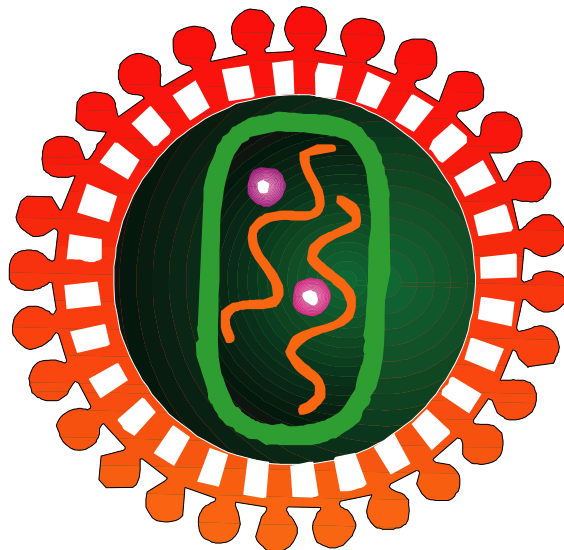


Centers for Disease Control and Prevention  
Model Performance Evaluation Program  
**Human Immunodeficiency Virus**  
**Type 1**  
**(HIV-1) Rapid Antibody Testing**

Report of Results  
for the Survey Questionnaire  
Conducted during August 2003



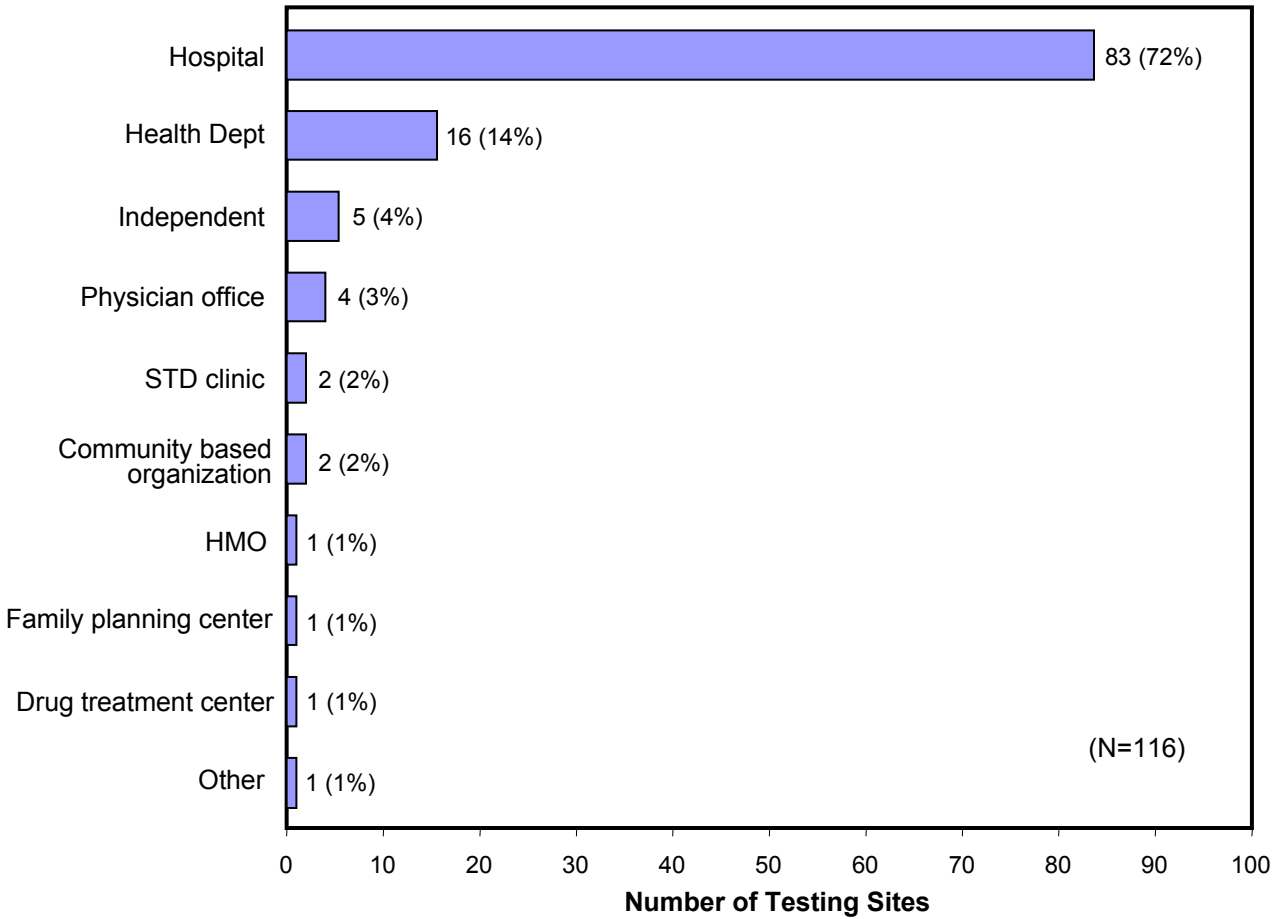
**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Centers for Disease Control and Prevention  
Public Health Practice Program Office  
Division of Laboratory Systems  
Atlanta, Georgia 30341-3717



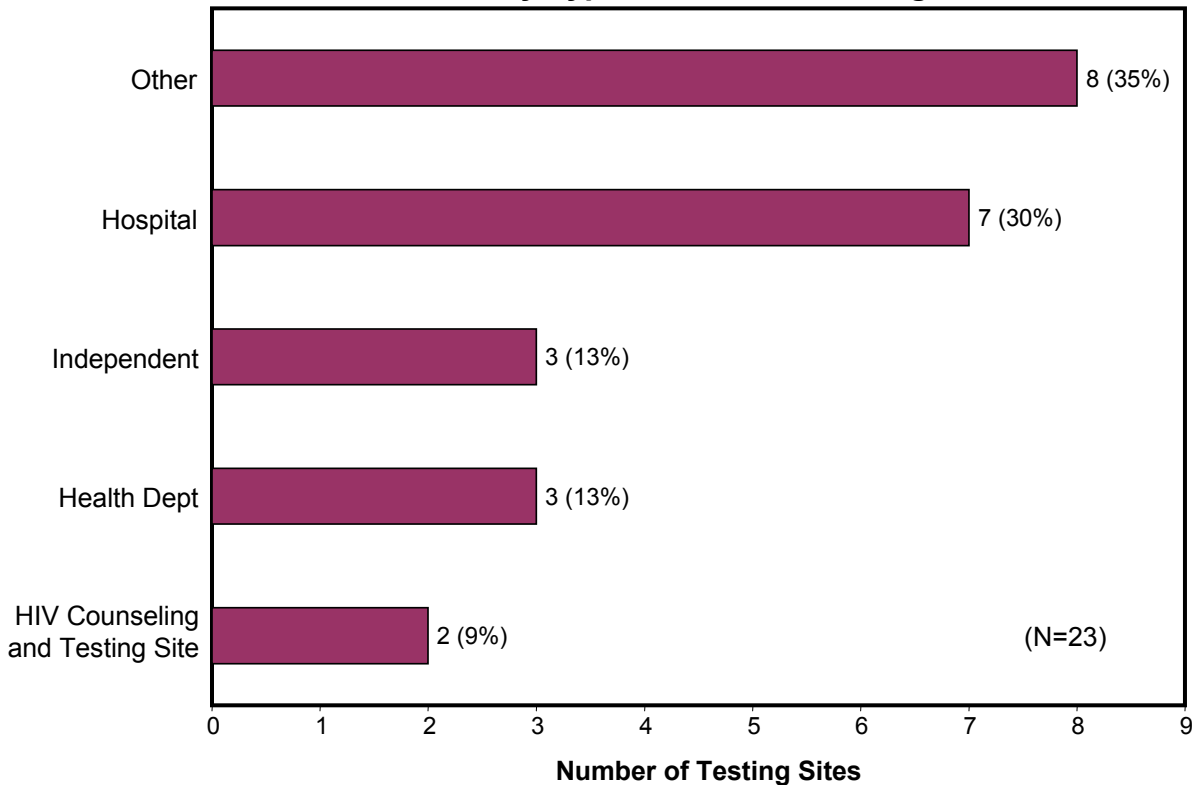
Use of trade names is for identification only and does not constitute endorsement  
by the U.S. Department of Health and Human Services

1.(a) Please indicate the primary classification of your facility/testing site. (Check one primary classification.)

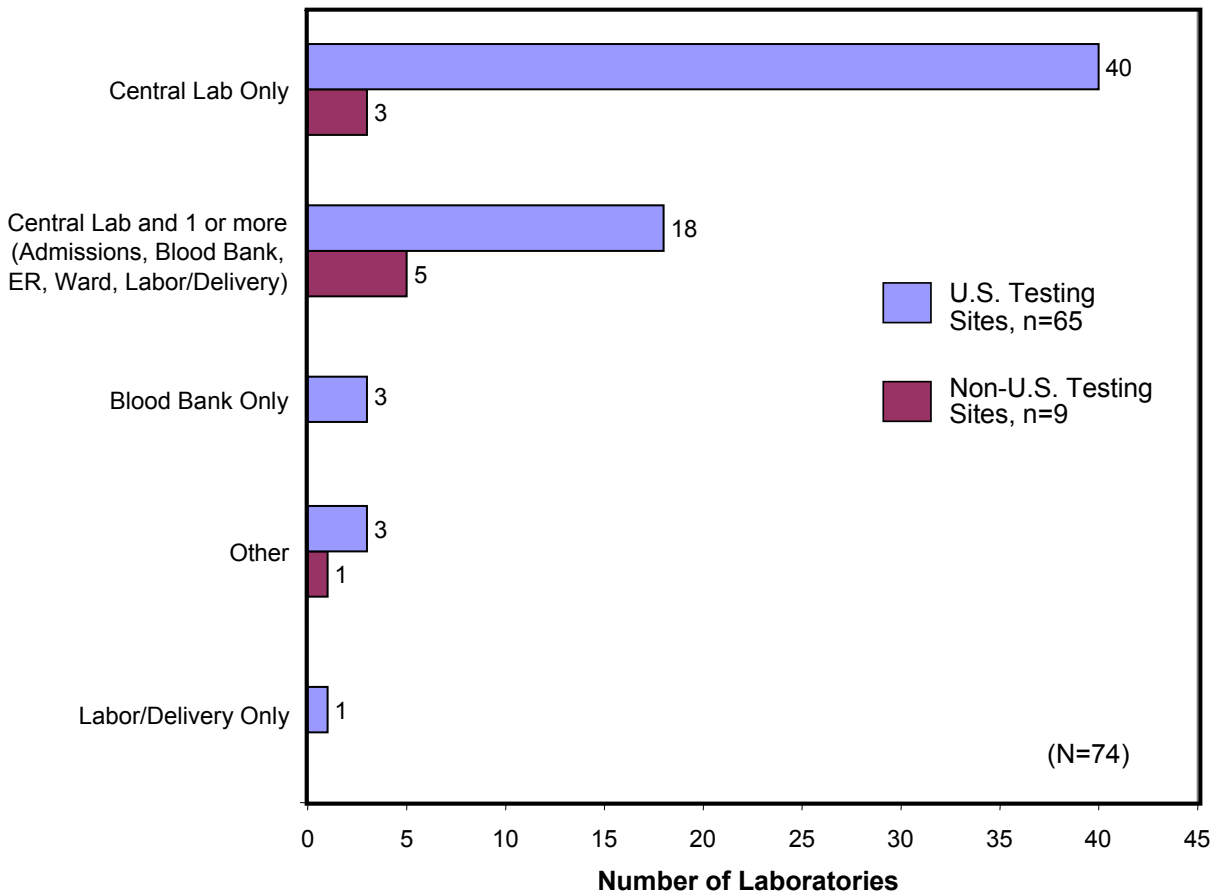
### Primary Type of U.S. Testing Site



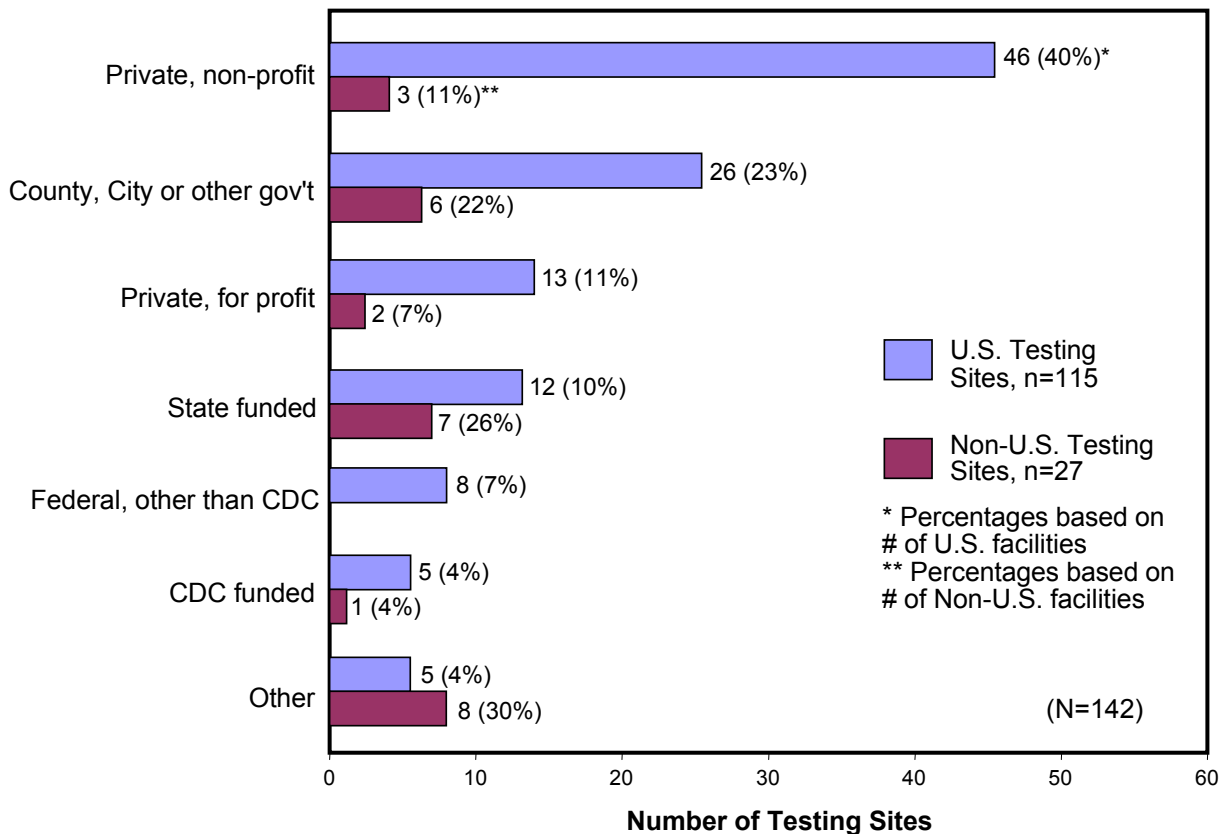
### Primary Type of Non-U.S. Testing Site



