

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

ROUTINE HIV TESTING ALL YOUR PATIENTS: IT'S QUICKER AND EASIER THAN YOU THINK

During 2008, approximately 300 Oregonians will discover that they are HIV positive. The Centers for Disease Control and Prevention recently revised estimates of annual HIV incidence upward from 40,000 to 56,000 new cases a year.¹ Closer to home, new diagnoses among young men aged <20 years in Oregon rose from an average of 15 per year during 2001–2005 to 22 in 2006 and 31 in 2007.

One reason for new infections is that a fifth of those infected (~1,500 people in Oregon) *don't know they are infected*. This issue of CD summary addresses the why, who, how and what-ifs of making HIV testing a routine part of medical care in Oregon.

WHY TEST ALL ADULT PATIENTS?

People do reduce their risk after learning that they are infected: unprotected anal or vaginal intercourse with HIV-negative partners declines 68% after diagnosis.² Still, fewer than half of adults in the US have *ever* been tested for HIV. In Oregon, only 30 people per thousand get tested each year. Overall, we estimate that about 1 in 1500 adults in Oregon have undiagnosed HIV. Because it can take as long as 7–10 years to develop AIDS after HIV infection, they might infect others (and have been infecting others) for nearly a decade. Forty percent of Oregonians newly diagnosed with HIV infection have AIDS within 12 months of the day they're diagnosed.

WHO SHOULD BE TESTED?

To improve on these dreadful circumstances, testing must become routine in all medical settings, including hospitals, emergency rooms, clinics and private offices. Targeted testing misses those who are not truthful about their risk and those unaware that they might be at risk.³ Not everyone seeks out HIV testing, but almost everyone visits a doctor, hospital or emergency room periodically. One group with newly diagnosed with HIV

made a median of 5 visits to a single health care facility prior to their diagnoses.⁴ Undiagnosed HIV infection is found in 0.8%–1.5% of emergency department patients where universal rapid testing has been implemented.⁵

To reduce the spread of HIV, the Oregon Public Health Division strongly encourages health care providers to recommend, encourage and offer HIV testing for all persons aged 13–64 years. (See Box 1.)

Box 1. Who To Test

Offer HIV testing to patients who:

- Are aged 13–64 years. (Offer periodic repeat testing according to clinical judgment.);
- Had a high-risk sexual encounter* or injection drug use since the last HIV test (Test as often as every 3–6 months.);
- Have an illness suggesting acute HIV infection such as fever, fatigue, lymphadenopathy, or rash and recent exposure. (If you suspect acute HIV infection and antibody testing is negative, order a viral load test as these may be positive before seroconversion.);
- Are pregnant or actively seeking to become pregnant.

*Some clinical judgment is warranted here, but examples include unprotected vaginal or anal sex with multiple or anonymous partners, or with partners who are HIV-infected, men who also have sex with other men, sexworkers, or injection drug users. By definition, someone with another transmitted infection has had ≥ 1 high-risk sexual encounter.

HOW TO TEST QUICKLY AND EASILY

To make testing practical, HIV testing can be streamlined in medical settings. As of 2007, Oregon laboratories are no longer requiring special assurance of patient consent. Oregon law *does not require* doctors and other licensed health professionals to do special pre-test or post-test counseling. You must obtain your patient's consent after informing him or her about the benefits, alternatives and risks of testing, and provide additional explanation upon request. Most experienced practitioners can obtain verbal consent in a moment or two. For those who

can't spare a minute, office staff can be trained to offer testing and to obtain consent. In any case, do make certain that your patient clearly understands that he or she will be tested for HIV, paying extra attention to patients with language or literacy barriers.

WHAT IF...YOU GET AN UNEXPECTED POSITIVE TEST?

