

What do the RITA results mean?

RITA is only concerned with estimating whether infection is recent or not in people already diagnosed as HIV positive.

The information is aimed mainly at healthcare professionals working in the field of HIV. It may also be useful for people working in HIV support organisations and newly diagnosed people with HIV.

In the context of prosecutions for HIV transmission or criminal HIV transmission cases, it is important to note that RITA cannot prove timing of infection. RITA test results can only estimate the likelihood of recent HIV infection. This likelihood is difficult to prove with the scientific certainty required by the Irish courts of law.

Results must be interpreted with caution and only be used in the context of all the available evidence.

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Health Protection Surveillance Centre
HSE Sexual Health & Crisis Pregnancy Programme
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Learning about the

Recent Infection Testing Algorithm (RITA)

This leaflet is for people with HIV to explain what RITA is and why it is used.

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What is RITA?

The Recent Infection Testing Algorithm (RITA) is a generic name for a number of tests to distinguish recent HIV infections from HIV infections which have been present for some time. It is mainly used to monitor new HIV infections in the population. RITA is not accurate enough to estimate when a person got HIV.

Why was RITA introduced?

RITA helps doctors and scientists to understand changes in HIV antibodies over time. In early 2016, the National Virus Reference Laboratory (NVRL) introduced a new blood test called a 'recency assay'. This test will be performed, in addition to existing tests, on everyone who is newly diagnosed with HIV.

What does the recency assay measure?

The recency assay looks at the levels and proportions of certain antibodies in the blood. This helps show whether the infection was recent (within the previous 4 to 6 months) or whether it has been present for some time.

RITA takes the result of the recency assay and combines it with other patient information to give an overall estimate of when an infection might have occurred.

What is RITA used for?

RITA is mainly used to help estimate the number of new infections in the population (known as the 'incidence' of HIV). As HIV infection usually doesn't cause symptoms in the beginning, an increase in HIV cases may be due to either:

- new infections, or
- better testing and detection of cases that have been present for some time.

Why is information on new infections important?

Establishing new infections (also known as incidence) is important for several reasons:

- It may give a more accurate picture of who is most at risk of HIV infection.
- It can help target resources to people in greatest need.
- It can contribute to the monitoring and evaluation of HIV prevention initiatives and HIV testing strategies.
- It can help predict how the total number of people with HIV (also known as prevalence) might change over time.

Can RITA say when an individual got HIV?

No. People vary in how their immune system responds to HIV, so RITA cannot give an accurate date of anyone's HIV infection. It can only suggest a rough timeframe, and this can have a large margin of error.

For example, when a RITA result suggests that someone was recently infected with HIV, that person may believe they know who infected them. However, RITA cannot give reliable information in individual cases or state when a HIV infection happened.

What factors affect how RITA is interpreted?

As well as variations in our immune systems, other factors can also affect how RITA is interpreted. For example if someone has another infection at the time of testing, or if they have taken medication to prevent HIV transmission in the past, this can affect RITA. If you would like more information on this, talk to your doctor or nurse.

Who sees the RITA results?

Results of the recency assay are returned to the doctor who is looking after the patient. It is then up to the doctor to decide whether to discuss the results with the patient. However, it is important to note that the recency assay result is always reviewed in the context of clinical findings and other laboratory blood test results (CD4 count and HIV viral load).

