its assessment of the test on a statistic called the Positive Predictive Value, an estimate of the number of positive test results that would be false given the rate of HIV in any given population. The problem with the VDH's logic is that the HIV sero-prevalence for everybody living in the state of Vermont and the HIV sero-prevalence of Vermont's gay men are widely differing values.

Approximately one of a thousand Vermonters is HIV-positive, compared to perhaps one of every 16 gay men in Vermont. (Incidentally, VDH refuses to state publicly an official rate of HIV for gay men in Vermont. The rate referred to here is the 'middle of the road' value for the rate of HIV when looking at the aggregate of surveys of Vermont gay men that ask their HIV status.) At this level of HIV sero-prevalence, only 2-4 percent of positive results would be false, resulting in the test being accurate 99.6 percent of the time, a level of accuracy on par with that of other available tests.

Ultimately, however, pointing to the accuracy of the test is a smokescreen. There is not much difference in the accuracy of OraQuick compared to traditional, lab-based testing.

A study published by the CDC in January 2004 concluded OraQuick "produced substantially fewer false-positive results than traditional lab-based HIV tests." Documents from the Food and Drug Administration state the test "provides screening results with over 99 percent accuracy."

"Rapid testing tools are widely accepted by the CDC," said Karlie Stanton, spokesperson for the CDC's National Center of HIV, STD, TB Prevention, who expressed 'shock' that a public health official would make such a claim of an FDA approved test.

A slightly more believable claim is the cost of implementing the new test, but even this explanation does not pan out.

"Cost definitely plays a part, because it's not only the test but the test counselors and quality assurance. The CDC has not made any funds available to make it happen," said Weller.

In fact, the CDC is giving away test kits and actively training test providers.

"To date, the CDC has purchased and distributed 500,000 finger stick rapid tests and trained more than 475 people at twenty regional training sessions," said Stanton. "Ten to 15 additional trainings are planned this year."

The primary issue appears to be the willingness of VDH to offer the test.

"I wouldn't say it's not on the radar," said Bill Apao, VDH Director of Surveillance. "We absolutely see the importance of a rapid test. It's not that we don't want to do it, we don't want to cut the legs out from under our outreach workers."

But organizations who employ those outreach workers can't wait for the test.

"I knew the CDC was pushing the rapid testing, and we'd love to be part of it," said Vermont CARES's Jacobsen. "We're willing to send our staff to training using general donations."

"We would certainly support rapid testing because it reduces the barriers gay men face at getting tested and getting their results," said R.U.1.2?'s Kaufman.

Perhaps the real issue in not offering the test is VDH's lack of awareness of what's important to gay men.

"The Department of Health does have the community's best interest at heart, but they don't always have accurate information about what the community needs and what it's like for the average gay man who is concerned about HIV," said Kaufman. "It would be great if the Health Department could listen more carefully to men who are at risk – which is not necessarily those who participate in the community planning group."

The VDH Comprehensive HIV Prevention Plan governs prevention activities of the state's AIDS program. Twice it directs public health officials to "consider and evaluate the adoption of rapid testing technologies to increase the likelihood that people who access antibody testing will receive accurate results in the most timely manner possible."

When asked if VDH had assessed the impact the test would have on people getting tested for HIV in Vermont, performed a cost/benefit analysis of providing the test, or documented the cost of training HIV test counselors, Apao's response was "Nothing formal."

In the meantime, gay men wait. ▼

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Approximately one out of a thousand Vermonters is HIV-positive, compared to perhaps one of every 16 gay men in Vermont . . . Over one third of people tested in the traditional, lab-based way do not return, and thus never discover their sero-status.