



# HIV Testing in the era of PrEP

Bernard M Branson MD

September 28, 2020

Argentinian HIV Clinical Forum - 2020



# Background and Disclosure of Financial Relationships

- Dr. Branson previously served as Associate Director for Laboratory Diagnostics in CDC's Division of HIV/AIDS Prevention until October 2014.
- Dr. Branson currently serves as consultant to the Gilead Sciences FOCUS Program



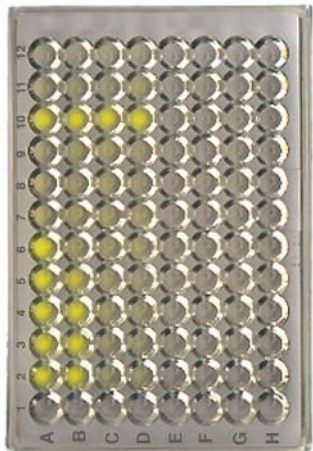
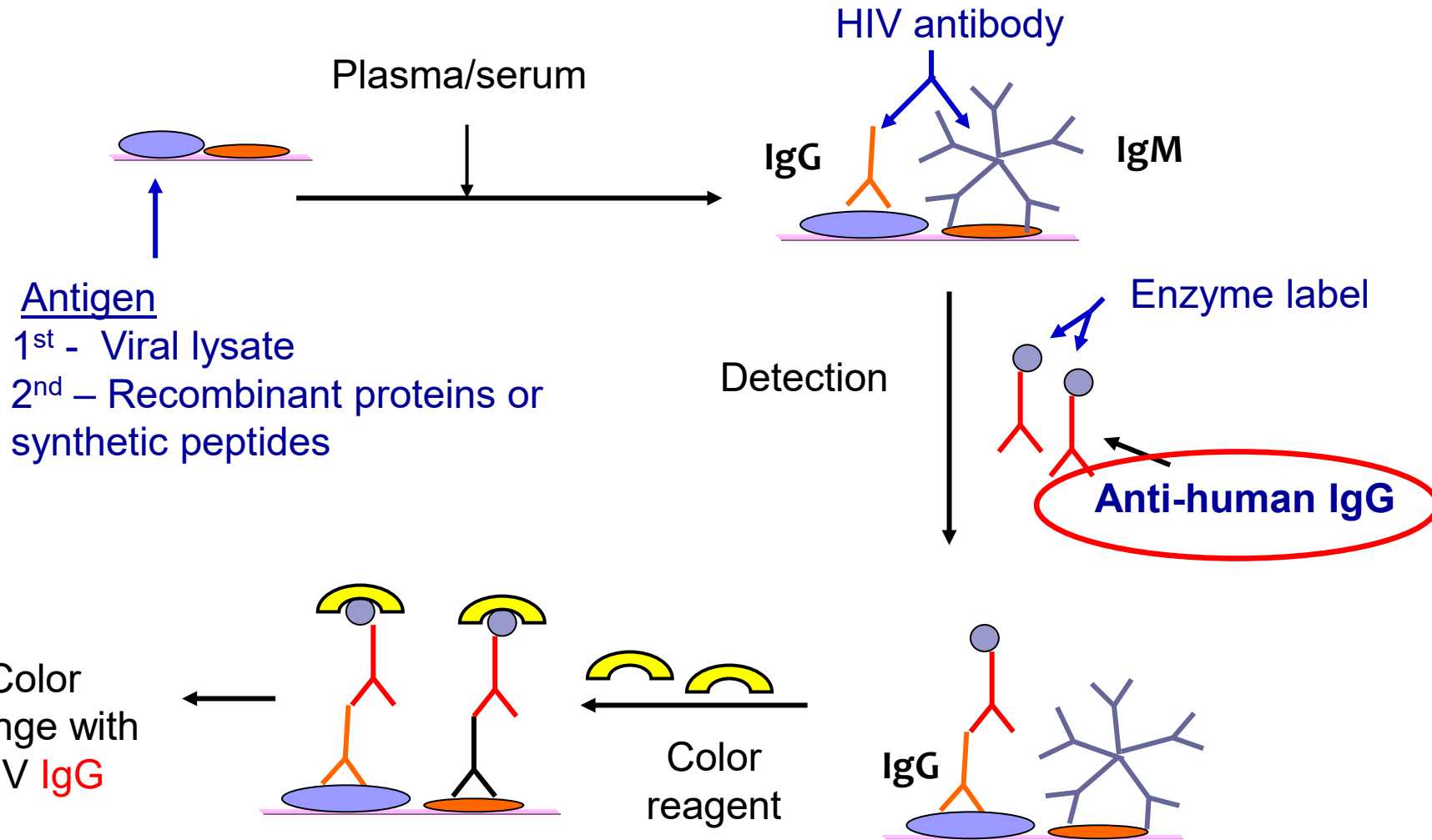
# Use of Brand Names

- This presentation may refer to individual HIV tests by brand name for the purposes of identification and clarity.
- No endorsement of any specific test is intended.

# Evolution of HIV Tests

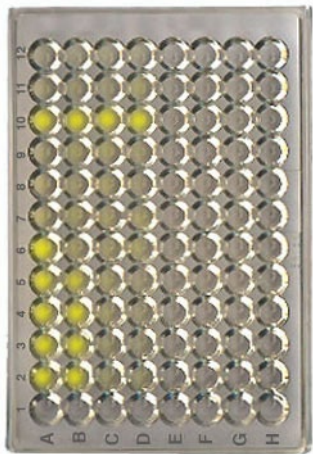
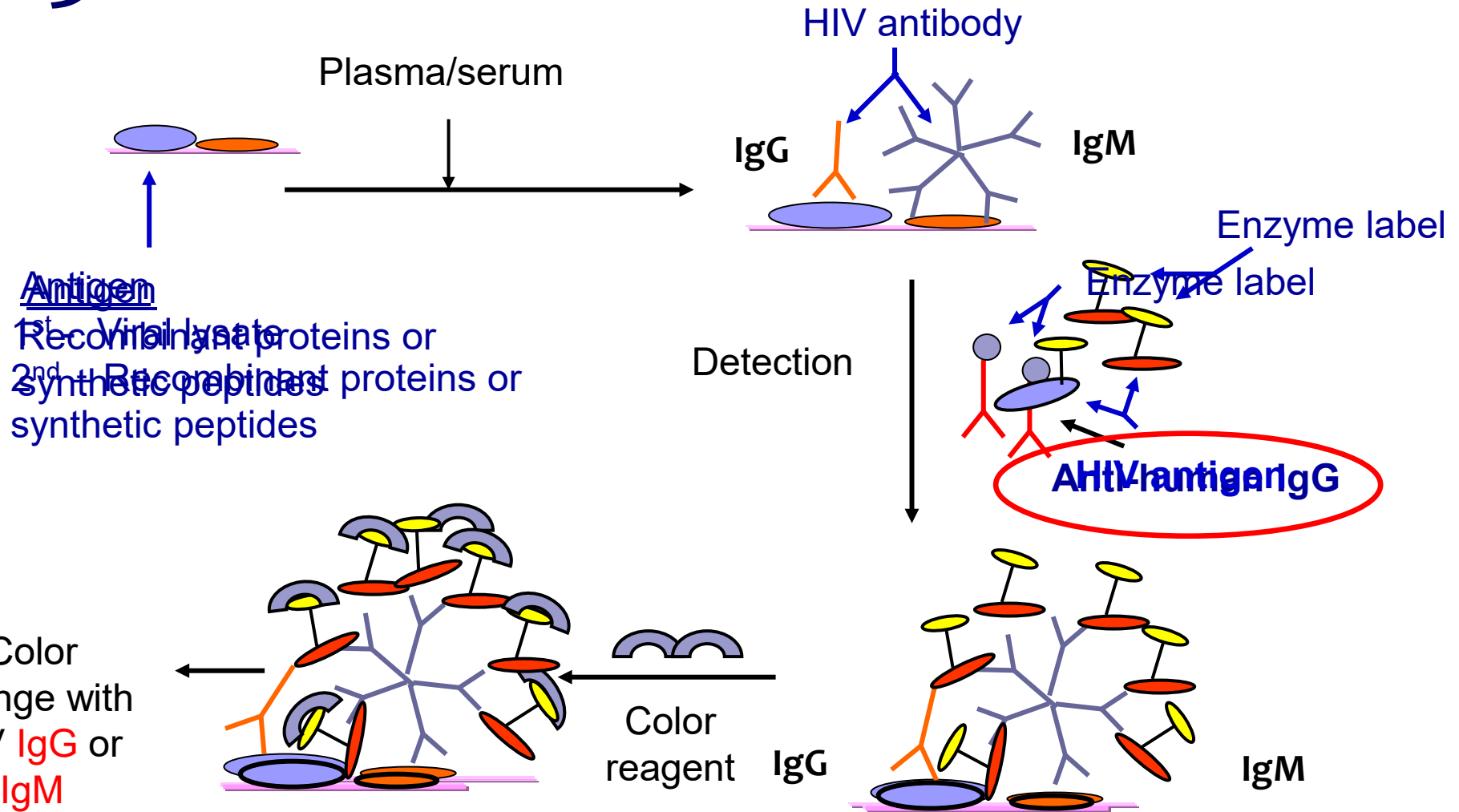
- 1<sup>st</sup> generation: whole viral lysate, detects IgG antibody
- 2<sup>nd</sup> generation: synthetic peptides, detects IgG antibody
- 3<sup>rd</sup> generation: synthetic peptides, detects IgM and IgG antibody
- 4<sup>th</sup> generation: detects IgM, IgG antibodies, p24 antigen

