Disclosure

“"I have no real or perceived vested interests that relate to this presentation, nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas."

Brittney Copeland, BS
December 6th, 2014
Objectives

• Discuss the HIV epidemic nationally, regionally and locally

• Define best practices for integrating HIV testing into the primary care setting

• Describe HIV Testing Technologies

• Explain the “Updated Recommendations for Laboratory Testing for the Diagnosis of HIV Infection”

HIV in the United States*

• In the U.S., more than 1.1 million people are living with HIV infection

• 1 in 6 (15.8%) are infected with HIV and don’t know it

• 50,000 new HIV infections occur each year

• By race/ethnicity, blacks/African Americans experience the most severe HIV burden

Who’s at Risk?

Since the early 1980’s, HIV has been about what you do

Who’s at Risk?

Today it’s also about where you live

All Person’s Living with an HIV or AIDS Diagnosis, 2010


White Person’s Living with an HIV or AIDS Diagnosis, 2010

Black Person's Living with an HIV or AIDS Diagnosis, 2010


HIV and Poverty

HIV in the South

HIV and AIDS Diagnoses Rates, 2011

• The rate of new HIV diagnoses in the Southern US was the highest of any US region.

• Eight of the 10 states/DC with the highest rates of new HIV diagnoses are located in the South (DC, FL, GA, LA, MD, MS, SC, TX).

• Nearly half (49%) of newly reported HIV infections are in the South although the South accounts for only 37% of the US population.

• The South accounts for 49% of new AIDS diagnoses and had the highest AIDS diagnosis rate of the 4 Census Bureau regions.

HIV in South Carolina

New Diagnoses broken down by age (2008-2011)
3,227 people were diagnosed with HIV

<table>
<thead>
<tr>
<th>Age</th>
<th>New Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-24</td>
<td>854</td>
</tr>
<tr>
<td>25-34</td>
<td>794</td>
</tr>
<tr>
<td>35-44</td>
<td>699</td>
</tr>
<tr>
<td>45-54</td>
<td>569</td>
</tr>
<tr>
<td>55+</td>
<td>311</td>
</tr>
</tbody>
</table>

The rate of black males living with an HIV infection diagnosis is **6.2 times** that of white males.

HIV in South Carolina

• The rate of Hispanic/Latino males living with an HIV infection diagnosis is **1.6 times** that of white males.


---

HIV in South Carolina

• The rate of black females living with an HIV infection diagnosis is **12.1 times** that of white females.

HIV in South Carolina

- The rate of Hispanic/Latina females living with an HIV infection diagnosis is **2.9 times** that of white females.

What does this mean?

We have the ability to

![Stop HIV sign]

HOW ?

Ensure patients:

• have access to HIV testing
• know their HIV status
• are linked to and retained in care (HIV+)

HIV Testing Recommendations

• In September 2006, the CDC began recommending:
  • individuals aged 13-64 be tested for HIV regardless
    of chief complaint or risk profile

• Who was going to pay for this routine HIV screening?
  • Insurance companies, including Medicaid/Medicare, cover HIV
    testing based on “medical necessity”

• In April 2013, the U.S. Preventative Services Task Force
  (USPSTF) began recommending:
  • Adolescents and adults aged 15-65 and all persons at increased risk
    for HIV infection be screened for HIV (“Grade A”)
  • Affordable Care Act (ACA) mandates services rated Grade A or B be
    covered by insurance

Best Practices for Integrating HIV into Practice

• Engaging Key Stakeholders
• Financial Issues
• Legal Considerations
• Operational Flow
• Delivering and Documenting Results
• Linkage to Care
• Choosing an HIV Test

These best practices are adapted from “HIV Testing in the Emergency Department: A Practical Guide” and
incorporates findings from academic research articles, medical associations, and feedback from professionals conducting
routine HIV screening in their clinical setting: http://www.edhivtestguide.org/
Engage Key Stakeholders

Successfully implementing routine HIV testing requires that key players support the program, understand its importance, and know how it will affect patient care.

