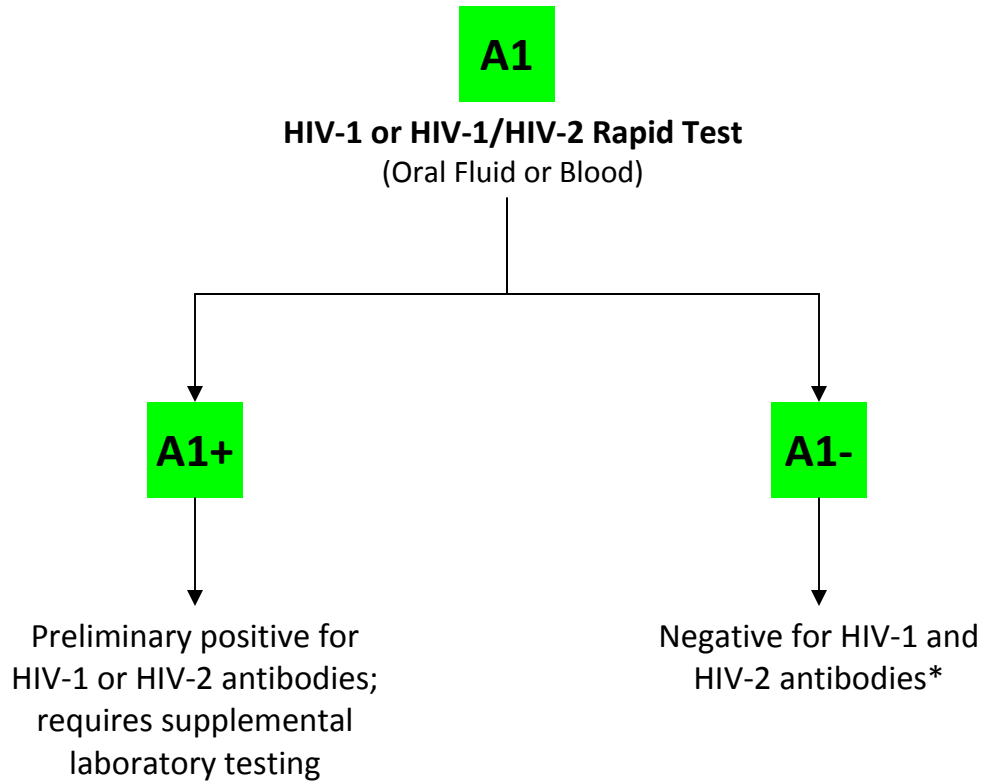


## POC Algorithm 1

### Single Rapid Test (A1) for HIV Screening

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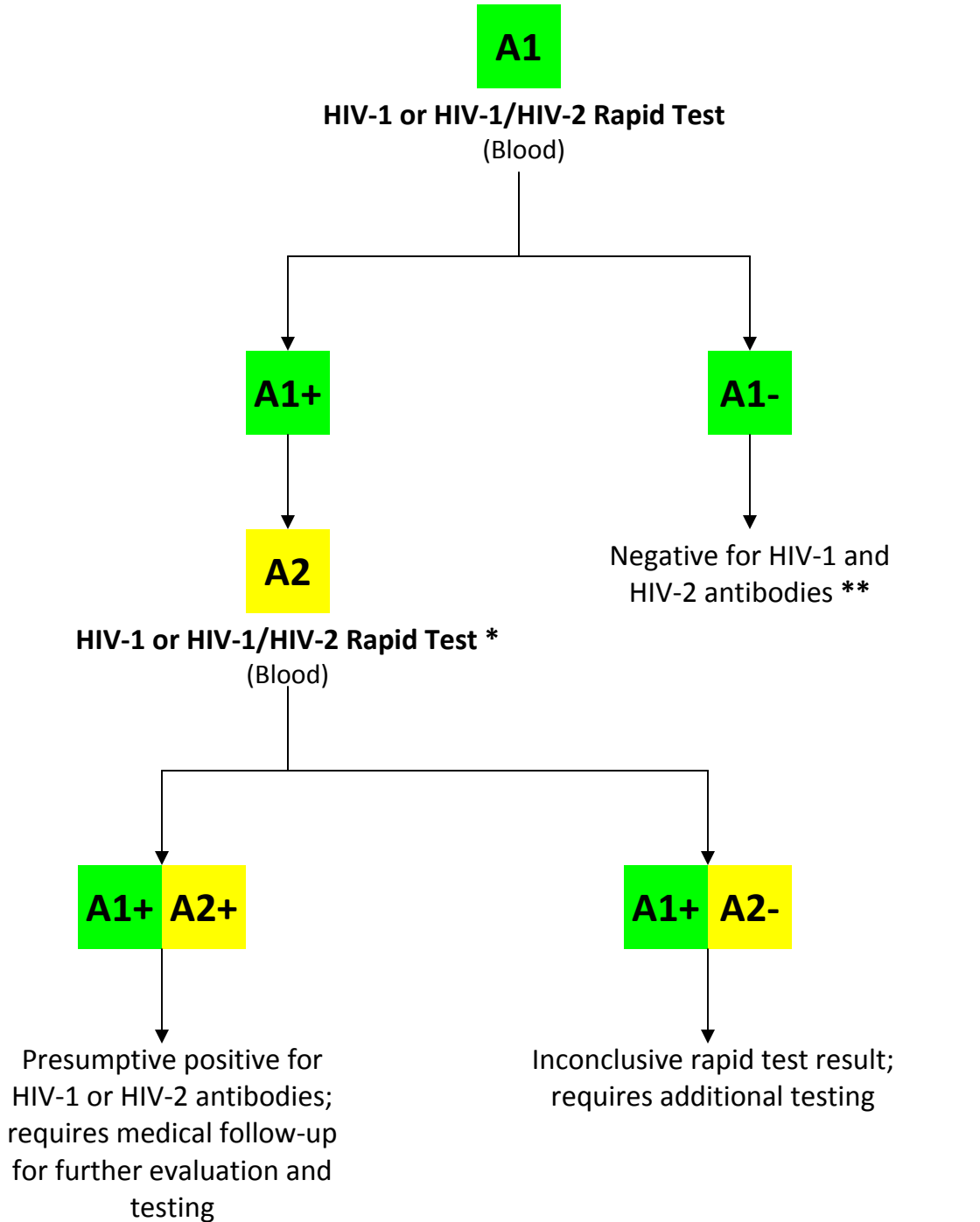
\* If using an HIV-1 only rapid test, this result is negative **only** for HIV-1 antibodies.