# 1<sup>st</sup> and 2<sup>nd</sup> Generation: Indirect EIA



Color change with HIV IgG

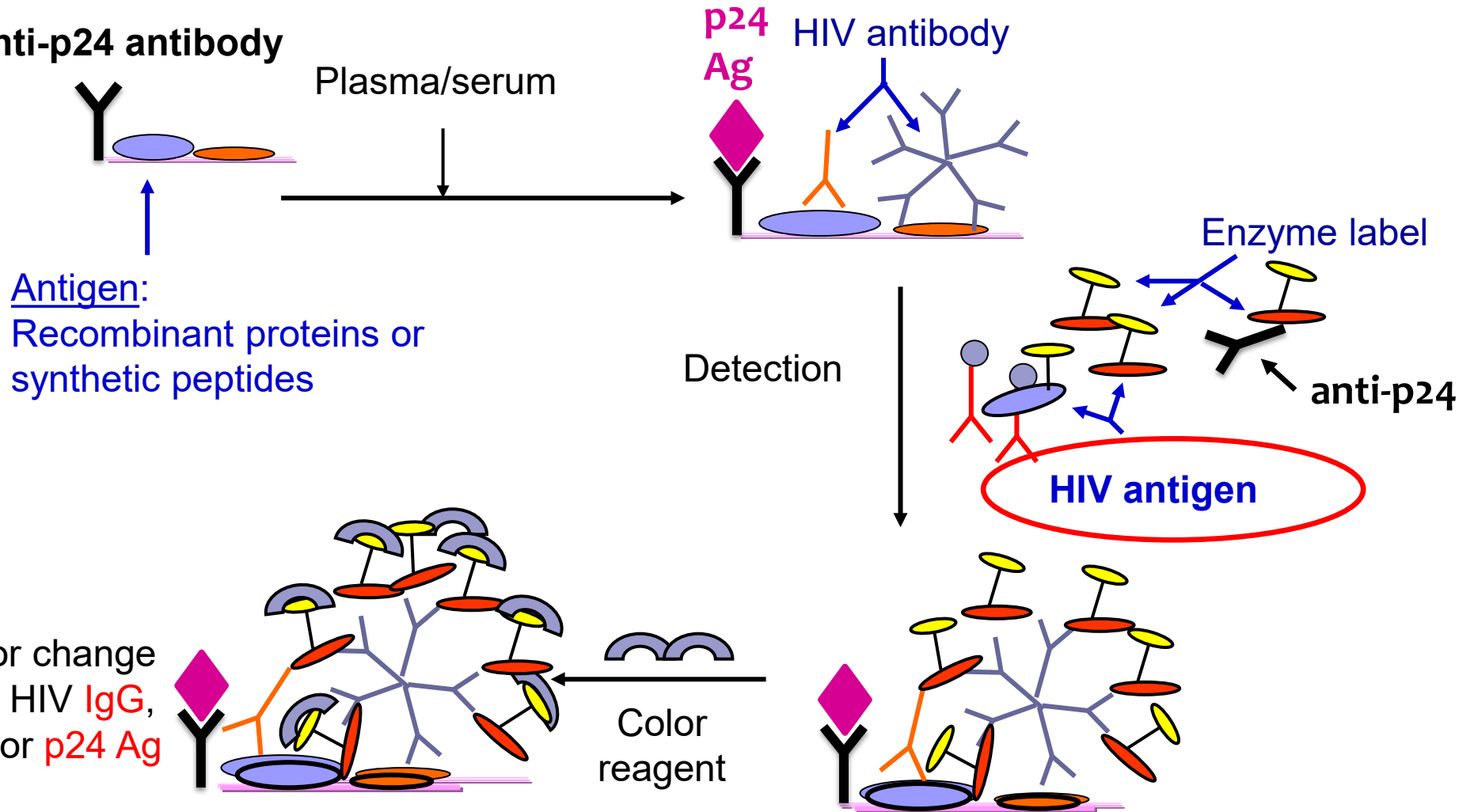
# 3<sup>rd</sup> Generation: Sandwich EIA



