

Module 1 Summary

Testing for HIV Infection:
A Curriculum for Medical Providers in CA
California STD/HIV Prevention Training Center

Module 1: Screening for HIV

HIV in the United States and California

The CDC estimates that there are 1 to 1.2 million people living with HIV in the United States. Of these, about a quarter does not know that they are infected, and approximately 40,000 new infections continue to occur each year in the United States, 6,000 of which are in California.

Sexual transmission accounts for the majority of new infections in the United States, and it is estimated that the 25% of people who are unaware of their infection account for over half of the new infections.

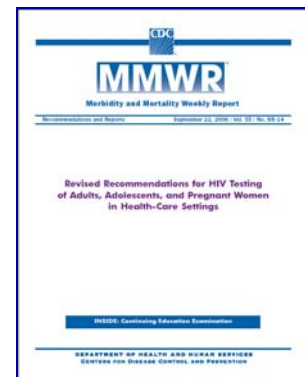
Many clients in the United States do not return to obtain conventional HIV test results, but few fail to receive initial result from rapid HIV test results. Many HIV-infected persons who are unaware of their infections access health care but are not tested for HIV until they are symptomatic.

Recommendations for HIV testing have changed

In September 2006, the CDC released Revised Recommendations for HIV testing in Adults, Adolescents and Pregnant Women in Health Care Settings.

The following changes have been made for *health-care settings*:

- All patients should be screened unless the patient declines
- Persons at high risk for HIV should be screened annually
- Separate written consent is NOT required for HIV testing
- Prevention counseling is NOT required with HIV testing
- All pregnant women should be screened unless she declines
- Pregnant women with increased HIV risk are recommended to repeat screening in the third trimester



The new recommendations were designed to increase the number of persons aware of their HIV-infection status to bring them into care and reduce transmission to susceptible partners. Shifting to an opt-out testing paradigm streamlines consent procedures by eliminating the need for written consent, and normalizes HIV testing. Although HIV testing in health-care settings has been de-linked from counseling, brief counseling and linkage to care and disclosure services are key public health interventions.

California Law about HIV Testing has changed

As of January 2008, opt-out testing in medical settings is permissible without written consent or prevention counseling. The new law requires providers, prior to ordering a test, to inform the patient that:

- HIV testing is planned,
- information about the test will be provided,
- information about treatment options and further testing needed will be given, and
- the patient has the right to decline the test.

If a patient declines and HIV test, the medical provider must note that fact in the patient's medical record.

Module 2 Summary

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Module 2: HIV Testing: Practical Implementation Issues

HIV Testing Approaches

There are multiple methodologies for HIV testing. Antibody tests (like ELISA) and viral detection tests (like RNA, HIV antigen tests).

Unlike traditional HIV tests, results from rapid HIV tests are available within 30 minutes of specimen collection. Though this may indicate that more HIV-positive patients will receive their test results, some tests will be reactive without confirming as a positive HIV test.

Interpreting Rapid HIV Test Results	
Test Result	HIV Result
<i>Non-reactive</i>	<i>NEGATIVE</i>
<i>Reactive</i>	<i>Preliminary POSITIVE</i>
<i>Reactive confirmed by a second test type</i>	<i>POSITIVE</i>

Who to Test for HIV

Different approaches to HIV testing are available:

- **Opt-in HIV testing** requires risk assessment usually in the form of pre- and post-test counseling, and explicit consent is obtained for the test.
- **Opt-out HIV testing** requires notification of the patient that the test will be done, without requiring risk assessment. Consent is inferred unless the patient declines.

The current CDC recommends routine testing of all persons 13-64 in health care settings (opt-out HIV testing). Routine testing means that explicit consent is not needed to test for HIV, but HIV testing should never be done without the patient's knowledge.

Procedure for HIV Testing

Step 1: Obtain consent

Ensure that the patient knows and understands about the HIV test. Written consent is no longer required for HIV testing in California (AB 682).

Step 2: Collect and process the specimen

When collecting specimen, follow the manufacturer's directions. Use universal precautions with blood specimens. Run the sample in a different location than where the patient is sitting.

Step 3: Interpret Results

HIV-positive traditional test results have been confirmed by additional testing, whereas HIV-positive rapid test results are preliminary. Note that as the prevalence of HIV in your population decreases, the predictive value of a single HIV test also decreases.

Step 4: Disclose result to the patient

HIV-negative test disclosure can occur over the phone or by mail, whereas HIV-positive test disclosure should occur in person. Risk assessment and risk reduction counseling are important during these sessions. HIV-positive test disclosure sessions should include a warm handoff to medical care.

Step 5: Document and report

Positive or negative HIV test results should be documented in patient's medical record. Reporting HIV cases by name is required in California, and should be sent to the local health department within 7 calendar days.

Module 3 Summary

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Module 3: Delivering HIV Test Results to Patients

Delivering Negative HIV Test Results

When delivering HIV-negative test results, be sure to state the result in a direct neutral tone, check in and respond to the patient's reaction, and then continue to conduct a brief risk assessment and risk reduction counseling.

When conducting a risk assessment, use open ended questions about gender and number of partners, sexual practices and context, and current prevention practices. Encourage patients to talk when needed, and always be non-judgmental.

Risk reduction counseling focuses on developing prevention objectives and strategies with the client, rather than simply providing information. The three steps to effective counseling are to identify the patient's perception of risk, set a safer behavior goal, and identify the first step in the risk reduction plan.

Delivering Positive HIV Test Results

Patient responses to positive HIV test results vary widely. Many patients are aware of their own risk. It is important to acknowledge your own feelings and HIV-specific biases. Some providers may need to work through these to deliver results in a way that is most effective for the patient.

There are three main components of delivering positive HIV test results. Every disclosure session will be different - do not feel married to the sequence listed below. Follow your patient's lead on the information that is needed in the moment.

- **Stating the result**
 - Results should be stated in a direct, neutral tone. Wait for the patient's response, and provide for any immediate needs.
 - Most patients are not completely surprised by the test result.
- **Address individual needs and concerns**
 - *Sources of emotional support:* Ensure that the patient has a local support network - friends, family, partner, counselor.
 - *Information about HIV:* discuss transmission and answer questions about what this means for the patient's health
 - *Partner notification:* consider referral to Partner Counseling and Referral Services (PCRS) if the patient does not want to notify partners him/herself
- **Make a short term plan**
 - Ask the patient for the most important first step for them.
 - Make a first appointment if you will be providing care, or refer to a provider with the patient's insurance or to a Ryan White clinic for care.

Notes for Rapid HIV test results

- State result in a direct, neutral tone and wait for the patient's response
- Explain the meaning of preliminary positive result again
- Obtain confirmatory specimen
- Make an appointment for a return visit