Answering the CDC’s Call for Universal HIV Testing: Assessing the Impact on a Tertiary Care Referral Center via a Blinded Seroprevalence Study

Margaret Hoffman-Terry MD, FACP
Lehigh Valley Health Network, Margaret.Terry@lvhn.org

K Ahmed
Lehigh Valley Health Network

Joseph L. Yozviak DO, FACP
Lehigh Valley Health Network, joseph.yozviak@lvhn.org

Sherrine Eid MPH
Lehigh Valley Health Network, Sherrine.Eid@lvhn.org

Timothy J. Friel MD
Lehigh Valley Health Network, Timothy.Friel@lvhn.org

See next page for additional authors

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Authors
Margaret Hoffman-Terry MD, FACP; K Ahmed; Joseph L. Yozviak DO, FACP; Sherrine Eid MPH; Timothy J. Friel MD; Kimberly A. Pacella; and Luther V. Rhodes III MD, FACP

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HIV is typically symptomatic for only a few weeks after acute infection and then silent for 10-12 years until the disease means that persons with HIV now go on to die from illnesses other than traditional opportunistic infections.

The implications of Universal HIV Testing are manifold. Who will fund this testing? How do we change state laws to allow for HCV screening? How do we ensure compliance?

Many HIV and HCV studies, including a recent Philadelphia study of 100 individuals with advanced liver disease, had been successfully conducted in this blinded manner in the second database devoid of medical record numbers. The specimen requirements of ELISA are consistent for both infections and an ELISA positivity ratio of 9.9 is taken as true antibody positivity. The specimen requirements of ELISA are consistent for both infections and an ELISA positivity ratio of 9.9 is taken as true antibody positivity.

Of the 9 who were confirmed HIV positive, 7 (78%) were IP compared to 2 (22%) OP (Fisher’s exact test p=.024). The frozen blood samples were thawed and tested consecutively for antibodies to HIV and HCV using the Ortho HIV-1/HIV-2 Antibody Screen (Ortho Diagnostics Systems, Raritan, NJ) followed by a confirmatory Western blot (Oxford Biomedical Research, Oxford, MI) using a signal-to-cut-off ratio of 9.0 as true antibody positivity. The specimen requirements of ELISA are consistent for both infections and an ELISA positivity ratio of 9.9 is taken as true antibody positivity.

The protocol was reviewed by our hospital ethicist and approved by the Institutional Review Board and EPA compliance officer.

Infection with HIV and/or HCV, and the Lehigh Valley has followed this trend. From 2000-2005, 58% of deaths in our HIV clinic occurred in the 65-80 year age group, with the overwhelming majority of HIV positive cases being between the ages of 25-54, with the largest subgroup being those patients between ages 45-54. Our HIV cases were between the ages of 65-80. HIV is not as prevalent in the younger age groups and there are multiple reasons for this. 1) From a rural community, and 2) from a different network.

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