HIV RETESTING

Frequently Asked Questions (FAQ)

This factsheet provides answers to FAQs documented during Learning Phase implementation of Treat All in 8 Districts of Zimbabwe. This FAQ is intended to support Ministry of Health and Child Care health managers and facility-based health care workers to understand and optimise the recommendation to support HIV retesting in ART services.

Q: WHY is HIV retesting before ART initiation being recommended?

A. Recent reports of HIV status misclassification, with both false positive and false negative results have raised concerns that some individuals might be started on ART inappropriately. Zimbabwe has adopted the WHO 2015 guideline to retest all persons newly diagnosed as HIV positive, with a second specimen before ART initiation, to rule out potential misdiagnosis.

Q: WHAT is the magnitude of HIV status misclassification in Zimbabwe?

A. There is growing evidence that HIV rapid tests /algorithms provide incorrect results to many individuals tested in routine programmes. Globally, misclassification is about 0.2 - 10.5%. The Zimbabwe 2012 ANC surveillance survey found that routine PMTCT testing gave incorrect results as below:

- 8.8% of clients testing HIV positive were eventually confirmed as HIV negative
- 1.3% of clients testing HIV negative were eventually confirmed as HIV positive

Common sources of errors include: technical errors, mislabelling, poor record keeping, user errors, clerical errors, cross reactivity, incorrect or suboptimal testing algorithm, and lack of training.

Q: IS the recommendation for HIV retesting indicating a lack of capacity within our health system?

A. Misdiagnosis arises from various technical or clerical errors, including specimen mix-up through mislabelling and transcription errors, as well as random error either by the provider or of the test device. It does not necessarily mean that the test kits are of poor quality or that they have not been stored properly neither does it mean that health care providers are not competent enough. However, care should be taken to ensure that the integrity of test kits is maintained during transportation and storage. In addition, service providers should exercise extreme care when conducting HIV testing to minimise human error.

HIV retesting is not about confidence in the system, but it is about ensuring the right quality care is offered to our clients. Everything done by a human being is prone to error and HIV retesting reduces the chance of issuing incorrect HIV test results.

Q. HOW long after the first test is retesting done?

A. For newly diagnosed HIV positive clients, retesting can be done within a few (1 – 4) hours of the first test. Newly diagnosed HIV positive clients would be provided post-test counselling and linked to the health care provider who will initiate them on treatment. The retest should be conducted by a different provider. A new sample would be collected and tested using the same testing algorithm. World Health Organisation recommends that clients with HIV-inconclusive status (i.e. first test and retest results are discordant) be retested in 14 days.

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Q. WHAT happens if there is only one nurse on duty and the other is away on leave? Is it not going to lead to delays in ART initiation?

A. If only one nurse is available at the facility, the nurse can retest the client using a new sample taken a few hours apart from the first sample. Absence of a second provider should not delay ART initiation.

Q. WHAT happens to all the clients currently on ART who were initiated without a retest? Are we going to retest all clients initiated on ART without a retest?

A. Clients started ART without retesting are NOT going to be retested as the presence of ARVs adversely affects the sensitivity of the test kits. ART suppresses viral replication which may extend to suppression of the immune response thus reducing HIV antibody production. This may result in negative results in clients who are HIV positive but on ART. Retesting is therefore not recommended for individuals on ART.

Q. ARE THERE enough resources for retesting given that sites have experienced stock outs of HIV test kits before?

A. The resources for HIV retesting are available; the Ministry of Health and Child Care embarked on a quantification exercise to ascertain the needs. In the long run, it is more expensive to falsely treat someone than it is to retest. HIV Test kits cost approximately USD $0.50 per single test, whereas full year treatment is USD $90-$120 not considering the cost incurred by the patient to access HIV treatment.

Q: WHAT do you say to a client who had a positive result, and then upon retest records negative result?

A. The client should be informed that their results are discordant, and that there is need to conduct a third tie-breaker test. The tie-breaker is to be conducted after 14 days at the same health facility using the same algorithm. If the result of the tie-breaker is negative, then the final result is issued as negative. If the result is positive, then the result is positive.

Q. DO our laboratories have the capacity to perform tie-breaker tests like Western Blot or DNA-PCR?

A. At this stage there is no need for using Western Blot as the tie-breaker. In cases where a tie-breaker test is needed, the client can be asked to return after 14 days for retesting using a third specimen and same tests.

Q. WHY NOT give the client a HIV result after the retest?

A. HIV retesting before ART is a quality assurance and quality improvement strategy. Only a small proportion of patients are expected to be issued an initial false positive or negative result. For this reason, the initial result has to be issued and a retest be conducted at the point of ART initiation.

Q. WILL retesting make clients lose confidence in the service provider?

A. Service providers should explain clearly to the clients the reason and value for retesting so as to instil confidence in the health system and HIV results being given. Clients should be told about HIV retesting during pre- and post-test counselling. Health care workers and counsellors should emphasise that HIV retesting is a way to reduce human error and avoid starting ART clients who do not need it. If errors are not avoided, HIV services will be expensive for both the clients and health delivery system. It will be important for the MOHCC and its partners to develop a communication strategy on HIV retesting.

Key Messages about HIV Retesting

1. **A misdiagnosis,** irrespective of its scale, is serious for the client, the health care provider and the health system as a whole.
2. **Any incorrect diagnosis,** whether a false-positive or a false-negative can have severe personal and public health consequences.
3. **Retesting** ensures that individuals are not needlessly placed on life-long ART (with potential side-effects, waste of resources, and psychological impact of misdiagnosis).

For more information contact your
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