

As the company OraSure brings its product Oraquick Oral Advance before the Federal Drug Administration this Thursday, an old debate has emerged about individuals conducting the HIV rapid test themselves in the privacy of their own home without a counselor to educate, support and guide them through the process.

In order to really have a productive and sound dialogue about the possibility of having rapid test kits available for over-the-counter sale, we have to put into context the realities of HIV disease in the present day.

An HIV diagnosis does not mean the same thing it did years ago; certain death, various and serious ailments that would cause significant pain and were life altering. An HIV diagnosis, while certainly significant, is not a death sentence and individuals do not face the same serious ailments (opportunistic infections) as before. And, treatment for HIV is safer, more effective and accessible to individuals who decide to seek medical care.

The HIV diagnosis has changed, treatment is safer, effective and accessible, so it is time that the testing process change as well. With 25% of individuals who are HIV + in the United States and don't know their status, having an over-the-counter product that will contribute to a broader range of individuals getting tested is crucial. It is less critical when we are talking about getting testing more accessible to the public that we know whether those individuals will access care. Of course we hope they will, but at a minimum they will know their HIV status and that is what the testing process accomplishes. And, studies show that individuals who know their status are more likely to reduce the risk of infecting their partners.

It is not appropriate that home testing take the place of testing that is targeted at high-risk groups. It is however; appropriate to add it as another option. There are individuals who are at-risk that will never seek out testing and those are the individuals that programs are attempting to reach in high-risk communities across the United States. These funds are limited and usually tied to a specific Behavioral Risk Group. If one seeks out testing at a site and does not fall into that group, the program either tests them with the limited resources available, which means there are fewer resources to target high-risk individuals, or they are referred to their provider. At this time, there is no other option and there should be. Also, the over-the-counter option should just be available to any individual who would rather test him or herself than have to be seen by counselor or a medical provider in order to receive an HIV test.

Receiving an HIV positive result is never easy. People deal with the news differently and one cannot apply a blanket statement to such an individualized situation. We cannot hold this technology back from the general public simply because the results of some tests may upset some individuals to a degree that would be difficult to manage wherever the person received their test. It is crucial to be mindful about this particular issue when talking about making this product available, but it is not an issue that rises to the level of withholding this product from over-the-counter sale.

Finally, why has there been the pursuit of a safe, simple-to-use, reliable, effective, rapid HIV test if not for the purposes of having a broader range of individuals be able to utilize and access the product? It is unconscionable to think that now that there is the availability of such a device, coupled with the knowledge that so many individuals don't know their status, do not have access to HIV testing, and there are effective treatments, that this product would not be made as widely available as possible.