Remember, we recommend universal testing precisely in order to make timely diagnoses which will help your patient live longer and prevent others from becoming infected. Compassion, privacy, and sensitivity are essential for delivering a positive HIV test result to a patient, but no special format for post-test counseling is prescribed for Oregon practitioners. As with other serious health issues, the patient needs to know what the result means, what to expect about confirmatory testing, long-term health outcomes, or immediate next steps, and to have an opportunity to ask questions. A brief guide is provided. (Box 2, *verso*). If you want or need help delivering the news to your patient, assistance is available (Box 3, *verso*). If you don't treat HIV yourself, make specific arrangements for treatment by a practitioner experienced in treating HIV disease.

On occasion, false positive tests occur, especially when patients are tested using one of the new point-of-care rapid tests of oral fluid or capillary blood. Experiencing a false positive test is not a reason to discourage regular testing; universal HIV screening remains cost-effective compared to screening for other chronic diseases such as hypertension, and colon or breast cancer.⁶ When rapid testing is done in a low HIV prevalence area, about half of the occasional positive tests will be false. This is an example of the 'low prior probability' problem you may have learned about and forgotten. In all settings, patients with unconfirmed positive rapid oral fluid or finger-stick blood tests should be



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Box 2. Test Results

Negative (rapid or conventional test):

- Discuss additional strategies to prevent HIV;
- Discuss need to retest; and
- If appropriate, refer to HIV prevention program.*

Preliminary positive (rapid test):

- Explain that confirmation is needed as false positives can occur;
- Order a confirmatory Western Blot;
- (A second positive rapid test, even with a different specimen type or targeting a different HIV antigen, is not considered sufficient to confirm or refute the preliminary positive);
- Discuss coping strategies.*

Confirmed positive:*

- Explain that HIV is manageable;
- Offer assistance with emotional response;
- Discuss how to prevent spread;
- Urge patient to notify partners;
- If you do not treat HIV disease, refer for assessment for therapy; and
- Report the case to your local health department.*

*For assistance with many of these, see box 3.

advised that a false positive test is possible and a confirmatory Western Blot test for HIV requested. Western-blot confirmation is done reflexively with conventional, laboratory-based testing for HIV, so preliminary positive results are automatically confirmed. A local HIV specialist, infectious disease physician, or your local health department can assist you if need more information about false-positive tests for HIV.

Thankfully, most patients are not infected and will test negative. Remember, no special pre- or post-test counseling is required, just a sincere desire to reduce the number of Orego-

nians infected with HIV. Go forth, do good, and test.

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Box 3. HIV Testing Assistance for Providers and Patients

What's available:

- On-site delivery of test results;
- Location of patients lost to care;
- Visits to patients to deliver results;
- Referrals for care;
- Partner notification and testing;
- HIV prevention counseling for positive and negative patients; and
- Emotional support and coping strategies for newly infected patients.

How to get it:

- Contact your local health department and ask for HIV Prevention Staff, HIV Case Manager, or STD Section who can take a report of a new case and provide assistance in delivery of results, partner counseling and testing, locating patients, referrals for care.
- Anywhere in Oregon, call the Oregon Health Division HIV Prevention Program (971-673-0153) and ask for Joan Crawford, Doug Harger, or anyone from the HIV Prevention Program.
- In Multnomah County, call the STD Prevention Program (503-988-3072) and ask for the Disease Intervention Specialists or visit www.co.multnomah.or.us/health/std/index.shtml.
- The Oregon HIV Care and Treatment Program (971-673-0144) can help connect your patient to an HIV case manager in your area or give you the names of local physicians who treat HIV disease.
- The Oregon AIDS Education and Treatment Center (503-229-8428) or (<http://depts.washington.edu/nvaetcl/oregon.html>) can help you locate a local physician who treats HIV disease.
- Cascade AIDS Project can help with HIV prevention counseling for both positives and negatives, referrals for care, coping with a preliminary positive or a confirmed new diagnosis. Providers and patients can call the Oregon AIDS Hotline (503-223-2437) or visit www.cascadeaids.org.