

## How to Do Public HIV Testing for Teens

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*These instructions are based on TeenAIDS' actual experiences on the streets and in public parks -- wherever youth choose to gather and have expressed an interest in seeing the home HIV test demonstrations (note: Dr. Chittick, a Harvard expert on adolescent AIDS issues, began the first public testing in the U.S. as a pilot program in early November, 2012. These instructions have developed over this time). We encourage concerned citizens, community groups and friends to replicate this program in local communities.*

**Synopsis:** Because the majority of teens have begun sex by age 16 and many do not use condoms for protection, increasing numbers of youth are transmitting HIV unknowingly to unsuspecting partners and their future babies. Public demonstrations of live home test kits educate youths at risk and helps end the destructive stigmas surrounding HIV/AIDS. It is better to know because medications are available.

### **Rationale:**

- 25% of all new cases of HIV in the U.S. occur in youth 13 – 21 (CDC). These numbers are growing, not decreasing.
- Currently no HIV vaccine nor cure for AIDS exist despite medical advances.
- It is the human right of all maturing adolescents to test their own bodies wherever and whenever they choose.
- The majority of all teens begin sexual activity by age 16 and are at greater risk for HIV transmission.
- By 18 - 19, majority of teens have had 3 or more sexual partners including one-night stands, often under the influence of alcohol or drugs.
- Casual sex, like “friends with benefits,” adds to risks.
- Many younger teens that engage in sexual intercourse do not use condoms every time, the only medical barrier that has been shown to be effective in preventing HIV transmission (no condom is 100% guaranteed from breaking or deterioration).

- Youth do not understand that common body piercings can also be a risk like needles used for tattooing and drug use and through HIV-contaminated needles and piercing guns.
- 90% of teens have never been tested once for HIV, although the CDC strongly recommends that everyone 13 and older be tested annually. So HIV-positive youth are unknowingly transmitting the virus to unsuspecting partners and possibly, future babies.
- Poor or incomplete records skew government response to a public health crisis. We need 100% testing (like the military does).
- Ignorance of one's status is dangerous and costly to the person and society at large that must pay for expensive medical care.
- TAPC and Dr. John Chittick believe that publicizing AIDS and the new HIV home test kits benefits the public good, especially young people and the quality of their lives.
- Schools do not give information about the new home HIV test kits leaving their maturing students ignorant of important information. If schools do not educate kids then concerned and trained individuals and organizations must step up.

## **Who?**

TAPC chooses to test youths ages 16-21 even though FDA regulations say 17 or older, because the majority of 16 year olds are sexually active and at risk. Every testee signs a permission form and waiver and shows a valid ID. We will test 15 year-olds if a parent or legal guardian is present and gives their signed permission (we do not test children 14 and younger). We only test consenting youth that are fully aware of the testing reality that there could be a positive reading; if they still say yes, we follow their wishes. Youth may choose to have TA-PC and friend film their tests for education purposes. TA-PC does not film or publicize HIV-positive test results.

## **What?**

Traditionally, all AIDS testing has been done privately inside clinics, hospitals, mobile vans, and doctors' offices since the discovery of HIV in the early 1980s. However, that approach has not been working well because 90% of youth refuse to go to these venues for testing. When only 10% of youth choose to be tested in "private settings," society has a major problem determining correct epidemiological surveillance information. Note: the military is the largest tester of youth in the country when young

recruits enter a semi-public environment at MEPS (military entrance processing) prior to departure for boot camp. The armed forces do annual testing. This means that perhaps less than 2% - 3% of all U.S. youths voluntarily choose to go and get tested at formal centers. Under no measurement is the current system working effectively and that means current statistics are guesstimates at best.

## **Where?**

All public property is exactly that – public, and parks and street corners can be used for AIDS education outreach. You do not need to ask prior permission from city officials, as they will likely reject your request out of hand or throw up delaying tactics. You might be asked to leave or move but we say we are exercising our freedom of speech rights and looking out for the best interests of youths' health. Young people tell us they prefer testing with their peers around them and not in a sterile clinical setting. The concept of public testing is to get the attention of vulnerable, hard to reach teenagers wherever they choose to gather with friends.

## **What hours?**

We conduct our tests from morning until evening; although, it is best to do it in daylight hours because it is more transparent. That way the reading of the test results is easier and more accurate if a question of a false-positive result arises - and others teens can observe. Evening hours in the dark could prove difficult.

