

Rapid HIV Testing Using Oral Fluid

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by Georgan Gregg

Some people worry about deep or French kissing an HIV-positive person. HIV is NOT transmitted by saliva. The only way HIV could possibly be passed on by kissing is if there is visible blood (perhaps from dental work or injury). The US Centers for Disease Control and Prevention (CDC) considers open-mouth kissing a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, CDC recommends against open-mouth kissing with an HIV-infected partner. One case suggests that a woman became infected with HIV from exposure to HIV-infected blood during open-mouth kissing.

HIV Testing History Testing for HIV (human immunodeficiency virus), the virus that leads to Acquired Immune Deficiency Syndrome (AIDS), began in 1985 with enzyme immunoassay (EIA) to screen donated blood. This test, like most, looked for HIV antibodies, not the virus itself. Testing sites were set up for those wishing to know their HIV status. To eliminate false-positive results (that is, the test shows infection where none exists) the US Department of Health & Human Services (HHS) recommended that no positive test result should be given to patients without another test (Western Blot) to prove infection with HIV. While these tests were a giant step forward in the fight against AIDS, the wait for test results was 1-2 weeks.

EIA and Western Blot became the "gold standard" for finding HIV antibodies, but required technology that was not possible in poor countries and wait time of several months. Even in affluent countries, up to 50% of those being tested did not return to hear their results. Simple, 'rapid' tests were recommended by World Health Organization in 1992 and by HHS in '98.

Rapid HIV tests were initially approved by the US Food and Drug Administration (FDA) for use with blood, either from a fingerstick or a tube of blood. In 1996 FDA approved HIV testing using urine samples. In March 2004 FDA approved OraQuick, the first test for use with oral fluid taken from the mouth.

Rapid oral hiv tests Compared with Blood Tests Both oral and blood tests are looking for HIV antibodies, have 99% accurate results and are FDA-approved. If HIV antibodies are found using OraQuick, the result must be confirmed with a Western Blot, to be sure of infection with HIV, the same requirement as EIA. Both oral and blood tests require that those with a negative result but a recent exposure to HIV get another test at least 3 months after the possible exposure. This is vital since antibodies may not appear until 3-6 months after infection with HIV.

OraQuick does NOT test saliva, but OMT (oral mucosal transudate). OMT comes from the cheek and gum while saliva comes from salivary glands. OMT has high

concentrations of Immunoglobulin G (where antibodies can be found); saliva has practically none.

The person being tested for HIV gently swabs once, completely around both upper and lower outer gums. The swabbing is inserted into a vial of developer solution. In 20-60 minutes, 2 reddish lines indicate the presence of HIV-1, the form of the virus most commonly found in North America. Because HIV-2 is very rare in the USA, routine testing for it is not recommended.

OraQuick is not yet approved for in-home use. Home collection blood tests allow you to take your own blood sample and mail it in to be anonymously tested. Many home tests are available through the Internet, but only "Home Access" (found in most pharmacies) is FDA-approved. Home Access offers counseling and referrals and while some states require reporting of positive tests, the identity of the test user is anonymous.

Other countries are not as strict. "1-Minute Self Test Kits" are available over-the-counter in the Netherlands and other European countries. Canadian home test "Discreet" has a new test used in South America, Asia and Africa for antibodies to HIV1, HIV2 and HIV-0. There are less than 1,000 known cases of HIV-0 and the majority of those infected by this latest strain of HIV are in Africa.

oral hiv tests have several important advantages. Some people are fearful of having their finger stuck or blood drawn. Healthcare workers giving the tests have a much lower risk of exposure to HIV from oral fluid than from blood. Oral rapid tests make it easier to routinely offer HIV testing in both medical and non-medical settings (like inner-city outreach vans or rural Africa with no laboratories) or when HIV status knowledge is vital. For example, the chance of mother to infant transmission can be greatly reduced only if the mother's status is known in time. Easier testing can prevent the spread of HIV and ensure treatment for those infected.

Rapid testing makes all the difference for those who do not want to face the anxiety of waiting for HIV test results.

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