

To Test or Not to Test: Will the New Oral HIV Test Prove Irresistable?

By Mark Melchior

If you have ever sought out an anonymous HIV test, you probably remember some anxious moments. Perhaps they included the experience of being stuck with a needle and watching your blood flow into a vial. For many of us, the anxiety of learning one's status is spread across the days and sometimes weeks preceding the results. Fortunately, times do change.

For those seeking an anonymous test today, HIV testing has made an incremental leap forward in comfort and convenience.

Over the past several months, AIDS service organizations and other community agencies across Vermont have begun administering a new oral HIV test. This test no longer requires a lab visit. In fact, it can be done almost anywhere. Most of the participating organizations now offer this service in their offices or – and this is new – at a site of the test taker's choosing. And, for the needle and blood-phobic, good news: there is no blood involved, merely a simple procedure in which cells are collected from the side of the mouth using a special swab. Though the results of the test are not instantaneous, they are usually available within a week or so after testing.

Out in the Mountains wanted to find out more about the "Orasure" test, the commercial name given this new procedure, and what its availability means for those of us with HIV concerns. We called on David Hooks, the recently appointed Executive Director at Vermont CARES, and Amy Livingston, Program Director of Prevention for Vermont CARES, to answer our questions about the new procedure. Vermont CARES has been out front in efforts to bring Orasure testing to Vermont. We sat down with David and Amy recently at their offices in downtown Burlington.

TAKING THE TEST

OITM: Amy, so tell us about the new test, including how we can get tested.

AMY: To get tested, you would start by calling one of our offices and making an appointment with a staff person who has been trained to administer the test. Since this is an anonymous test, you don't give your name when you call. Later, when we meet for the appointment – and we meet with the test taker at a site of their choosing – we spend some time talking about their concerns about risk for HIV, making sure that the test taker has correct, up-to-date information on prevention, and answering any questions about the procedure. At the end of the meeting, we administer the test itself, which takes about two minutes.

OITM: I had imagined that the test would be just like taking a Q-tip and swabbing the inside of the mouth to get a sample. So what takes two minutes?

AMY: Well, we call the testing implement a swab, which makes it sound like a Q-tip, but it really looks more like a flat toothbrush. The test taker opens the package containing the "swab" and puts it into the side of his or her mouth and holds it there for about two minutes. When finished, the test taker deposits the swab into a container that protects the sample on its way to the lab. At that point, we set up a time to get the results and give them a form with a unique number identifying their test sample. The test taker must bring that form with them to receive the results, which are usually available about a week or so following the test.

OITM: That's a pretty quick turnaround. So how much does the test cost?

AMY: It's completely free to the test taker. The Department of Health [DOH] now pays all the costs associated with anonymous HIV tests – oral and blood tests – done in the state. So now there is no solicitation or expectation of any kind for payment.

OITM: You mean free, and guilt-free, testing?

AMY: Yes.

OITM: So, how's the new program going? Have you had a lot of people signing up for the new test?

AMY: We've had a good response. I think people appreciate the flexibility of choosing where they can take the test. The more we can get this test out into the community where people are, the more likely we are to reach folks who haven't been tested. Eventually, we'd like to train our peer outreach workers to give the test too. Right now, our staff makes all the off-site visits.

OITM: Can you speak generally about the kinds of folks who have sought out the test?

AMY: We've seen a wide range of people for Orasure testing, from injection drug users, to students, to partners of HIV positive people. It reflects the kind of diversity we are seeing in all areas of our organization, really.

OITM: You've said that the results from the oral test come more quickly than some of the blood testing around the state. But I hope you still offer counseling for those people who need support between the time of taking the test and

getting the results.

AMY: Yes, absolutely. We offer counseling and support to people throughout the process, including before and after they receive their results, regardless of the test result.

TESTING AND PREVENTION

OITM: David, Vermont CARES has never offered this kind of HIV testing with Orasure, and this program seems to open up a whole new way of looking at what counts as prevention work. Do you see it as an extension of CARES' other prevention services, or something separate?

DAVID: Prevention is really where the oral HIV testing program is based and lives. We see it as another way of reducing barriers and drawing people closer to all the prevention services we offer. By helping people learn their HIV status, we are also able to help them access information to protect themselves and others. I want to pick up on the importance of the counseling that we offer with the test. When I was tested, back in 1991 in Texas, I did not receive any counseling pre or post-test. I was so incredibly anxious while I waited those two weeks for my results that I went to great lengths to ease my anxiety. I actually flew from Dallas, where I was living, to New York, so that I could be near a friend who had already gone through the process of getting his test results. Believe me, I know first hand how important it can be to offer counseling both before and after the results of the test are known.