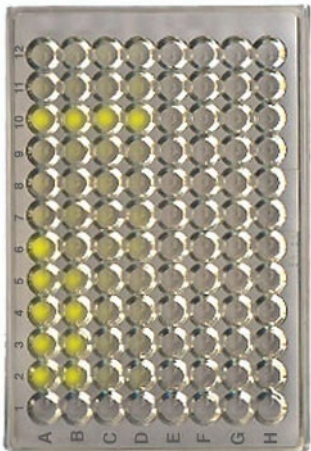
Color change with HIV IgG or IgM

# 4<sup>th</sup> Generation: Sandwich EIA

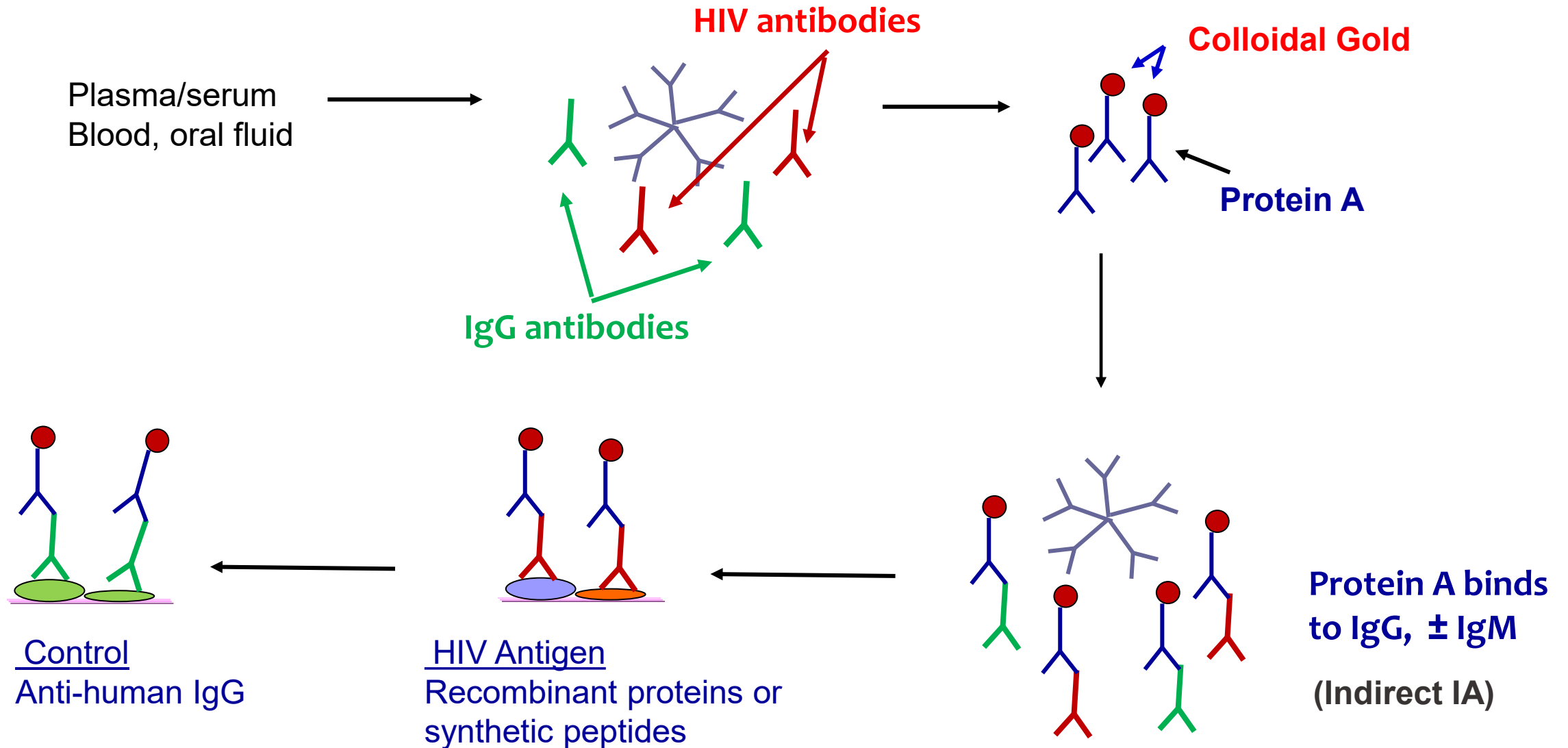
Monoclonal anti-p24 antibody



Color change with HIV IgG, IgM or p24 Ag

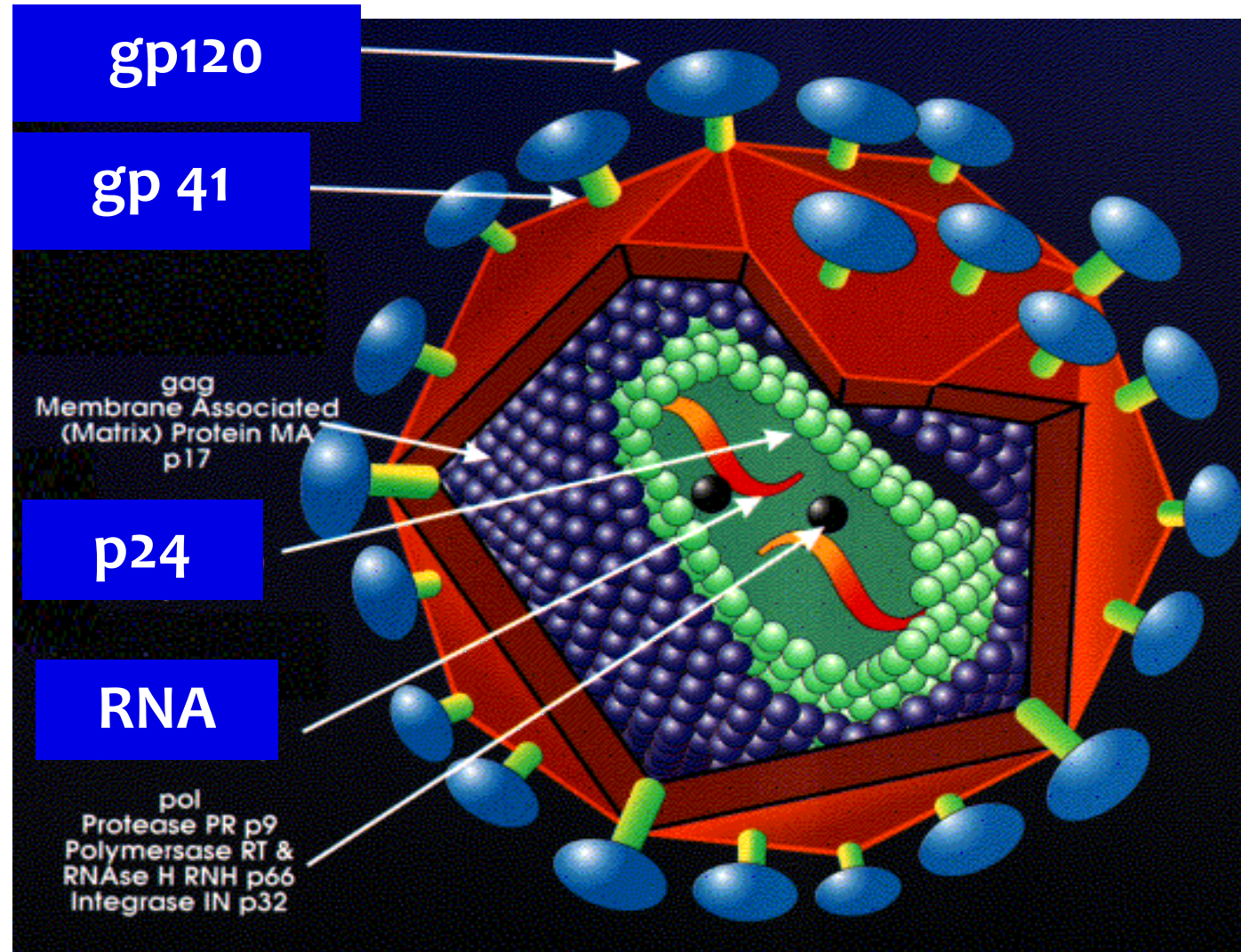


# Rapid Tests: which generation?

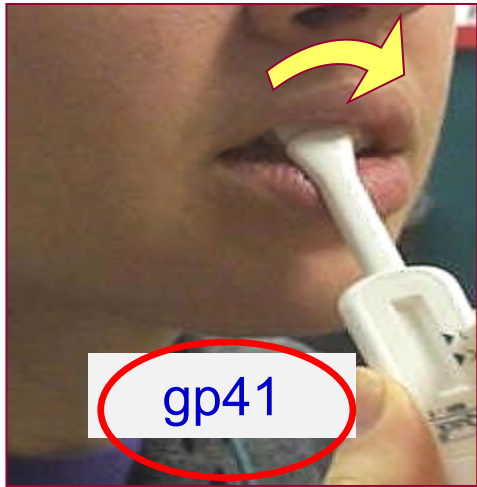




# HIV-1: viral antigens and RNA



# Which HIV antibodies do rapid tests detect?



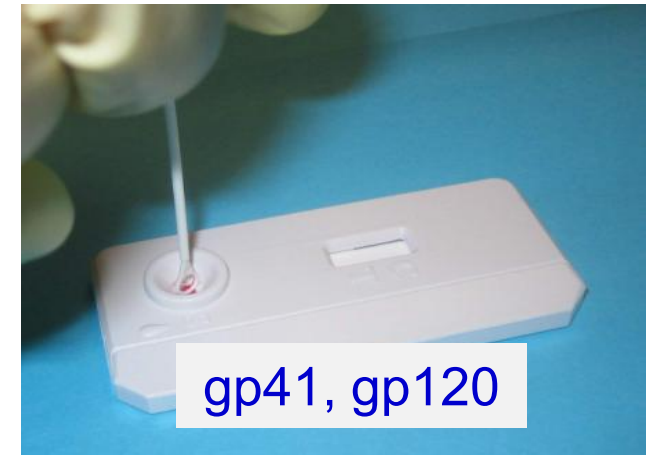
Oraquick Advance



DPP HIV 1/2



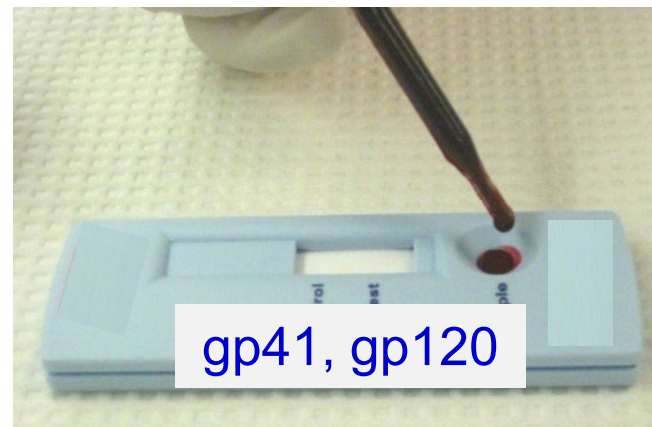
Chembio Sure Check



Chembio Stat Pak



INSTI HIV 1/2



Uni-Gold Recombigen



Determine Combo Ag/Ab



Which test is currently used most often  
to detect HIV infection?

