Routine Screening for HIV

An information sheet for health care providers, policymakers and lawyers

Routine HIV screening gets an "A"!

In April 2013, **the U.S. Preventive Services Task Force issued a grade A recommendation for HIV screening among patients 15–65 years of age**.[1] This recommendation is supported by numerous organizations[2] and also calls for more frequent testing based on risk factors.

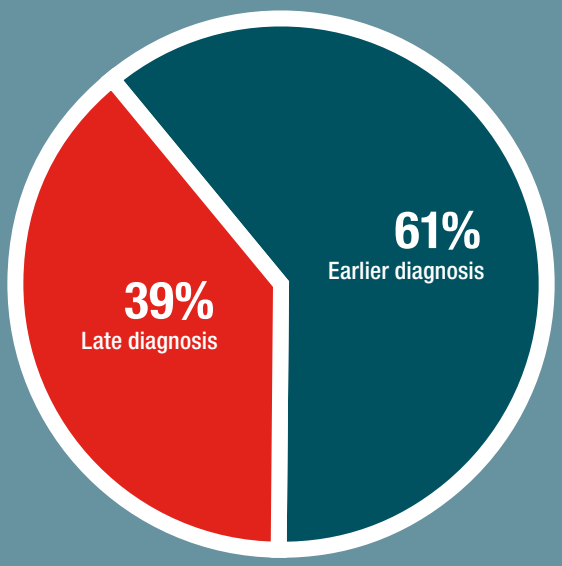
Why screen for HIV routinely?

Too many people with HIV remain undiagnosed. More than 1,000 people in Oregon are believed to have undiagnosed HIV infection. Each year, approximately 250 Oregonians are diagnosed with HIV, and more than one-third (39%) have such advanced disease that they have likely been infected and undiagnosed for 7–10 years.[3]

Routine screening is cost-effective. HIV screening is as cost-effective as other common preventive tests, such as mammograms and colonoscopies. Research suggests that routine HIV screening is cost-effective even in settings where as few as 1 in 2,000 people have undiagnosed HIV infection.[4]

HIV screening based on patient risk misses infections. Risk-based screening fails to identify 20% to 25% of HIV-positive individuals; patients often fail to disclose and providers often fail to identify known risk factors.[1] Now that universal screening is recommended, only offering HIV testing to a narrowly defined group of patients might even be considered by some to be discriminatory.

Late vs. earlier HIV diagnosis in Oregon, 2007–2011, N=1,269



Early diagnosis and treatment save lives. With treatment, a person diagnosed with HIV at 30 years of age has a projected median life expectancy of more than 70 years of age.[5]

Early diagnosis and treatment help prevent new infections. People newly diagnosed with HIV reduce their risk behaviors[6] and access treatment,[7] both of which reduce the risk of onward transmission to another person. Treating HIV earlier can reduce transmission up to 96%.[8]

Informed consent is no longer necessary for most patients in health care settings.

In Oregon, patients receiving an HIV test from a licensed health care provider or designee must be notified that HIV testing may occur and must be given an opportunity to decline. That's it. Patients can be notified verbally by any member of the health care team or in writing via a general medical consent form, brochure, fact sheet, or sign in a waiting area.[9] For more information about Oregon policies related to HIV testing, including sample language to add to a general form for consent for medical treatment, visit http://bit.ly/HIVtestOR.

Electronic health records can help!

Electronic health record systems can be programmed to prompt HIV screening. This programming could either 1) indicate an order for HIV screening automatically, leaving it to the provider to uncheck the order if not needed or 2) prompt providers to order an HIV test.

Questions?

Questions related to HIV screening in health care settings may be directed to Dano Beck, M.S.W., at daniel.w.beck@state.or.us or (971) 673-0170.

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1) U.S. Preventive Services Task Force. Screening for HIV : U.S. Preventive Services Task Force Recommendation Statement. www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm

2) The Centers for Disease Control and Prevention, the American College of Physicians, the Infectious Diseases Society, the American Congress of Obstetricians and Gynecologists, the American Academy of Pediatrics and the American Academy of Family Physicians.

3) Epidemiologic profile of HIV/AIDS in Oregon. July 2013. http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Documents/EpiProfile.pdf

4) United States Department of Veterans Affairs. Study urges wider screening for HIV. www.research.va.gov/news/research_highlights/hiv-012705.cfm#.UgJ746y5WQA

5) Nakagawa F, et al. Projected life expectancy of people with HIV according to timing of diagnosis. AIDS 2012; 26(3):335-43.

6) Marks G, Crepaz N, Senterfitt JW, Janssen RS. Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States: Implications for HIV prevention programs. J Acquir Immune Defic Syndr. 2005;39:446–453.

7) Gardner EM, McLees MP, Steiner JF, et al. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. Clin Infect Dis. 2011 Mar 15;52(6):793-800.

8) Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med 2011;365:493-505.

9) OAR 333-022-0205.

Epidemiologic resources:

Oregon Health Authority, HIV/AIDS epidemiology: healthoregon.org/hivdata

Centers for Disease Control and Prevention: www.cdc.gov/hiv

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