

Partnership Approach to Rapid HIV Testing

How Illinois Works With Agencies and Providers to Implement Ora Quick Testing

Theodora Binion Taylor
Director of the Division of
Addiction Services Administration
Illinois Department of Human Services

Acknowledgements

- Westley Clark, David Thompson, CSAT
TCE/HIV MSM
TCE/HIV Latino/African American IDU
- Center for Disease Control and Prevention
- Pam Muir, IDPH

Principle Partners



- SAMHSA
- CDC
- IDPH
- Chicago Department of Public Health
- CDPH Hepatitis team
- University of Illinois
- Trainers

Situation Analysis 2005

- In 2005 Illinois ranked 6th highest among 50 states: 32,314 cumulative AIDS cases. 25% were IDU
- Ranked 7th in syphilis and chlamydia and 11th in gonorrheal infections
- 16th highest in reported cases of TB
- Heroin epidemic in Chicago
- Impact of viral hepatitis on IDU population
- Areas outside of Chicago Cook is largely rural and socially conservative.

Strategic Issues

- Need to promote a comprehensive public health approach within the substance abuse treatment system.
- Resources, partnerships, standards and policies to encourage Ora Quick testing and the use of vaccines against HBV and HAV.
- Administrative Rules to support testing
- Overcome provider distrust of the OraQuick product.

Setting the Stage

- **Discuss CDC expectations concerning Ora Quick with Illinois stakeholders.**
- **Present Ora Quick to DASA HIV Advisory Group**
- **Discuss training opportunities with HIV Training Committee.**
- **Identify all SAMHSA funded sites to include in the Ora Quick training initiative.**

Getting Started

Implementation Activities

- **SAMHSA supported trainings were provided to DASA staff and SAMHSA funded treatment provider (Feb. and Dec 2006).**
- **40 HIV CTR personnel were trained from twenty agencies.**
- **DASA provided an additional training on Ora-Quick to HIV/ AIDS CTR personnel (July2007) .**
- **Included Ora-Quick policies and procedures in the standard CTR training.**

Getting Started

Implementation Activities cont.

- Ora Sure Regional Education coordinators and trained DASA staff and DASA trainers in Ora-Quick process.
- Changed administrative rule
- Re wrote manuals to include necessary policies for Ora-Quick, Ora-Sure and Blood draws.
- Changes in DASA contract.

Roadblocks to Ora Quick

- **Lack of confidence in Ora Sure**
- **CILA waivers needed**
- **Biohazardous waste disposal**
- **Perceived adverse effect on state contract**
- **Appropriateness for clients in treatment**
- **Added cost to provider**

Situation Analysis 2008

- Some providers fear false positives, express concern about shelf life of reagents

But . . .

- Overall, DASA testing sites express greatly increased confidence in the product and continue to be counselor directed in the choice of Ora-Sure or Ora-Quick based on client needs.

Situation Analysis 2008

- Between October 1 and December 31, 2007
52 provider sites reported 3,722 tests:

Oral	3,159
Serum	563
- CTR staff report viewing Ora-Quick as another tool in their packet of HIV testing.
- Ora-Quick has become a valuable alternative to the one to two week wait for test results.

Situation Analysis 2008

- CDC, SAMHSA and DASA training has enhanced staff skills to assess the client's readiness for dealing with the test result.
- Counselors discuss behavior change with clients to prevent blood borne and sexually transmitted diseases.
- Some providers offer vaccine against HAV/HBV.

Next Steps

- Increase provider sites administering the OraQuick test by 25% by June 30, 2009.
- Increase the number of adolescents and young adults who know their HIV status by June 30, 2009.
- Increase the number of individuals in substance abuse treatment who receive vaccines against HAV/HBV by June 30, 2009
- Work with IDPH to coordinate data reports.
- Add the HIV Division chief to the DASA Advisory Council by January 1, 2009.