

HIV Rapid Testing Survey

Introduction

This survey is being conducted by NASTAD to continue monitoring health department efforts to implement and support rapid HIV testing. It is a follow-up to a survey that NASTAD conducted in November 2007. The findings from this survey will contribute to the development and prioritization of technical assistance activities, guide education and advocacy efforts and will also contribute to the development of guidelines for multi-test rapid HIV test algorithms. Data collected through this survey will allow NASTAD to develop both updated reports and assess trends over time. While much of the data will be aggregated, for some domains it is much more useful to be able to provide jurisdiction-specific data and analyses. Therefore, in this survey, NASTAD requests permission to be able to include jurisdiction-specific information in subsequent reports and presentations.

For a portion of this survey (Questions 25 – 33) NASTAD is collaborating with the University of Miami, Miller School of Medicine on a grant that they have received from the NIH/ National Institute of Dental and Craniofacial Research (NIDCR). As part of this grant, we are seeking to examine health department activities associated with the possibility of offering HIV testing in the dental care setting. The information provided by this module will be used to assess states' barriers and facilitators as well as current HIV testing practices in the dental care setting. The questions in this section address HIV screening efforts that the health department currently supports, to any degree, through funding, provision of test kits or similar kinds of support.

Please complete the survey by Monday, June 7. If you have any questions, please contact Natalie Cramer at ncramer@NASTAD.org

Name of Person
Completing Survey:
Email Address:
Phone Number:

Jurisdiction:

May we include jurisdiction-specific information in subsequent reports and presentations?

Yes

No

HIV Rapid Testing Survey

Implementation

1. Does your health department conduct and/or support its grantees to use rapid HIV testing?

Yes

No

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Follow up for question 1

1a. Please check the reason(s) why the health department does not currently conduct or support rapid HIV testing. (Check all that apply):

- Statutory/regulatory barriers
- Please describe barriers:
- Lack of resources
- Lack of health department infrastructure
- Lack of local provider capacity
- Rapid testing is supported by other state agencies
- Rapid testing is supported by the CDC through directly-funded CBOs/ASOs
- Rapid testing is supported by other federal agencies (please list which federal agencies):
- Rapid testing does not fit within the scope of the HIV testing programs
- Other (please describe):

1b. Does the health department plan to implement a rapid test program in the future?

Yes

No

HIV Rapid Testing Survey

IMPLEMENTATION (Cont.)

The questions in this section address rapid HIV testing as it is currently implemented in the context of health department supported (e.g. directly or through contracted services) HIV prevention efforts.

2. In which of the following venues does the health department currently support rapid HIV testing? (Check all that apply)

- Sexually transmitted disease clinics
- Community health centers
- Substance abuse treatment centers
- Prenatal/obstetrical clinics
- Labor and delivery settings
- Primary care clinics
- Family planning clinics
- Community-based organizations
- Hospital emergency departments
- Other (please describe):
- Urgent care clinics
- Hospital inpatient settings
- Hospital outpatient settings
- TB clinics
- Correctional facilities
- Dental care settings
- Health department mobile units
- CBO mobile units

2a. How many sites does the health department support rapid HIV testing in conjunction with outreach and/or field-based activities?

3. Does the health department support rapid HIV testing in conjunction with outreach and/or field-based activities?

Yes

No

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Follow up for question 3

3a. Please indicate in which of the following outreach/field venues in which rapid HIV testing is used (Check all that apply).

- Bars
- Bathhouses
- Beauty shop/barbershops
- Mobile van
- Drug selling sites (crack houses, etc.)
- Churches/temples/mosques
- Colleges/universities
- Other outreach (please describe):
- House parties
- Parks
- Housing providers (including homeless shelters)
- Street outreach
- Partner services field investigation/notification
- Events (e.g., health fairs, National HIV Testing Day)

HIV Rapid Testing Survey

IMPLEMENTATION (Cont.)

4. Please indicate the number of HIV tests that health department supported programs conducted during 2009:

Note: Please provide the total number of tests in the last row of the table below even if you are unable to provide a breakdown by type of test or specimen. Also, please enter numeric values ONLY.