Factors that can help engage key stakeholders include:

• Clinic leaders support the effort
• Primary care physician or leader champions the effort
• CEO and administration support
• Pilot tests to demonstrate impact

Factors that could make stakeholders reluctant

• Concerns about patient flow
• Little awareness of the need for routine HIV testing
• Reliance on prescribing providers for most aspects of the testing process
• Competing priorities in treating patients chief complaints or other public health issues that may be more pressing for the individual patient
Answering Critical Questions

- Who will champion the HIV testing effort?
  - Can this person convince leadership and clinical staff or the importance
  - Will s/he be able to speak about the effort to both internal and external audience to build broad awareness and support?
- Does data need to be prepared to demonstrate need?
- Who has resources or important perspectives to contribute to the effort?
- Who needs to be involved in program design and decision making?
- Who needs to be involved in program design and decision making?
- What are peoples’ concerns/

Tool for Tracking Engagement Communication

<table>
<thead>
<tr>
<th>Key Stakeholder Engagement</th>
<th>Informed/ Buy-in</th>
<th>Resources / Perspectives</th>
<th>Design/ Decision Making</th>
<th>Contacted?</th>
<th>Expectations</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration (CEO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Laboratory</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Health Department</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Infectious Disease Leadership</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Management</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-based Organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Leadership and Staff</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who else?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SEATEC
Patient Selection

- All patients aged 13-64 (CDC)
- All patients aged 15-65 (USPSTF)
- Patients with unknown HIV status
- Anyone that wants an HIV test
- Patients presenting with sexually transmitted infections (STI)
- Patients presenting with symptoms, risk behaviors, or medical histories that may indicate HIV infection

Recommendation:
Test patients regardless of whether they have a recognized behavioral risk or presence of signs or symptoms of HIV infection.

Costs and Funding

The Health Research and Education Trust (HRET) created a cost calculator designed to estimate monthly expenses and potential revenue associated with HIV testing.


To estimate expenses and revenue, you will need to know/estimate the following:

- Labor costs
- Supply costs
- Patients tested by payor type
- Payor reimbursement rate for HIV testing
Costs and Funding

• Third Party Payers

<table>
<thead>
<tr>
<th>Setting</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Private Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Qualified Health Center (FQHC)</td>
<td>Yes, once every 12 months</td>
<td>Yes</td>
<td>Yes, plans created after 3.23.10</td>
</tr>
<tr>
<td>Public Clinic (non-FQHC)</td>
<td>Yes, once every 12 months</td>
<td>Medically Necessary</td>
<td>Yes, plans created after 3.23.10</td>
</tr>
<tr>
<td>Private Clinic</td>
<td>Yes, once every 12 months</td>
<td>Medically Necessary</td>
<td>Yes, plans created after 3.23.10</td>
</tr>
</tbody>
</table>

• State and Local Health Departments

• Drug Manufactures/Distributors

• 340B drug pricing’s Prime Vendors

  • Sets an upper limit on the price that drug manufacturers receive and prime vendors provide their products at a further reduced price

  • Uni-Gold Rapid HIV Antibody Test

Consent Process

Opt-Out Consent

• Notifying the patient that an HIV test will be performed unless the patient declines is recommended in all health-care settings.

• Specific signed consent for HIV testing should not be required.

• General informed consent for medical care should be considered sufficient to encompass informed consent for HIV testing.
South Carolina HIV Testing Laws

<table>
<thead>
<tr>
<th>Informed Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No specific provisions regarding consent were found.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>No specific provisions regarding counseling were found (see State Policies Relating to HIV Testing, 2011, below, for exceptions).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provisos of Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous</td>
</tr>
<tr>
<td>o Anonymous testing is not available.</td>
</tr>
<tr>
<td>Rapid</td>
</tr>
<tr>
<td>o No specific provisions regarding rapid testing were found.</td>
</tr>
<tr>
<td>Routine</td>
</tr>
<tr>
<td>o No specific provisions regarding routine testing were found.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification to sexual and needle-sharing partners of possible exposure to HIV is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minor/Adolescent Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons 16 years or older may consent to HIV testing.</td>
</tr>
</tbody>
</table>


Process Flow

Who will obtain consent?

Where will the consent process happen?

How will consent be documented?

Which HIV test will you select (conventional vs. rapid)?

How and where will HIV test results be delivered?

How will the HIV test results be documented?

How will newly diagnosed HIV-positive patient be linked to medical care and support service?
Delivering Negative Results

**Negative Results**

- Patients may be given their result and informed that no further testing is required at that time.
- Patients should be advised that if they are at high risk for HIV, they should have an HIV test at least once a year.
- If you are using a rapid HIV test, you should advise patients that if they suspect they may have been exposed to HIV in the past 3 months, they should be retested again in 3 months.

