




Rapid Testing for Children and Youth Results from a Pilot Project in Philadelphia

Jill A. Foster, Yanick M. Vibert, Daniel H. Conway, Janet S. Chen, Roberta Laguerre, Bianca Van Kust, Candace Robertson, Theresa Parrino, and Ebony Boswell

St. Christopher's Hospital for Children, Department of Pediatrics, Drexel University College of Medicine, Philadelphia, PA 19134



jfoster@drexelmed.edu
doyanick@hotmail.com
dconway@hotmail.com
jchen@drexelmed.edu
rlaguerre@drexelmed.edu
 215-427-5284 (phone)
 215-427-4385 (fax)

#761

ABSTRACT

Background: HIV rapid testing is becoming increasingly accepted in many settings. Little is known of the acceptability and use of rapid testing focused on urban minority youth. These youth, particularly the youth at highest risk for HIV, do not often have routine medical care where testing can be provided, and if provided do not come back for results. We hypothesize that rapid testing that focuses on outreach to high risk youth will be effective in identifying HIV infected individuals and enrolling them in care.

Methods: In a pilot program for youth rapid testing in Philadelphia, program staff outreached to community sites including community college, emergency shelters, family court, and gay/lesbian/bisexual/transvestite (GLBT) youth centers for on-site testing, advertised at community sites to provide walk-in testing at children's hospital site, and provided testing in a children's hospital HIV clinic, walk-in pregnancy clinic, emergency department, and inpatient ward. Although targeted at youth, all clients requesting testing were tested.

Results: Over 10 months, 450 tests were performed, of which 248 were for youth aged 14 to 24 and 7 of these were new positives, seroprevalence 1.6%. Results of total group: 62% black, 24% Hispanic, testing was 43% community based, 52% in 2 clinics, 2% inpatient, 2% emergency departments; 58% were previously tested. Age ranged from 0 to 72; mean 22, median 19. Demographics of total positives: 100% were black, non-Hispanic, 43% male, 57% female, mean age 22 years, 86% with heterosexual risk factors, 14% MSM. Youth Positives 75% heterosexual, 25% MSM, 50% male/female, mean 22 years. Total youth (combined positive and negative) risk factors: 61% with heterosexual contact only, 33% with at least 1 risk factor, 15% with ≥ 3 ; 13% with a sexually transmitted disease and 8% sexually assaulted; none of youth with multiple risk factors was positive. One who tested negative thought he was positive but had never returned for results. A 2-year-old child identified as an in-patient, with perinatal transmission. Of 7 positive patients, 6 were linked to care and had at least 1 medical visit.

Conclusions: Rapid testing in Philadelphia youth identified 4 new positives (seroprevalence 1.6%), predominantly heterosexual, all black, similar to expected adult rates. Minority youth rapid testing in community settings is a tool to identify newly positive youth and is a useful adjunct for pediatric and adolescent HIV programs to use in the in-patient and out-patient settings. More study for attitudes toward their testing experience more testing to reach statistical significance in trends identified is needed.

MATERIALS AND METHODS

In a pilot program for youth rapid testing using in Philadelphia, the program staff of the Pediatric HIV/AIDS Program at St. Christopher's Hospital for Children outreached to community sites including community college, emergency shelters, family court, and GLBT youth centers for onsite testing.

Where:

- Community testing provided in 2 types: in the 4th session of a 4 session HIV prevention curriculum and at single intervention testing session provided as part of other activities such as a health fair, movie night, or the normal activities of family court.
- Although high risk youth were targeted, all clients requesting testing were tested.
- In addition, it was advertised at community sites and on the radio that free walk-in testing at the main clinic site was available.

Testing Procedures:

- Provided rapid testing in a children's hospital HIV clinic, walk-in pregnancy clinic, emergency department, and inpatient ward.
- Testing by Oraquick, using fingersticks, was performed in the out- and in-patient settings using existing personnel of physicians, mid-level practitioners, and medical assistant to perform testing; in community sites all testing was performed by social workers and HIV testers (high school trained personnel)
- Reactive rapid testing followed up with Western Blot (obtained by blood in clinic, by Orasure in the field)
- Consent for testing modified to include consent for care outreach, including a menu of how patients could be reached (including school, home, phone, letter, etc.)



