

Field Evaluations of the Alere q pointof-care system for EID

Dr Marvin Hsiao ASLM 2014 conference Cape Town



No conflict of interest declared

Accurate Early Infant HIV Diagnosis in Primary Health Clinics Using a Point-of-Care Nucleic Acid Test

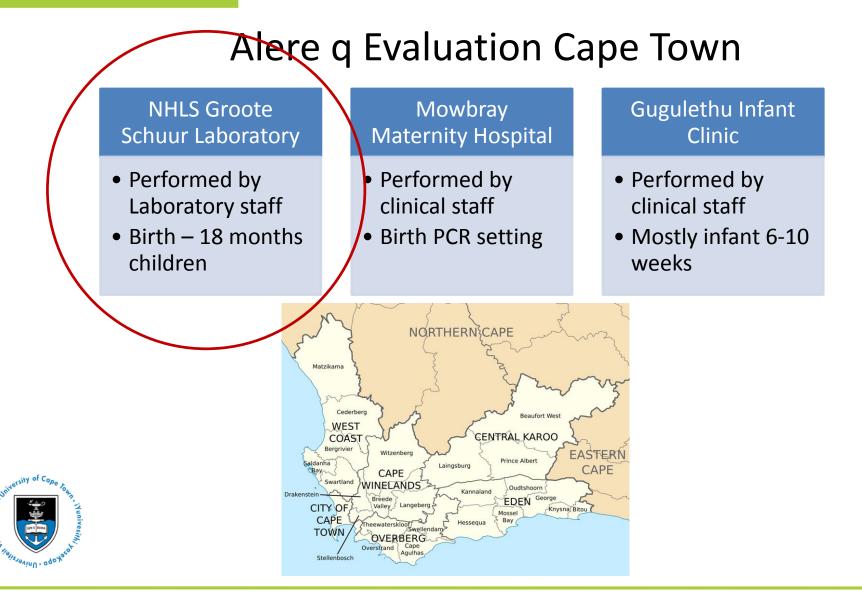
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- Field evaluation 4 primary care Clinic and 1 Hospital at Maputo
- Compared against SOC Lab testing
- Roche CAP/CTM HIV-1 Qual (DBS)
- N= 872
- Sensitivity 98.5%
- Specificity 99.9%









Methods

Sampling	 EDTA samples taken through heel prick or venepucture from Primary Care clinics – typically 6-10 weeks Hospitals – wide range of ages include some birth PCR's
Testing	 Sample received at NHLS regional laboratory Parallel testing done on Roche CAP/CTM HIV-1 Qual V1 Alere q Detect
Resulting	 Concordance: no further test Discordance: follow up sample – 2 sample positive confirms HIV infection





Results

- Samples tested N=1057
- Children tested n=1004, median age 47 days
- Of the tested sample, the Roche CAP/CTM result were
 - Positive: 161/1057 (15%)
 - Negative: 885/1057 (84%)
 - Equivocal: 11/1057 (1%)





	Alere q point-of-care HIV PCR			
	Error	Negative	Positive	Total
Roche CAP/CTM HIV-1 PCR				
Negative	55	828	2	885
Positive	10	5	146	161
Equivocal	0	5	6	11
Total	65	838	154	1057

- 6% error rate; 66% of the errors resolved on the 2nd attempt
- Sensitivity 96.7% Specificity 99.4%



Excluding error 99.3% concordance



See Oral session 3.3 Advances in Early Infant Diagnosis for further analysis

Wednesday 3 Dec 11:00-12:45



7



Summary of studies

	Mozambique	Cape Town	
Ν	827	1057	
N – HIV infected	65 (7.7%)	161(15%)*	*Extra PCR pos infant tested
РМТСТ	WHO A	WHO B+	
Gold standard	DBS sample	EDTA sample	
Sensitivity	98.5%	96.7%	
Specificity	99.9%	99.4%	
Concordance	99.7%	99.3%	

- Alere q performed well in both EID studies
- Slightly lower sensitivity in our Cape Town study



- Maternal ART and infant prophylaxis?
- Different gold standard EDTA vs DBS?



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