### Combinations of Secondary Hospital Testing Sites



### 1.(b) Who PRIMARILY funds your testing site? (Check only ONE BEST answer)



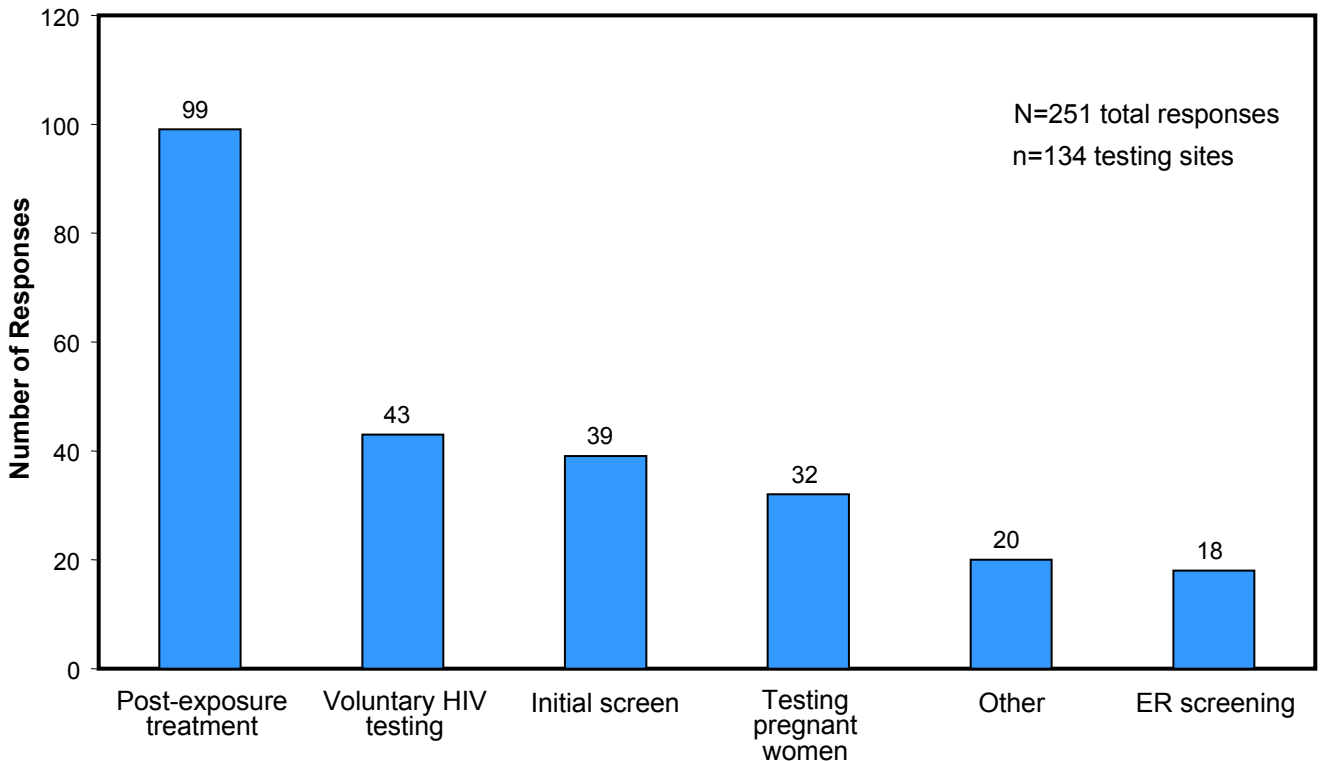
**2.(a) Does your facility currently perform HIV rapid testing?**

Response	Number of Facilities (%) (n=150)
Yes	130 (87%)
No	20 (13%)

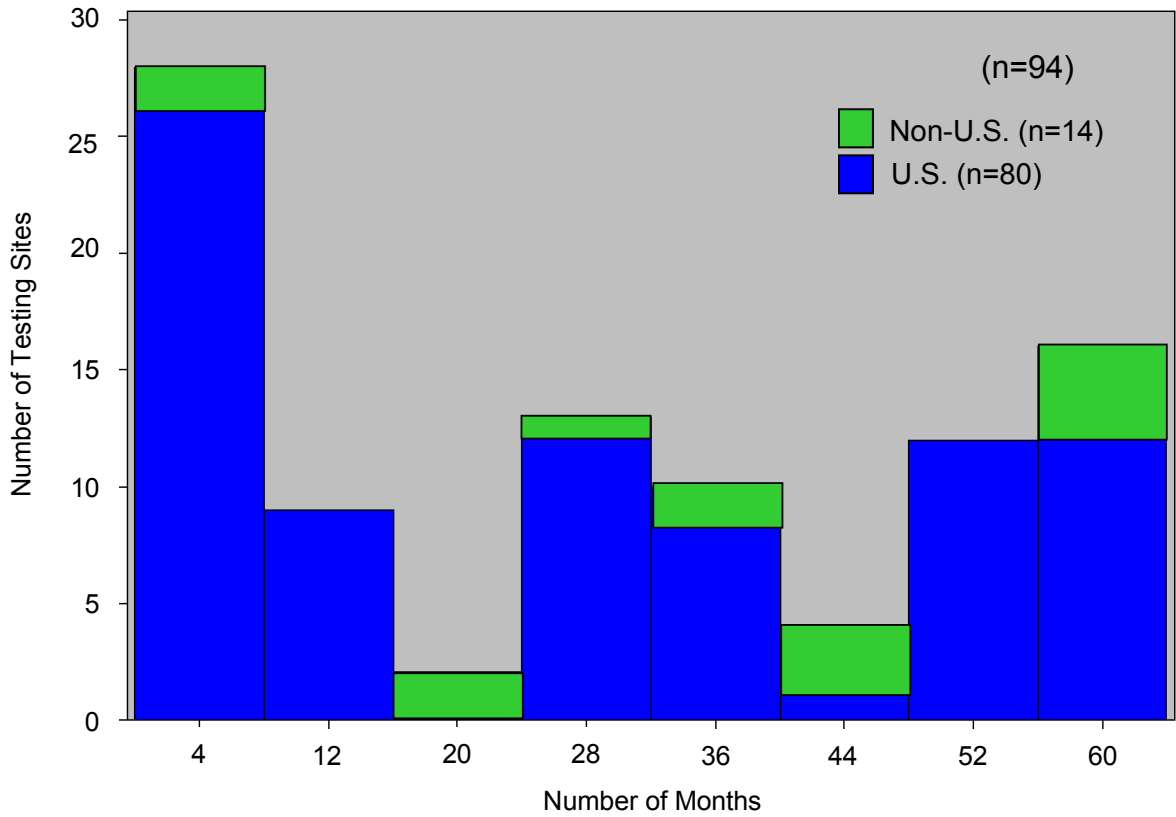
**(b) Does your facility intend to begin performing HIV rapid testing? (Choose only one.)**

Response	Number of Facilities (%) (n=20)
Within 6 months	10 (50%)
Within 12 months	1 (5%)
Yes, unsure when	5 (25%)
No	4 (20%)

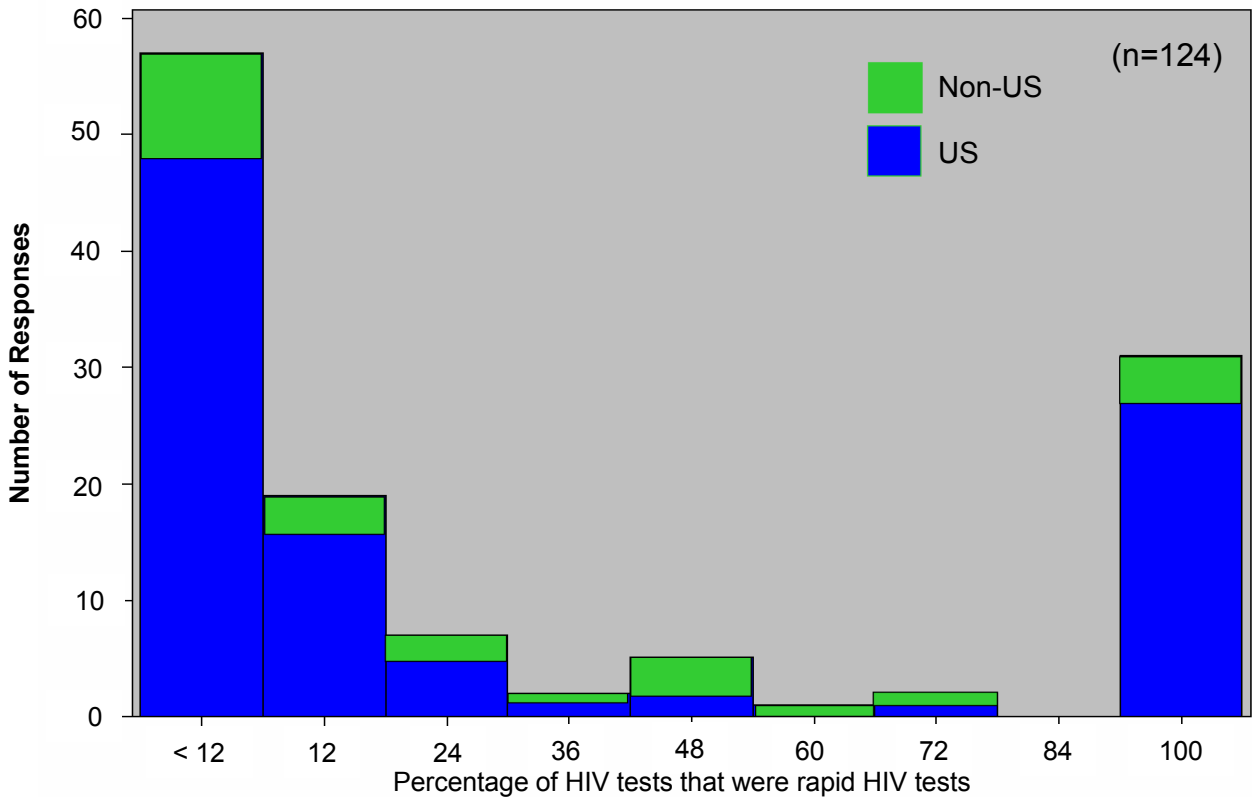
**3.(a) For what purpose(s) do you offer HIV rapid testing? (Check all that apply.)**



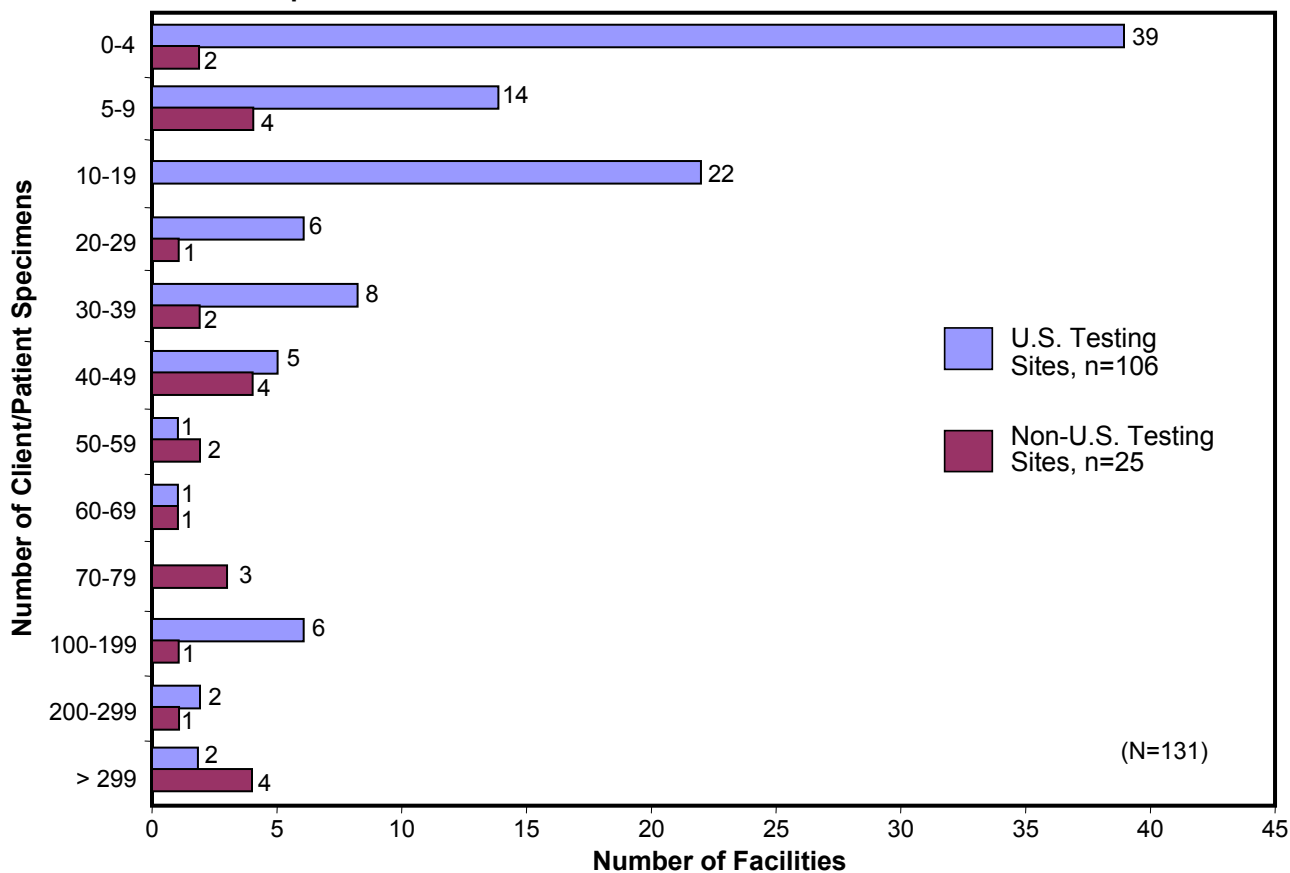
3.(b) How long has your facility performed HIV rapid testing? (Please round off to the nearest whole number.)