## POC Algorithm 2

### Two Rapid Tests (A1/A2) Performed in Sequence on Blood

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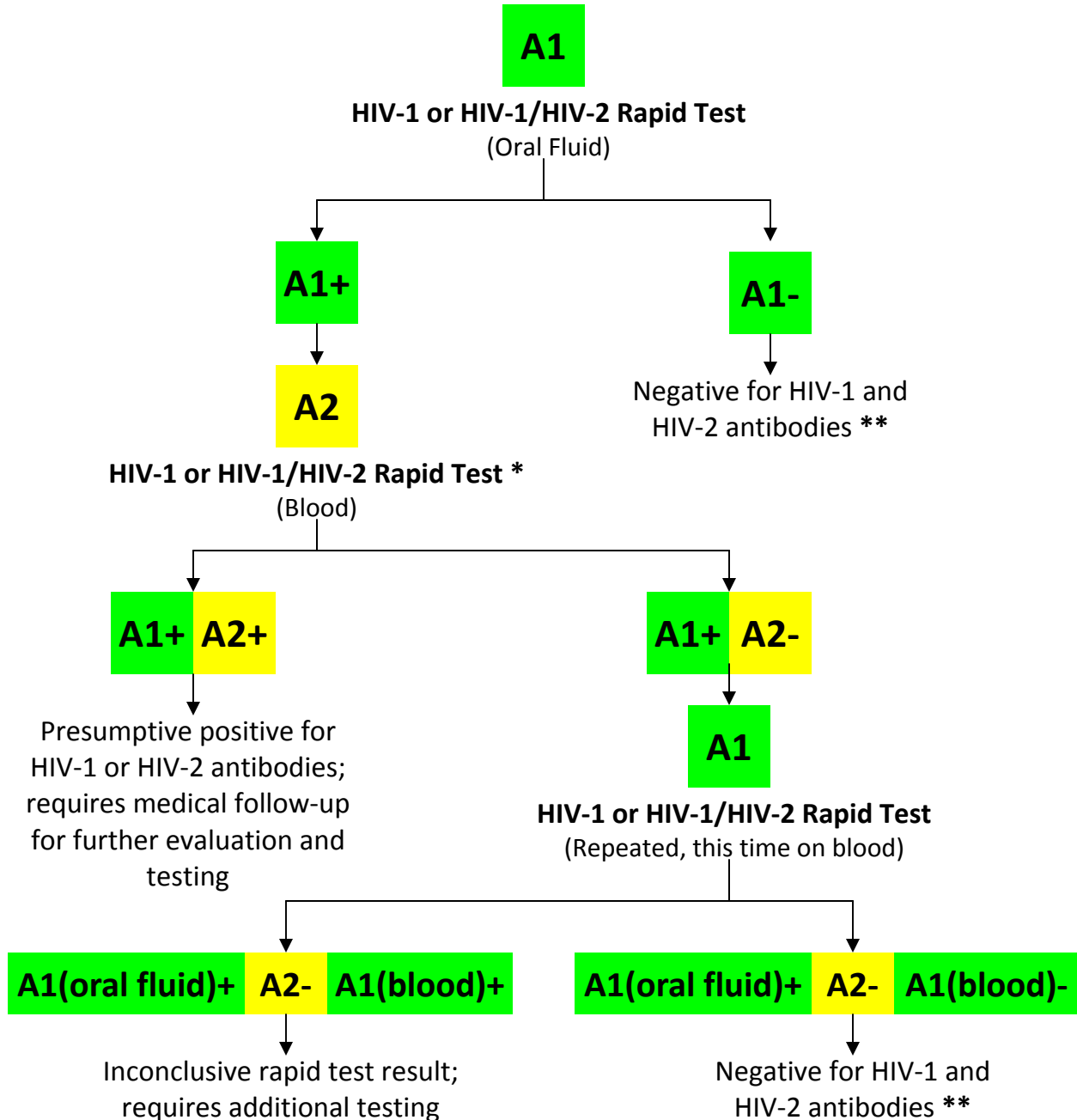


