



Newborn Screening Quality Assurance Program

PROFICIENCY TESTING PROGRAM FOR ANTI-HIV-1 IN DRIED BLOOD SPOTS

Quarterly Report

Quarter 4

November 2011

INTRODUCTION

The Anti-HIV-1 proficiency testing (PT) panel for Quarter 4, 2011, consisted of five individual-matrix dried-blood spot (DBS) specimens representing a variety of serostatuses. HIV antibody screening and confirmatory tests should identify all HIV-positive specimens, regardless of subtype. Method and laboratory performance are evaluated by challenging participants with specimens representing HIV-negative and positive serostatuses.

On October 11, 2011, we sent the Quarter 4 Anti-HIV-1 panel to 28 total participants. We received data reports from 23 participating laboratories by the designated deadline date. This report is the outcome of data reported for the Quarter 4, 2011, Anti-HIV-1 PT specimens. This quarterly report is distributed to all participants and to program colleagues upon request.

Each participant was asked to analyze the specimens for anti-HIV-1 using the assay schemes they routinely use and to report for each specimen the screening results along with results from any confirmatory assays per-

formed for presumptive positives. A final interpretation for each specimen must be submitted to receive a grade.

PARTICIPANTS' RESULTS

Table 1 shows the overall frequency of reported reactive, non-reactive, and indeterminate screening results for specimens 4141-4145.

In Part 1 of the report, Table 2 shows the number of laboratories using each screening method/kit both for the primary and secondary screens.

Table 3 shows the summary of screening errors by method. There were three false-positive errors for specimen 4145 this quarter.

In Part 2 of the report, Table 4 shows the number of laboratories using each confirmatory method/kit.

Table 5 shows the Reported Frequency of Bands by Western Blot for each of the PT specimens that tested positive for the Anti-HIV-1 screening analysis.

The Quality Assurance Program will ship next quarter's HIV-1 DBS proficiency testing specimens and the next

major allotment of HIV-1 DBS quality control specimens on January 17, 2012.

CONFERENCES AND MEETINGS

National STD Prevention Conference, Minneapolis, Minnesota, March 12-15, 2012.

ACTHIV Conference, Denver, Colorado, May 10-13, 2012.

Congress on HIV and Emerging Infectious Diseases, Marseille, France, May 23-25, 2012.

SPOTLIGHT

The American Academy of Pediatrics now recommends that all teens 16 to 18 years old receive regular, routine HIV tests if they live in an area where the prevalence of HIV is greater than 0.1 percent of the population. The AAP also advises that adolescents of any age who are tested for other sexually transmitted infections also be tested for HIV.

Read more: <http://www.wesh.com/health/29633454/detail.html#ixzz1dKxxynbq>



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Quarterly publications for colleagues and participants of the Proficiency Testing Program for Anti-HIV-1 in Dried Blood Spots.

**Anti-HIV-1 PT Report
Quarter 4, 2011**

TABLE 1: Frequency Distribution: Outcome of Final Interpretations (#Labs)

Specimen Number	Expected Results	Non- Reactive	Reactive	Indeterminate	Not Reported
4141	Non-Reactive	23	0	0	5
4142	Non-Reactive	23	0	0	5
4143	Reactive	0	23	0	5
4144	Reactive	0	23	0	5
4145	Non-Reactive	20	3	0	5

Part 1. SCREENING

TABLE 2: Number of Screening Methods Reported; Includes Primary and Secondary Methods

Method Code	Kit Source	Participants
10	Fujirebio Serodia-HIV 1,2	2
11	In House	1
12	Other	3
15	rLAV EIA (Bio-Rad)	1
27	Tecnosuma (Cuba) UMELISA HIV 1+2	2
34	Q-Preven HIV 1+2, DBS, Brazil	1
40	Avioq HIV-1 Microeleisa Systems	11
41	Bio-Rad HIV-1/Hiv-2 plus O EIA	2
	Total	23*

*Note: One laboratory did not report EIA data and reported final interpretations based on a Western Blot confirmatory test.

This **NEWBORN SCREENING QUALITY ASSURANCE PROGRAM** report is an internal publication distributed to program participants and selected program colleagues. The laboratory quality assurance program is a project cosponsored by the **Centers for Disease Control and Prevention (CDC)** and the **Association of Public Health Laboratories**.

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