A. CIA – Chemiluminescent Immunoassay

B. DIA – Defense Intelligence Agency

C. EIA – Enzyme Immunoassay

D. MFI – Multiplex Flow Immunoassay

E. None of the above

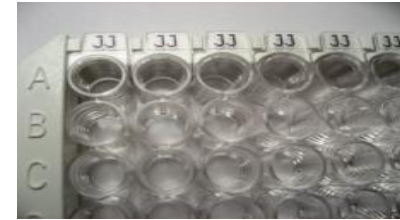


CIA

Abbott Architect Ag/Ab Combo  
2010



EIA



Bio-Rad Ag/Ab Combo EIA  
2011



CIA

Siemens Advia Centaur<sup>®</sup> CHIV  
2015



CIA

Elecsys HIV combi PT  
July 2017



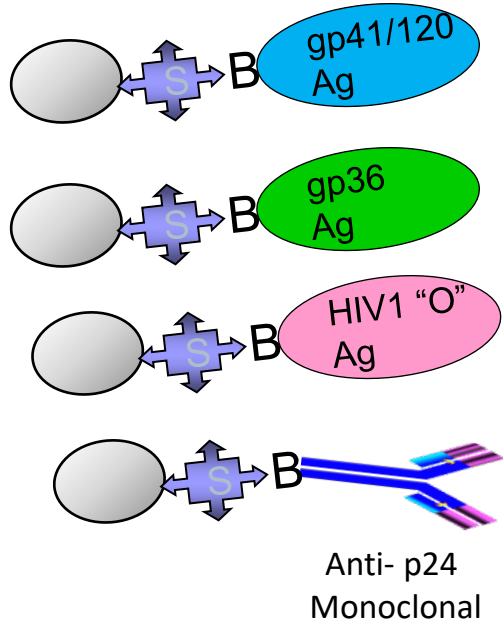
CIA

VITROS HIV combo  
Dec 2017

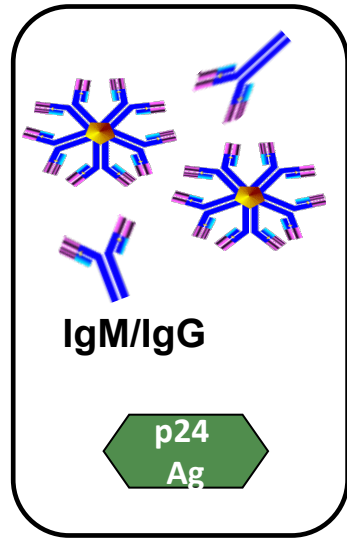
# Chemiluminescence Immunoassays

## Magnetic Micro-Particles

Coated with Antigens and antibody

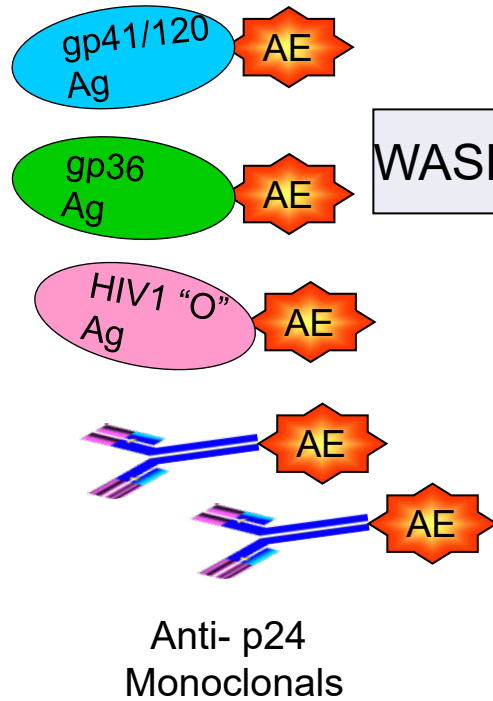


Serum/  
plasma

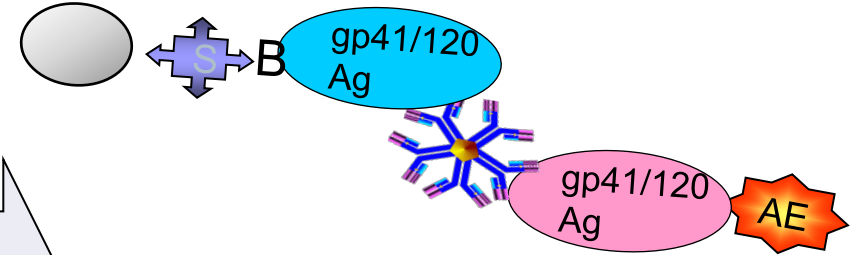


## Light Reagent

Antigens and antibodies labeled with AE

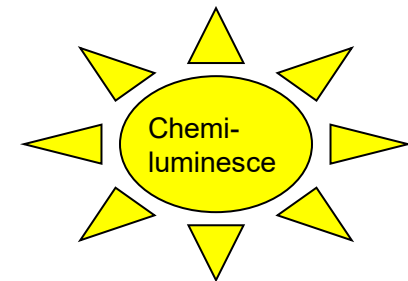


WASH



WASH

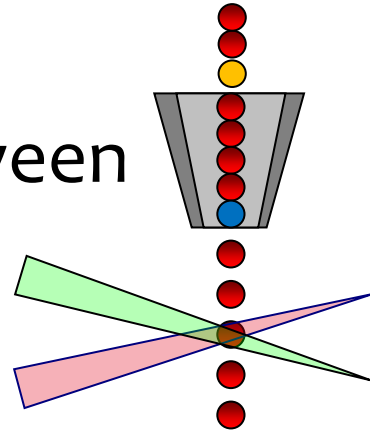
Trigger Solution



Relative light units

# Multiplex Flow Immunoassay: Bioplex HIV Ag/Ab Combo

- Beads conjugated to HIV-1 Group M and O antigens, HIV-2 antigens, and p24 antibody
- Distinguishes between
  - p24 antigen
  - HIV-1 antibodies
  - HIV-2 antibodies
  - HCV
  - RPR and Treponemal syphilis