\* Test must be from a different manufacturer.

\*\* If using an HIV-1 only rapid test, this result is negative **only** for HIV-1 antibodies.

**POC Algorithm 3**  
**Two Rapid Tests (A1 Oral Fluid/A2 Blood) Performed in Sequence; If A2 Is Negative, A1 Is Repeated on Blood.**  
 (A1 and A2 must be different rapid tests) †

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\* Test must be from a different manufacturer.

\*\* If using an HIV-1 only rapid test, this result is negative **only** for HIV-1 antibodies.

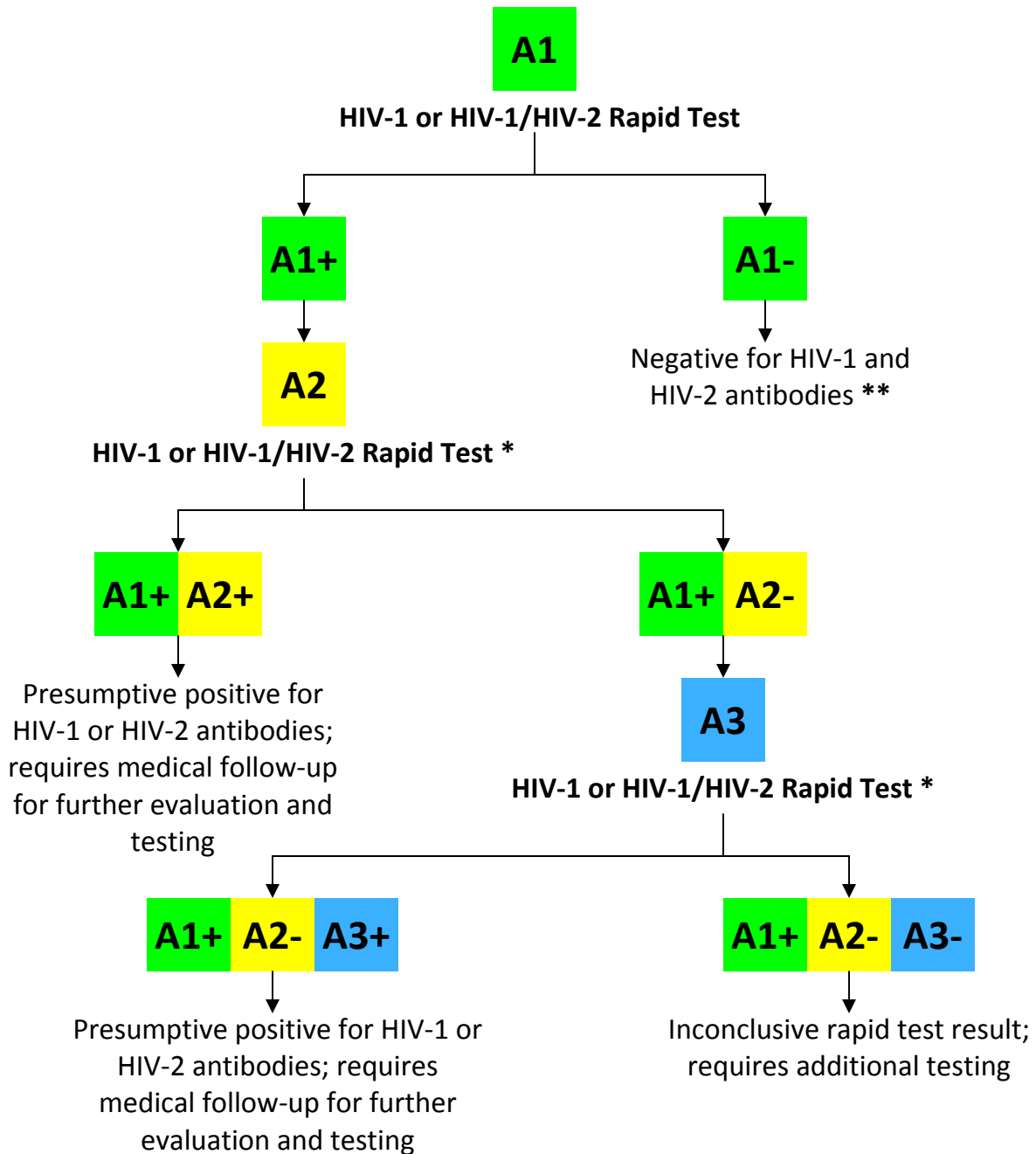
† This algorithm may only be used when the same test is available for both oral fluid and blood.