---

Delivering a Preliminarily Positive Result

**Disclosure:**

- Results should be communicated confidentially in person by a clinician, nurse, mid-level practitioner, counselor, or other skilled and previously trained staff.
- Family or friends should not be used as interpreters to disclose HIV test results to patients with limited English proficiency.
- Providers should have easy access to HIV counselors or mental health providers for support in counseling patients.

**Confirmatory Testing:**

- Patients should be advised that a second test will be preformed to confirm their positive HIV test results and the process for delivering these test results should be explained.
Documenting Results

- If using Rapid HIV tests, how will the test results be documented?
- If the supplemental HIV test is positive, applicable local and state laws must be followed regarding the reporting of HIV infection.
- In South Carolina, the case must be reported within 3 days.
- To report, you can do one of the following
  - Call 1-800-277-0873
  - Submit electronically via DHEC’s electronic reporting system (call 1-800-917-2093 to learn more about electronic disease reporting)
  - Submit a DHEC 1129 Disease Reporting Card or appropriate CDC Case Report Form in a confidential envelope to:

    Division of Surveillance & Technical Support,
    Mills/Jarrett Complex
    Box 101106, Columbia, SC 29211

    [Link to reports]

Linkage to Care

- Can your primary care organization manage the patient’s HIV-infection (i.e. start ART)
- What other, unaffiliated clinics are available in the community? If your organization refers patients to these clinics, does a formal agreement or contract need to be in place.
- What processes will your organization and each referral clinic use to communicate about new patients?
- Will the specialty clinic be able to report back to your organization about the number of patients who keep their initial visit?
- What measures can be taken if the follow-up rates are low? (i.e. transportation vouchers, transportation services.)
Choosing an HIV TEST

- HIV Immunoassays are grouped by generation
- Clinical Laboratory Improvement Amendments of 1988 (CLIA) categorizes tests by complexity
- CLIA-waived tests are simple tests that can be performed point-of-care
  - Rapid tests are CLIA-waived unless otherwise indicated

The following tables list the median number of days that it takes for screening tests to detect HIV-1 after HIV-1 RNA is detectable.
- Interval between HIV infection and the appearance of HIV-1 RNA is estimated to be around 10 days

CDC. Advantage and disadvantages of different types of FDA-approved HIV immunoassays used for screening by generation and platform. PDF. Accessed May 7, 2014.

1st Generation Laboratory Test

detect HIV antibody (IgG) using viral lysate as the antigen

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
<th>Reactivity Median (M)</th>
<th>95% Confidence Interval (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western blot (not-CLIA waived)</td>
<td></td>
<td>HIV-1 Antibodies</td>
<td>24.3 days</td>
<td>(18.8, 31.0)</td>
</tr>
</tbody>
</table>

An Indirect Fluorescent Antibody (IFA) can also be used to confirm HIV infection, but is rarely used due to expense.
### 2nd Generation Rapid Tests

detect HIV antibody (IgG) using recombinant protein & peptide antigen

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
<th>Reactivity (M)</th>
<th>95% CI</th>
</tr>
</thead>
</table>
| Oraquick Advance HIV-1/2®               | ![Oraquick](image) | Antibodies to HIV-1, HIV-2  
• Whole blood  
• Oral Fluid | 23.7 days | (18.2, 29.9) |
| Clearview HIV-1/2 STATPAK®              | ![Clearview STAT](image) | Antibodies to HIV-1, HIV-2  
• Whole blood | 20.3 days | (17.4, 25.4) |
| Clearview Complete HIV-1/2®             | ![Clearview Complete](image) | Antibodies to HIV-1, HIV-2  
• Whole blood | 19.7 days | (17.5, 23.4) |