2015

~~“Fifth Generation”~~



# New terminology

- Instrumented lab test
- Single-use rapid test

# Antigens used by instruments to detect HIV-1

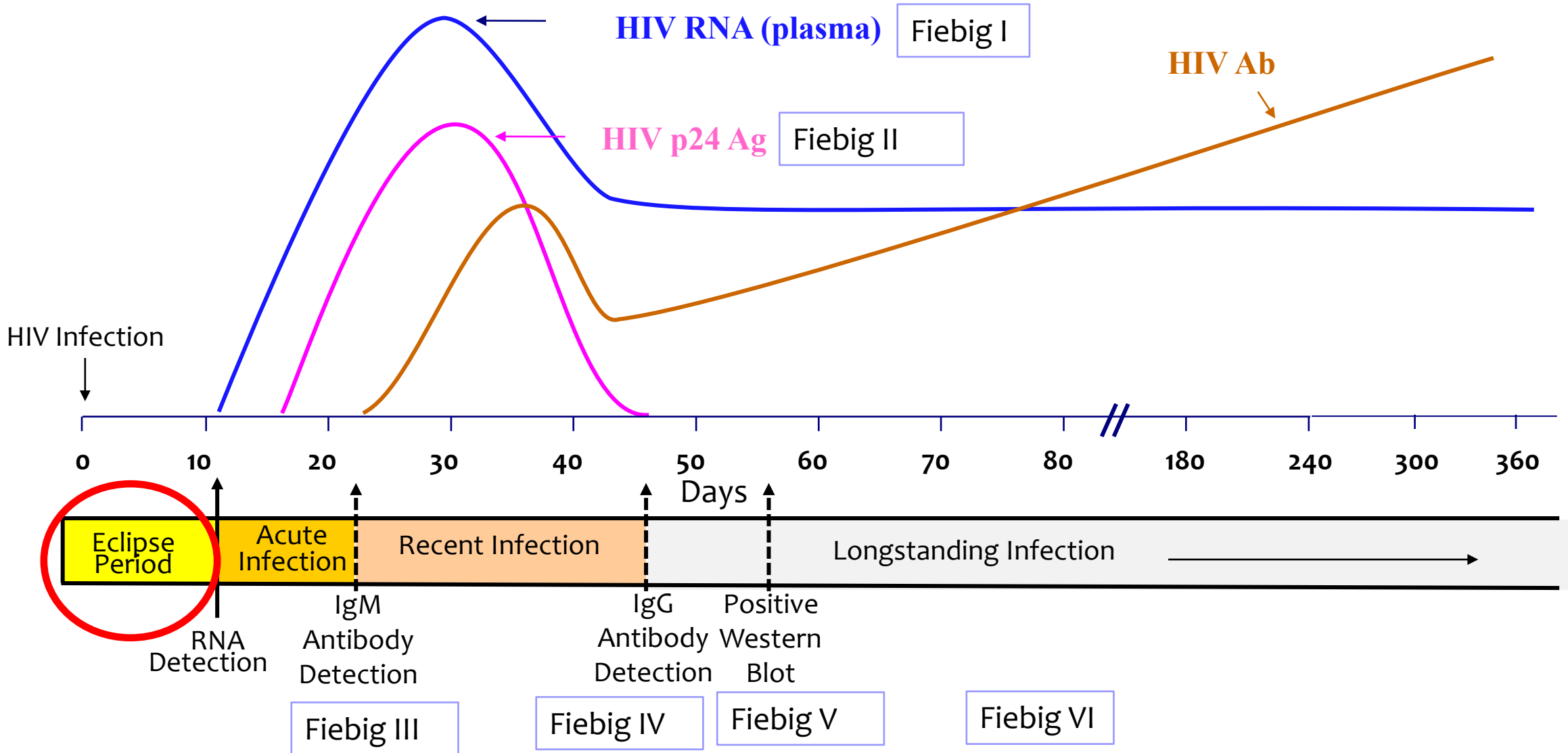
<b>“3<sup>rd</sup> generation” instrumented antibody tests</b>	
Bio-Rad GS HIV-1/2 Plus O	p24, gp160
Ortho Vitros Anti-HIV 1+2	p24, gp41, gp41/120
Siemens Advia Centaur HIV 1/O/2	p24, gp41/120
<b>“4<sup>th</sup> generation” instrumented Ag/Ab combo tests</b>	
Abbott Architect HIV Ag/Ab Combo	gp41
Bioplex 2200 HIV Ag-Ab	gp160
Bio-Rad GS HIV Combo Ag/Ab	gp41, gp160
Ortho Vitros combi	gp41, gp41/120
Siemens Advia	gp41/120
Roche Elecsys	gp41, RT