## POC Algorithm 4

### Three Rapid HIV Tests (A1/A2/A3) Performed in Sequence on Blood.

(A1/A2/A3 must be different rapid tests.)

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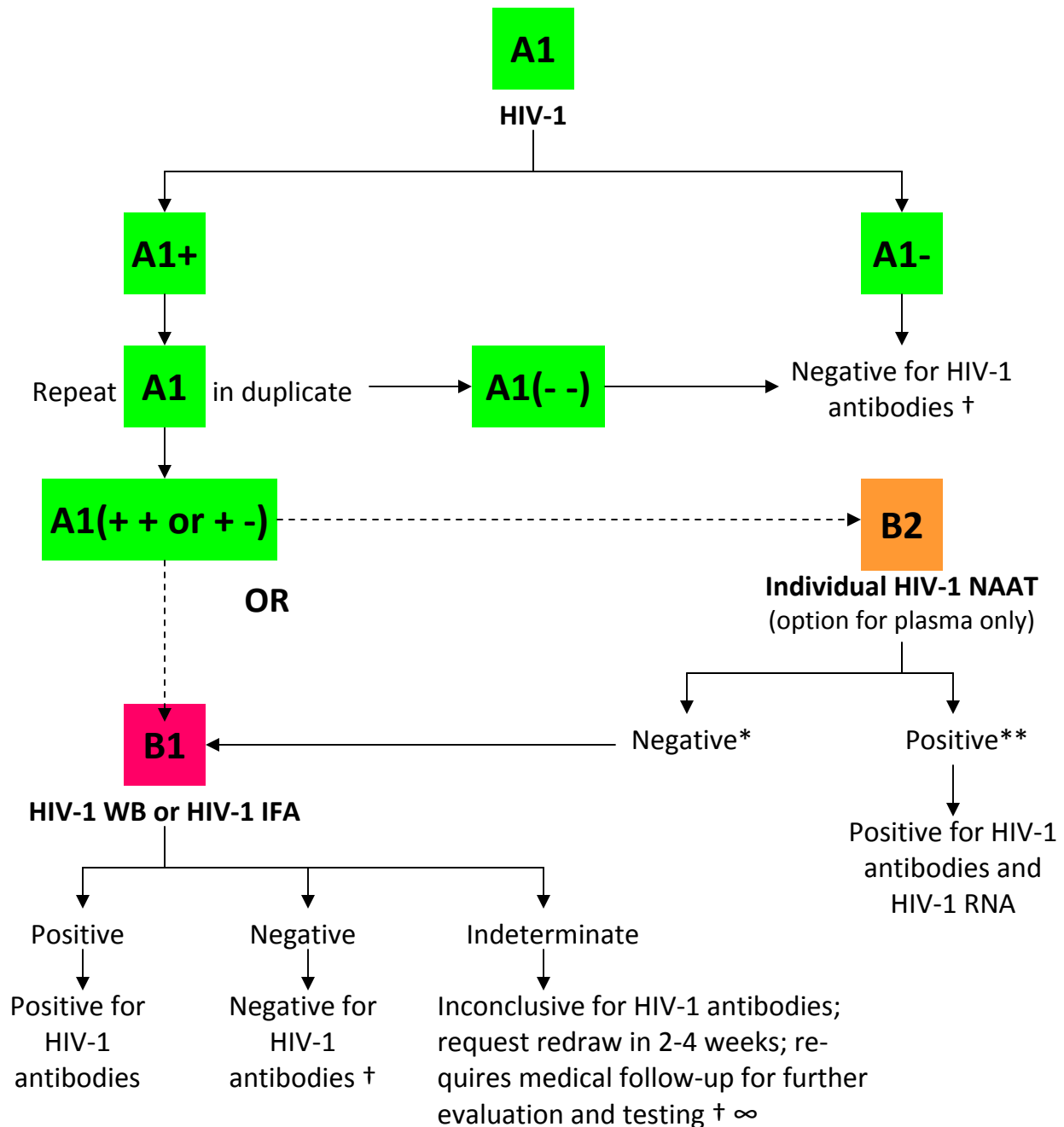
\* Test must be from a different manufacturer.