RESULTS

- 450 tests were performed over 10 months.
- *240 tests on youth aged 14y-24y
- *7 new positives
- *Seroprevalence 1.6%
- Total Youth Risk Factors (Positive+Negative)**
- *61% Heterosexual contact only
- *33% 1+ risk factor
- *15% 3+ risk factor
- *13% STD
- * 8% Sexual assault
- * 0% Youth + with multiple risk factors
- Youth Positives**
- *75% Heterosexual, 25% MSM
- *50% Male/Female
- *Mean age - 22yo

BACKGROUND

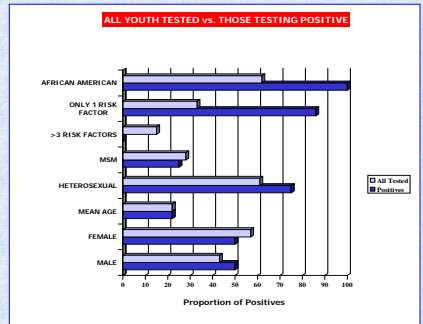
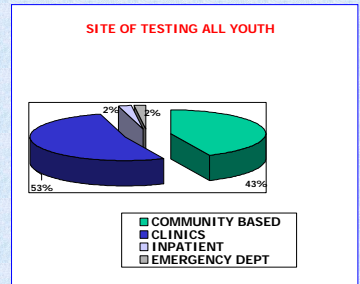
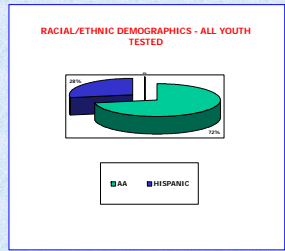
HIV rapid testing is becoming increasingly accepted in many settings.

- Little is known of the use of rapid testing focused on urban minority youth.
- *These youth, particularly those at highest risk for HIV do not often have routine medical care where testing can be provided
- *If routine medical care can be provided, they do not come back for results.

PURPOSE AND HYPOTHESIS

Our **PURPOSE** was to administer rapid testing to high risk inner city youth who are unaware of their HIV status, provide pre and post testing counseling and linkage to medical care if necessary.

Our **HYPOTHESIS** is that rapid testing focused on outreaching to high risk youth will be effective in identifying new positives and then enrolling them in follow up care.



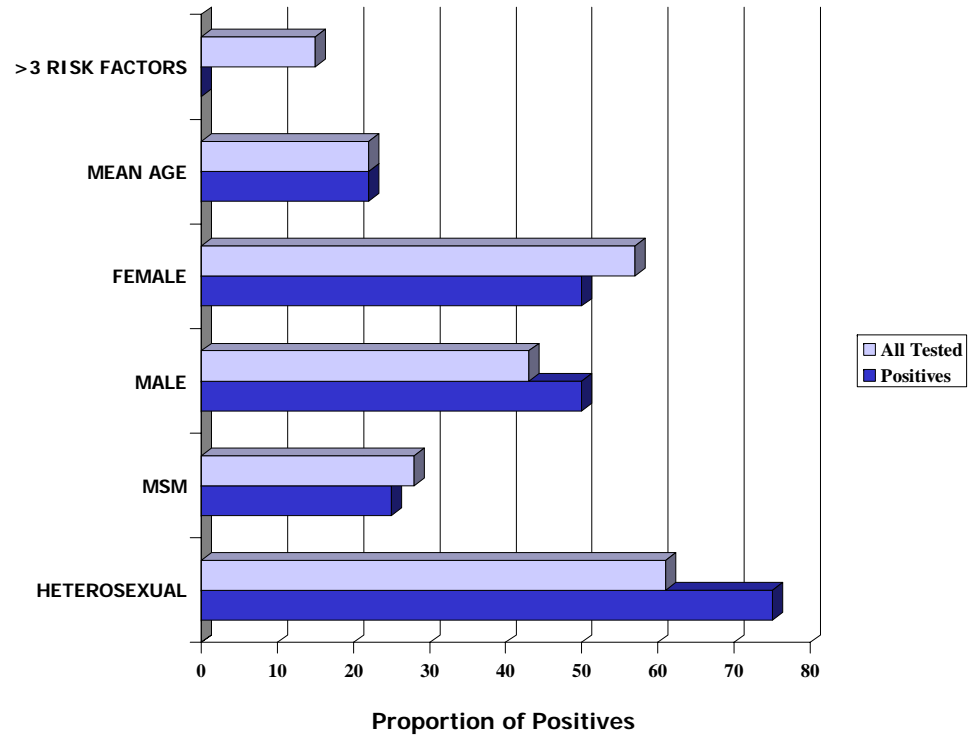
New data since this collection:

