

DATE: May 9, 2025

RE: Increase in HIV screen false positives

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Dear Colleagues,

We are writing to alert you to some minor changes in the reporting of HIV results due to an increase in the low-level positivity rate of the HIV 4th generation screen test currently used at BCCDC PHL. The increase is from a historical rate of ~0.5% to ~1% in April 2025; meaning that if 1,000 uninfected people are tested, around 10 people will have a false positive screen test result, compared to 5 previously. These positive screens do not test positive on supplemental assays, which are reported together with an interpretation of false positive screen. These results most likely reflect false positive results, and we are confident our current algorithm has identified them.

The manufacturer of the screen test is aware, and ongoing investigations suggest this issue may be linked to a particular assay lot number. The BCCDC PHL has now initiated testing using a newly sourced assay lot number, and we will continue to closely monitor the performance of this assay.

HIV Interpretation Algorithm and Report Format:

- When an initial HIV screen test is positive, the original specimen is tested on a second 4th generation platform; this is followed by either an immunoblot test to detect specific antibodies or an HIV NAT test to rule out infection.
- Below is an example of how you may see screen false positive lab results reported by BCCDC PHL:

Serology Viral	
HIV	
HIV 1+2 Ab + HIV p24 Ag (Screen)	AA Reactive.
HIV 1+2 Ab + HIV p24 Ag (Supplemental)	Nonreactive.
HIV 1 RNA (PCR/NAAT)	No HIV 1 RNA detected.
HIV 1+2 Ab (Immune Blot)	HIV confirmation (immunoblot) was not performed because it is of limited value for samples with low EIA signals.
HIV Ab Report	INTERPRETATION: Current sample tested low reactive by screening and nonreactive by supplemental assays. The low reactive screening test likely represents a false positive result. These findings are not consistent with HIV infection. If clinically indicated, please submit a follow up sample in 2 to 4 weeks.

- For additional information on False positive HIV Lab results, please visit [False positive HIV clinician provincial resource.pdf](#)

Follow-up Recommendations:

- For low positive screening test results, follow-up testing is recommended in 2-4 weeks following original specimen collection, if clinically indicated (e.g. a patient who has had a recent exposure or who might be very early in infection).

MEMORANDUM

- An EDTA-tall lavender sample tube is preferred; however, a gold top (SST) tube may be used if an EDTA tube is not easily obtainable.

Please contact us if you have additional questions.

Sincerely,



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