MTN 003, OUR SITE EXPERIENCES

BY

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OVERVIEW

- UZ-UCSF (MTN) Laboratories setup.
- The experiences.
  - HIV testing
  - BV testing
Experiences

- Took some of experiences from HPTN 035.
- Screening started in September 2009.
- HIV prevalence at screening was approximately 20%
Four participants had indeterminate HIV rapid test results. (2 at screening and 2 at follow up).

Determine was positive and Oraquik negative.

Those at follow up, their western blot results were negative as well as HIV RNA PCR.

Those at screening level had their western blot results also indeterminate.

After repeating a month later, the results were negative.
HIV, continued

- Implications of waiting for one month.
  - participant uncertain/anxious of her status
  - some went to other testing facilities (PSI).
  - reduced faith us.
- One remained indeterminate with both rapids and western blot after one month.
HIV, continued

- Possible reasons for indeterminate results
  - Cross reacting antibodies (participant negative).
  - Participant seroconverting but antibodies concentration are low to be detected by one of kits.
  - ? HIV 2 infection.
  - Difference in sensitivity and specificity of the kits.
HIV, continued

- PSI HIV Algorithm

  - Determine
  - SD Bioline

  HIV Rapids

  - both positive or Negative

  indeterminate

  - report as Positive or Negative respectively

  - + or –

  INSTI

  ELISA
Antigents in different Rapid kits

- Oraquik -------- recombinant ag (gp 41, 120 )
- Determine-------- recombinant Ag
- SD Bioline-------- recombinant Ag (gp 41, 36)
- Insti-------------recombinant Ag
HIV, continued

- Possible alternatives.
  - Do DNA testing or V/ load.
  - Do HIV-2 PCR testing.
  - Seek advice from network lab.
  - Refer participant to public health care or other testing organizations.
BACTERIAL VAGINOSIS

- BV is tested when clinically indicated.
- Sometimes 2 swabs are collected for Trich and Candida.
- While looking for Candida, whiff test may point towards BV as a diagnosis.
- May request a swab for BV testing.
- Clinicians may think otherwise.
- Main aim is to help the participant.
BV, continued

- BV is treated when symptoms are reported and confirmed by lab.
- Scenarios (four cases).
- There was no discharge.
- Two of the cases the clinician agreed to collect swab for BV and results were positive.
Another case is when the participant was trich and BV positive.

Treatment was offered for Trich only.

Why not consider lab diagnosis despite presence of symptoms?
BV, continued

- Why confine ourselves to clinical diagnosis? (Discharge is 1/4 of Amsel criteria).
- Early treatment may actually improve participant's life. (BV increase chances of HIV acquisition. (HCBV 2008))
**BV, continued**

- **Recommendations**
  - Consider treating client for BV whenever Lab diagnosis is made (both symptomatic & asymptomatic)
  - Allow the lab to do extra test depending on the need eg switch to Amsel criteria when BV rapid lead to no diagnosis.
THANK YOU