HIV TESTING POLICY & PROCEDURES

Oregon Health Authority
PUBLIC HEALTH DIVISION

OREGON HIV
PREVENTION PROGRAM

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CONTENTS

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 public health authorities (LPHAs) and by LPHA subcontractors. Anonymous testing is not permissible using OHA HPP funds.

Testing by LPHAs that receive HIV prevention funding under Program Element 7

Requirements for HIV testing funded by OHA HPP include:

- HIV tests should be ordered using the Oregon State Public Health Laboratory's (OSPHL) green Virology/Immunology Test Request Form. Indicate that this is a funded HIV test by placing "HIV-CTS" in the Study ID box on the test request form. All variables on the HIV Prevention Test Form must be collected and entered into the EvaluationWeb database by the LHD. Please ensure no variables are left unanswered, as blank response fields will not be accepted in EvaluationWeb. If your facility submits lab orders electronically, please contact the HIV Prevention Program to discuss alternate methods for uploading data into EvaluationWeb.
- LHDs should use information from the *Oregon Integrated HIV Prevention and Care Plan 2017-2021* on groups disproportionately impacted by HIV (e.g., MSM, PWID, communities of color, transgender individuals, commercial sex workers), as well as local epi data, to guide decisions on which populations to focus their HIV testing efforts.
- All individuals conducting HIV testing supported with OHA HPP funds must have received training in the essentials of HIV prevention (online training is available at http://bit.ly/trainHIV)
- Other requirements as described in Program Element #07 (http://bit.ly/LHD-PE)

Testing by LPHAs that do not receive HIV prevention funding under Program Element 7

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

- The HIV test specimen is submitted to OSPHL with the green Virology/Immunology Test Request Form and "HIV-CTS" is placed in the Study ID box.
- All variables on the HIV Prevention Test Form are collected. Blank responses are not permitted.
- The completed HIV Prevention 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 involve OHA HPP funding should be submitted with a Virology/Immunology Test Request Form (green) with "HIV-CTS" indicated in the Study ID Box. 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 de- livered to clients and of data entered in EvaluationWeb, 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 immuno- assay 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 ofinfection. Further information on OSPHL's HIV testing laboratory services can be found at: https://public.health.oregon.gov/LaboratoryServices/. All HIV screening results released from OSPHL will include the following comments to guide your patient care: If HIV screening is **Positive**: "*If this test was ordered to confirm a positive or preliminary positive rapid HIV test, the State HIV Medical Director, Dr. Tim Menza, recommends that the patient be referred for immediate medical care."* If HIV screening is **Negative**: *"If this test was ordered to confirm a positive or preliminary positive rapid HIV test, the State HIV Medical Director, Dr. Tim Menza, recommends that the patient be referred for viral load testing or medical care to obtain a clear and timely diagnosis."*