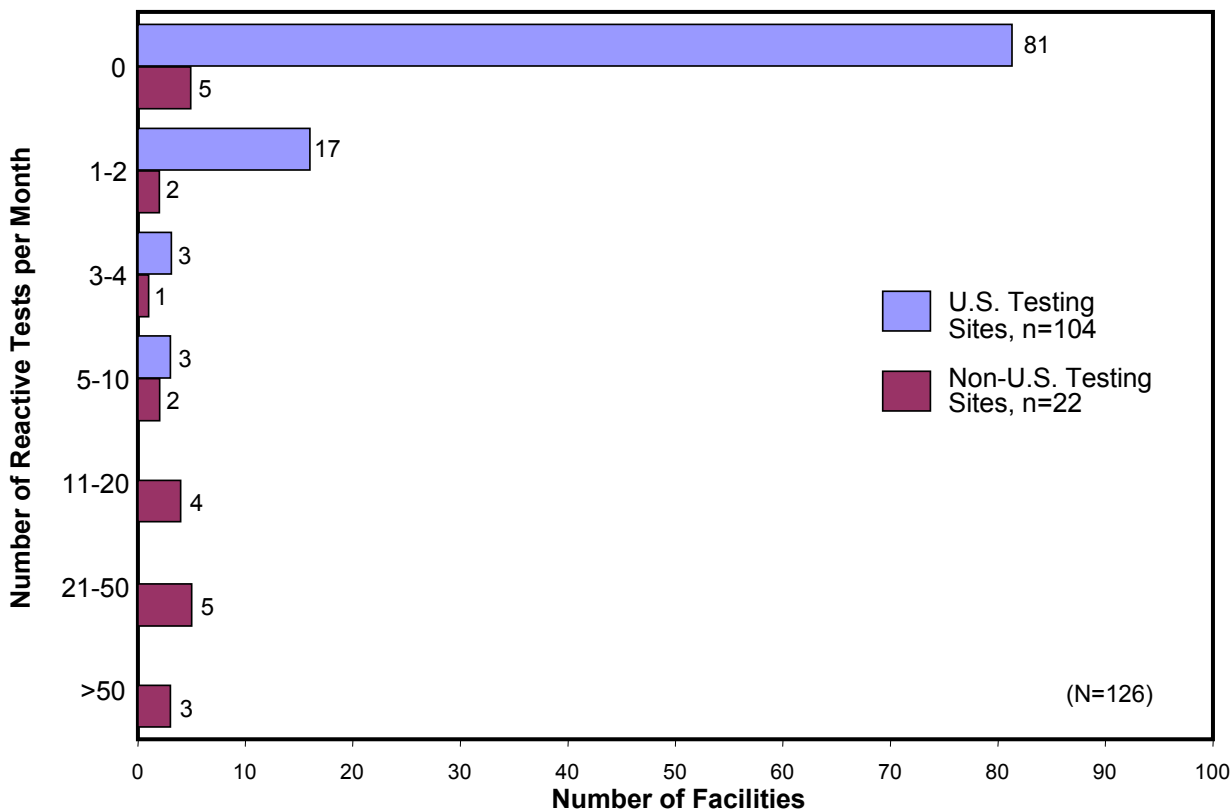
(c) Of all HIV testing performed in your facility over the past year, what percentage were performed using HIV rapid test kits? (Please round off to the nearest whole percentage.)



3.(d) How many client/patient specimens were tested using HIV rapid tests in your facility during the most recent representative month?

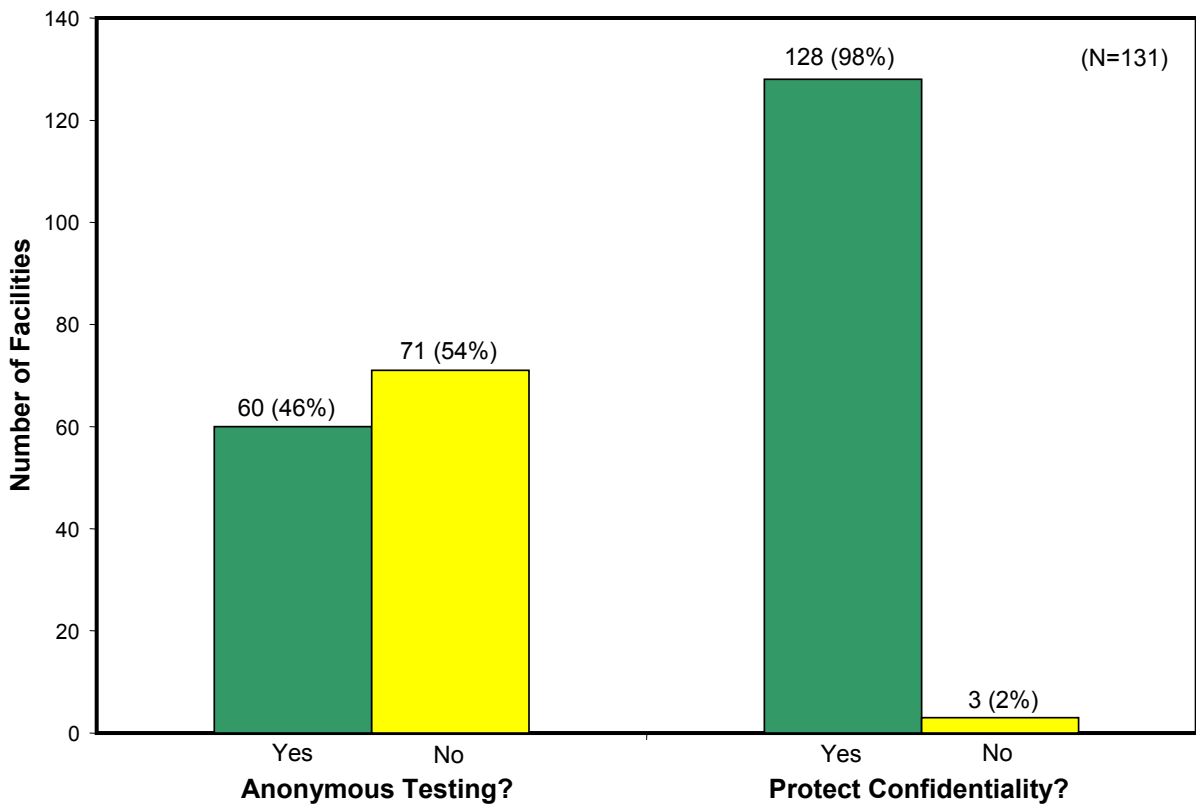


(e) How many HIV rapid tests performed on client/patient specimens in your facility were initially reactive (preliminary positive) during the most recent representative month? (Please round off to the nearest whole number.)

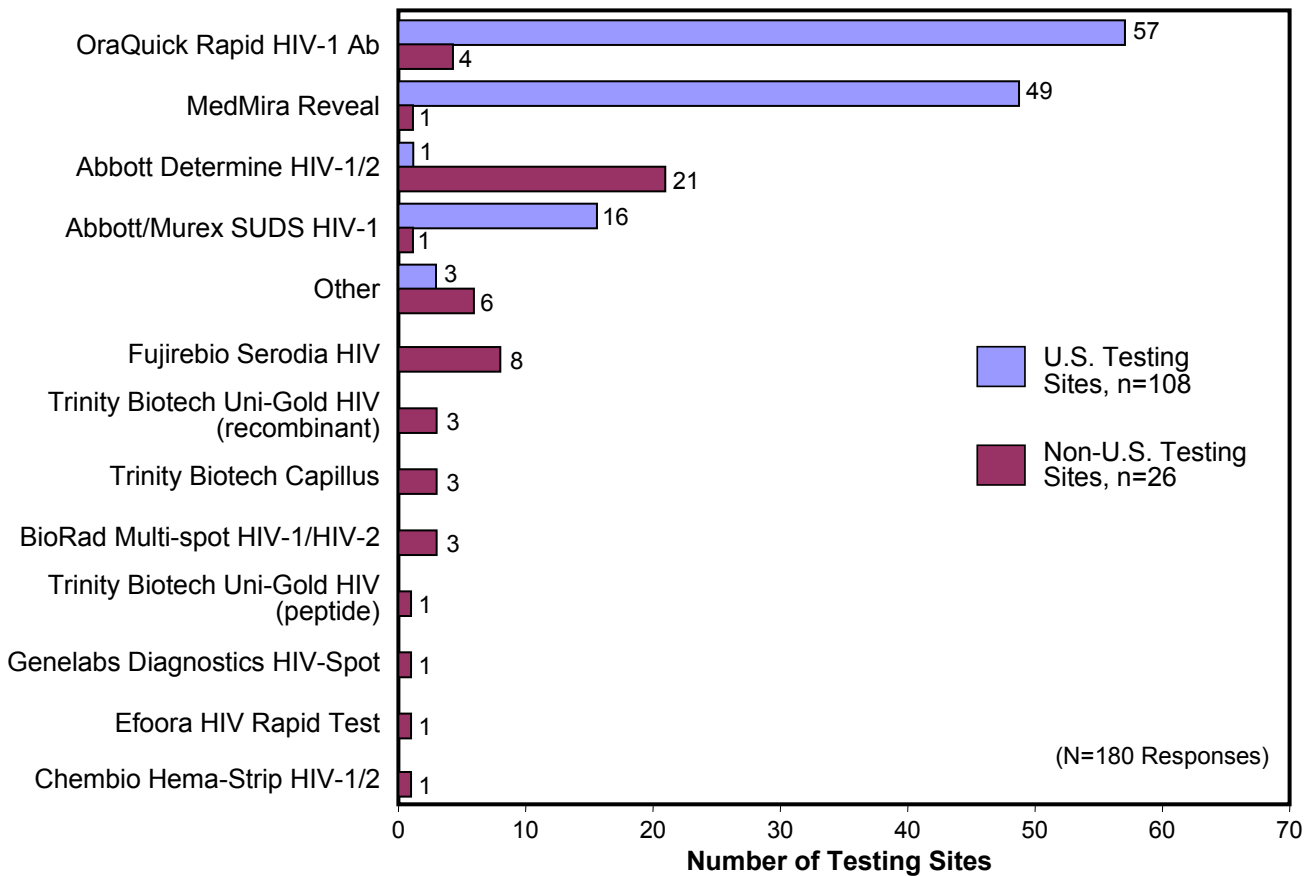


4.(a) Does your facility provide anonymous HIV rapid testing?

(b) Does your facility have procedures for protecting the confidentiality of HIV results?

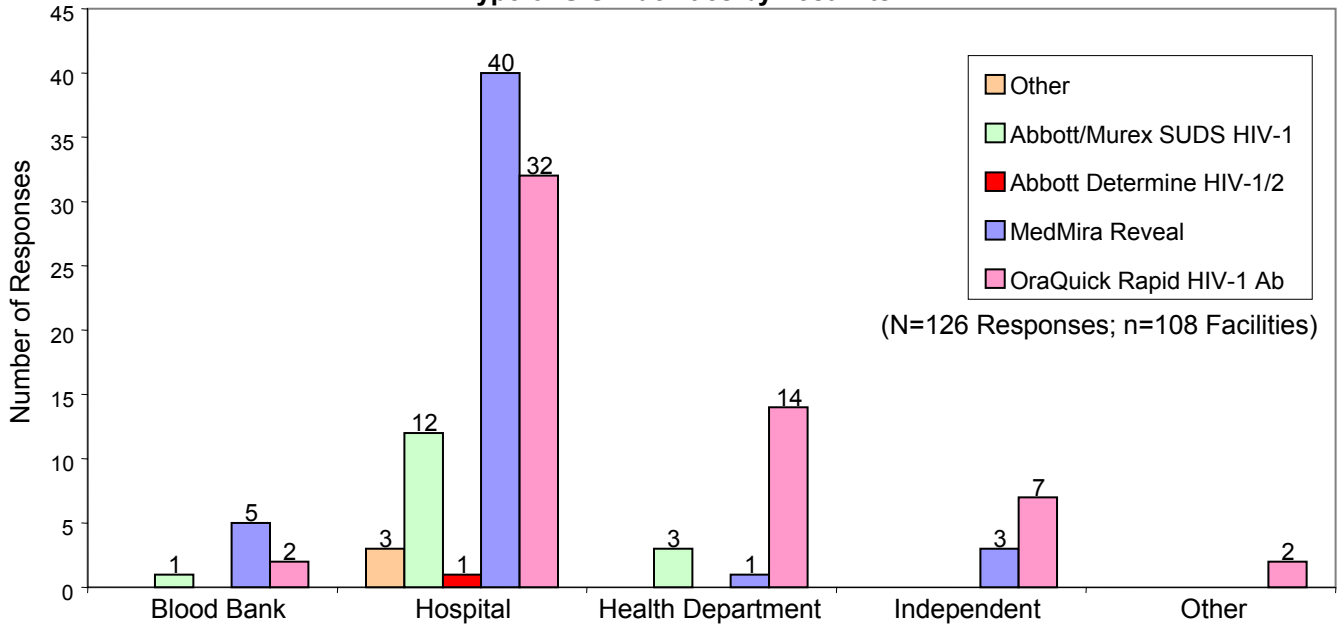


5. What test kit(s) do you currently use for HIV rapid testing? (Check all that apply.)

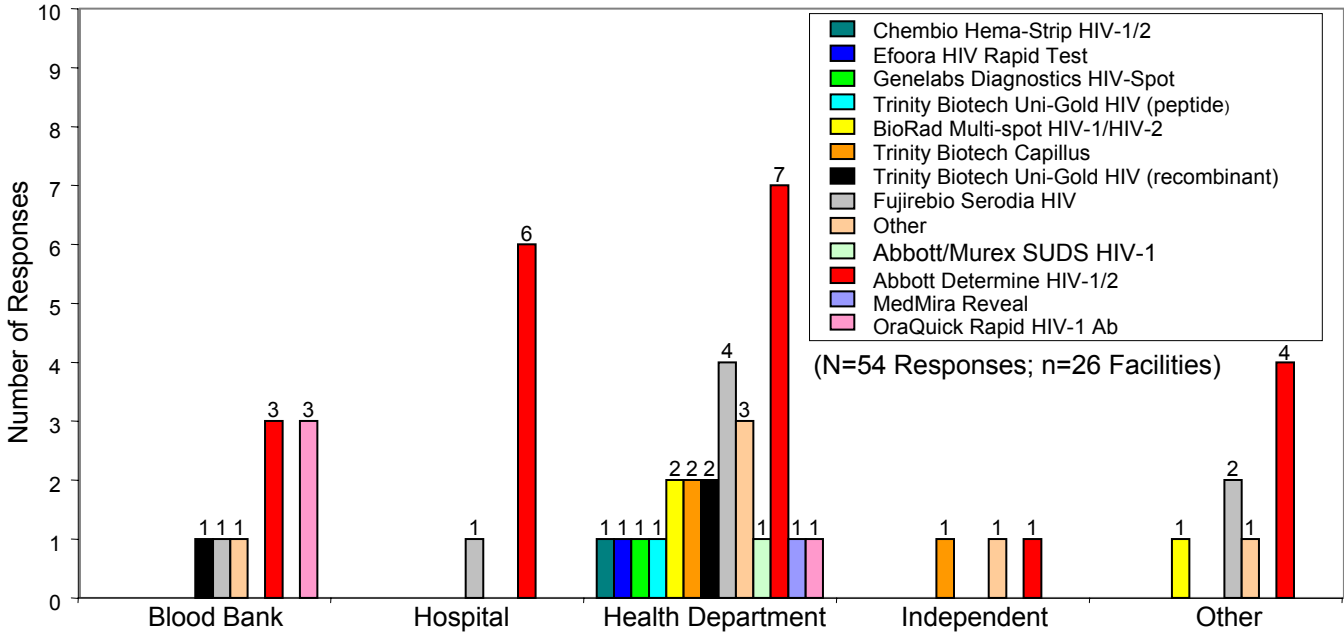


5. (Continued)