\*\* If using an HIV-1 only rapid test, this result is negative **only** for HIV-1 antibodies.

## Laboratory Algorithm 1

### HIV-1 Only Immunoassay, With Supplemental NAAT Option

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\* HIV-1 RNA is not detected; however, WB or IFA should be performed to confirm the absence of HIV-1 antibodies.

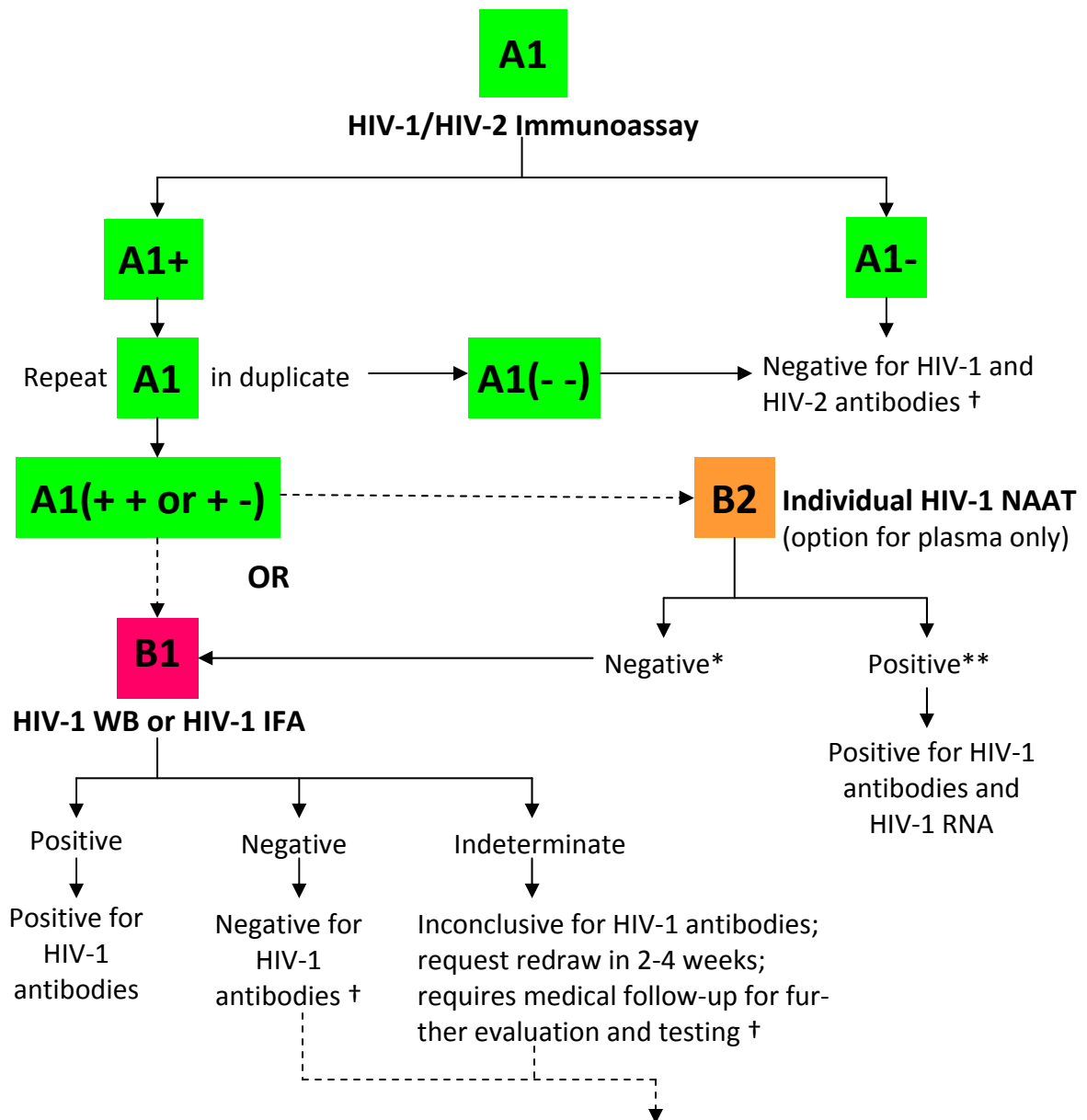
\*\* It may be necessary to repeat a positive NAAT for confirmation.