AMY: We realize how integral testing can be in our prevention services, because testing occurs when people are thinking about the risks they take in their lives. So it is probably the best time for us to be able to reach out and help someone identify choices that they can make about their health, and to put them in touch with their peers who have gone through some of the same experiences, if they so choose.

OITM: Do you think this test, should it prove to be a popular alternative to blood testing, will shift some of your resources in prevention?

AMY: We've seen that testing has actually enhanced some of our other prevention programs. For instance, we've tested people who might not have come to us otherwise. But, having gone through the testing process, they sometimes choose to come back and speak with a staff person that they may have tested with about their risk behaviors or other things, whether they tested positive or negative.

DAVID: In the past, AIDS service organizations have tended to put people in clearly delineated boxes, marked positive and negative, and offered services based solely upon those distinctions. At Vermont CARES, we've come to recognize that our prevention services are on-going and encompass those who are negative and those who are HIV positive, a blurring of the lines, if you will, between direct services and prevention efforts. We need to reach out and assist people in protecting themselves, whether it be from risk of initial infection, or re-infection with a different strain of the virus, or one that is resistant to many or all of the current therapies.

THE SCIENCE OF THE TEST

OITM: Are these oral tests as reliable as the HIV blood tests?

AMY: Generally, yes, though the blood test is considered ever so slightly more accurate in large studies of the procedures.

OITM: In terms of biology, is there any difference between Orasure and the blood test?

AMY: The oral test and the blood test check for the same thing: the presence of antibodies to HIV. If antibodies are present, than one has been exposed to the virus and tests positive for HIV infection. If no antibodies are present, than one tests negative for HIV. Orasure is different only in that it tests cells in the mouth, not the blood. It is not, by the way, a test based upon saliva. Saliva does not appear to carry the virus, nor is it considered a means of transmission.

OITM: Do you worry that because this test is done by mouth, rather than by blood, that people will begin to associate HIV with saliva, too?

AMY: We are very concerned about the possible erroneous connections people may draw between saliva and HIV. Whenever I am speaking with people about oral testing, I always stress that saliva is not considered a means of transmitting the virus, and that the test does not in fact test saliva; it tests cells in the mouth for the presence of HIV antibodies.

OITM: Do you think the ease and flexibility of this test will bring about a wider recognition of who is at risk for HIV?

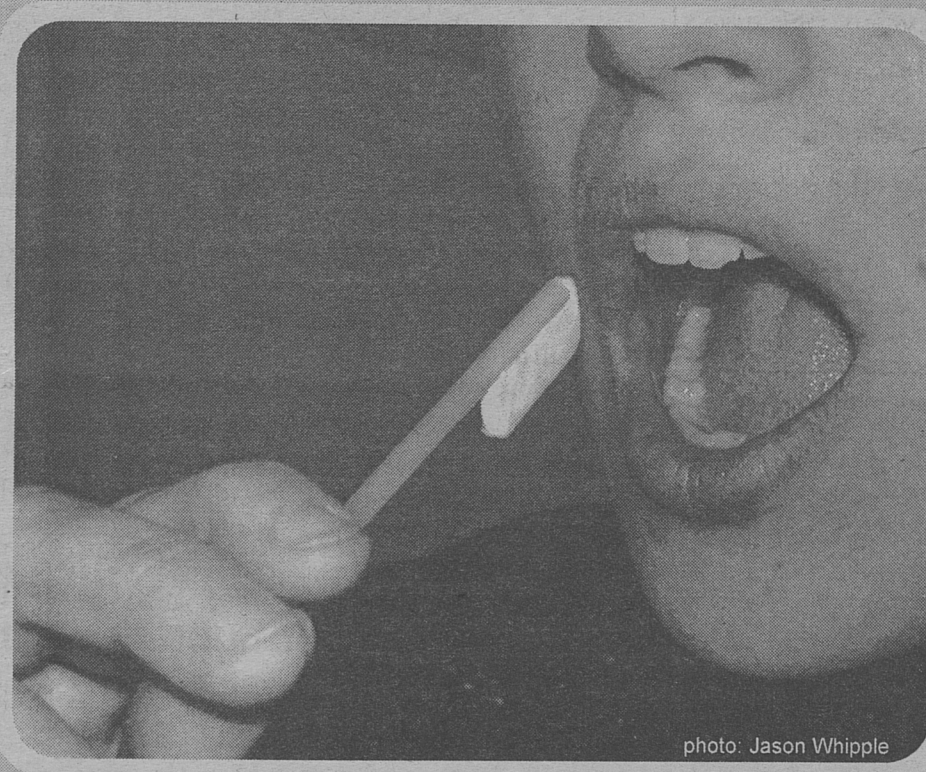


photo: Jason Whipple