- 4 additional months
- 3 additional youth positives, All African American, 2 male
- All positives with 2 or fewer risk factors
- Seroprevalence: 1.6%
- Seroprevalence in African American youth: 2.75%

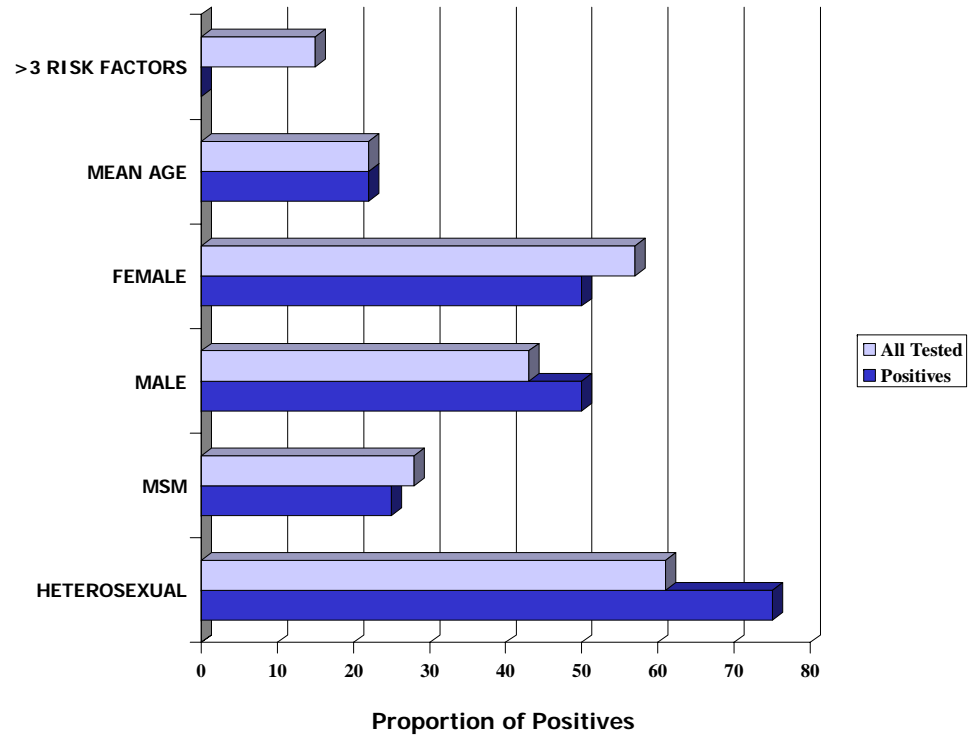
CONCLUSIONS and NEXT STEPS:

- Rapid testing in Philadelphia identified 7 new positives (seroprevalence 1.6%)
- Predominantly heterosexual and all African-American
 - Similar to expected adult rates
- Minority youth rapid testing in community settings is a tool to identify newly positive youth and is a useful adjunct for pediatric and adolescent HIV programs to use in the in-patient and out-patient settings.
- Focusing on "high risk" youth only will miss positive youth.
- More studies for attitudes towards their testing experience and more testing to reach statistical significance in trends is needed.
- Attitudinal studies regarding perception of testing need to be done.
 - Testing with specific populations needs to be instituted
 - Data needs to be collected regarding prevention intervention that accompanies testing.

ALL YOUTH TESTED vs. THOSE TESTING POSITIVE

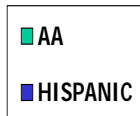
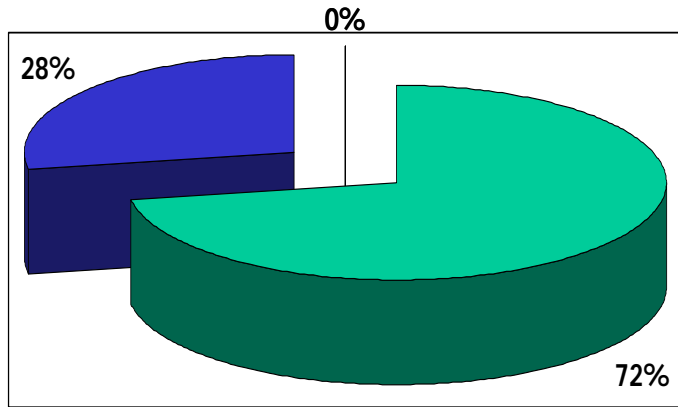


ALL YOUTH TESTED vs. THOSE TESTING POSITIVE



Clinical Data

RACIAL/ETHNIC DEMOGRAPHICS
All Youth Tested



TESTING SITE
All Youth Tested