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

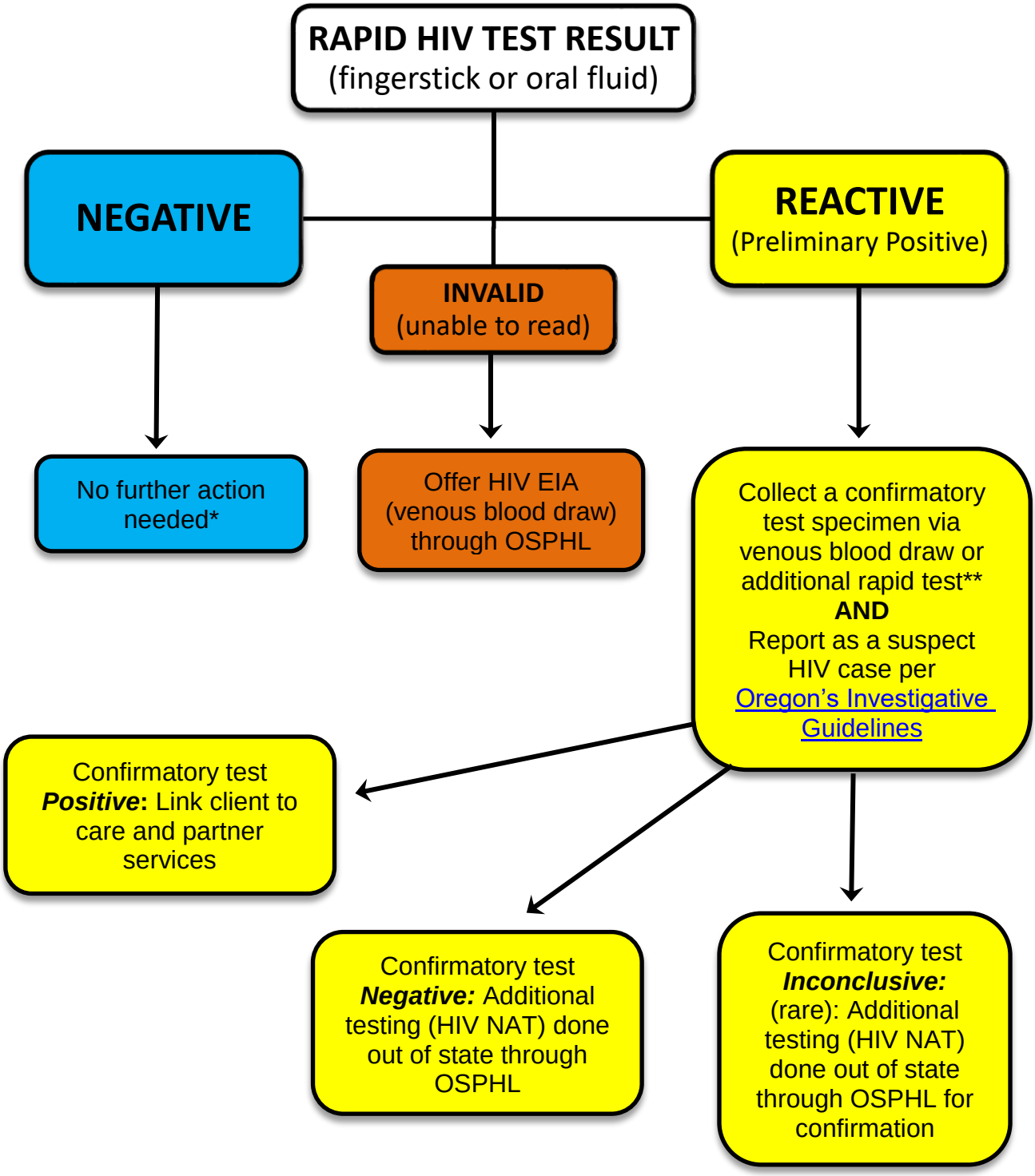
RAPID HIV TESTING

In addition to testing conducted at the OSPHL, some LPHAs and subcontractors offer 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. Most rapid tests only detect HIV antibodies and some 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



*****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 preliminary and confirmatory testing, 1) the test kits must be produced by a different manufacturer 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, people with HIV who are in treatment and maintain an undetectable viral load have effectively no risk of transmitting HIV through sex[1]. For information about case management information by county, visit http://bit.ly/FindCaseMgr. HIV case management supports people living with HIV by assisting with linkage to medical care, insurance navigation, and removing barriers to support sustained treatment and wellbeing.

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 timelier 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. Early Intervention Services and Outreach (EISO) is available in several Oregon counties which provides additional resources to support linkage to care efforts and enhanced partner services outreach and testing.

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 Josh Ferrer, HIV/STD Prevention Program Manager, at (971) 673-0153 or joshua.s.ferrer@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.

1. Centers for Disease Control and Prevention. "HIV Transmission Prevention: Information for Health Care Providers." August 2nd 2018.

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: https://tinyurl.com/clientsupportHIV

HIV Testing Key Messages: https://tinyurl.com/HIVmessages

Oregon HIV test process: http://bit.ly/HIVtestOR

Oregon HIV laws guide: http://bit.ly/HIVlaws