† If a window period infection is suspected based on risk assessment or discordant testing, refer to Acute HIV Infection Testing Laboratory Algorithm 4.

∞ If HIV-2 infection is suspected, refer to HIV-2 Testing Laboratory Algorithm 5.

## Laboratory Algorithm 2

### HIV-1/HIV-2 Immunoassay, With Supplemental NAAT Option



**HIV-2 Laboratory Algorithm 5**, if one or more of the following apply:

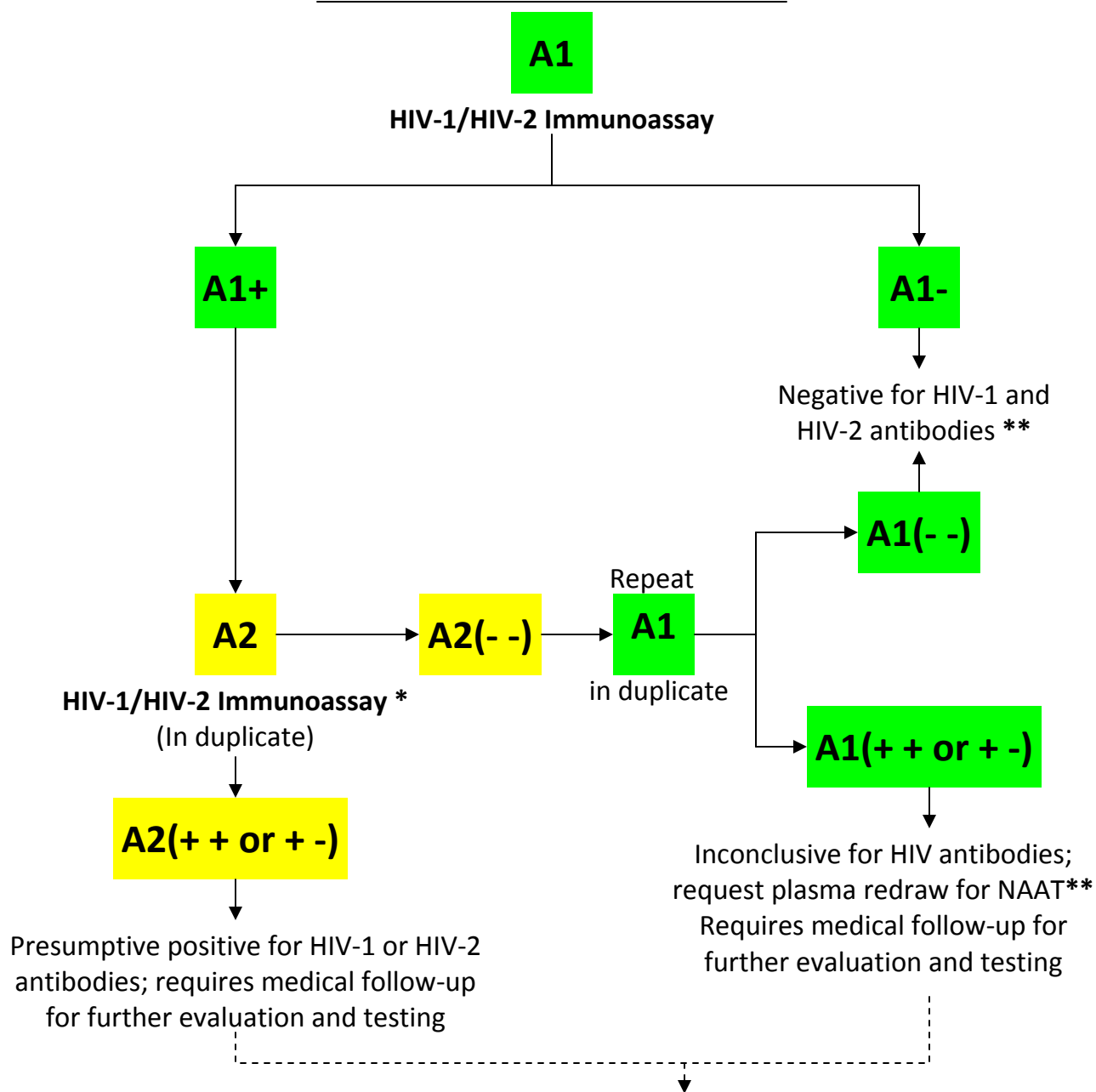
- 1) Indicated by local HIV-2 prevalence
- 2) Indicated by travel or risk history
- 3) Indicated by clinical presentation
- 4) Indeterminate WB pattern

\* HIV-1 RNA is not detected; however, WB or IFA should be performed to confirm the absence of HIV-1 antibodies.