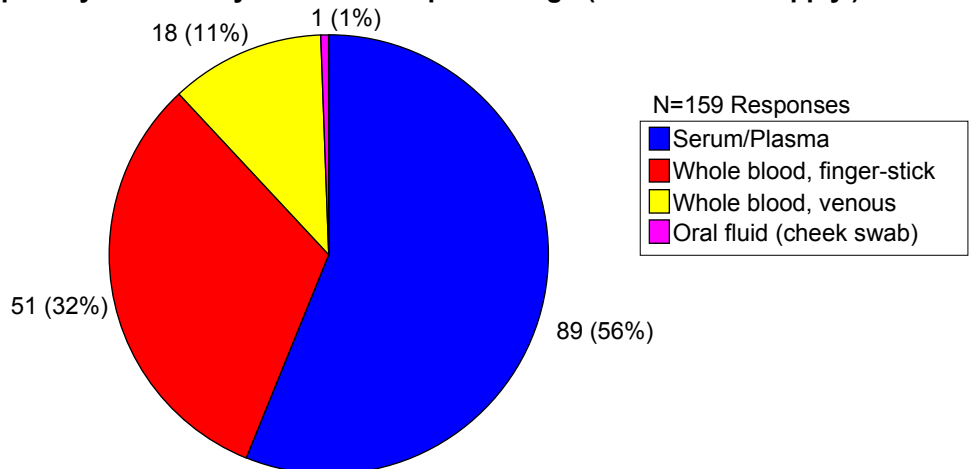
Type of U.S. Facilities by Test Kits



Type of Non-U.S. Facilities by Test Kits

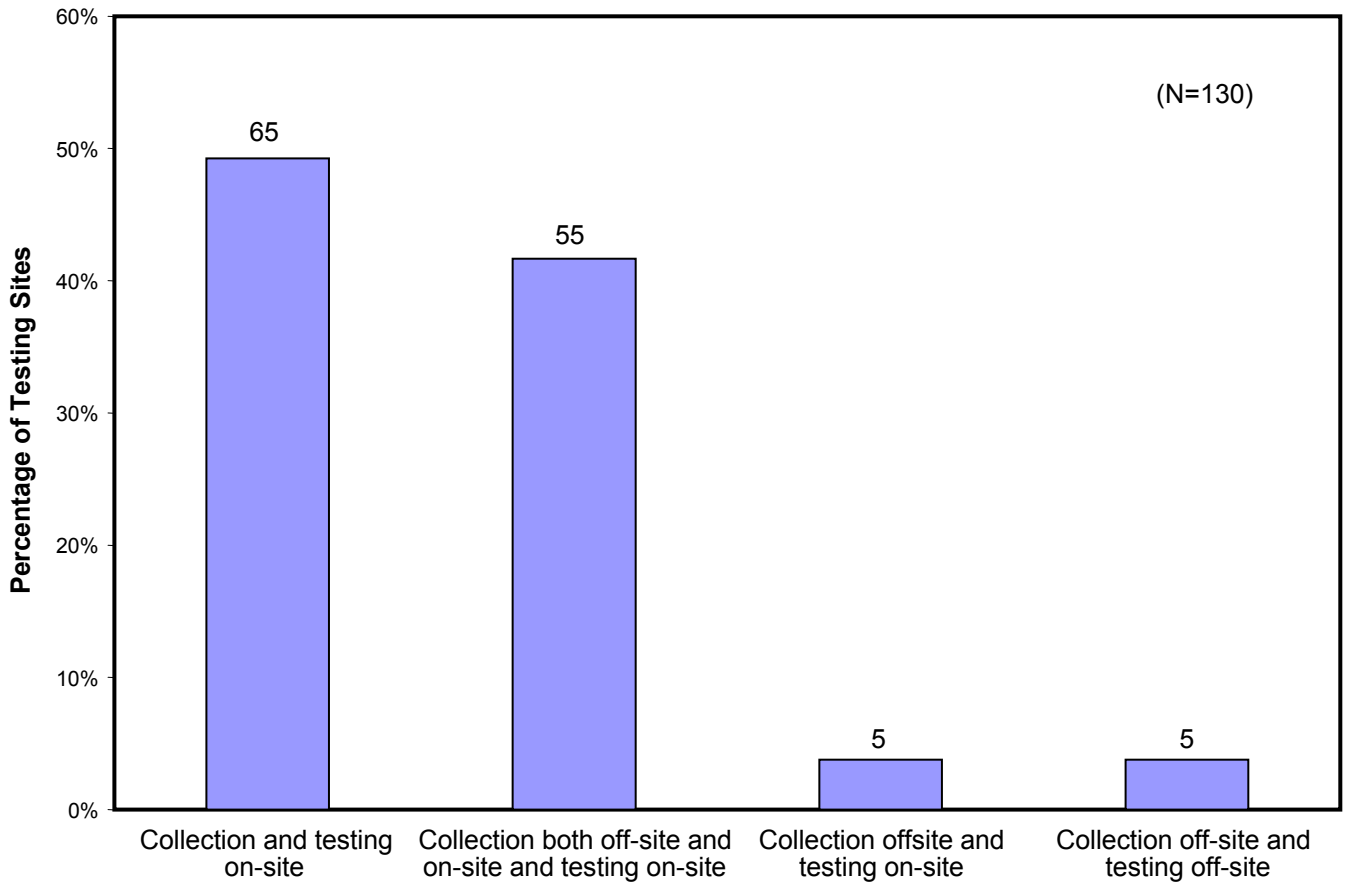


6. What sample type do you currently use for HIV rapid testing? (Check all that apply.)

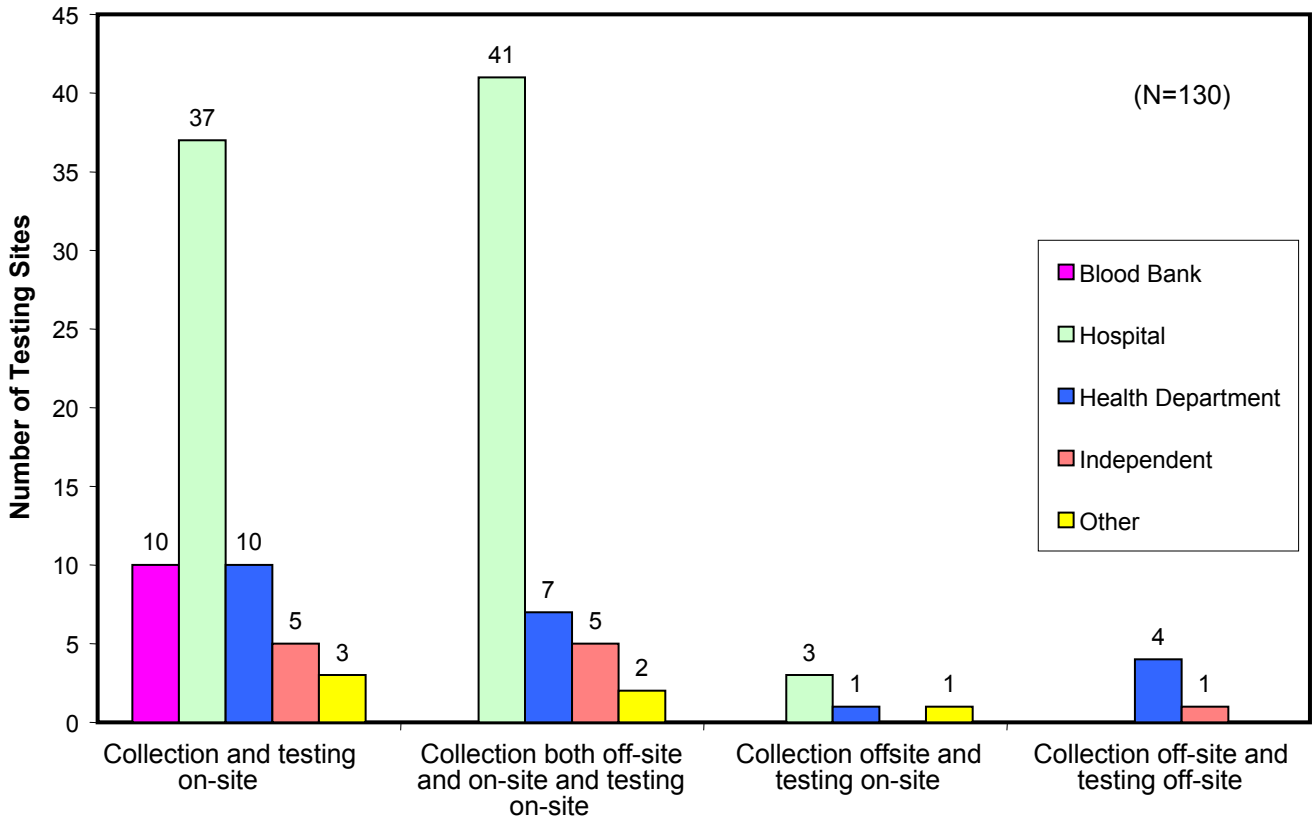




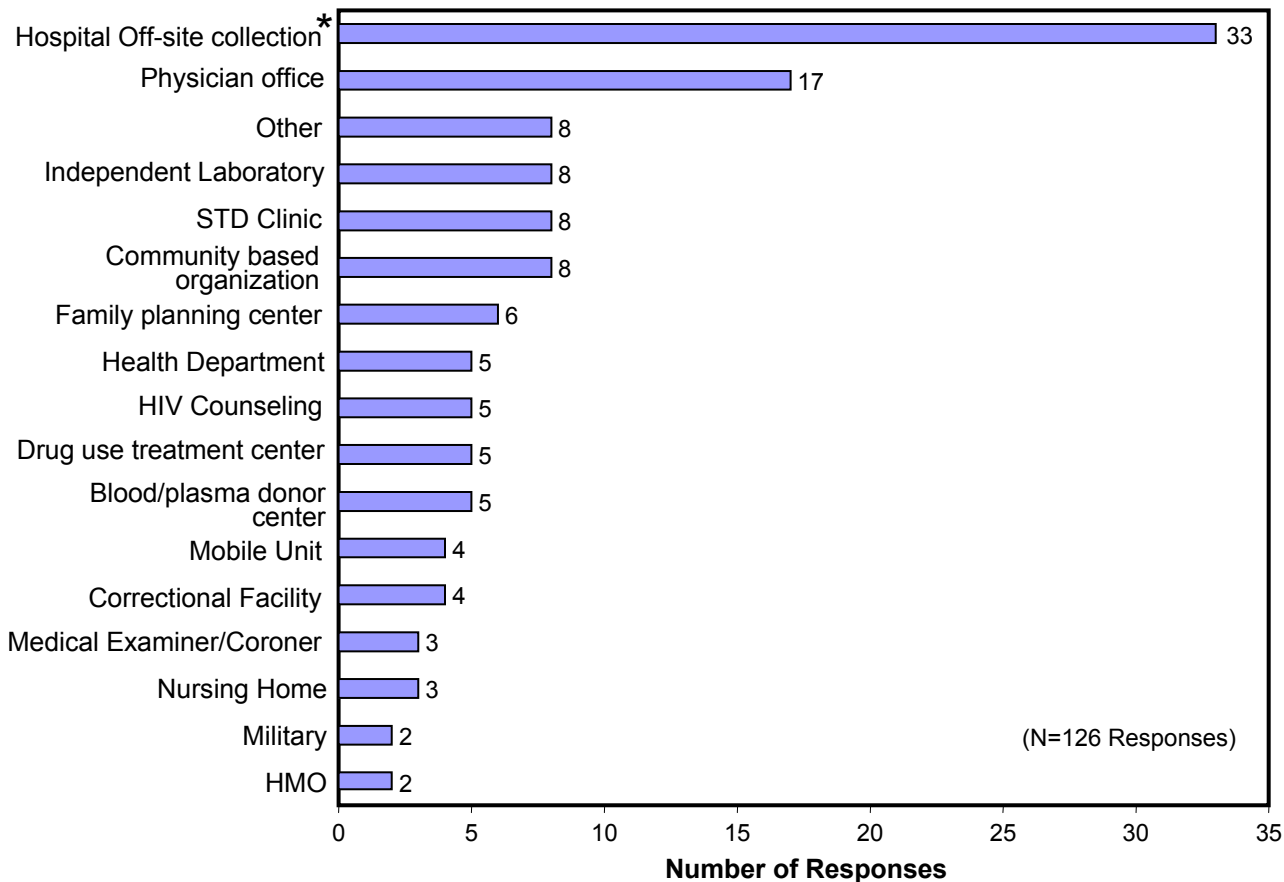
7.(a) Where are specimens collected and HIV rapid testing performed? (Choose only one.)