### 2nd Generation Rapid Tests Continued

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
<th>Reactivity (M)</th>
<th>95% CI</th>
</tr>
</thead>
</table>
| Reveal G2 HIV-1 ®                      | ![Reveal G2](image) | Antibodies to HIV-1  
• Serum  
• Plasma | 19.0 days | (16.5, 20.0) |
| Chembio DPP HIV-1/2 ®                  | ![Chembio DPP](image) | Antibodies to HIV-1, HIV-2  
• Whole blood  
• Oral fluid  
• Plasma  
• Serum | 17.5 days | (14.0, 21.5) |
| Multispot HIV-1/2 ®                    | ![Multispot](image) | Differentiates Antibodies HIV-1 & HIV-2  
• Serum  
• Plasma | 16.8 days | (14.5, 18.9) |
| INSTI HIV-1®                           | ![INSTI](image) | Antibodies to HIV-1  
• Whole blood | 13.5 days | (11.3, 14.8) |
### 3rd Generation Rapid Test

Detect HIV Antibody (IgG and IgM) using recombinant protein or peptide antigen—“antigen sandwich”

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
<th>Reactivity (M)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinity Uni-Gold*</td>
<td></td>
<td>Antibodies to HIV-1</td>
<td>19.0 days*</td>
<td>(16.5, 20.0)</td>
</tr>
<tr>
<td>Results: 10 min</td>
<td></td>
<td>Serum, Plasma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Unigold uses a 3rd generation format but its sensitivity is similar to that of 2nd generation tests

### 3rd Generation Laboratory Test

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
<th>Reactivity (M)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS HIV-1/HIV-2 Plus O EIA®</td>
<td></td>
<td>Antibodies to HIV-1, HIV-2</td>
<td>13.7 days</td>
<td>(11.3, 16.1)</td>
</tr>
<tr>
<td>(semi-automated) Results: &gt; 3 hour</td>
<td></td>
<td>Plasma, Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ortho Vitros anti-HIV 1+2®</td>
<td></td>
<td>Antibodies to HIV-1, HIV-2</td>
<td>10.6 days</td>
<td>(8.7, 12.1)</td>
</tr>
<tr>
<td>(fully automated) Results: &lt; 1 hour</td>
<td></td>
<td>Plasma, Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVIA Centaur HIV 1/O/2®</td>
<td></td>
<td>Antibodies to HIV-1, HIV-2</td>
<td>9.9 days</td>
<td>(7.7, 12.0)</td>
</tr>
<tr>
<td>(fully automated) Results: &lt; 1 hour</td>
<td></td>
<td>Plasma, Serum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4th Generation Rapid Tests

detect HIV Antibody (IgG and IgM) and viral p24 antigen

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alere Determine HIV-1/2 Ag/Ab Combo®</td>
<td></td>
<td>Differentiates P24 Antigen, Antibodies to HIV-1, HIV-2</td>
</tr>
<tr>
<td>Results: 20 min (not CLIA waived, waiver pending)</td>
<td></td>
<td>• Whole Blood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Serum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Plasma</td>
</tr>
</tbody>
</table>

Determine is new to the market. (FDA approved August 2013) CDC data on reactivity is not yet available.

4th Generation Laboratory Tests

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
<th>Reactivity</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS Biorad HIV Combo Ag/Ab EIA®</td>
<td></td>
<td>P24 Antigen, Antibodies to HIV-1, HIV-2</td>
<td>7.4 days</td>
<td>(3.8, 11.0)</td>
</tr>
<tr>
<td>(manual or semi-automated)</td>
<td></td>
<td>• Plasma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results: &gt;3 hours</td>
<td></td>
<td>• Serum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Architect HIV Ag/Ab Combo®
(fully automated) Results: <30 min

| P24 Antigen, Antibodies to HIV-1, HIV-2 | 6.2 days | (3.5, 8.5) |
| • Plasma                               |          |           |
| • Serum                                |          |           |
All Generations

<table>
<thead>
<tr>
<th>Generation</th>
<th>Reactivity (M)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th -Generation Laboratory Tests</td>
<td>6.8 days</td>
<td>(3.7, 9.7)</td>
</tr>
<tr>
<td>3rd -Generation Laboratory Tests</td>
<td>11.4 days</td>
<td>(9.7, 13.4)</td>
</tr>
<tr>
<td>2nd -Generation Rapid Tests</td>
<td>18.5 days</td>
<td>(16.0, 21.6)</td>
</tr>
<tr>
<td>Western Blot Laboratory Test</td>
<td>24.3 days</td>
<td>(18.3, 31.0)</td>
</tr>
</tbody>
</table>

HIV-1 RNA Qualitative Assay

Diagnostic Test:

