

MTN 003, OUR SITE EXPERIENCES

BY

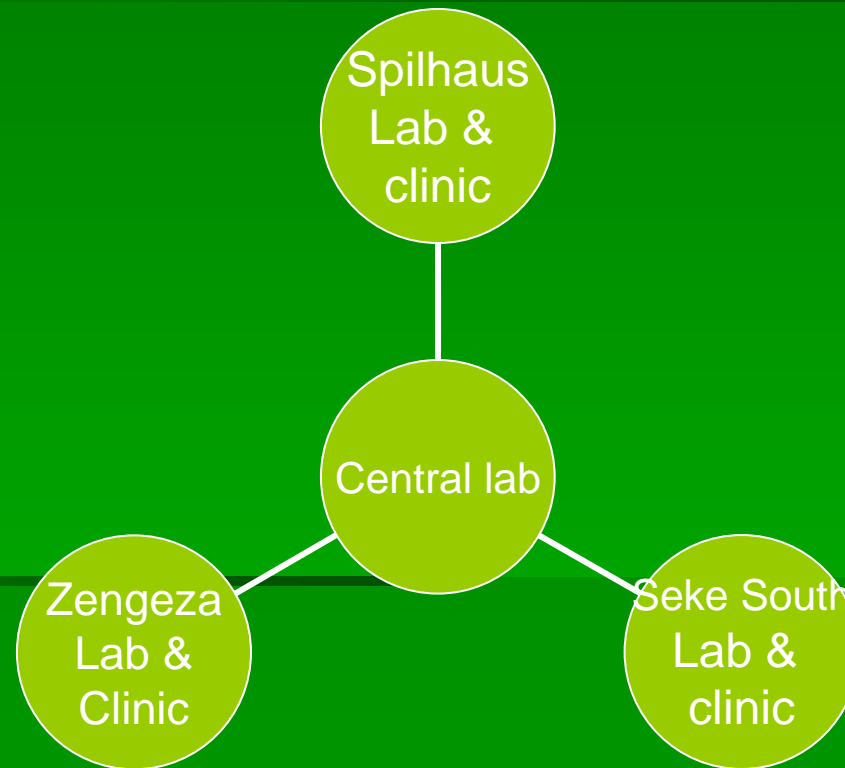
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HBMLS(UZ)

OVERVIEW

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

UZ-UCSF (MTN) Laboratories



Experiences

- Took some of experiences from HPTN 035.
- Screening started in September 2009.
- HIV prevalence at screening was approximately 20%.

HIV

- 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.

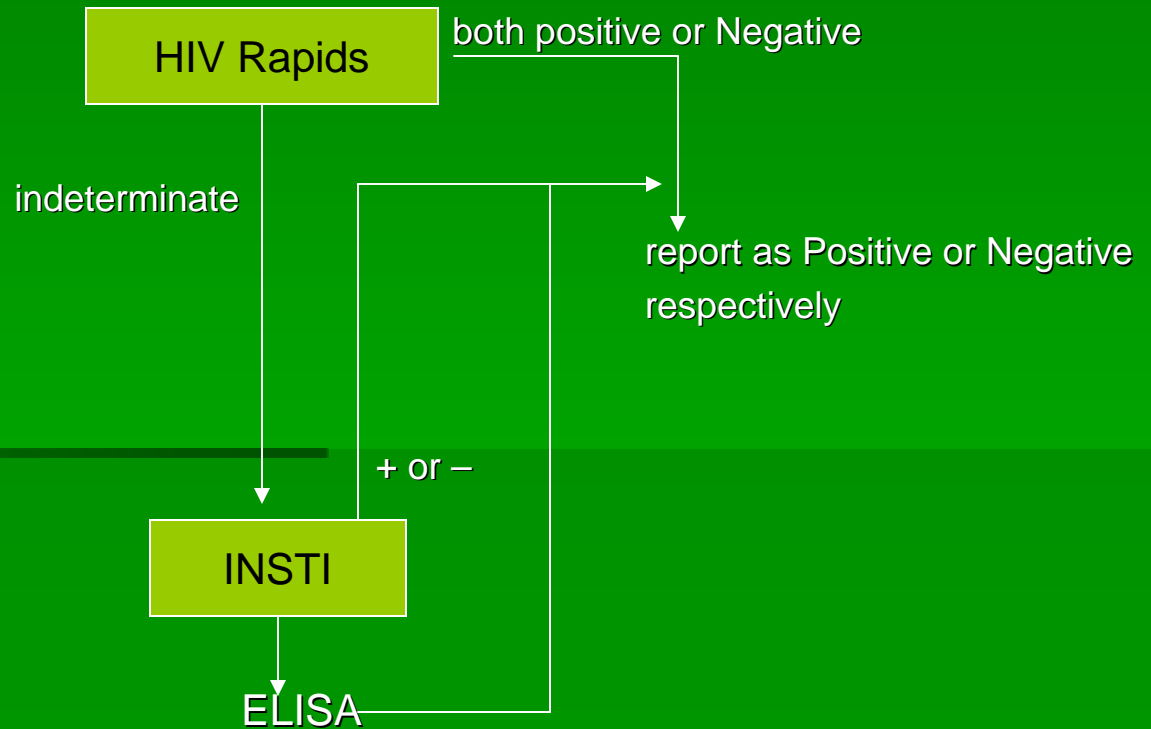
HIV, continued

- 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



Antigens 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 VAGNOSIS

- 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.

BV, continued

- 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