Standard laboratory tests using venipuncture, or dried blood spot:	<input type="text"/>
Standard laboratory tests using oral fluid:	<input type="text"/>
Standard laboratory tests but specimen type cannot be determined:	<input type="text"/>
Rapid HIV tests conducted using fingerstick or venipuncture:	<input type="text"/>
Rapid HIV tests conducted using oral fluid:	<input type="text"/>
Rapid HIV tests but specimen type cannot be determined:	<input type="text"/>
<hr/>	
Total number of HIV tests conducted by health department supported programs (regardless of type of tests or specimen):	<input type="text"/>

5. Of the rapid testing supported by the health department, estimate the proportion of tests conducted with each of the following brands:

(Percentages should add up to 100%)

Clearview Complete	<input type="text"/>
Clearview (StatPak)	<input type="text"/>
Multi-spot	<input type="text"/>
OraQuick <i>Advance</i>	<input type="text"/>
Reveal	<input type="text"/>
UniGold	<input type="text"/>
Don't know	<input type="text"/>

HIV Rapid Testing Survey

6. Please rank the *three* most important factors that determined the rapid test(s) you use:

	Most Important	Second Most Important	Third Most Important
Sensitivity	jn	jn	jn
Specificity	jn	jn	jn
Price	jn	jn	jn
Run time	jn	jn	jn
Read window	jn	jn	jn
Ease of specimen collection	jn	jn	jn
Approved for oral specimens	jn	jn	jn
Ease of reading results	jn	jn	jn
Ease of performing test	jn	jn	jn
Approved for HIV-2	jn	jn	jn
Length of shelf life (tests)	jn	jn	jn
Length of shelf life (controls)	jn	jn	jn
Operating temperature	jn	jn	jn
Storage temperature	jn	jn	jn
Ease of integration into service/clinic flow	jn	jn	jn
Other (please describe):	jn	jn	jn

7. Does the health department require that agencies that provide rapid HIV testing obtain a confirmatory specimen at the time of a reactive result?

Yes

No

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Follow up for question 7

7a. Does the client return to the test site to receive confirmatory test results?

Yes

No, confirmatory test results are forwarded to a care provider who provides results to the client.

No, confirmatory test results are forwarded to a Disease Intervention Specialist (DIS) who provides results to the client.

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IMPLEMENTATION (Cont.)

8. Does the health department allow clients to be referred to care on the basis of one or two reactive rapid test results (i.e., without a confirmatory test result)?

Yes

No

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Follow up for question 8

8a. If clients may be referred to care providers on the basis of one or two reactive rapid test results (i.e., without a confirmatory test result), how has this impacted the volume of confirmatory tests conducted?

This has decreased the volume of confirmatory tests conducted

The volume of confirmatory tests has stayed the same

Don't know

8b. If clients may be referred to care providers on the basis of one or two reactive rapid test results (i.e., without a confirmatory test result), how has this impacted surveillance case counts?

This has decreased case counts

The case counts have stayed the same

Don't know

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IMPLEMENTATION (Cont.)

9. Will Ryan White clinics in your jurisdiction accept clients who have been referred without a confirmatory test result? (e.g., Western blot) (Check ONE only)

No

Yes, Ryan White clinics will accept clients on the basis of a single reactive/positive rapid test result.

Yes, Ryan White clinics will accept clients on the basis of two reactive/positive rapid test results.

Don't know.

Other:

10. Do health department supported programs conduct rapid HIV testing using whole blood obtained from a fingerstick or through venipuncture?

Yes

No

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Follow up for question 10

10a. Does the health department allow supported programs to conduct confirmatory testing for reactive results using oral fluid specimens? (i.e., with OraSure)

Yes

No

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IMPLEMENTATION (Cont.)

11. Do health department supported programs conduct oral fluid testing using OraQuick *Advance*?

Yes

No

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Follow up for question 11

11a. Does the health department require that supported programs that conduct oral fluid rapid tests using OraQuick Advance conduct a second rapid test on a blood sample immediately after a reactive oral fluid rapid test?

Yes

No

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IMPLEMENTATION (Cont.)

12. What type of testing does the health department use to confirm reactive rapid HIV tests? (Check all that apply)

- Western blot: oral specimens
- Western blot: serum specimens
- Western blot: dried blood spot
- IFA
- RNA/NAAT
- Don't Know
- Other:

13. What is the typical turn-around time for confirmatory results to be returned by the laboratory to testing sites?

- Next day
- 2 days
- 3-5 days
- 6-10 days
- > 10 days
- Don't know
- Other:

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14. Under current state statute or regulation in your jurisdiction, results are required to be reported to the health department for which of the following tests? (Check all that apply)

- EIA (reactive results)
- Rapid HIV test (reactive results)
- Western blot (positive results)
- IFA
- Viral load
- CD4
- Other:

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PROCUREMENT

The questions in this section address procurement of rapid HIV tests by the health department.

