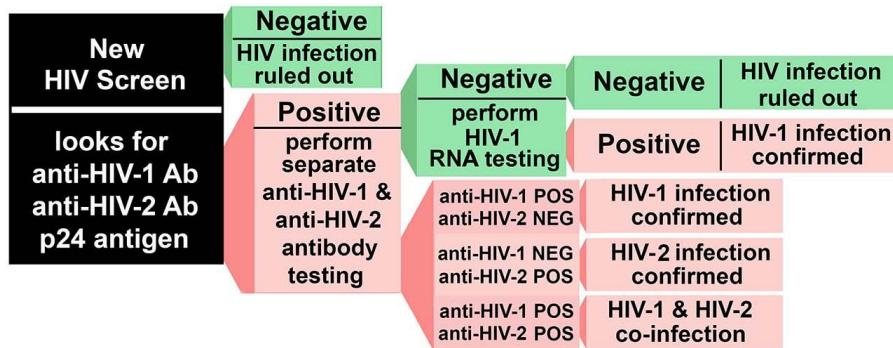


## New HIV Screening Algorithm – July 2014

We are pleased to announce that on July 22, 2014, the Stanford Clinical Laboratory will transition to the new Centers for Disease Control and Prevention (CDC) algorithm (<http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf>) for Human Immunodeficiency Virus (HIV) diagnostic testing.



The first step in the algorithm utilizes a 4<sup>th</sup> generation HIV antigen/antibody combo enzyme immunoassay (Test Code: LABHIVAA). This test allows for the simultaneous detection of HIV-1 p24 antigen as well as antibodies to HIV-1 (group M and group O), and HIV-2. The combination of antigen and antibody detection allows HIV diagnosis as early as ~17 days after infection. Samples positive by the screening antigen/antibody test will be reflexed by the laboratory to a confirmatory immunoassay that differentiates anti-HIV-1 and anti-HIV-2 antibodies. Please note that the confirmatory immunoassay replaces the Western Blot in the HIV diagnostic testing algorithm. HIV Western Blot testing will no longer be offered.

If the confirmatory immunoassay is negative for both anti-HIV-1 and anti-HIV-2 antibodies, HIV nucleic acid testing is recommended to help distinguish between an early infection (p24 positive, antibody negative screening test) from a screening false-positive. The interpretive comments for the results of the confirmatory immunoassay are shown in the table below.

Anti-HIV-1 Ab	Anti-HIV-2 Ab	Comment
Positive	Negative	Positive for antibodies to HIV-1. Laboratory evidence of HIV-1 infection is present.
Negative	Positive	Positive for antibodies to HIV-2. Laboratory evidence of HIV-2 infection is present.
Negative	Negative	Negative for antibodies to HIV-1 and HIV-2. Possible false positive screening test. Recommend HIV nucleic acid testing if clinically indicated.
Positive	Positive	Positive for antibodies to HIV. Unable to differentiate between antibodies to HIV-1 and HIV-2. Consider HIV nucleic acid testing to distinguish between HIV-1 and HIV-2 infection, evaluate for co-infection, and rule-out a false positive result.

Please do not hesitate to contact me with any questions.

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