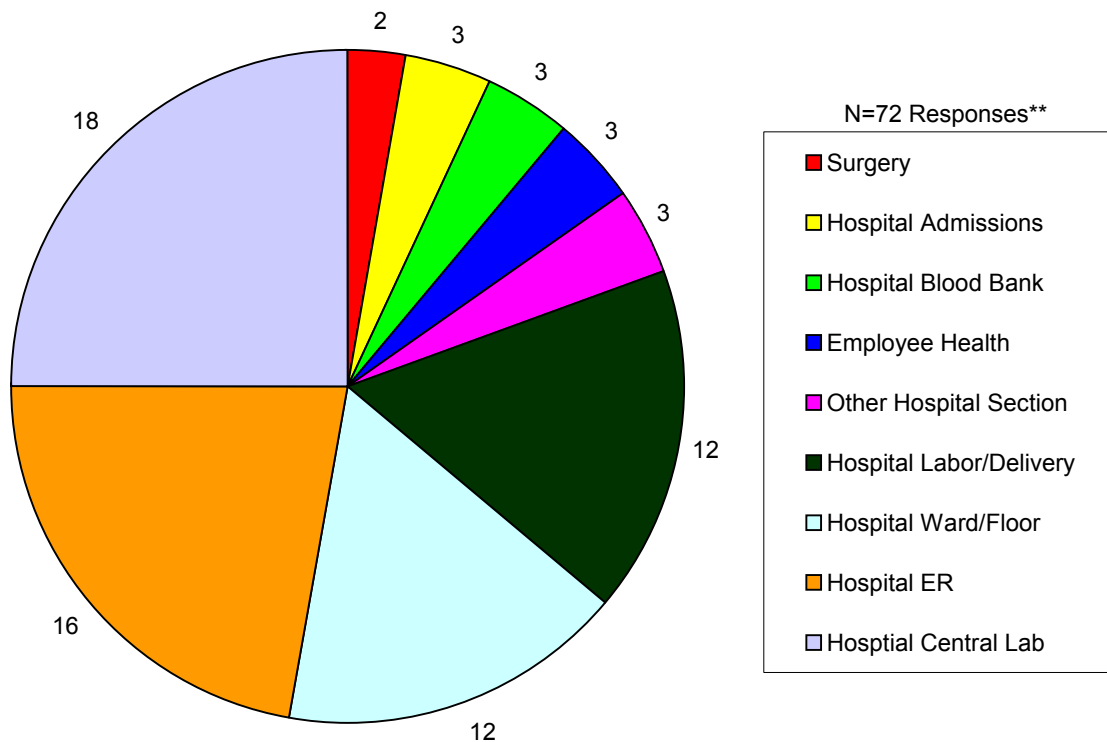
7.(a) Specimen collection site and testing site by lab type



**7.(b) If you perform HIV rapid testing on specimens collected off-site, please indicate where they are collected. (Check all that apply.)**

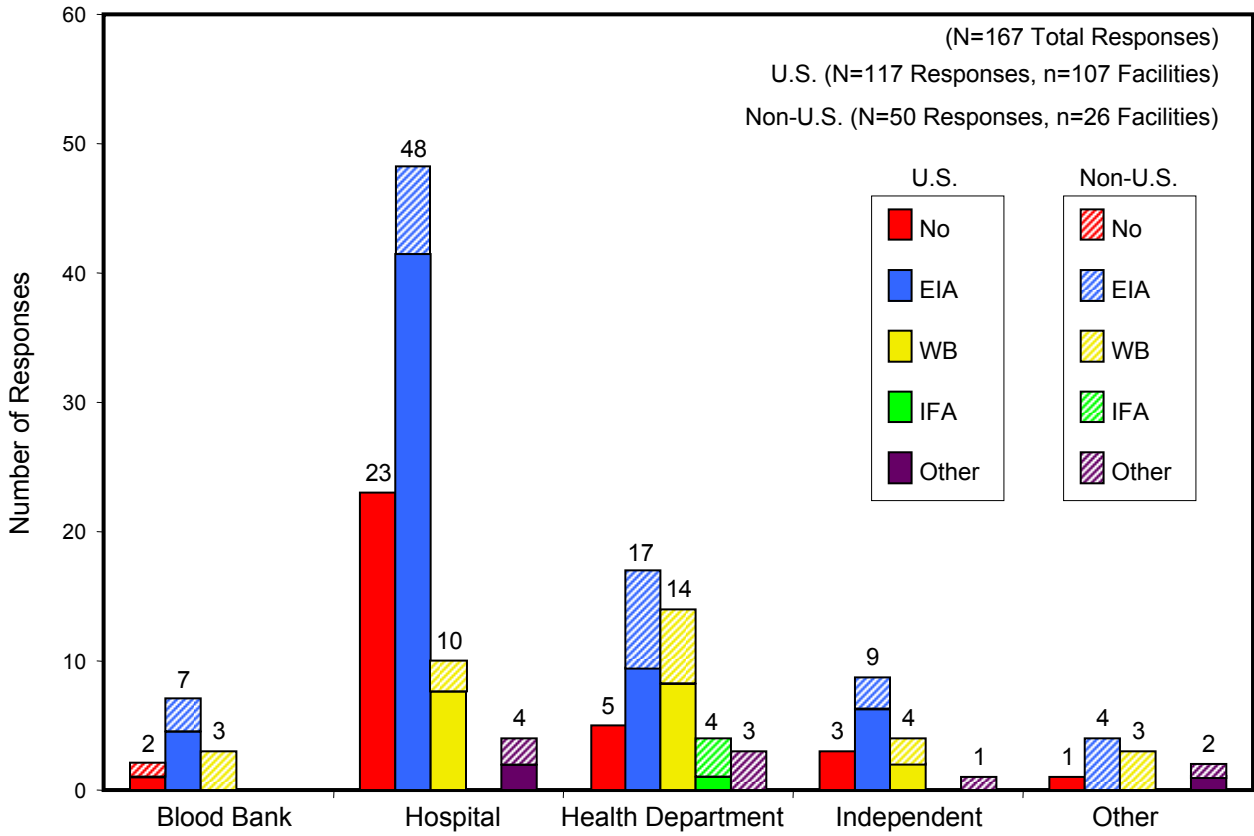


**\* Specific Hospital Collection Sites (Check all that apply.)**

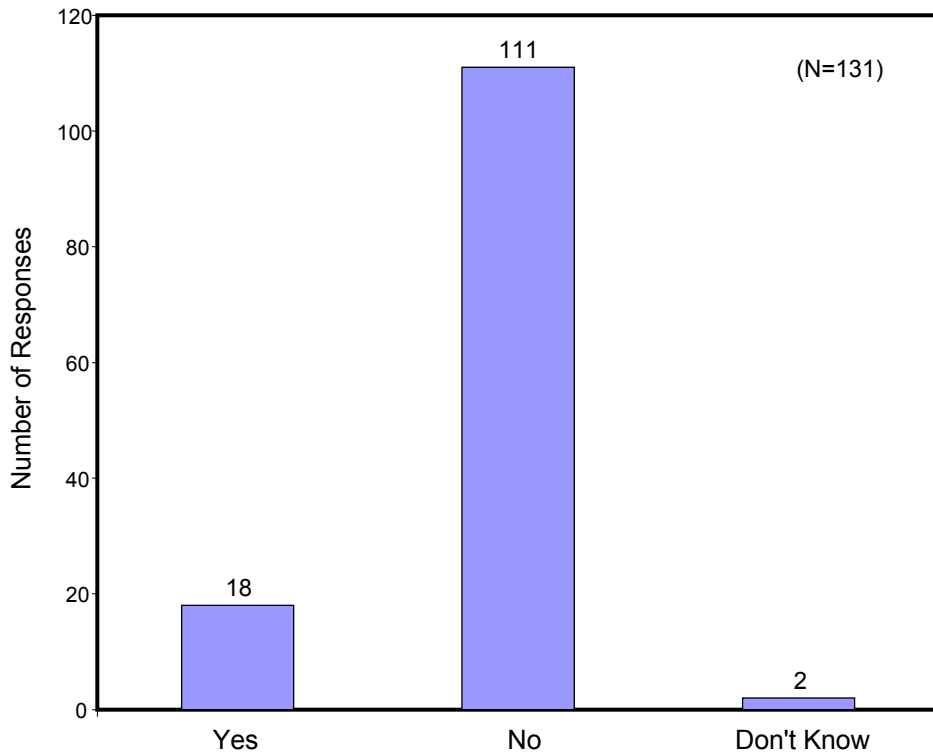


\*\* This represents multiple responses from hospital participants

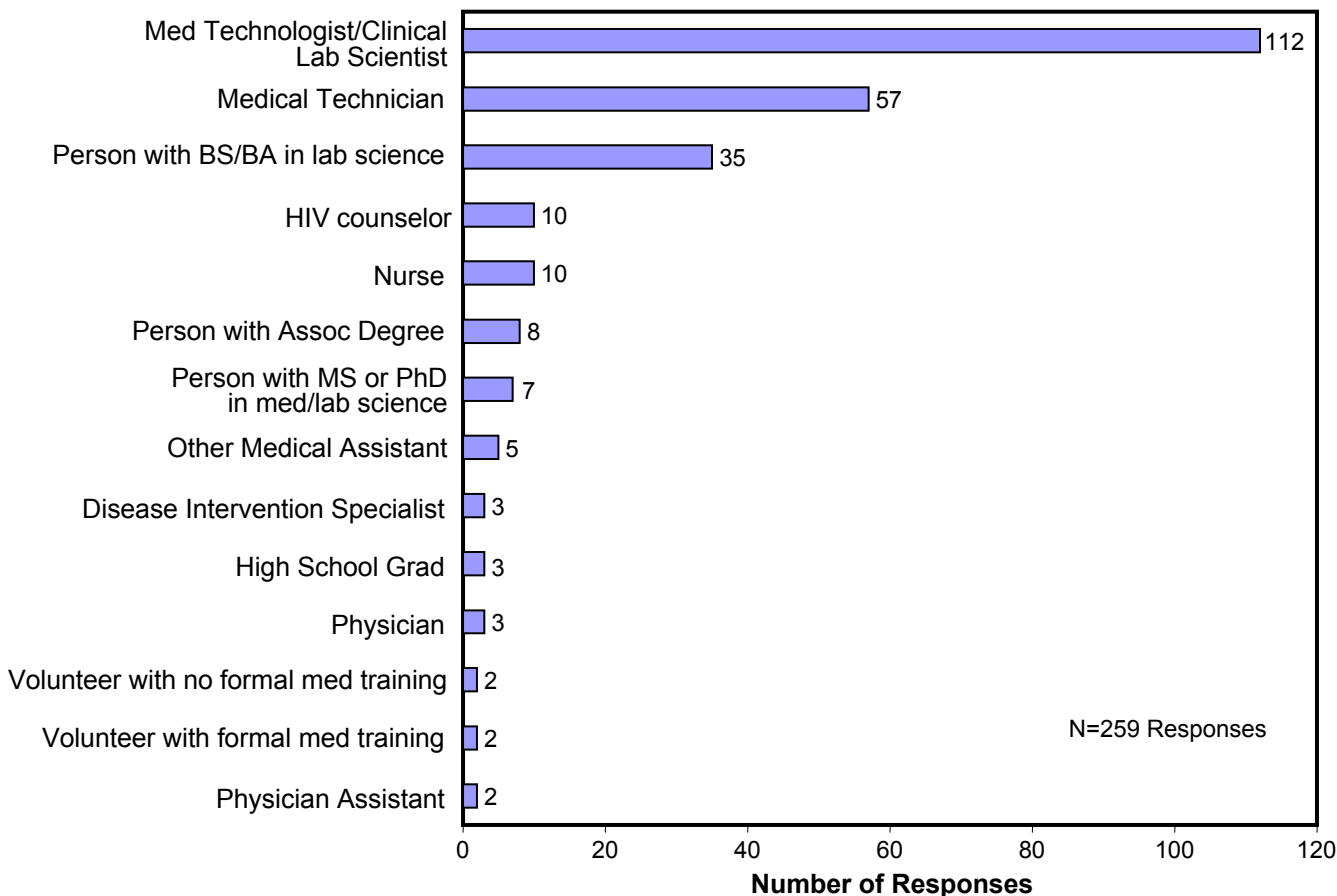
**8. To detect HIV infection, do you currently perform a test in your facility other than an HIV rapid test? (If yes, check all that apply.)**



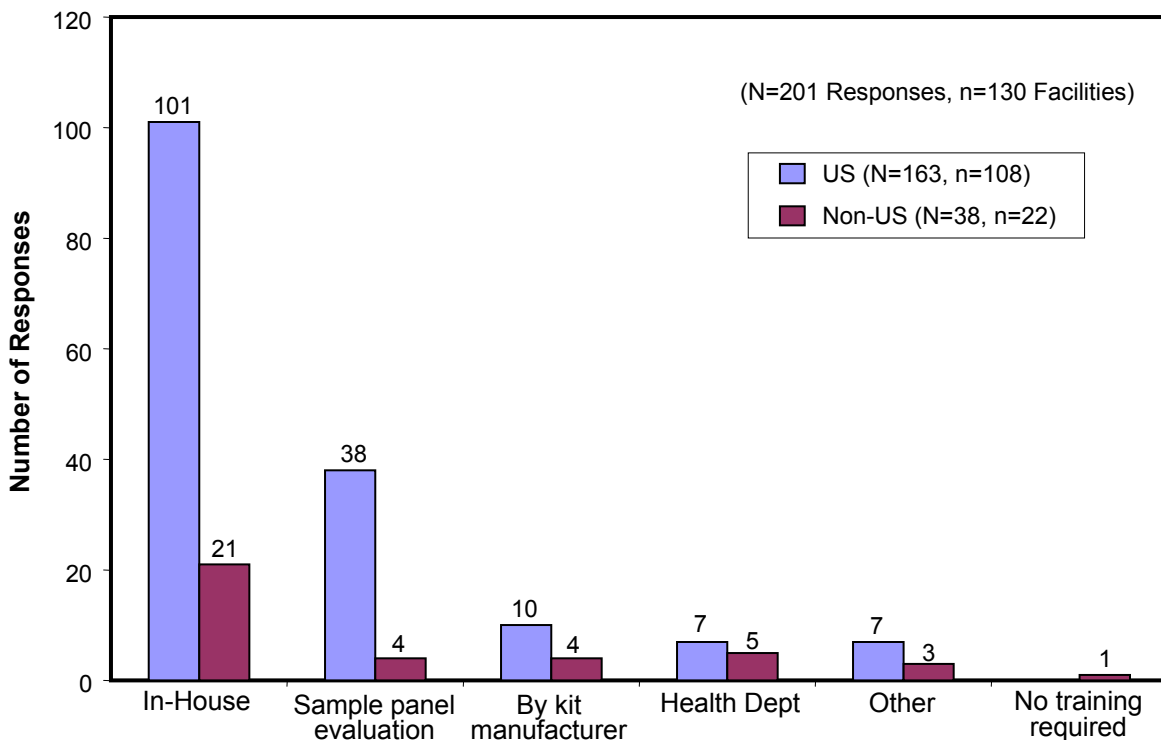
**9. Has HIV rapid testing replaced some other method of HIV testing?**



**10. Who performs HIV rapid testing in your facility on a regular basis? (Check all that apply.)**



**11. What type of training is required for personnel performing HIV rapid testing in your facility/testing site? (Check all that apply)**



