: Time Constraints

- **The important factor to consider in planning outreach is the 20 minute interval between starting the test and being able to read it.**

One Worker Approach

- **Worker tests Client A (6 to 8 minutes)**
 - **Obtains contact information, demographic info, risk factor inventory, prior testing history, does fingerstick, starts test, sets timer.**
- **Set up next testing station with testing material packet. (1 to 2 minutes)**
- **Test Client B (6 to 8 minutes)**
- **Read and record Test A (1 to 2 minutes)**
- **Give results to Client A. (?? Minutes)**

One Worker Approach

- **Advantages:**
 - one worker can be fairly efficient
 - good continuity of counseling
 - modification: do all testing, then all post-test counseling
- **Disadvantages:**
 - “assembly line fatigue”, multi-tasking skills needed
 - smaller numbers possible
 - beware of cutting short the post-test counseling.

2 Person Team Approach: I

- **Outreach worker #1 is the “designated tester”**
 - **Obtains logbook info, runs test, records results**
- **Outreach worker #2 is the “facilitator.”**
 - **sets up next test**
 - **does post-test counseling**
 - **can be “traffic cop”**

2 Person Team Approach: II

- **Advantages:**
 - **theoretically more efficient**
 - **workers can switch roles.**
- **Disadvantages:**
 - **less continuity of counseling**
 - **facilitator can be distracting and intrusive for the testing person**

2 Person Team Approach: III

- **Alternative two person approach = basically operate as two individual one person teams.**
- **Advantage:**
 - **Continuity of counseling and better relationship with client**
 - **“Go at your own pace.”**
 - **“Less confusing”**

3 or 4 Person Team Approach

- **3 Person Team:** Two “designated testers”, one “facilitator” vs. 3 “one-person” teams
- **4 Person Team:** Two “designated testers”, two “facilitators” vs. 4 “one person” teams
- **Advantages:** Can do larger groups
- **Disadvantages:** Requires organization, personnel (consider volunteers).
 - Requires more individual rooms

OraQuick Testing “Pearls”

- **Use pre-assembled testing packets**
 - **one gallon Ziplock baggie, paperwork, testing device, alcohol swab, lancet, loop, 2”X2” gauze, BandAid, stickers**
- **Use “automatic” lancets.**
- **Use stickers to correlate specimens and paperwork.**
- **Enlist CBO staff as “traffic cops.”**
- **All persons running test or reading test must do controls on that day.**

OraQuick Testing Kit

- **Testing packets**
- **Plenty of timers (4/person)**
- **Flashlight**
- **Phlebotomy gear**
- **Hazardous material disposal bag**
- **Procedure Manual**
- **OraQuick Stands**

Client Survey Results I

- “I have tested for HIV in the past and I prefer receiving my results the same day”

Strongly agree or agree = 97%

Disagree or strongly disagree = 3%

Client Survey Results II

- “It would have been better to wait a week before getting any results”

Agree or strongly agree = 3%

Disagree or strongly disagree = 97%

Client Survey Results III

- “I found the rapid testing stressful”

Agree or strongly agree = 33%

Disagree or strongly disagree = 67%

Client Survey Results IV

- “I would rather have my finger stuck than have blood drawn from my vein”

Agree or strongly agree = 88%

Disagree or strongly disagree = 7%

No difference = 5%

Client Survey Results V

- “I would recommend rapid testing to a friend”

Agree or strongly agree = 94%

Disagree or strongly disagree = 6%

Client Survey Results: VI

- “I understand the results of my test.”

Agree or strongly agree = 99%

Disagree or strongly disagree = 1%

Case Study 1 : Turning Point

- **Residential CD program**
- **Site visit assessment:**
 - **excellent space and facility**
 - **excellent HIV prevention education**
 - ***still need pretest counseling specific to rapid test**
 - **expected number: 4 to 8 clients**
 - **time constraints: variable**
- **Plan: Use 2 Person team**

Case Study 2 : Street Outreach

- **Find a suitable building nearby.**
- **Lots of flexibility re type of team.**
- **Ideal setting for outreach rapid test.**
 - **Focus on high-risk geographic area.**
 - **“Bring the test to the people.”**
 - **Insure high % learn test result.**
- **Drawback: More labor intensive than working with CBOs.**

Case Study 3 : Hennepin County Probation Center

- **Site visit assessment:**
 - **good physical space available**
 - **no previous HIV prevention educ.**
 - **number of clients to be tested highly variable: 10 to 25**
 - **time constraints: 90 minutes**
 - **other constraints: clients are not here voluntarily, anxious to depart**
- **Your plan = ???.**