Performance of HIV Ag/Ab Assays on Samples from Individuals Initiating Antiretroviral Therapy During Acute HIV Infection

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Background

- CDC guidelines: initiation of antiretroviral therapy (ART) as soon as possible after first HIV diagnosis
 - Minimize risk of forward transmission
 - Disrupt establishment of latent reservoirs
 - Better sustained virologic control
 - Enhance overall health outcomes
- Issue: ART initiation during Acute HIV Infection (AHI) may
 - Reduce HIV Ag stimulation below threshold for immune response
 - Block/delay emergence HIV serological diagnostic markers



Acute HIV Infection Studies Leveraged

RV254/SEARCH010: Bangkok, Thailand

- HIV-1 viremic volunteers initiated ART immediately post diagnosis
- Stage of HIV infection at time of ART initiation
 - Fiebig I (N=23) HIV RNA+, p24 Ag-, HIV Ab-
 - Fiebig II (N=39) HIV RNA+, p24 Ag+, HIV Ab-
 - Fiebig III (N=13) HIV Ab+, WB-
 - Fiebig IV (N=9) HIV Ab+, WB Indeterminate
- Samples acquired:
 - Initial visit prior to ART:
 - 1, 12, and 24 weeks post ART

SEARCH: South East Asia Research Collaboration with Hawaii



Acute HIV Infection Studies Leveraged

RV217 Early Cohort HIV: Kenya, Uganda, Tanzania, and Thailand

- Untreated HIV Infected Controls (N=30)
- > Twice weekly testing of at risk populations
 - Infection identified by APTIMA HIV-1 RNA reactivity
- Intensive serial sampling of incident cases
 - ~3 day intervals for first 6 weeks; monthly thereafter



Study Assays

- ➤ 4th Gen Immunoassays
 - Bio-Rad GS HIV Combo Ag/Ab EIA (BRC)
 - Bio-Rad BioPlex[®] 2200 HIV Ag-Ab Combo (BPX)
 - Abbott Architect HIV Ag/Ab Combo (ARC)
- ➤ 3rd Gen Immunoassay
 - Bio-Rad 3rd Gen GS HIV-1/2/ Plus O (1/2/O)
- p24 Antigen Assay
 - Bio-Rad Genscreen HIV-1 p24 Ag assay RUO (Ag)
- Supplemental, Confirmatory Assays
 - Bio-Rad HIV-1 Western blot (WB)
 - Bio-Rad Geenius[™] HIV-1/2 (Geenius)



Serological Detection After HIV Infection RV 217 - No ART





Time Course of Serological Markers









4th Gen Immunoassays 24 Weeks After ART



- BRC reaches max signal at S/CO 14
- ARC and BPX continue to higher S/CO to >100
- ARC and BPX signal highly correlated

 $R^2 = 0.8404$



S/CO at 24 Weeks After Early ART No ART Established Infection



- FI S/CO remains close to cut-off, most NR
- FII Increased S/CO compared to FI, Fewer NR
- FIII/IV Low, but Reactive S/CO, Very few NR
- No ART Established Infection;
 S/CO BRC 13.5-15.0; ARC 800-1200: BPX >200



Time Course of BPX Reactivity After ART



- Transient increase in signal in some individuals at week 1
- Decrease to low level and little increase thereafter
- Seroreversion observed in some individuals



Reactivity of BPX at 24 weeks after Early ART





Evolution of Western Blot Ag Reactivity





Geenius and WB Ag at 24 Weeks After Early ART



- Geenius and WB have comparable sensitivity for gp41 and gp160
- Geenius is less sensitive for p24 (early Ag)
- Both assays have low sensitivity for p31 (late Ag)

Geenius and WB Reactivity at 12-24 Weeks After ART





Conclusions I

- Evolution of serological markers in untreated individuals develops rapidly with time post infection
- Reduction in immune response by early ART can confound the ability of serological assays to correctly classify HIV infectious status
- > At 24 Weeks of therapy:
 - 52.2% of those initiating ART at FI, 7.7% at FII, and 4.5% at FIII/IV remain 4th Gen NR; 36-39% of samples demonstrated low S/CO (<10)
 - Bio-Rad GS, Abbott Architect, Bio-Rad BioPlex: comparable results
 - Geenius Reactive in only 26.1%, 43.6% and 45.5% of individuals initiating ART at FI, II, and III/IV
 - HIV-1 Western Blot was slightly more sensitive



Conclusions II

- These results have implications in monitoring individuals who initiate ART in acute infection or participate in programs such as:
 - Treatment as Prevention (TasP)
 - Pre-Exposure Prophylaxis (PrEP)
 - Post Exposure Prophylaxis (PEP)
 - HIV Cure studies.
- Consider a contextual algorithm for testing of ART treated populations
- Alternative approaches such as testing for cellassociated HIV RNA/DNA may be required to rule out HIV-1 infection (Jagodzinski, J Clin Micro 2019)



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SE Asia Research Collaboration with Hawaii

RV217 Sites

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