Just like single-use rapid tests

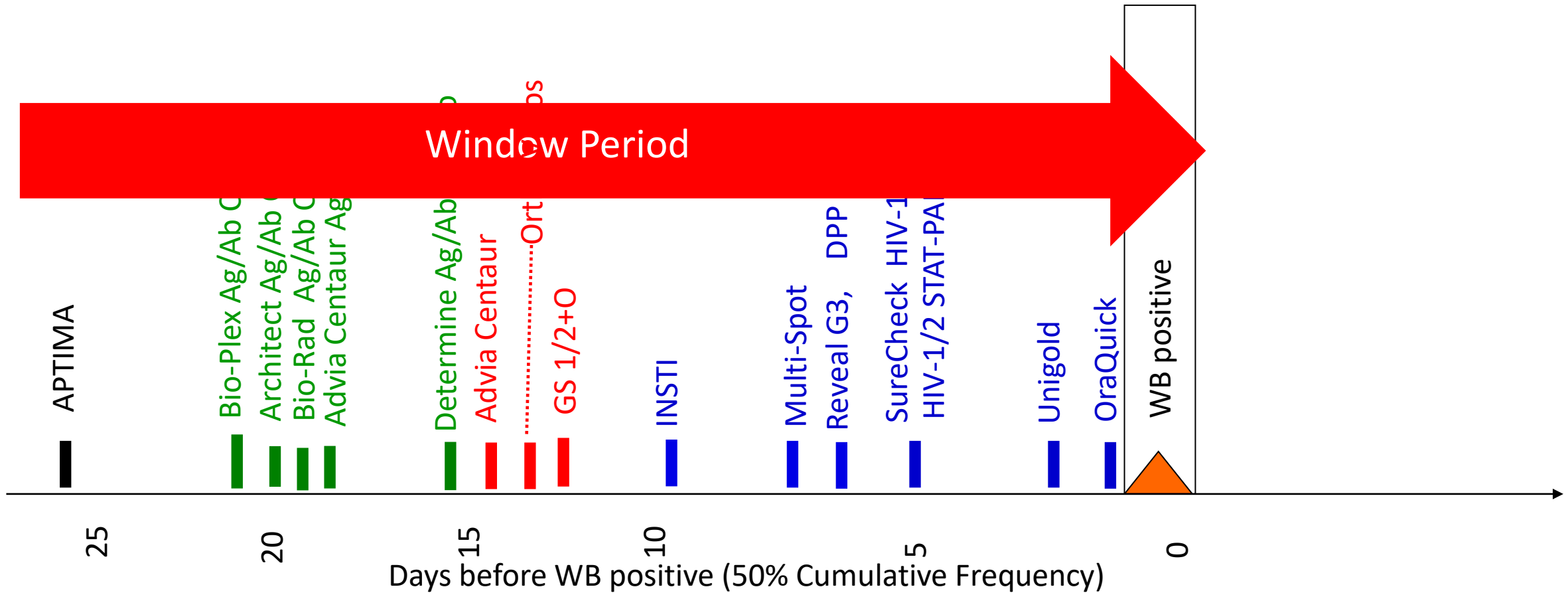


# Timeline of Laboratory Markers

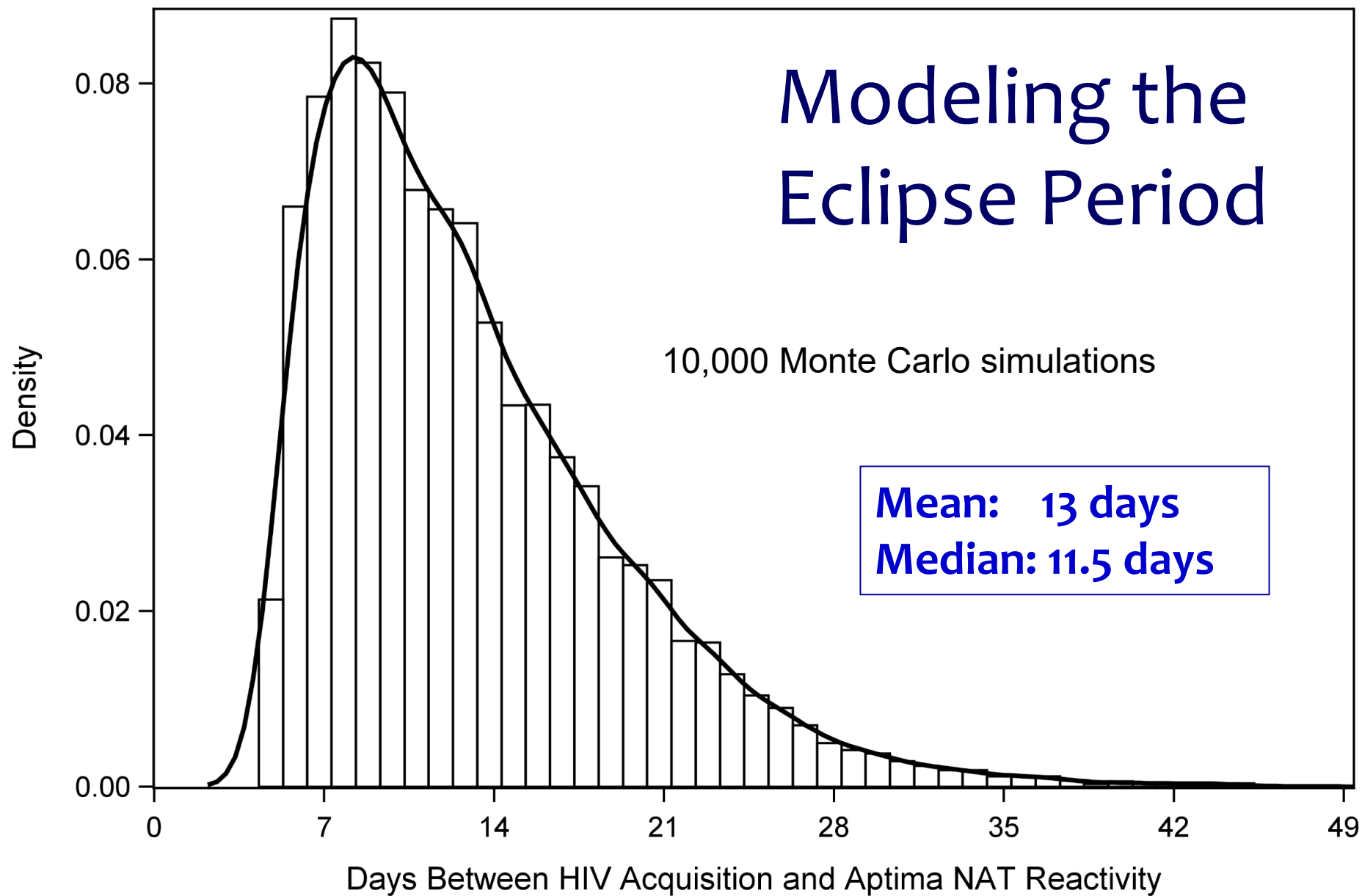


# Sequence of Test Positivity Relative to WB (plasma)

166 specimens, 17 Seroconverters - 50 % Positive Cumulative Frequency



# Modeling the Eclipse Period



# Estimated Window Periods of Available HIV Tests - Plasma

When can I be sure?

Category (No. of Tests)	Median Days (Interquartile Range)	99th Percentile (Days)
Antibody/antigen instrumented (4)	17.8 (13.0, 23.6)	44.3
IgG/IgM-sensitive instrumented (3)	23.1 (18.4, 28.8)	49.5
IgG-sensitive single-use rapid (6)	31.1 (26.2, 37.0)	56.7
IgG-sensitive supplemental (2)	33.4 (28.5, 39.2)	58.2
Western blot (viral lysate) (1)	36.5 (31.0, 43.2)	64.8

**ART is being  
initiated earlier  
and earlier,  
sometimes  
during  
Acute HIV  
Infection**

The Effect of Same-Day Observed Initiation of  
Antiretroviral Therapy on HIV Viral Load and  
Treatment Outcomes in a US Public Health Setting

*Christopher D. Pilcher, MD,\* Clarissa Ospina-Norvell, FN-P,\* Aditi Dasgupta, BS,† Diane Jones, RN,\*  
Wendy Hartogensis, PhD,\* Sandra Torres, MSW,\* Fabiola Calderon, MSW,\* Erin Demicco, MPH,\*  
Elvin Geng, MD,\* Monica Gandhi, MD,\* Diane V. Havlir, MD,\* and Hiroyu Hatano, MD\**

*(J Acquir Immune Defic Syndr 2017;74:44–51)*

RAPID COMMUNICATION

High Feasibility of Empiric HIV Treatment for Patients With  
Suspected Acute HIV in an Emergency Department

*Kathleen R. Jacobson, MD, Sanjay Arora, MD, Kristin B. Walsh, MD, Meredith Lora, MD,  
Stephen Merjavy, MD, Shanna Livermore, MPH, and Michael Menchine, MD, MPH*

*(J Acquir Immune Defic Syndr 2016;72:242–245)*

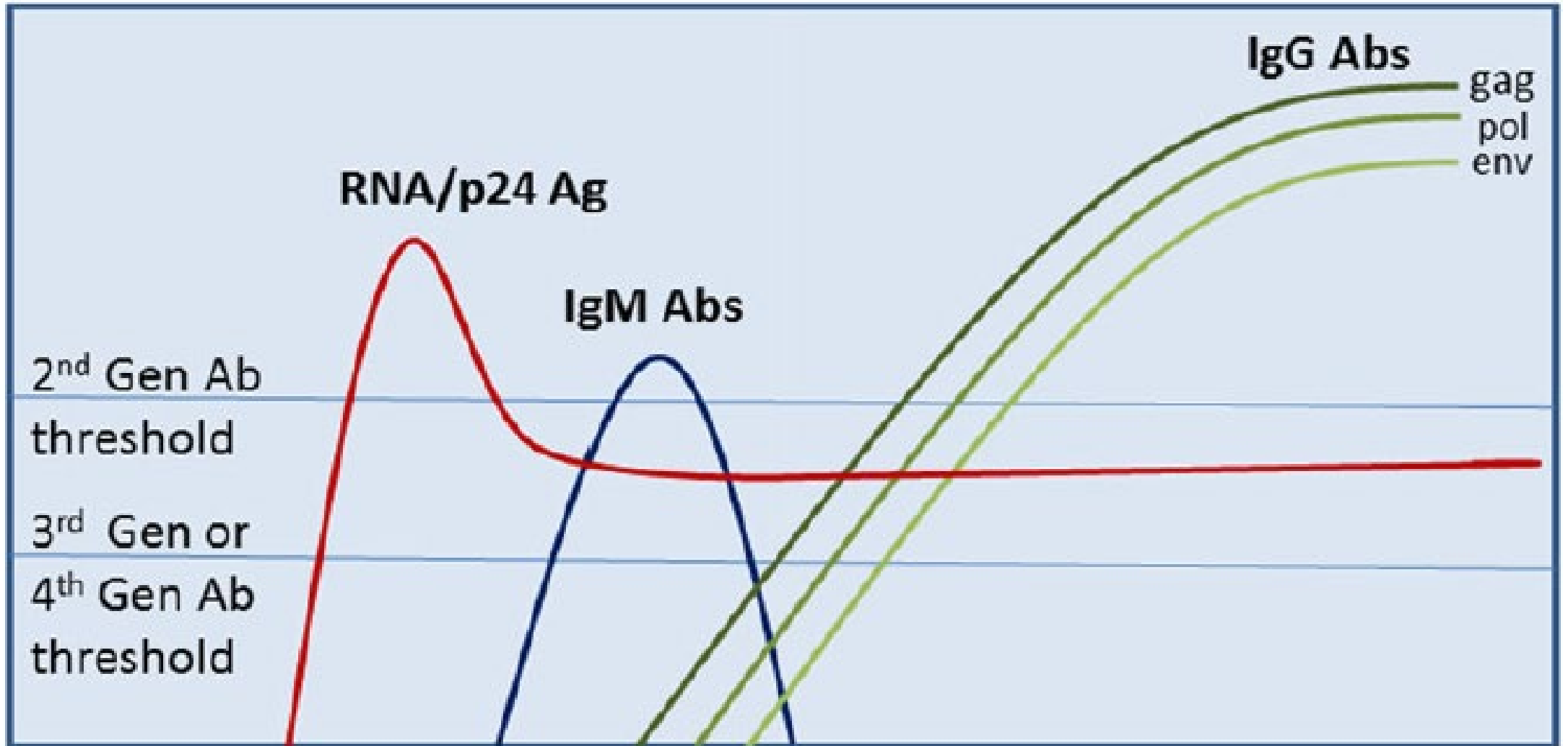
# Initiation of Antiretroviral Therapy During Acute HIV-1 Infection Leads to a High Rate of Nonreactive HIV Serology