11. (Continued) Length of training by type of training

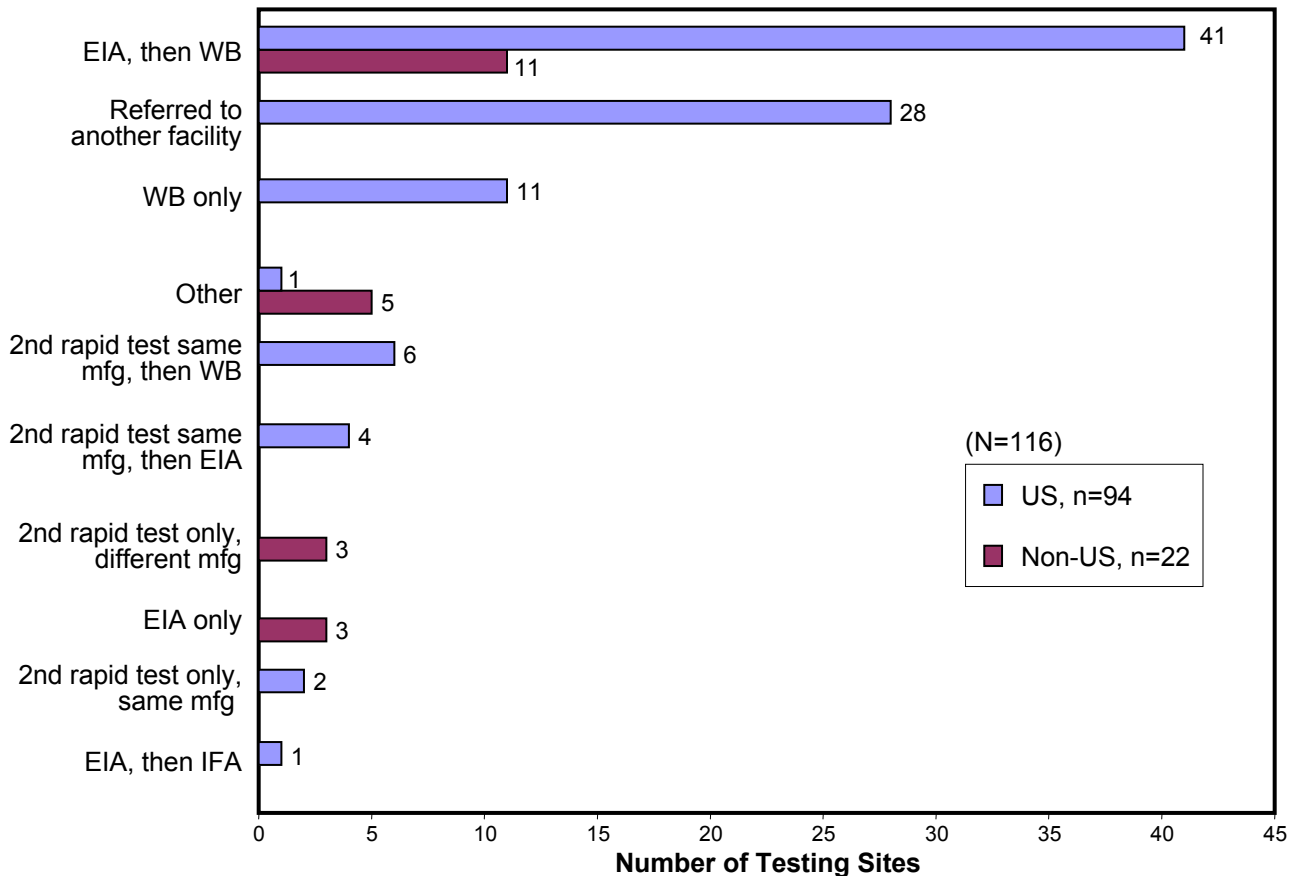
Training Type	# of Responses (N=190)	Range	Median
In-house	122	0-35 days	1
Sample Panel Evaluation	42	2-15 samples	5
By Kit Manufacturer	14	0-3 days	1
Health Department	12	1-15 days	1.5

12.(a) Is confirmatory testing performed (either in your facility or another facility) on initially reactive (preliminary positive) HIV rapid tests?

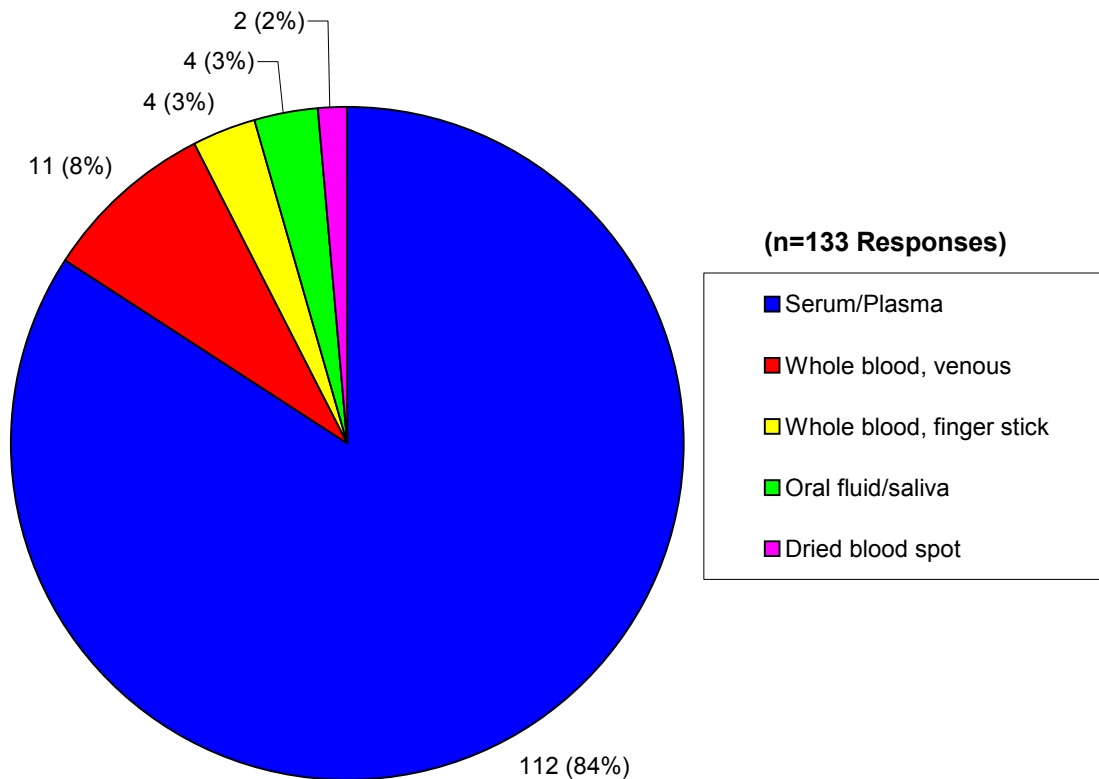
	Blood Bank	Hospital	Health Department	Independent	Other	Total # Facilities
<b>Yes</b>	10 (8%)	77 (58%)	24 (18%)	10 (8%)	5 (4%)	126 (95%)
<b>No *</b>		4 (3%)		1 (1%)	1 (1%)	6 (5%)
<b>Total</b>						132

\* All U.S. Laboratories, except 1

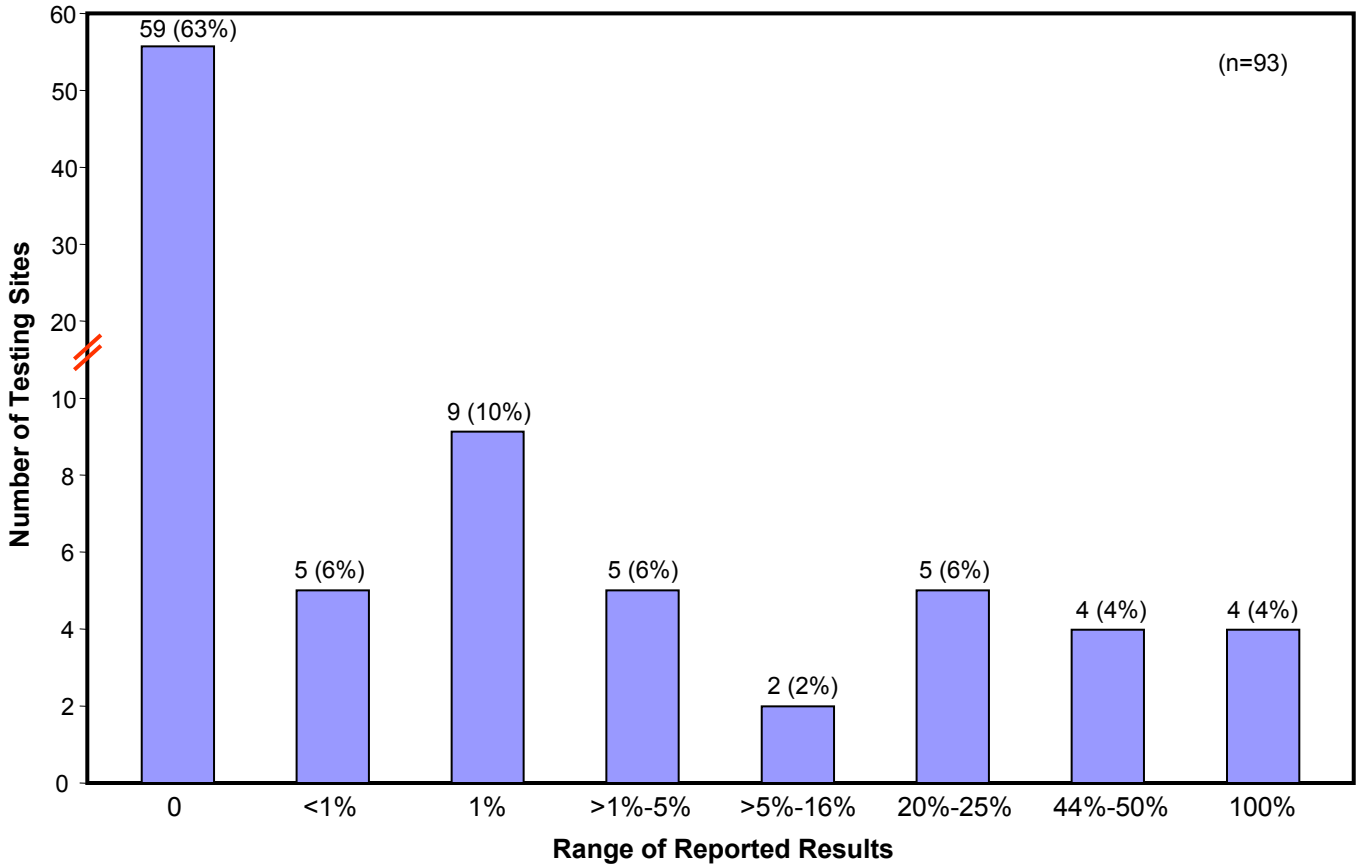
**12.(b) What methods do you use for confirmatory testing following an initially reactive (preliminary positive) HIV rapid test? (Check the one best answer listed below.)**



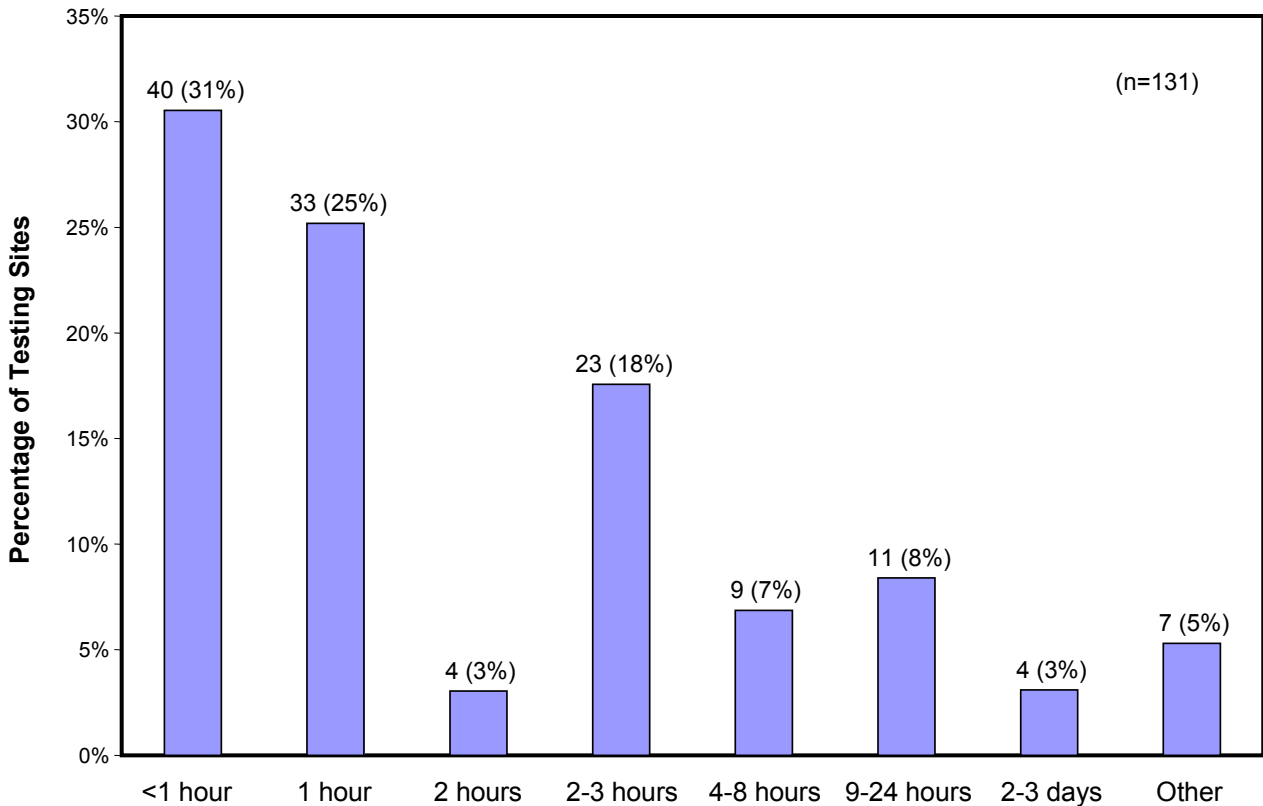
**12.(c) What specimen type do you use to confirm initially reactive HIV rapid test results? (Check all that apply.)**