## **How?**

This is our standard procedure that has evolved from the original pilot program that Dr. Chittick, our Harvard trained AIDS expert envisioned in June, 2012. His innovative concept led to the first public tests in the U.S. Any groups or trained individuals are free to use them or adapt them to their own needs.

- 1) Scout for older teens gathered in groups at the park – or select a street corner where there is pedestrian traffic. Set up a small table with a prominent sign that reads “Free public HIV/AIDS testing for older teens today” (or variation). Have consent forms ready, display a demonstration kit, and provide information cards with medically accurate facts about HIV prevention and CDC websites and toll-free numbers where local AIDS testing can be found.
- 2) When teens approach, introduce the program and ask their names and ages. If they are under 18, ask to see state-issued IDs. If the face matches and the age is 16 or over (you can choose 17 but understand that you are denying sexually active youths the right to test their own bodies). Then proceed by explaining the purpose of our public testing. Hold up a test kit and say that anyone without

medical expertise can now buy these in drugstores without a doctor's prescription or a parent's permission. Explain clearly that getting tested is easy because the oral swab takes saliva from the gums of the mouth; no blood or needles are needed. Most observers will be surprised when they hear that it only takes 20 minutes compared with days or weeks at traditional sites.

- 3) We then explain to them how the testing works by opening the lid of the kit. They will see the flip cards with information. Show them the card that shows how the test result, negative and positive looks. Open up the drawer and take out a test swab and test vial.
- 4) Show them how the oral swab should be held (never touch the swab itself as that will invalidate the test) and how it should be used to gather saliva from the top and lower gums of the mouth. Show them how the swab is carefully inserted into the test bottle that has its placeholder inside the kit.
- 5) Have them open each package themselves, as the FDA wants these tests to be self-administered. Usually it is best to open the bottle first, loosen the cap and place in the slot provided inside the kit.
- 6) It is important that the oral swab goes into the mouth immediately gathering saliva for 5 to 10 seconds, top and bottom of the inside gums. Then the swab is placed immediately into the open bottle with the fluid. Write down the time on the box of the kit. Do not close the lid.
- 7) The bottle and swab rest in test kit compartment for 20 minutes.
- 8) The 20-minute time period should be marked down on the test kit and somebody to be responsible for informing when the 18-minute mark has been reached.
- 9) During this period, Dr. Chittick and another trained HIV staff member counsel the young person about HIV prevention, the risks of AIDS from unprotected sexual intercourse and sharing of needles, and what exactly an "HIV Positive" result might mean.
- 10) At the 18-minute mark, start looking for where the needle is trending on the oral swab.
  - One solid line means negative and that is good news for the testee.
  - Two solid lines or one solid line and one faint line together could mean it is HIV-positive or result is indeterminate.

- 11) If it looks like it could be a positive reading or it is indeterminate, the person being tested should be taken aside and given an advisory warning that the test could mean HIV is found. Do this away from bystanders. In case it is positive and the person is embarrassed or shocked, it is best to tell the assembled people that the test result has come back as indeterminate and leave it at that.
- 12) There are sometimes “false positive” readings. Or a test kit can have a manufacturer’s problem that affects the true results. Like anything in medicine, a confirmatory test is needed. Be prepared to give the person local numbers to call to visit a testing center.
- 13) In the event of a positive reading, TAPC offers a second home test kit by mail within 3 days and advises young people to go to a local hospital or clinic if they choose for a blood and needle test. Explain that results in a traditional setting can take up to 7-14 days.
- 14) Sensitivity and empathy is needed at all times. After the initial demonstration and the 20 minutes of counseling and conversation, a trust has already been built up. They are looking for your help in understanding the positive results. Emphasize that one test is not sufficient but because of the medicines available, it is always better to know one’s status. It is obviously a difficult situation.
- 15) Strongly suggest that they talk to their parents or legal guardians or a trusted adult about the test results. They might need to get professional counseling. Dr. Chittick counsels young people by phone and in person.
- 16) If the test result is negative, thank the participant before they go about their day knowing that they are HIV-free. Encourage them to use social media to tell their friends.

## **Conclusion**

In a perfect world, teens would not be at risk for a deadly virus that was not of their making. Unfortunately HIV/AIDS is a reality and it is growing silently among sexually active youth. While some adults and schools may prefer to bury their heads in the sand and deny the problem exists, caring people want to help vulnerable youth to understand their options through medically accurate information – and public HIV tests that break down the stigmas and encourages them to learn their status. This is the morally correct thing to do now that the FDA has approved the home test kits.