Mark S. de Souza,<sup>1,2,3</sup> Suteeraporn Pinyakorn,<sup>4,5</sup> Siritwat Akapirat,<sup>6</sup> Supanit Pattanachaiwit,<sup>2</sup> James L. K. Fletcher,<sup>1</sup> Nitiya Chomchey,<sup>1</sup> Eugene D. Kroon,<sup>1,2</sup> Sasiwimol Ubolyam,<sup>7</sup> Nelson L. Michael,<sup>5,8</sup> Merlin L. Robb,<sup>4,5</sup> Praphan Phanuphak,<sup>1,2</sup> Jerome H. Kim,<sup>9</sup> Nittaya Phanuphak,<sup>1,2</sup> and Jintanat Ananworanich<sup>1,4,5</sup>, for the RV254/SEARCH010 Study Group

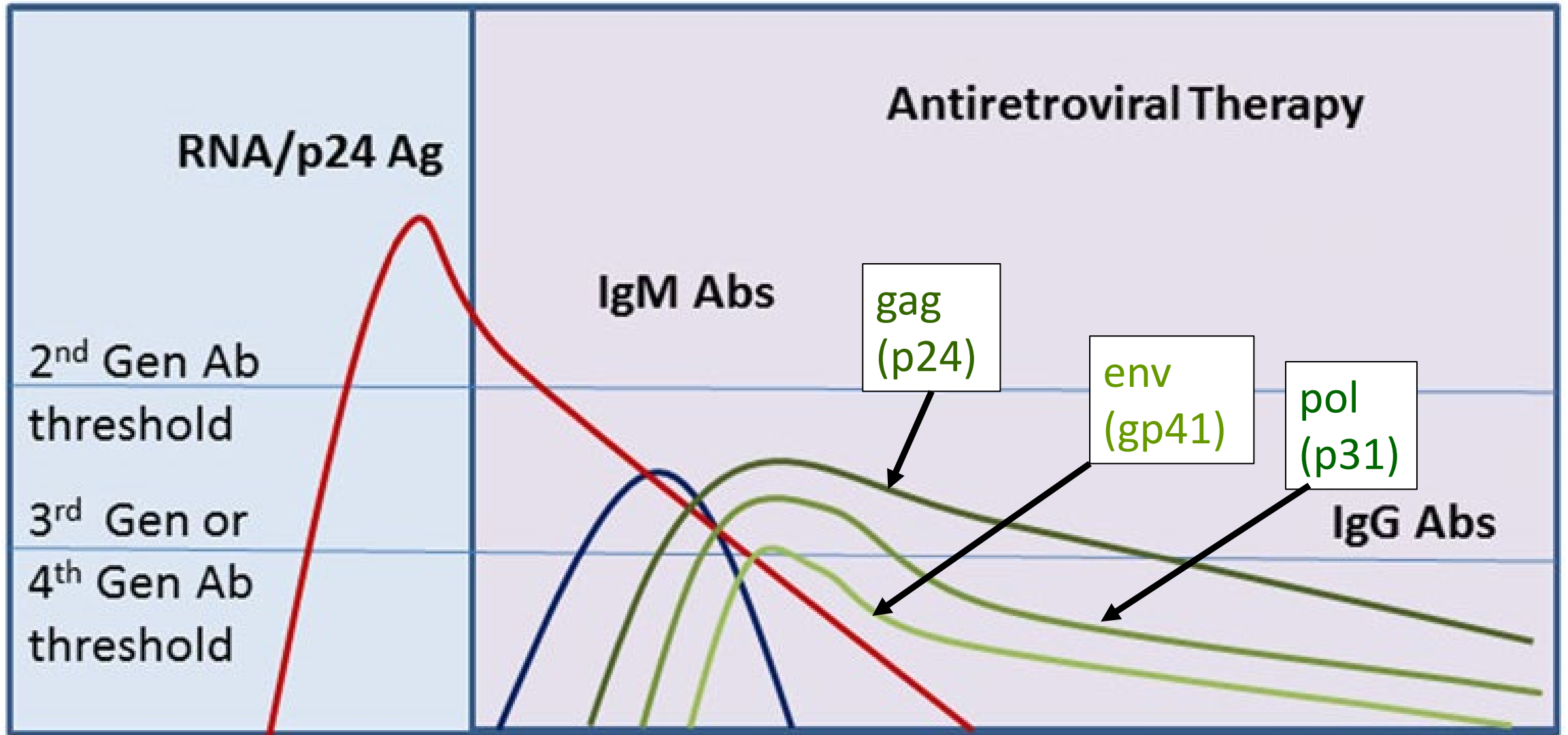
Clinical Infectious Diseases® 2016;63(4):555–61

- 234 patients enrolled in AHI study Bangkok, Thailand
  - 41 Fiebig I (NAT+ / Ag- / IgM-, IgG-, WB-)
  - 72 Fiebig II (NAT+ / Ag+ / IgM-, IgG-, WB-)
  - 92 Fiebig III (NAT+ / Ag+ / IgM+, IgG-, WB-)
  - 19 Fiebig IV (NAT+ / Ag+ / IgM+, IgG-, WB ind)
  - 10 Fiebig V (NAT+ / Ag+, IgM+, IgG+, WB+ without p31)

