

National Department of Health

HIV TESTING AND CHALLENGES Medical Scier

IN PAPUA NEW GUINEA

Medical Scientist In-Charge Central Public Health Laboratory

QUALITY ASSURANCE UNIT ASHM CONFERENCE 16-18 SEPTEMBER 2015

ACKNOWLEDGEMENTS

CPHL QA LAB TEAM WELIHIN PHILIP CAROLYN GAUDI ELLAN KAVE VAGI UA EUODIA MOSORO ELSIE DAVID

CPHL HIV LAB TEAM JOSEPH KIVAVIA MILTON RASORIRI OPOM SAREA CPHL MANAGEMENT DR EVELYN LAVU WILLIE PORAU CHAI PRIYANKA DESAI

PAPUA NEW GUINEA



•Location – Largest Island in the Pacific, to the North of Australia •Geography of PNG – rugged terrain, limited road access to most rural areas •Population size – about 7 million, 87% live in Rural •Current HIV prevalence rate – about 0.7

HIV TESTING TIME LINE



NATIONAL HIV LABORATORY ALGORITHM



the POC 2 rapid test algorithm.

 Uses Lateral flow-immunochromatographic, particle agglutination and EIA method assay

•Needs to be reviewed



NATIONAL HIV POC ALGORITHM (2-TESTS)

 Provides readily accessible testing services

Provides faster turn-around-

time for results to patients • Provides faster initiation of

Treatment, if needed

Provide better patient care

• Uses lateral flow-immuno chromatography method(EIA)

 All benefits must occur with Quality Assured Testing



NATIONAL HIV EQA PROGRAM

Setup in 2010 Provided and Coordinated by CPHL QA unit



HIV SEROLOGY EXTERNAL QUALITY ASSURANCE PROGRAM PANEL TESTING

HIVSEQAP

•Bi annual Program – 2 Trials

- •First end of March and second end of October
- •3 panel of Dried serum samples
- +buffer

•One month testing period



Participation Panel Testing (2015,Trial 1)

HIV SEQAP OVERALL PERFORMANCE



EQA-BLINDED RETESTING-DRIED BLOOD SPOT

•DBS collected on every 20th client •Retested by EIA method (Vironostika

HIV Ag/Ab) Biomerieux

•237 (**54.6**%) facilities are currently registered out of 434 trained sites

•176(**84.6%**)sites taking part in 2014 out of 208 registered sites

•Coverage by province is **90**%



HIV EQA DBS PERFORMANCE



COMPARISON OF 2013&2014



SUPERVISION/CORRECTIVE ACTIONS

Telephone Calls
Quarterly Feedback Reports
Training
Supervisory visits



CHALLENGES IN HIV TESTING & QA MONITORING

 Monitoring and supervision especially to testing sites with discordant results

 Regular & consistent participation in the EQA programs by participating sites

*Maintaining a high standard in HIV Testing Training to maintain high quality results

Increase in volume of DBS testing

•Increase in number of rejected samples received

 $^{\circ}237~(\textbf{54.6\%})$ facilities are currently participating out of 434 trained sites in HIV testing.

•Review of the Lab algorithm

CONCLUSION

•Panel testing overall performance rate is 98% with discordance of 2%.

• DBS retesting overall performance is 99.4% with discordance of 0.6%.

•The **PoCT** algorithm is just as **accurate and reliable** as the laboratory algorithm with great **emphasis on EQA** participation and **training**.

Health care workers apart from lab personals can perform HIV rapid testing confirmation, with a high standard in training

 PoCT increases coverage and access for HIV testing services and greatly reduces the turnaround time for HIV diagnosis, hence faster referral for treatment and care. THANK YOU