15. What mechanism(s) does the health department use for purchasing rapid tests? (Check all that apply)

- Health department procurement process
- Health department HIV prevention program negotiates directly with companies and purchases through health department procurement process
- Health department HIV prevention program negotiates directly with companies and purchases OUTSIDE of health department procurement process
- Another state/local department or organizational unit within the health department (e.g., the laboratory or pharmacy) purchases devices
- Resources are directed to an intermediary entity (e.g., a hospital, clinic, or CBO/ASO) to purchase devices for the program
- Funding is provided to grantees and other local service providers to purchase devices
- Purchases are made through a 340B program using the HRSA Prime Vendor negotiated prices
- Other (please describe):

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Follow up for question 15

Please describe the health department procurement process:

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PROCUREMENT (Cont.)

16a. If you are able, for each brand of rapid test purchased by the health department, please indicate the price that the health department pays per test: (Please enter numeric values only, rounding to the nearest whole number)

Clearview Complete	<input type="text"/>
Clearview (StatPak)	<input type="text"/>
Multi-spot	<input type="text"/>
OraQuick Advance	<input type="text"/>
Reveal	<input type="text"/>
UniGold	<input type="text"/>

16b. If you are unable to fill out 16a, please indicate why:

Don't know

Not available

This information is confidential

Other (describe:)

17. Approximately how many rapid HIV test devices does the health department anticipate purchasing in 2010? (Check ONE only)

None

Fewer than 1,000

1,001 – 5,000

5,001 – 10,000

10,001 – 15,000

15,001 – 25,000

25,001 – 50,000

50,001 – 75,000

75,001 – 100,000

More than 100,000

Don't know

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PERFORMANCE

The questions in this section address performance of HIV rapid tests used by your program. You are encouraged to consult closely with your public health laboratory partners in responding to questions in this section.

18. During 2009 did any sites experience a cluster of excess false-positive rapid test results?

A "cluster" is defined as an unexpected increase in false-positive rapid test results within a defined time period.

Yes

No

Don't know/unable to determine

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Follow up for question 18

18a. How many clusters of excess false-positive (i.e., discordant) rapid tests occurred during 2009?

- 1
- 2
- 3
- More than 3

18b. Which rapid tests were involved in the cluster(s) of false-positive rapid test results? (Check all that apply)

- Clearview Complete
- Clearview (StatPak)
- Multi-spot
- OraQuick *Advance*
- Reveal
- UniGold

18c. Did you further investigate the possible cause(s) of the cluster(s) of false-positive rapid HIV test results?

- Yes
- No

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Follow up for question 18c

18d. Which of the following reasons (if any) were thought to play a role in the cluster of false-positive rapid HIV test results? (Check all that apply)

- Over collection of specimen
- Out of range storage temperature
- Out of range operating temperature
- Not reading test results in the correct time frame
- Mix up of patient specimens
- Other reasons (please describe):

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PERFORMANCE (Cont.)

19. Do health department supported rapid test sites participate in CDC's Model Performance Evaluation Program (MPEP) or similar proficiency program?

No

Don't know

Yes, sites participate in MPEP

Yes, sites participate in another proficiency program (describe):

20. According to the manufacturer's recommendations, how frequently are sites required to run external controls?

Each day tests are conducted

Don't know

Other

Determined by volume (describe):

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Follow up for question 20

If you selected "Other" , please describe:

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USE OF COMBINATIONS OF RAPID HIV TESTS AT INDIVIDUAL TEST SITES

The questions in this section address use of multiple rapid HIV tests at one or more of your rapid HIV test sites/programs

21. Do one or more of your rapid HIV test sites use a point-of-care rapid multi-test algorithm?

Yes, in parallel

Yes, sequentially

No

Don't know

HIV Rapid Testing Survey

Follow up for question 21

21a. Does the health department require this standard of practice or is it a standard of practice adopted by individual site(s)?

- Health department required standard of practice
- Standard practice adopted by one or more individual sites
- Don't know

21b. Is the use of a rapid multi-test algorithm part of a research study?

- Yes
- No
- Don't know

21c. Which of the following tests are used in the rapid multi-test algorithm? (Select at least two of the listed tests)

- Clearview Complete
- Clearview (StatPak)
- Multi-spot
- OraQuick *Advance*
- Reveal
- UniGold

HIV Rapid Testing Survey

USE OF COMBINATIONS OF RAPID HIV TESTS AT INDIVIDUAL TEST SITES (Cont.)

22. Does the health department have an interest in validating a point-of-care rapid multi-test algorithm for diagnosing HIV infection?