<table>
<thead>
<tr>
<th>HIV Test</th>
<th>Image</th>
<th>Detecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aptima HIV-1 RNA Qualitative Assay</td>
<td></td>
<td>HIV-1 RNA</td>
</tr>
<tr>
<td>Results: &gt; 30 hours (not CLIA waived)</td>
<td></td>
<td>• Plasma</td>
</tr>
</tbody>
</table>

HIV-1 RNA can often be detected approximately 10-12 days prior to seroconversion and several days before p24 antigen
New Testing Algorithm

- Algorithms for HIV diagnostic testing are being updated to keep pace with technology
- New HIV immunoassays are more sensitive during early infection than the Western blot; results are available quickly
- Increasingly important to identify highly infectious stage of acute HIV infection

Limitations of the Western Blot

- Unable to detect HIV during the Acute Infection Stage
- In early infection, HIV screening tests are able to detect HIV before the Western blot
- Western blot does not detect HIV-2
- Late in HIV infection, the Western blot can be interpreted as Indeterminate
### New HIV Laboratory Diagnostic Testing Algorithm

**4th generation HIV-1/2 immunoassay**

- (+) Negative for HIV-1 and HIV-2 antibodies and p24 Ag

**HIV-1/HIV-2 antibody differentiation immunoassay**

<table>
<thead>
<tr>
<th>HIV-1 (+)</th>
<th>HIV-1 (-)</th>
<th>HIV-1 (+)</th>
<th>HIV-1 (-) or indeterminate</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-2 (-)</td>
<td>HIV-2 (+)</td>
<td>HIV-2 (+)</td>
<td>HIV-2 (-)</td>
</tr>
</tbody>
</table>

- HIV-1 antibodies detected
- HIV-2 antibodies detected
- HIV antibodies detected

RNA(+): Acute HIV-1 infection
RNA(-): Negative for HIV-1

*Advisement: testing required to rule out dual infection*

---

### FDA-Approved Test Methods Applicable to the New HIV Diagnostic Testing Algorithm

<table>
<thead>
<tr>
<th>Test Kit Name</th>
<th>Test Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1. HIV-1/HIV-2 Ag/Ab combo immunoassay (4th Generation)</strong></td>
<td></td>
</tr>
<tr>
<td>Abbott Architect HIV Ag/Ab Combo Assay</td>
<td>Abbott Laboratories</td>
</tr>
<tr>
<td>GS HIV Ag/Ab Combo EIA</td>
<td>Bio-Rad Laboratories</td>
</tr>
<tr>
<td><strong>Step 2. HIV-1/HIV-2 antibody differentiation immunoassay</strong></td>
<td></td>
</tr>
<tr>
<td>Multispot HIV-1/HIV-2 Rapid Immunoassay</td>
<td>Bio-Rad Laboratories</td>
</tr>
<tr>
<td><strong>Step 3. HIV-1 RNA assay</strong></td>
<td></td>
</tr>
<tr>
<td>Aptima HIV-1 RNA Qualitative Assay</td>
<td>Hologic Gen-Probe</td>
</tr>
</tbody>
</table>
Algorithm in Summary

• The final interpretation of the HIV Laboratory Diagnostic Testing Algorithm is generated from a combination of HIV tests results

• 6 possible Interpretations:
  • HIV Negative
  • HIV-1
  • HIV-2
  • HIV-1/HIV-2 (Dual Infection or Undifferentiated)
  • Acute HIV Infection
  • False Positive

• Expected to perform as well as the Western blot testing for diagnosis of chronic HIV infection

• Intended for identifying new, previously undiagnosed HIV infections

Clinical Consultation Center

• Peer-to-peer advice on HIV Testing

• E-Inquiry Service

• Respond to your email within 2 business days

• Provide Expert Advice
  • Choosing the appropriate HIV test
  • Deciphering indeterminate results
  • Follow-up testing

• Email: hivtesting@nccc.ucsf.edu
AIDS Education And Training Centers

- Training health care professionals since 1988
- Part of the federally funded Ryan White Program
- http://aidsetc.org/

Southeast AIDS Training and Education Center

We’d love to hear from you!

www.seatec.emory.edu

404-727-2929

- An office in each of our six states (AL, TN, KY, GA, NC, SC)
- Headquarters at Emory University School of Medicine, Atlanta, GA