HIV TESTING
POLICIES AND PROCEDURES

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INTRODUCTION

This document is intended for any staff person providing HIV testing services funded by the Oregon Health Authority, HIV Prevention Program (OHA HPP). The document addresses important policies and procedures relating to the HIV testing process.

SUMMARY OF OHA HPP-SPONSORED HIV TESTING

OHA HPP funding supports targeted, confidential HIV testing by all local health departments (LHDs) and by LHD subcontractors.

Testing by LHDs that receive HIV prevention funding

Requirements for HIV testing funded by OHA HPP include:

• All variables on the HIV Test Request Form (yellow), including client name, must be collected and entered in the Statewide HIV Electronic Records (sHIVer) database. “Declined” and “Don’t know” are allowable client responses where listed.

• At least 70% of HIV tests (rapid or conventional) must be among members of Oregon’s priority populations for HIV prevention with unknown HIV status:
  - Gay, bisexual and other men who have sex with men
  - Persons who inject drugs
  - Persons who report having a sex or needle-sharing partner who is HIV-positive

• All individuals conducting HIV testing supported with OHA HPP funds must have received training in the essentials of HIV prevention (An online training is available at http://bit.ly/trainHIV)

• Other requirements as described in Program Element #07 (http://bit.ly/LHD-PE)

Testing by LHDs that do not receive HIV prevention funding

For LHDs that do not receive OHA HPP funding, HPP will continue to cover the cost of conventional (laboratory) testing if:

• The HIV Test Request Form (yellow) is completed and submitted to the Oregon State Public Health Laboratory (OSPHL) with the HIV test specimen.

• All variables on the HIV Test Request Form, including client name, are collected. “Declined” and “Don’t know” are allowable client responses where listed.

• The white carbon copy of the test form is mailed to OHA (Attn: Warren Scott, 800 NE Oregon St., Suite 1105, Portland, OR 97232) for data entry.

• The test is conducted among any of the following populations:
  - Gay, bisexual and other men who have sex with men
  - Persons who inject drugs
  - Persons who report having a sex or needle-sharing partner who is HIV-positive
  - Persons diagnosed with a bacterial STD and their partners being tested/treated
  - Persons with Tuberculosis infection
  - Persons who do not meet the above criteria, but specifically request an HIV test without it being offered first (self-screeners).

HIV tests submitted to the OSPHL that do not involve OHA HPP funding should be submitted with a Virology/Immunology Test Request Form (green) instead of the HIV Test Request Form (yellow). LHDs and subcontractors can order test request forms, test kits and supplies from the state lab using the Stockroom Order Request Form at http://bit.ly/OrderReq.
Each test request form contains a unique form ID number. To ensure the accuracy of test results delivered to clients and of data entered in sHIVer, staff should not print or create duplicate copies of test request forms.

The OSPHL tests all HIV specimens using a 4th generation enzyme immunoassay (EIA). The 4th generation immunoassay detects both HIV-1 antigen and antibodies to HIV-1 and HIV-2, resulting in a shorter window period* than rapid HIV antibody tests. For most people, the 4th generation immunoassay can detect HIV infection within three weeks following an exposure, but no sooner than about two weeks. In rare cases, it may take longer than three weeks to detect infection. If the initial EIA result is positive, a second test that differentiates between HIV-1 and HIV-2 (BIO-RAD Geenius) is conducted. The test result will indicate whether HIV-1, HIV-2, or a dual infection is present, provided the specimen was received by OSPHL within 69 hours of collection. If the second test is negative or gives an indeterminate result, the state lab will automatically send the specimen to an out-of-state lab for HIV nucleic acid testing (NAT). This viral load testing is used to determine the status of infection. Further information on OSPHL’s HIV testing laboratory services can be found at: [https://public.health.oregon.gov/LaboratoryServices/](https://public.health.oregon.gov/LaboratoryServices/).

In addition to testing conducted at the OSPHL, some LHDs and subcontractors offer rapid HIV testing. Staff offering rapid HIV testing must have completed appropriate training in rapid HIV test methods and follow guidance from the rapid test manufacturer(s).

Test sites supported by OHA HPP are required to follow all local, state and federal laws/guidelines for HIV testing services.

**RAPID HIV TESTING**

Rapid testing technology provides an HIV screening test result within 30 minutes or less. A variety of rapid HIV tests are approved by the U.S. Food and Drug Administration (FDA) and available for use in Oregon. A table comparing the cost, shelf life and other features of rapid tests suitable for use in non-clinical settings can be found at [http://bit.ly/FGP-OR](http://bit.ly/FGP-OR).

Most rapid tests only detect HIV antibodies and may not produce a reactive test result for up to several months following infection. The manufacturer's pamphlet included with the test kit should contain more detailed information about the window period.

