






UNC
HEALTH CARE

MEMORANDUM #134

TO: UNC Hospitals Attending Physicians, Housestaff, Department Heads, Nursing Staff and Supervisors

FROM:  John Schmitz, Ph.D.
Director, Clinical Immunology Laboratory

 Peter Gilligan, Ph.D.
Director, Clinical Microbiology/Immunology Laboratories

 Herbert C. Whinna, M.D., Ph.D.
Director, McLendon Clinical Laboratories

SUBJECT: HIV-1/2 Antibody/Antigen (Combo) Test

DATE: January 31, 2011

Beginning February 7, 2011 the Clinical Immunology Laboratory will modify its HIV testing algorithm with the implementation of the Abbott HIV-1/2 Antibody/Antigen Combo Test. The new test name is HIV Ag/Ab Combo. It should be ordered when screening patients for the presence of HIV infection. This test, detects both HIV antibody and p24 antigen simultaneously allowing the laboratory to better detect early HIV infection while maintaining excellent detection of chronic HIV infections. For patients being tested in response to the presence of signs/symptoms of HIV infection or an associated opportunistic infection, please order the Diagnostic HIV Ag/Ab Combo. Please note that the same method will be performed as for screening purposes.

The current HIV testing algorithm includes an initial screen with the HIV-1/2 plus O ELISA, repeat testing if the screening result is positive and Western blot confirmation of repeatedly positive samples. In addition, all seronegative and indeterminate samples are reflexed to HIV RNA pooling to detect early (acute) HIV infection. **The Immunology Laboratory will no longer perform pooling of HIV seronegative and indeterminate samples** and instead rely upon the p24 detection component of the HIV-1/2 antibody/antigen combo test to detect early (antibody negative) infection.

All positive HIV-1/2 combo samples will be repeated in duplicate and confirmed by western blot. A positive Western blot indicates established infection and no further testing is warranted. For samples with Western blot negative and indeterminate results, an HIV PCR test (not pooled) to confirm the presumed detection of p24 antigen and/or the specificity of the indeterminate blot result will be performed.

For questions or additional information regarding this test, contact Dr. John Schmitz, Director, Clinical Immunology (966-8453) or the McLendon Clinical Labs website <http://labs.unchealthcare.org/>.