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HIV Testing in Health-Care Settings

Revised Recommendations for HIV Testing of
Adults, Adolescents, and Pregnant Women in
Health-Care Settings

U.S. Centers for Disease Control and Prevention

September 2006

About this Presentation

These slides were developed using the September 2006 HIV Testing Guidelines. The intended audience is clinicians involved in the care of patients with HIV.

Users are cautioned that due to the rapidly changing field of HIV care, this information could become out of date quickly. Finally, it is intended that these slides be used as prepared, without changes in either content or attribution. Users are asked to honor this intent.

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Background

- HIV/AIDS is a leading cause of illness and death in the U.S.
- 1-1.2 million HIV-infected persons live in the U.S.
- 25% are unaware of their HIV infection
- Perinatal HIV infection continues, usually in women not offered testing during pregnancy, sometimes as result of infection during pregnancy
 - *Testing rates higher when HIV tests are standard part of screening test panel*

Background

- Medical treatment dramatically decreases HIV-related morbidity and mortality, and reduces perinatal transmission, but:
 - Persons unaware of their infection are unable to benefit from care
 - HIV testing often is not done until late in the disease process: 39% of people were diagnosed with AIDS within 1 year of testing HIV+ (2004)
- HIV transmission rates are higher among people who do not know they are HIV infected
- Routine testing helps reduce stigma associated with HIV infection

HIV Testing Recommendations: Objectives

- Increase HIV screening in health-care settings
- Foster earlier detection of HIV infection
- Identify and counsel persons with unrecognized HIV infection
- Link HIV-infected persons to clinical and prevention services
- Further reduce perinatal HIV transmission

Rationale for Routine Screening

- Routine voluntary HIV screening should be a normal part of medical practice, as with screening for other health conditions.
- Routine HIV screening will identify unrecognized HIV infection so that early treatment can be offered and interventions to reduce transmission can be implemented.
- HIV screening is cost-effective, even in low-prevalence settings.
- Among pregnant women, screening is much more effective than risk-based testing for detecting unsuspected HIV infection.

HIV Testing Recommendations for Adults and Adolescents

- Routine HIV screening for all patients aged 13-64 years, in all health-care settings
 - Unless prevalence of undiagnosed HIV infection in that setting is documented to be <0.1%
- Health-care settings include:
 - Emergency departments
 - Urgent care clinics
 - Primary care settings
 - Inpatient services
 - Corrections health-care facilities
 - TB clinics
 - STD clinics
 - Substance use clinics
 - Public health clinics
 - Community clinics

HIV Testing Recommendations for Adults and Adolescents

Routine HIV screening for:

- All patients initiating TB treatment
- All patients seeking treatment for STDs, including all patients at STD clinics, at each visit for a new complaint
- All pregnant women

Repeat Screening

- At least annually for all persons at high risk of HIV infection:
 - Injection-drug users (IDUs)
 - Sex partners of IDUs
 - Persons who exchange sex for money or drugs
 - Sex partners of HIV infected
 - Men who have sex with men (MSM)
 - Heterosexuals who themselves or their sex partners have had >1 sex partner since last HIV test
- Before new sexual relationship

Consent and Pretest Information

- Screening should be voluntary and free of coercion, undertaken only with patient's knowledge and understanding

Consent and Pretest Information

- Opt-out screening: HIV testing will be performed unless patient declines
 - Patient should be notified (orally or in writing) about HIV testing; information should include explanation of HIV infection, meaning of + and – results
 - Patient should be offered the opportunity to ask questions
 - Patient permitted to decline testing
 - Consent should be incorporated into patient's general informed consent for medical care, as for other screening or diagnostic tests
 - Separate consent for HIV testing not recommended

Consent and Pretest Information

- Informational materials should be easy to understand and available in languages of the populations served
- Competent interpreters and bilingual staff should be available
- If a patient declines an HIV test, this decision should be documented in the medical record

Rapid Testing

- Use of rapid tests can substantially decrease the number of persons who do not learn their HIV test results
- Positive rapid HIV tests results are preliminary and must be confirmed before a diagnosis of HIV is established

Diagnostic Testing

- All patients with signs or symptoms of HIV or an opportunistic illness should be tested for HIV
- If acute HIV infection is suspected, perform plasma RNA test as well as HIV antibody test
- As with HIV screening, general consent is sufficient, after giving appropriate information about HIV testing

HIV Testing Recommendations for Pregnant Women

- HIV screening for all women should be performed as in Adult and Adolescent Recommendations
- HIV screening should be a routine component of preconception care
- Universal opt-out screening for all pregnant women

HIV Testing Recommendations for Pregnant Women

- All pregnant women should be screened for HIV infection
- Screening should be voluntary and free of coercion, undertaken with patient's knowledge and understanding