\*\* It may be necessary to repeat a positive NAAT for confirmation.

† If a window period infection is suspected based on risk assessment or discordant testing, refer to Acute HIV Infection Testing Laboratory Algorithm 4.

### Laboratory Algorithm 3 Dual HIV-1/HIV-2 Immunoassay



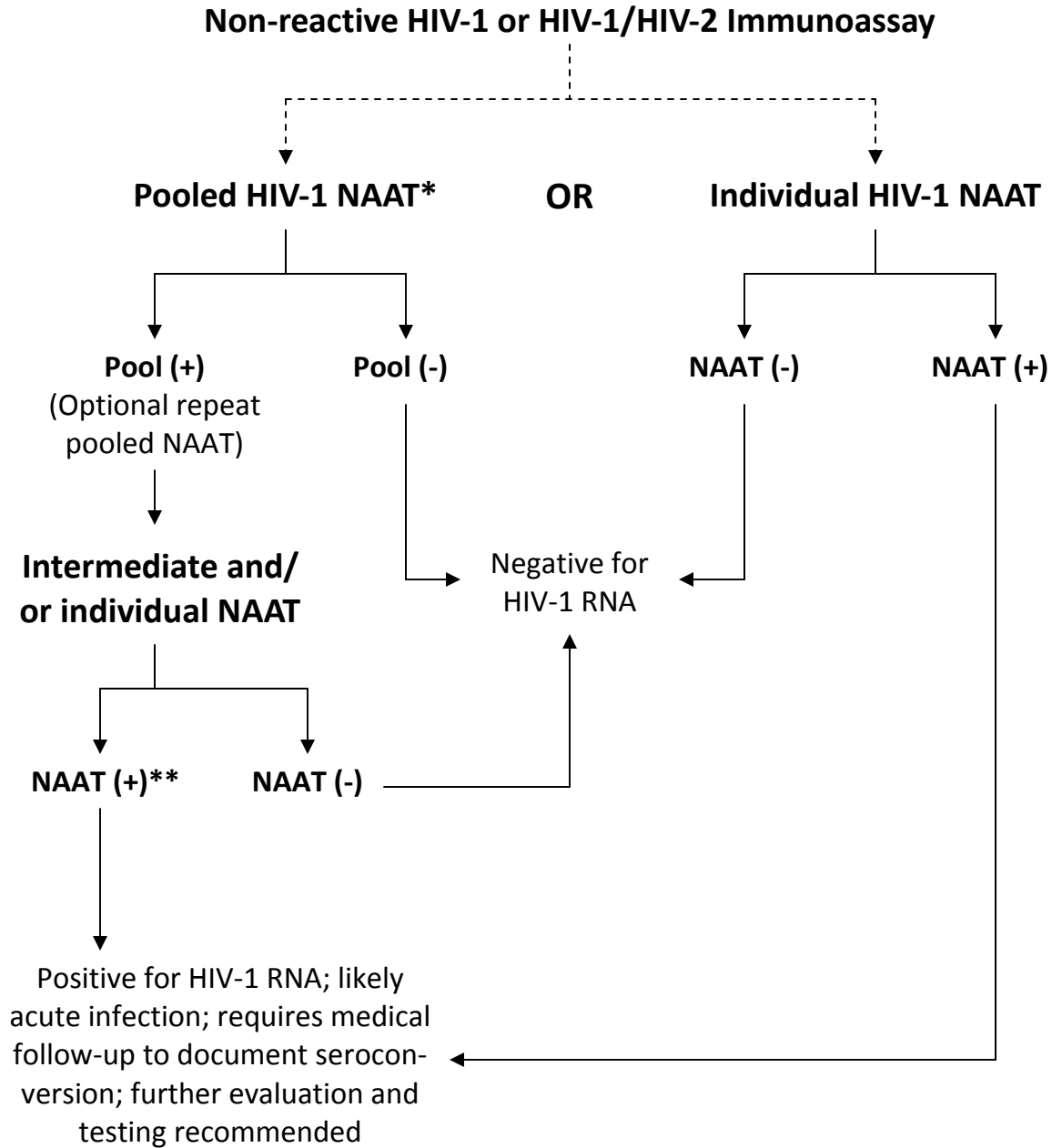
**HIV-2 Laboratory Algorithm 5**, if one or more of the following apply:

- 1) Indicated by local HIV-2 prevalence
- 2) Indicated by travel or risk history
- 3) Indicated by clinical presentation

\* Must be a different EIA, CIA or rapid test

\*\* If a window period infection is suspected based on risk assessment or discordant testing, refer to Acute HIV Infection Testing Laboratory Algorithm 4.