# Antibody Response to HIV (without treatment)

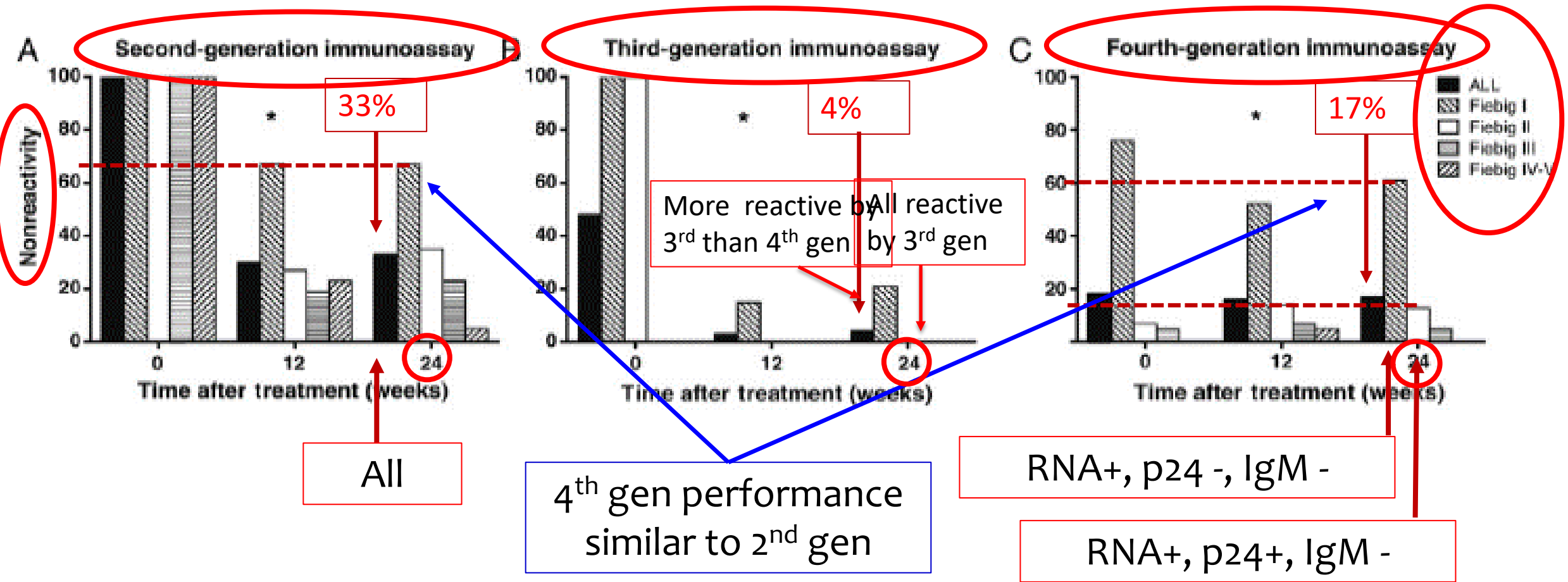


# Effect of ART during Acute HIV

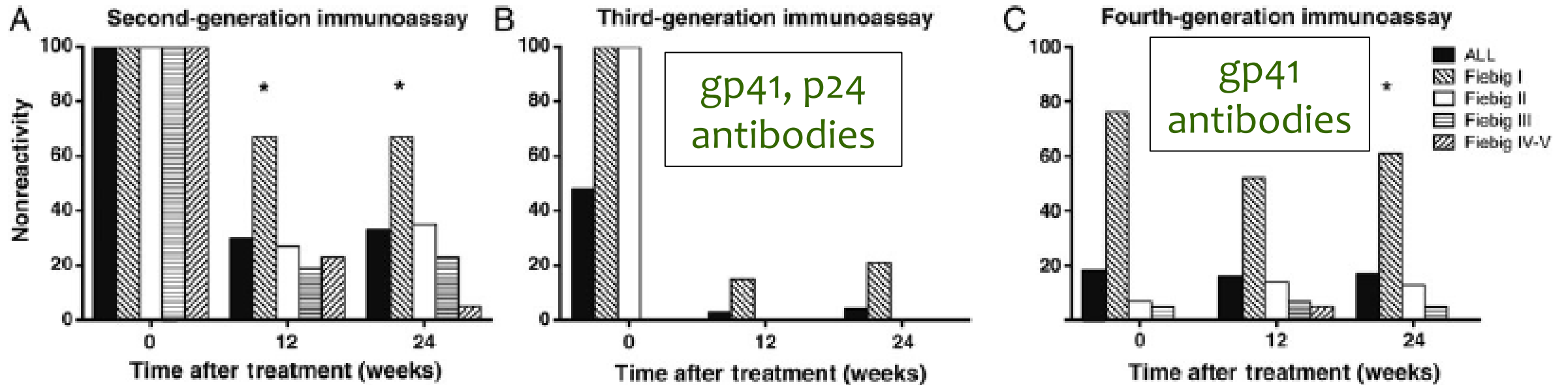




# Initiation of ART During Acute HIV Infection Leads to a High Rate of Nonreactive HIV Serology



# Antigens in 3<sup>rd</sup> gen and 4<sup>th</sup> gen antibody assays differ



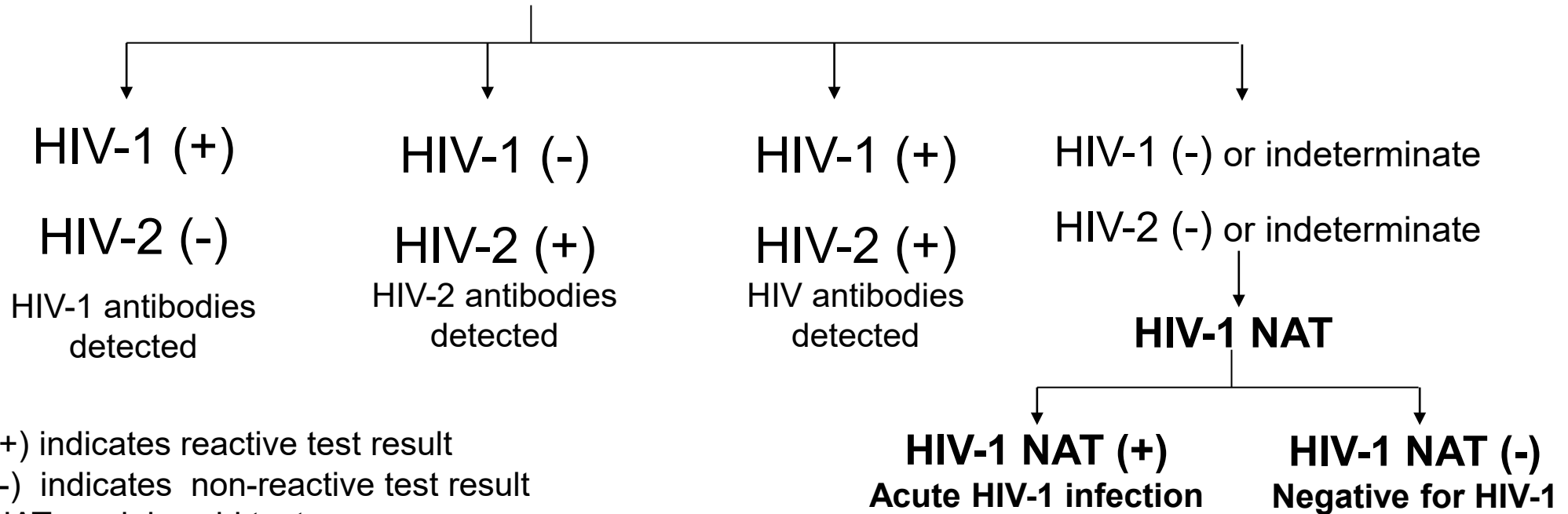
On the Horizon...



# HIV-1/2 antigen/antibody immunoassay



## HIV-1/HIV-2 antibody differentiation immunoassay



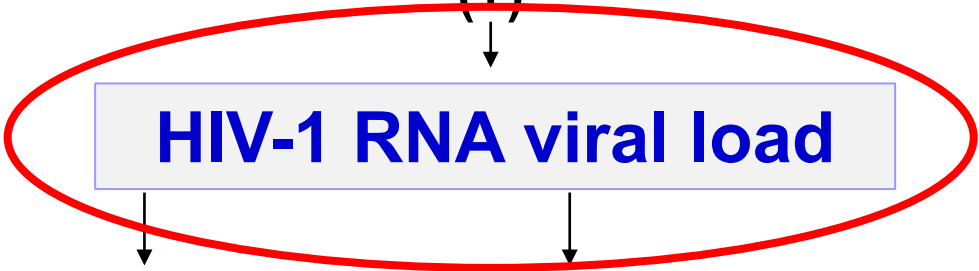
(+) indicates reactive test result  
(-) indicates non-reactive test result  
NAT: nucleic acid test

**HIV-1/2 antigen/antibody immunoassay**

(+)

(-)

Negative for HIV-1 and HIV-2 antibodies and p24 Ag



Detectable

Undetectable

**HIV-1/HIV-2 antibody differentiation immunoassay**

HIV-1 (+)  
HIV-2 (-)

HIV-1 (-)  
HIV-2 (+)

HIV-1 (+)  
HIV-2 (+)

HIV-1 (-) or ind  
HIV-2 (-) or ind

**HIV infected**

**2nd Ag/Ab assay**

(+)

(-)

Uninfected

**Add'l NAT**

**Treat**

(99.6%)

# “Point-of-Care” Nucleic Acid Tests



GeneXpert

- Xpert HIV-1 viral load
  - 1 ml plasma
  - Results in 90 minutes
  - LOD 32 copies/mL
  - CE-marked December 2014

*Not yet available in U.S.*

# “Point-of-Care” Nucleic Acid Tests



m-PIMA



SAMBA II

# Summary

- HIV tests differ in subtle ways that affect their performance in different circumstances
- RNA & viral load will play an increasingly important role in HIV diagnosis
- Early treatment (and PrEP) can lead to non-reactive serology and undetectable RNA
  - New techniques (such as whole blood total nucleic acid) are needed.