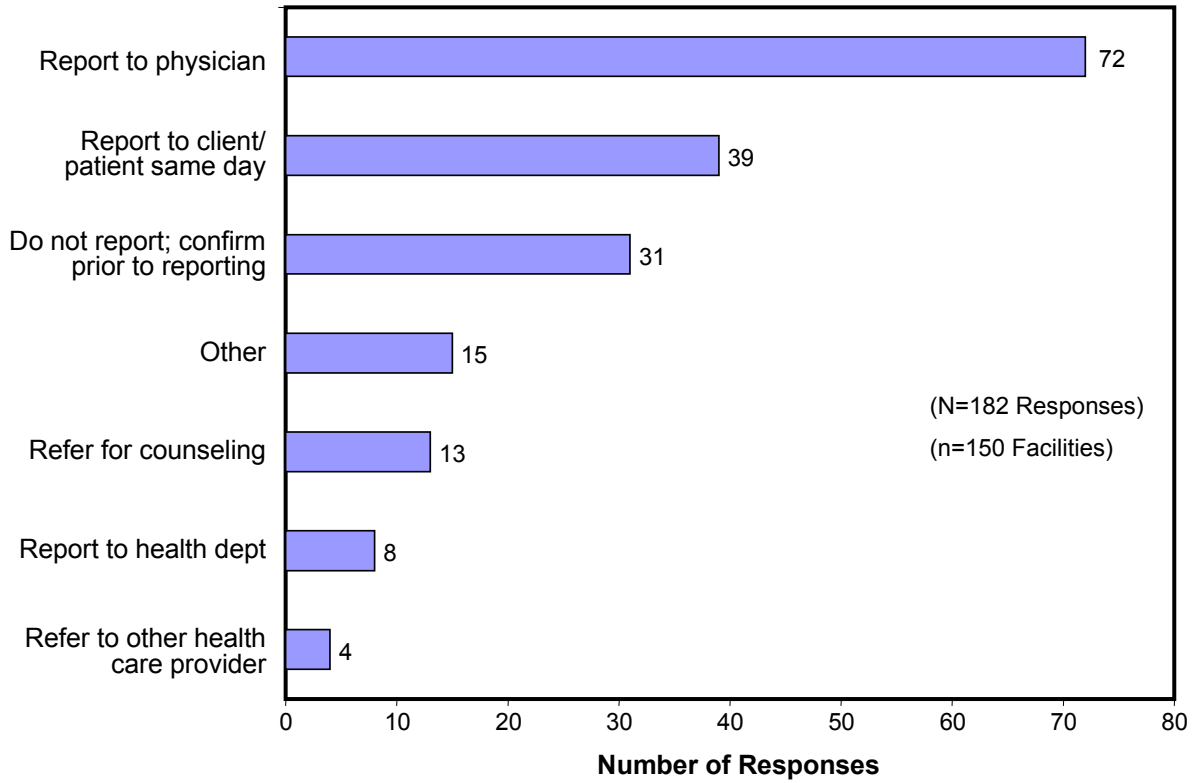
12. (d) Of the initially reactive (preliminary positive) HIV rapid test results for which a confirmatory test was performed, what percentage did NOT confirm as positive?



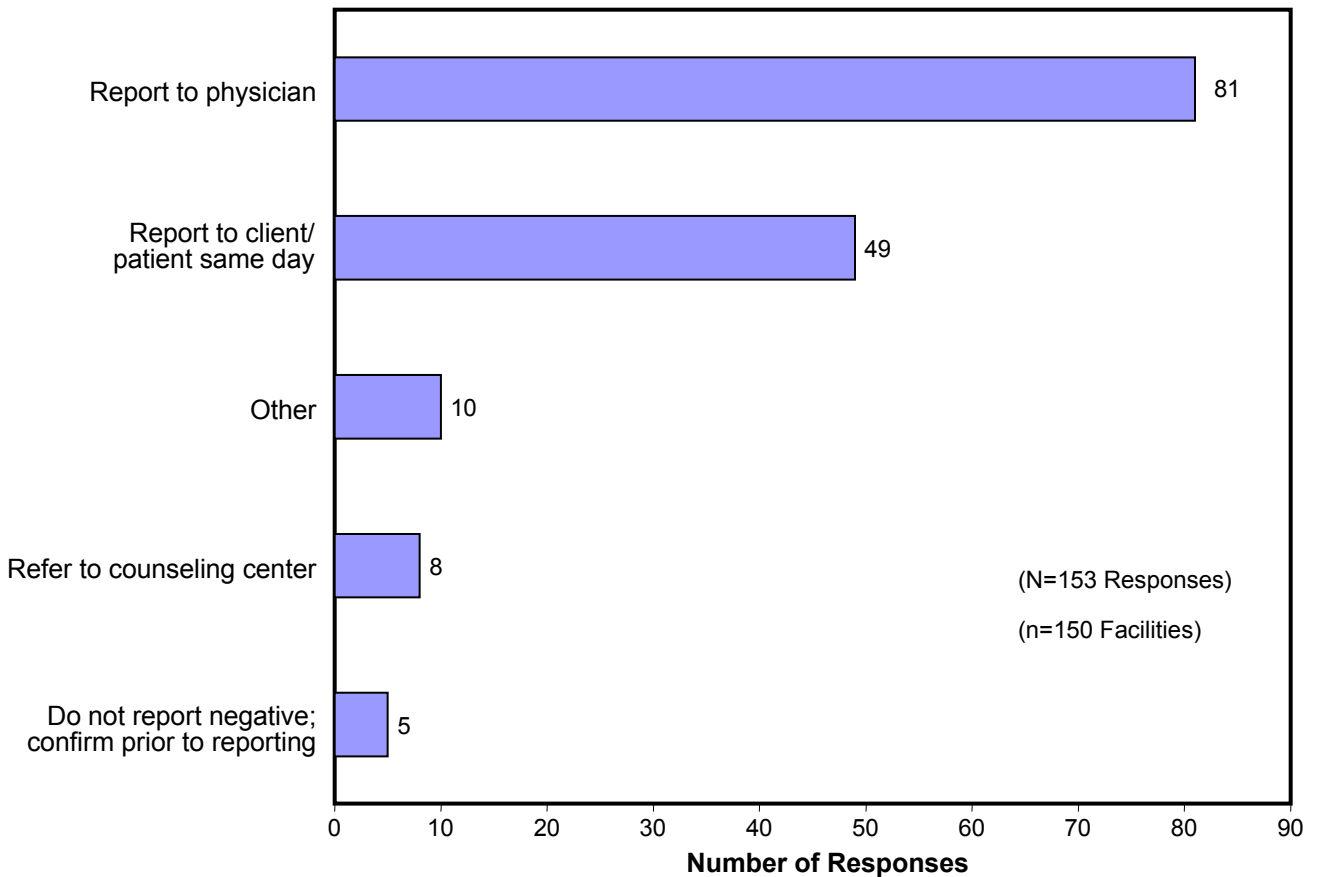
13. On average, how much time passes from collection of the specimen for HIV rapid testing at your facility until results are reported (given) to the client/patient? (Check only one.)



**14.(a) What is the typical reporting and referral procedure to the client/patient for an initially reactive (preliminary positive) HIV rapid test? (Check all that apply.)**

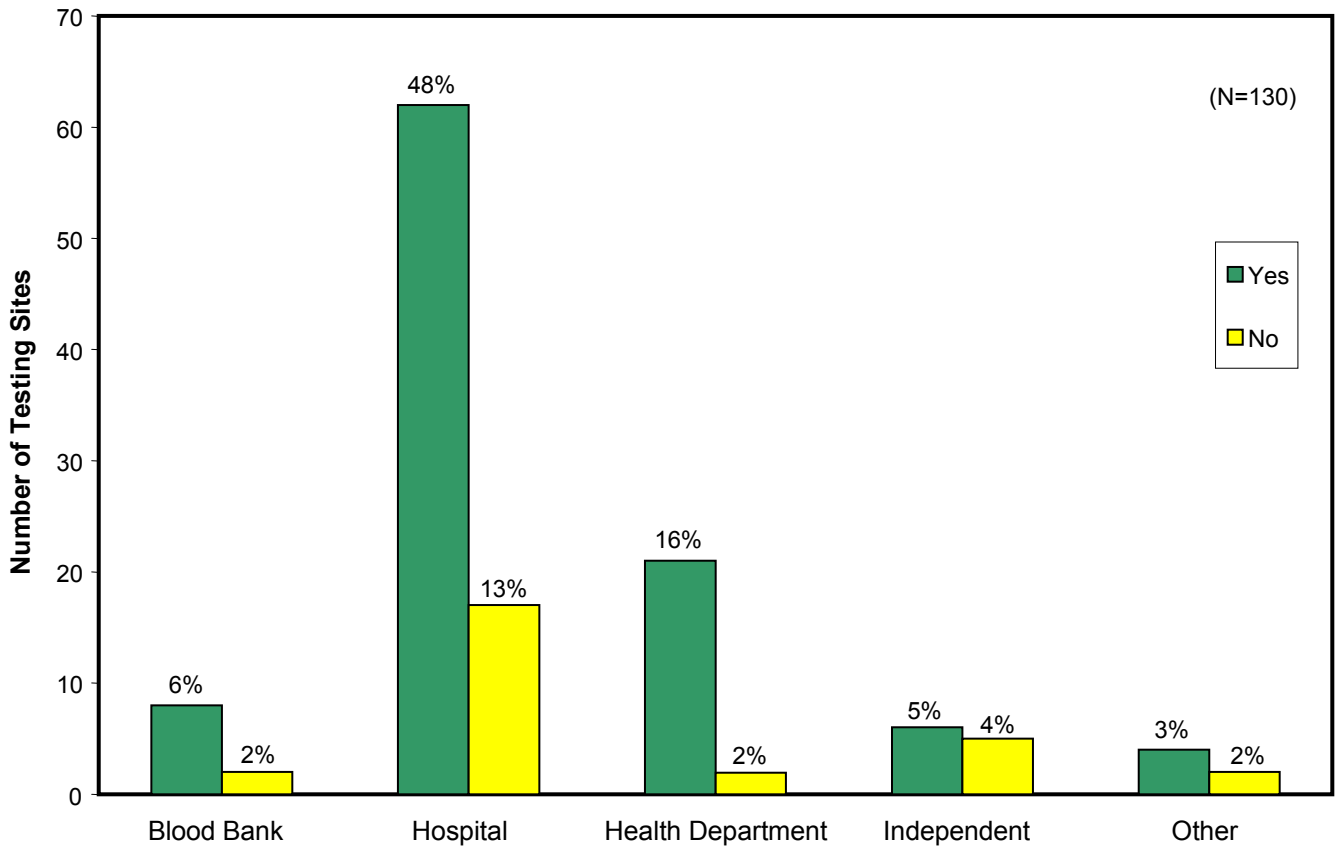


**(b) What is the typical reporting and referral procedure to the client/patient for a negative HIV rapid test? (Check all that apply.)**