HIV Testing Recommendations for Pregnant Women

- Opt-out screening: HIV testing will be performed unless patients declines
 - Patient should be notified that HIV testing is recommended for all pregnant women as part of routine prenatal testing
 - Information (oral or written) should include explanation of HIV infection, meaning of + and – results, interventions to reduce HIV transmission from mother to infant
 - Patient should be offered the opportunity to ask questions
 - Patient permitted to decline testing
 - Consent should be incorporated into the patient's general informed consent for medical care, as with other routine prenatal tests

HIV Testing Recommendations for Pregnant Women

- If a patient declines an HIV test, this decision should be documented in the medical record
- Providers should discuss and address reasons for declining an HIV test
- Some women who initially decline an HIV test may accept at a later date

Pregnant Women: Timing of HIV Testing

- Test as early as possible during each pregnancy, to allow timely therapeutic decisions
- Repeat HIV test during third trimester (preferably <36 weeks):
 - Consider for all pregnant women
 - Recommend for:
 - In areas with elevated incidence of HIV or AIDS in women
 - Facilities with $\geq 1/1,000$ pregnant women HIV infected
 - Women at high risk of HIV infection
 - Women with signs or symptoms of acute HIV infection

Pregnant Women: Rapid Testing during Labor

- Rapid HIV test recommended for any woman with undocumented HIV status at time of labor (opt-out screening)
- If HIV test is declined, explore reasons and try to resolve them
- Recommend immediate initiation of antiretroviral prophylaxis if a rapid test is reactive, without waiting for confirmatory test result

Postpartum/Newborn Testing

For women whose HIV status is unknown at time of delivery:

- Immediate postpartum screening (rapid HIV test) (opt-out screening)
- Rapid testing of newborn, as soon as possible, to allow antiretroviral prophylaxis for HIV-exposed infants

Communicating HIV Test Results

- Negative HIV test results can be conveyed without direct personal contact
 - Persons at high risk for HIV infection should be advised to be retested periodically and should be offered prevention counseling
- Positive HIV test results should be communicated confidentially, through personal contact
 - Friends or family members should not be used as interpreters
 - Patients should be linked to clinical care, counseling, support, prevention services

Documenting HIV Test Results

- Positive or negative HIV test results should be documented in the patient's confidential medical record and should be available to all of her health-care providers
- The HIV test result of a pregnant woman also should be documented in her infant's medical record

Partner Counseling and Referral

- Providers should strongly encourage HIV-infected patients to disclose their HIV status to current and previous sex partners and recommend they be tested for HIV infection
- Health departments can assist by notifying, counseling, and providing HIV testing for partners without disclosing the patient's identity
- Health departments may contact patients who receive a new diagnosis of HIV infection to discuss partner notification

Special Considerations for Screening Adolescents

- HIV screening should be discussed with all adolescents, and encouraged for sexually active adolescents
- Information and counseling on HIV infection, testing, transmission should be part of primary care for all adolescents
- Parental involvement not typically required when an adolescent consents to HIV testing, but laws concerning consent and confidentiality for HIV care differ among states
- Not all states define HIV infection as a condition for which testing or treatment is possible without parental consent

Prevention Services for HIV-Negative Persons

- HIV screening should not be based solely on assessment of patients' HIV risks
 - But, risk assessment and prevention information should be incorporated into routine primary care of all sexually active persons
- Prevention counseling should not be required as part of HIV screening programs in health-care settings
 - However, HIV testing presents excellent opportunity for prevention counseling
 - Persons with HIV risk behaviors should be provided with or referred to HIV risk-reduction services
- In settings that serve patients at high risk for HIV, prevention counseling should be available (there or through referral)

Regulatory and Legal Considerations

- These CDC recommendations do not supersede state and local laws that govern HIV testing
- Legal requirements related to informed consent and pretest counseling may differ among states
- Certain states, jurisdictions, or agencies may not allow opt-out screening or may impose specific requirements for counseling, consent, confirmatory testing, or communicating HIV test results
- Local jurisdictions should consider strategies to implement these recommendations within local parameters and to resolve conflicts with these recommendations

HIV Testing Recommendations: Summary

- HIV screening recommended for all patients aged 13-64 in all health-care settings
- HIV screening should be voluntary
- Opt-out screening: patients are notified that testing will be performed unless they decline
- Separate written consent for HIV testing not recommended; general informed consent is sufficient
- Prevention counseling should not be required
- High-risk patients should be screened at least annually

HIV Testing Recommendations: Summary

- Pregnant women:
 - Routine prenatal screening for all pregnant women
 - Opt-out screening, no separate written consent
 - Repeat screening in third trimester in areas with high rates of HIV infection in pregnant women



Websites to Access the Guidelines

- <http://www.aidsetc.org>
- <http://aidsinfo.nih.gov>



About This Slide Set

- This presentation was prepared by Susa Coffey, MD for the AETC National Resource Center in January 2007.
- See the AETC NRC website for the most current version of this presentation.
<http://www.aidsetc.org>