Yes

No

Don't know

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FUTURE PLANS AND TECHNICAL ASSISTANCE NEEDS

The questions in this section address your plans for use of rapid HIV testing in 2010 as well as any technical assistance and/or training needs you have in conjunction with rapid HIV testing programs

23. In 2010, will you be increasing, decreasing or keeping the same the number of sites using rapid HIV testing?

Note: An agency may operate multiple sites where rapid HIV testing is provided. We are interested in the number of distinct sites where rapid HIV testing is provided (e.g., an emergency department and a primary health clinic operated by one hospital represent two distinct sites).

- We will be increasing the number of sites using rapid HIV testing
- We will be keeping the same number of sites using rapid HIV testing
- We will be decreasing the number of sites using rapid HIV testing
- Don't know

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Follow up for question 23

23a. If you expect to increase the number of sites using rapid HIV testing, in which types of venues/settings do you plan to expand rapid HIV testing? (Check all that apply)

- Sexually transmitted disease clinics
- Community health centers
- Substance abuse treatment centers
- Prenatal/obstetrical clinics
- Labor and delivery settings
- Primary care clinics
- Family planning clinics
- Community-based organizations
- Partner services
- Other (please describe):
- Hospital emergency departments
- Urgent care clinics
- Hospital inpatient settings
- Hospital outpatient settings
- TB clinics
- Correctional facilities
- Dental care settings
- Outreach/field sites

23b. If you expect to increase the number of sites providing rapid HIV testing, approximately how many additional sites will you support?

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Follow up for question 23

23a. If you expect to decrease the number of sites/programs providing rapid HIV testing, what are the reasons?

- Decreased funding
- Lack of health department capacity
- Lack of local provider capacity
- No clear programmatic use
- Lack of yield of positives
- Performance of rapid tests
- Rapid testing is supported by other state agencies
- Rapid testing is supported by other funding sources
- Other (please describe):

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FUTURE PLANS AND TECHNICAL ASSISTANCE NEEDS (Cont.)

24. Please indicate any technical assistance needs associated with rapid HIV testing which cannot be addressed by your health department. (Check all that apply)

- Laboratory training for health department staff
- Laboratory training for local providers
- Test device training
- Counselor training
- Evaluating the impact of rapid HIV testing
- Evaluating the cost effectiveness of rapid HIV testing
- Validating rapid HIV tests from various manufacturers
- Adopting multi-test algorithms
- Identifying appropriate venues and/or populations to implement rapid testing
- Providing rapid testing in specific venues or settings
- Other (please describe):

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Follow up for question 24

24a. If you selected "Test device training" as technical assistance need that cannot be addressed by your health department, please indicate the indicate specific device:

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Follow up for question 24

24b. If you selected "Providing rapid testing in specific venues or settings" as technical assistance need that cannot be addressed by your health department, please describe:

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HIV TESTING IN THE DENTAL CARE SETTING

25. Has the health department implemented HIV testing in any health care settings?

Yes

No

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Follow up for question 25

25a. Please indicate in which health care settings HIV testing has been implemented.

- Sexually transmitted disease clinics
- Community health clinics (e.g. federally qualified health clinics, community health centers)
- Ryan White clinics
- Health department clinics
- Dental care settings
- Substance abuse treatment centers
- Prenatal/obstetrical clinics
- Labor and delivery departments
- Family planning clinics
- Hospital emergency departments
- Urgent care clinics
- Hospital inpatient clinics
- Hospital outpatient clinics
- TB clinics
- Correctional facilities
- Other (please describe):

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25b. In which of the following settings that the health department supports is HIV pretest prevention counseling provided in conjunction with HIV testing? (Note: Prevention counseling refers specifically to client-centered risk assessment and risk reduction planning.)

- Sexually transmitted disease clinics
- Community health clinics (e.g. federally qualified health clinics, community health centers)
- Ryan White clinics
- Health department clinics
- Dental care settings
- Substance abuse treatment centers
- Prenatal/obstetrical clinics
- Labor and delivery clinics
- Family planning clinics
- Hospital emergency departments
- Urgent care clinics
- Hospital inpatient clinics
- Hospital outpatient clinics
- TB clinics
- Correctional facilities
- Other (please describe:)

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Dental Care Setting Specific Questions

26. Are you aware of any dental practices in your jurisdiction that are currently offering HIV testing in the dental care setting?

Yes

No

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Follow up for question 26

26a. How many dental practices in your jurisdiction would you estimate are currently offering HIV testing in the dental care setting?

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Dental Care Setting (Cont.)

