Rapid Oral HIV/HCV Screening in the Dental Setting

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National HIV/AIDS Strategy (NHAS)
- There are three primary goals for the NHAS:
  - Reducing HIV incidence
  - Increasing access to care and optimizing health outcomes
  - Reducing HIV-related health disparities
- The NHAS calls for an increase from 79% who presently know their HIV serostatus to 90% who are aware of their serostatus by 2015.

CDC Cascade

CDC HIV Counseling and Testing Recommendations - 2006
- In 2006, CDC updated recommendations for HIV testing in part due to the following reasons:
  - Decreasing effectiveness of risk-based screening in identifying HIV-infected persons;
  - The failure to identify new HIV infections even when patients access medical care;
  - The low percentage of people tested for HIV in conventional settings who return for their test results;
  - A failure to increase the number of people tested for HIV per year.
- These recommendations also emphasize the importance of using outpatient health care settings to increase rates of detecting new HIV infections.

Why test in the dental setting?
- Dental offices represent novel settings to reach millions in the U.S. who visit a dentist during the course of a year, but who do not see a physician.
- Dental facilities can serve as additional sites to identify health issues among diverse groups of patients.

Dental Examinations as an Untapped Opportunity to Provide HIV Testing for High-Risk Individuals
- Data from the 2005 National Health Interview Survey was reviewed to examine the potential role of dental care in reaching untested individuals at self-reported risk for HIV.
An estimated 3.6 million Americans report that they are at significant HIV risk yet have never been tested. Three quarters of these people have seen a dental health care worker within the past 2 years. These dental visits represent missed opportunities for HIV screening.

Harold A. Pollack, PhD, Lisa R. Metsch, PhD and Stephen Abel, DDS. American Journal of Public Health 88-89 Vol 100, No. 1, January 2010

A Qualitative Study of Patients’ Attitudes toward HIV Testing in the Dental Setting.

The identified logistical concerns included:
- receiving preliminary reactive (positive) results;
- the need for professional counseling to address psychological concerns;
- and the importance of linkage to confirmatory testing and care.


Hepatitis C (HCV) in the United States

- Hepatitis C infection (HCV) is the most common blood-borne infection in the U.S., with an estimated 3.2 million chronically infected persons. *
- Termed the “silent epidemic”, HCV is a leading cause of liver disease, cirrhosis and death. *

Rationale for the Utility of a Rapid, Point-of-Care (POC) Test to Aid in Identification of HCV Infection

- Despite significant evolution in the quality of laboratory based tests for HCV, the majority of HCV infection remains undiagnosed
- Availability of a rapid, non-instrumented POC test will increase opportunities for diagnosis through increased testing outside of laboratory settings
- Expected improvements in efficacy and reduced treatment durations is expected to increase the number of patients initiating therapy
- Availability of improved therapies will mean increased diagnoses will be an important factor in reducing future morbidity and mortality associated with HCV

Large Population Underscreened and HCV Patients Underdiagnosed

- Current screening practices fail to identify a large proportion of patients with chronic HCV infection[1]
  - As few as 25% of patients are diagnosed
- Survey of 4000 primary care physicians[2]
  - Only 59% of 1412 respondents asked all patients about HCV risk factors
- AASLD recommends that “as part of a comprehensive health evaluation, all persons should be screened for behaviors that place them at high risk for HCV infection”[3]

2012 CDC Birth Cohort HCV Testing Recommendations

- Adults born during 1945 to 1965 should receive 1-time testing for HCV without prior ascertainment of HCV risk
- All persons identified with HCV infection should receive:
• A brief alcohol screening and intervention as clinically indicated,
• Referral to appropriate care and treatment services for HCV infection,
• Post test counseling

12 Baby Boomer HCV Testing Receives “B” Recommendation
• The U.S. Preventive Services Task Force (USPSTF) recommends screening for hepatitis C virus in persons at high risk for infection and a one-time screening for ALL adults born between 1945 and 1965 (baby boomers).

13 USPSTF A and B Recommendations
• The Patient Protection and Affordable Care Act (PPACA) is aimed at expanding access to health care and lowering cost barriers to seeking and receiving care, particularly high-value preventive care.
• The legislation requires Medicare and all qualified commercial health plans (except grandfathered individual and employer-sponsored plans) to cover routine preventive services graded A and B by the U.S. Preventive Services Task Force (USPSTF) at no cost to the consumer.

14 OraQuick Demonstration Video