## Laboratory Algorithm 4 Acute HIV Infection Testing

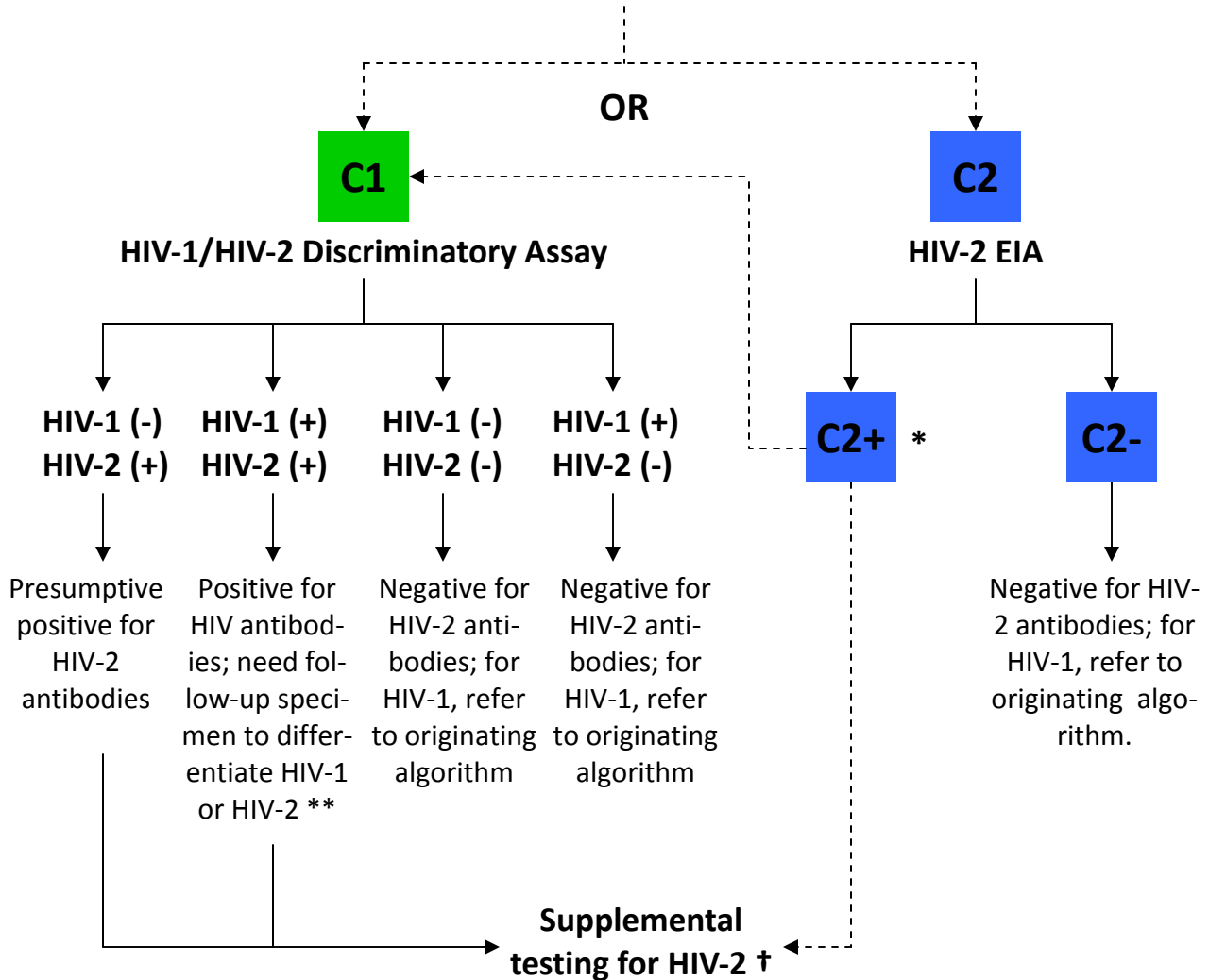


\* User validation may be required for pooled testing (Pool size to be determined by user).

\*\* It may be necessary to repeat a positive NAAT for confirmation.

## Laboratory Algorithm 5 HIV-2 Testing

### Reactive HIV-1/HIV-2 Immunoassay with Indications for HIV-2



\* If HIV-2 EIA is reactive, specimen should preferably be tested on an HIV-1/HIV-2 discriminatory or supplemental assay for further clarification. Alternatively, the specimen can be sent to an appropriate public health laboratory with HIV-2 supplemental testing capabilities.

\*\* Dilution testing may be required to differentiate cross-reactivity between strains; refer to package insert of the assay

† Refer to appropriate public health or reference laboratory with HIV-2 supplemental testing capabilities. Because low viral loads are common with HIV-2 infection, testing plasma specimens for HIV-2 RNA is not reliable.