All rapid test kits can be processed using fingerstick whole blood samples. Some rapid test kits also may be processed with oral fluid. The OHA HPP discourages use of rapid testing with oral fluid due to the delay in detection of HIV antibodies in oral fluid when compared to blood.

Staff offering rapid HIV testing should complete appropriate training in rapid HIV test methods from the rapid test kit manufacturer(s).

The algorithms on the following page describe the possible outcomes of rapid HIV testing and the resulting actions needed.

*The window period is the time between first infection and when a test can reliably detect that infection.*
RAPID HIV TEST ALGORITHMS

NEGATIVE
(Fingerstick whole blood or oral fluid)

No further action needed*

REPORT AS A SUSPECT HIV CASE PER OREGON’S INVESTIGATIVE GUIDELINES FOR HIV

REACTIVE
(preliminary positive)

Collect a confirmatory test specimen via blood draw or an additional rapid test**

Confirmatory test positive: Link client to care and Partner Services

Confirmatory test negative: Additional testing (HIV NAT) done out of state through OSPHL for final confirmation

INVALID
(unable to read)

Offer HIV EIA (blood draw) through OSPHL

CONFIRMATORY TEST INCONCLUSIVE (rare):
Additional testing (HIV NAT) done out of state through OSPHL for final confirmation

*If client is showing symptoms of acute HIV infection, has HIV risk, and may have been exposed during the window period, consider additional testing after consultation with your site’s medical director or the OHA HIV medical epidemiologist.

**If rapid tests are used for both preliminary and confirmatory testing, 1) the test kits must be produced by different manufacturers and 2) the rapid test used for confirmatory testing should be one with a window period that is less than or equal to that of the preliminary test.
LINKAGE TO CARE AND PARTNER SERVICES

For persons testing HIV positive, timely linkage to care and treatment and to Partner Services is critical. Treatment is instrumental in improving health outcomes for people with HIV. With treatment, most people with HIV can live to their senior years. Moreover, early treatment can reduce onward HIV transmission to partners up to 96%. For information about case management information by county, visit http://bit.ly/FindCaseMgr.

Partner Services is a set of free services to help ensure that people diagnosed with HIV or other STDs 1) receive their test result, 2) access treatment and 3) have an opportunity to identify their sex and needle-sharing partners and receive assistance notifying them of their potential exposure and the need for testing and/or treatment. Partner Services are a highly effective means of identifying persons with undiagnosed infection. Often, Partner Services are initiated following case reports. However, if linkage to Partner Services can occur sooner (e.g., in conjunction with the delivery of test results), this practice may save staff time, reduce barriers to contacting the client (index patient) and result in more timely partner notification. Technical assistance and resources around the provision of Partner Services are available from OHA, including an online training at http://bit.ly/trainHIV.

CASE REPORTING

Oregon Administrative Rules require laboratories and physicians to report HIV cases to Local Public Health Authorities (LPHAs) and LPHAs to report HIV cases to the OHA Public Health Division. HIV case reporting allows public health programs to monitor the epidemic, to evaluate prevention and care programs, and to identify persons who may need services (e.g., treatment, Partner Services) and link them to services.

For more information about HIV case reporting requirements, please review Oregon’s Investigative Guidelines for HIV at http://bit.ly/OR-IG.

Questions related to HIV testing in Oregon may be directed to Ruth Helsley, RN, BSN, HIV/STD Prevention Program Manager, at (971) 673-0867 or ruth.helsley@state.or.us.

HIV TEST CONSENT

Clients receiving an HIV test from a licensed health care provider or designee must be notified that HIV testing may occur and given an opportunity to decline testing (ORS 433.045, as amended Oregon Laws 2012, Chapter 26). Clients can be notified verbally or in writing via a general medical consent form, brochure, fact sheet, sign-in sheet or signage in a waiting area. As each HIV test site funded by OHA is under the oversight of a physician, test sites may implement opt-out HIV testing as described above or use an HIV test consent form. This is a local decision.
DISCLOSURE OF TEST RESULTS

The results of an HIV test may be disclosed to 1) the tested individual, 2) the health care provider or licensed health care facility or person ordering the test, and 3) any individual to whom the tested individual has authorized disclosure (ORS 433.045; OAR 333-022-0210). Test sites offering couples HIV testing (in which two individuals receive their results together) should document clients’ consent to share HIV test results with their partners.

RESOURCES

HIV test specimen collection, handling and transportation: http://bitly.com/HIVspec

Supporting clients that test HIV-positive: http://bit.ly/PosTest

Confidential HIV testing key messages: http://bit.ly/ConfTest