27. In what ways, if any, is your health department working towards implementing HIV testing in dental care settings?

- We have already implemented HIV testing in some dental care settings and plan to expand current testing efforts
- We have already implemented HIV testing in dental care settings and plan to keep current HIV testing efforts the same
- We are planning to implement HIV testing in dental care settings
- We are currently discussing whether/how to implement HIV testing in dental care settings
- We have not begun discussing whether or how to implement HIV testing
- We do not plan to implement HIV testing in dental care settings
- Other (please describe):

28. If you are planning to expand or implement HIV testing in dental care settings within the next year, please indicate what type of dental care settings. (Check all that apply)

- Community Health Centers (e.g federally qualified health centers, community health centers)
- Private Dental Offices
- Dental school outpatient clinics
- VA dental clinics
- Outpatient hospital based clinics
- Dental emergency rooms
- Not planning to expand or implement HIV testing in the dental care setting.
- Other (please describe):

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29. Have you or others in your health department discussed implementing HIV testing in dental care settings with any of the following? (Check all that apply)

- Local Health Department(s)
- State Dental Director
- State Dental Societies
- AETC Dental Director
- Community Health Care Center Dentists
- Other Public Health Dentists
- Other Local Dentists (private practitioners or hospital based dentists)
- Dental School Deans and/or faculty
- Dental Researchers
- CDC
- Private health care insurance providers
- Medicare/Medicaid insurance providers
- None of the above
- Other (please describe):

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30. Have you or others in your health department discussed HIV and oral health issues in general with any of the following? (Check all that apply)

- Local Health Department(s)
- State Medical Director
- State Dental Director
- State Dental Societies
- AETC Dental Director
- Community Health Care Center Dentists
- Other Public Health Dentists
- Other Local Dentists (private practitioners or hospital dentists)
- Dental School Deans and/or faculty
- Dental Researchers
- No discussions regarding HIV and oral health
- Other (please describe):

31. Does the health department plan to financially support implementation of HIV testing in dental care settings in the future? (Check all that apply)

- Yes by providing funds for dentists or dental staff offering testing
- Yes by providing funds for testing kits
- Yes by providing training for dentists or dental staff to offer testing
- Yes by providing informational pamphlets to dentist to have for patients at their office
- No
- Other (please describe):

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Follow up for question 31

31a. With what funding source(s) does the health department plan to financially support implementation of HIV testing in dental care settings?

- CDC HIV prevention cooperative agreement funding
- Other federal funding
- State/local funding
- Medicaid
- Medicare
- Private/other health insurance
- Patient fee
- Other (please describe):

HIV Rapid Testing Survey

Dental Care Setting (Cont.)

32. Please rank what you see as the *three* most significant barriers to implementing HIV testing in dental care settings in your jurisdiction, with "1" being the "most significant" barrier.

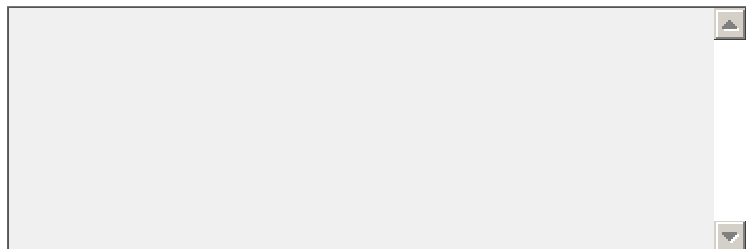
	Most Significant	Second Most Significant	Third Most Significant
Identification of appropriate settings/facilities	10	10	10
Lack of interest by dentists	10	10	10
Lack of data to support or justify screening approaches	10	10	10
Lack of funding to support implementation	10	10	10
Medicaid will not reimburse for HIV testing	10	10	10
Dental insurance will not reimburse for HIV testing	10	10	10
Patients will not accept HIV testing	10	10	10
Informed consent statutes/regulations	10	10	10
Counseling statutes/regulations	10	10	10
Maintaining patient confidentiality	10	10	10
Possibility of discrimination/stigma	10	10	10
Lack of mechanisms to ensure patients gain access to care and treatment	10	10	10
Lack of mechanisms to ensure patients gain access to prevention and support services	10	10	10
Lack of dental staff interest or support of HIV testing	10	10	10
Educating dentists about statutory/regulatory requirements	10	10	10
Other	10	10	10

Please describe Other (if chosen)

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Conclusion

33. Health Departments are encouraged to provide additional comments to help us to better understand what would be needed to implement HIV testing in dental care settings in your jurisdiction.



Thank you for your time and participation.