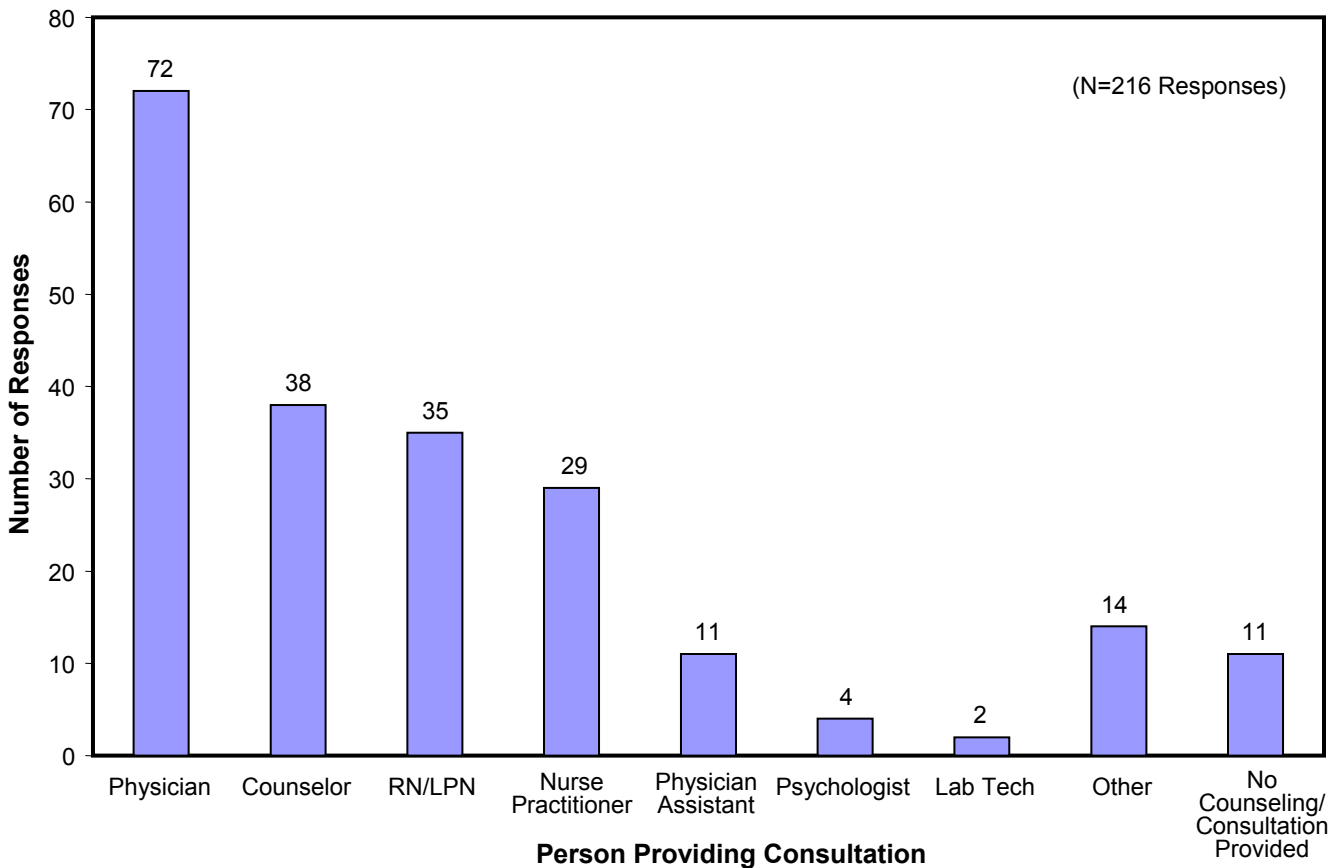




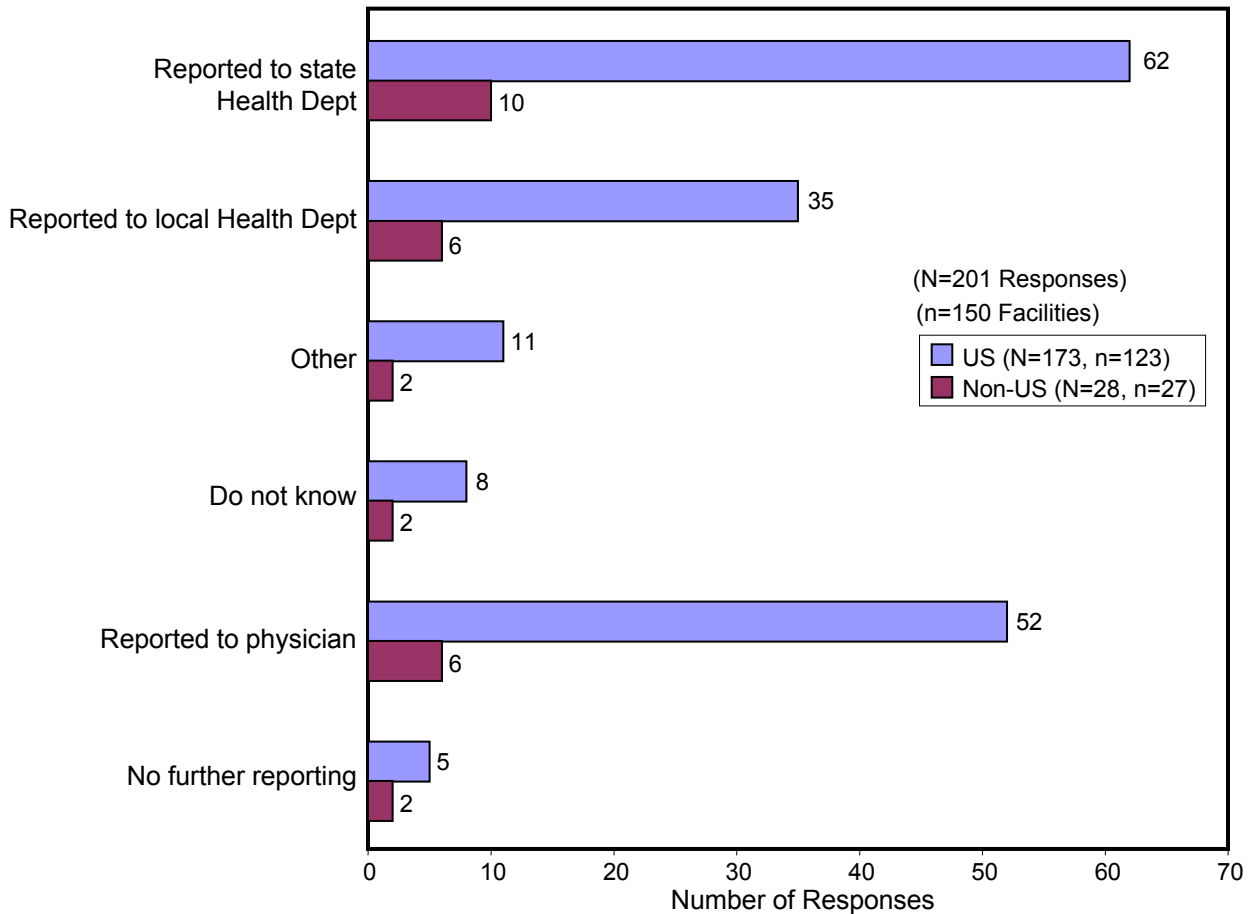
**14.(c) Does your facility/testing site provide onsite HIV counseling to clients/patients?**



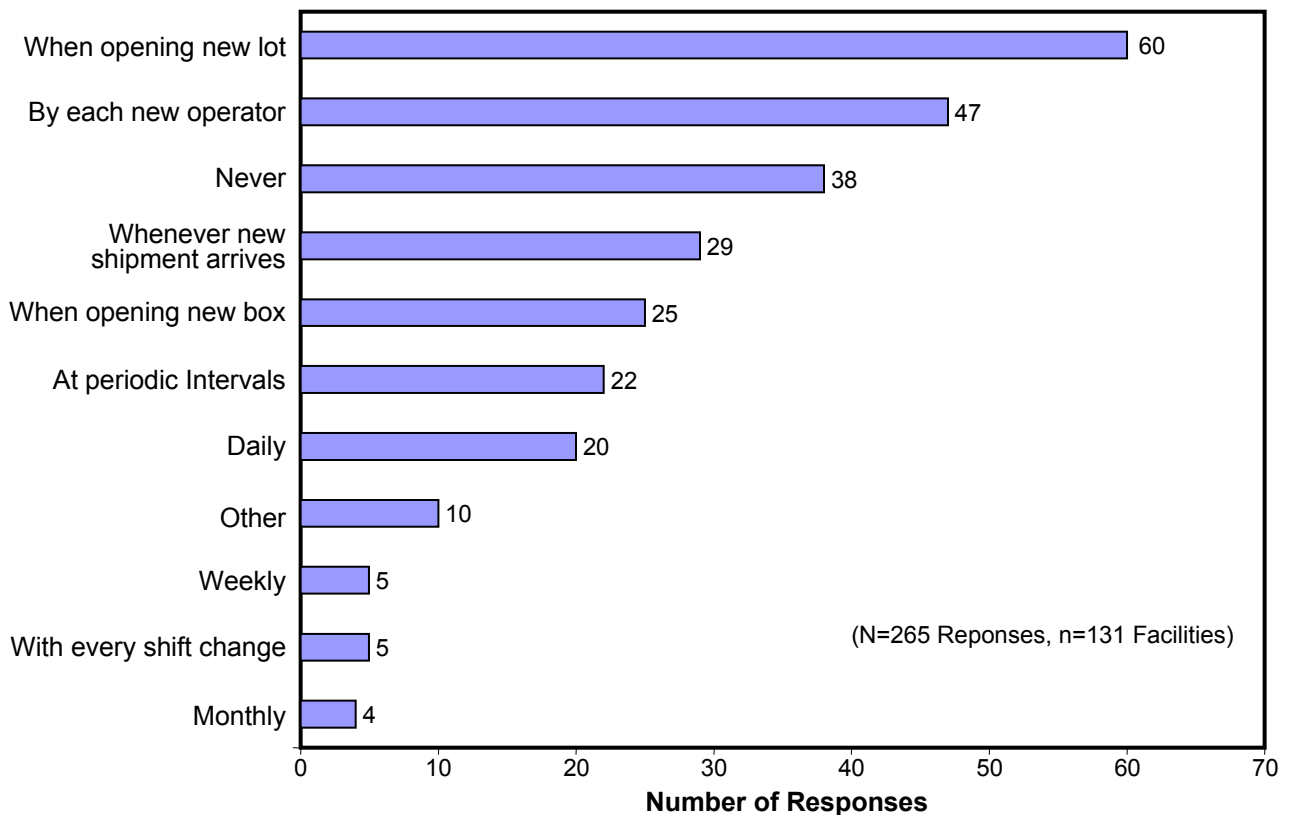
**(d) At your facility/testing site, who provides client/patient consultation for initially reactive (preliminary positive) HIV rapid testing results? (Check all that apply.)**



**15. What is the typical results reporting procedure(s) for the purposes of HIV surveillance?  
(Check all that apply.)**

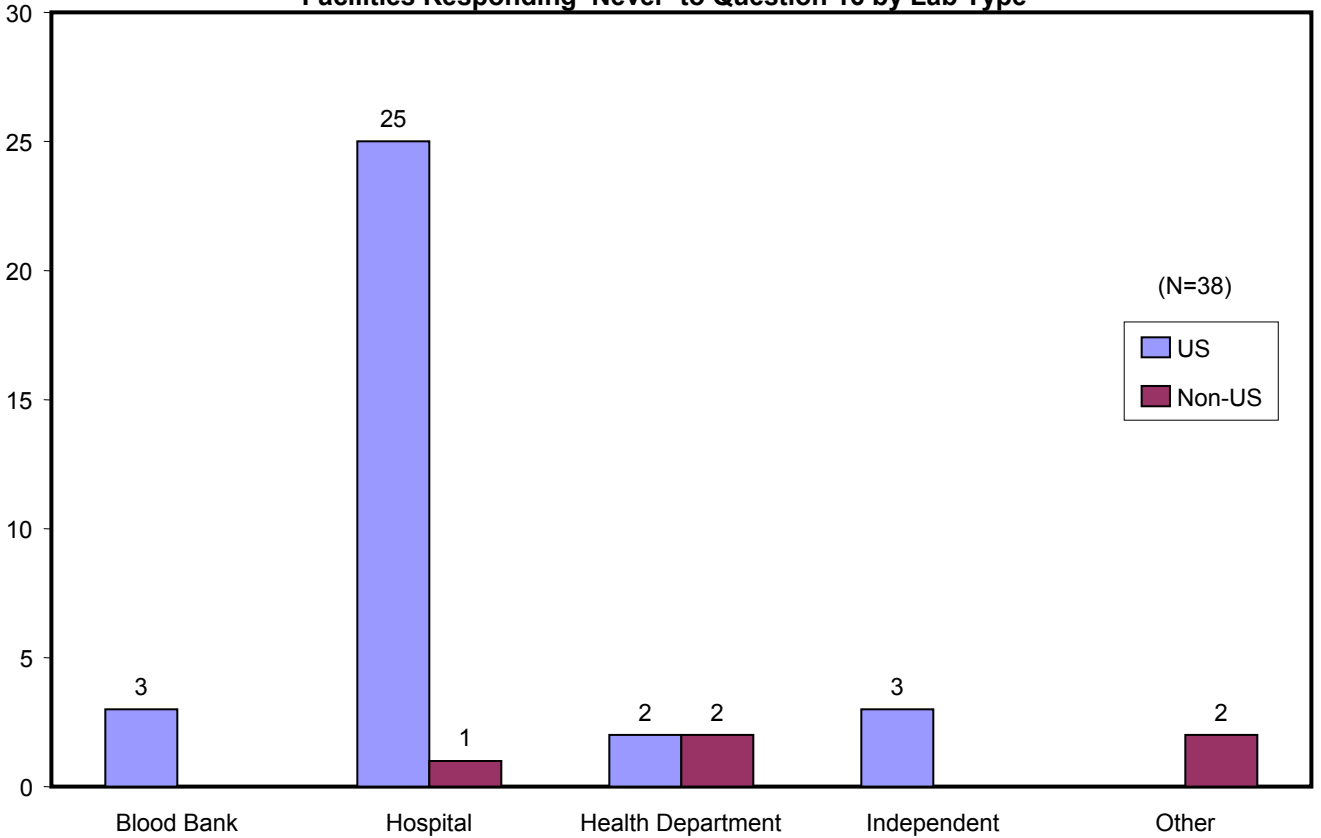


**16. How often does your facility/testing site run external controls (positive or negative controls not included in the test kit) when performing HIV rapid testing? (Check all that apply.)**

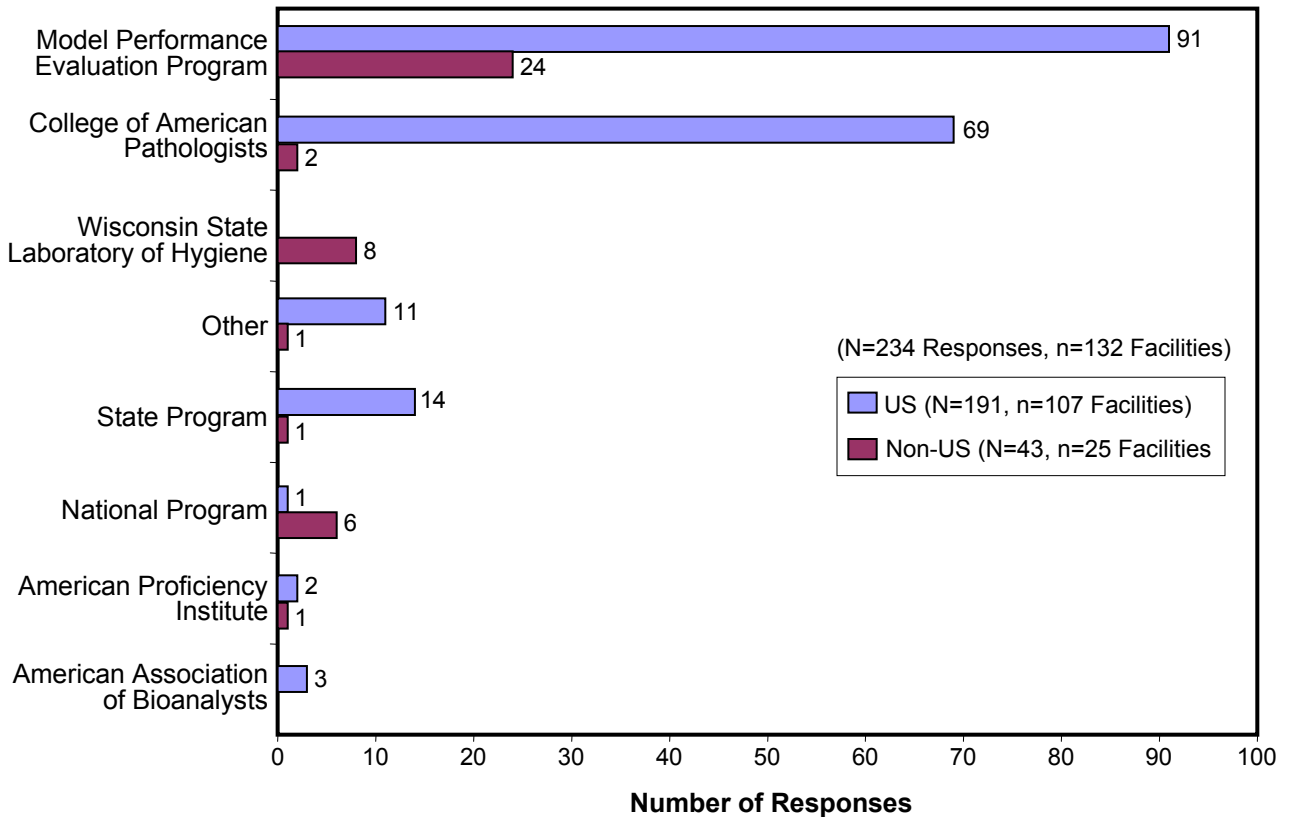


16. (Continued)

Facilities Responding 'Never' to Question 16 by Lab Type



17. In which external HIV proficiency testing (PT) or performance evaluation (PE) program(s) does your facility participate? (Check all that apply.)



18. Approximately how much does your facility charge to perform an HIV rapid test?  
(Round off to nearest U.S. Dollar.)

