HIV Testing and HIV Prevention

*Five Things to Know: Essentials of HIV Prevention*

**Webinar 2**
Primary Care Development Corporation
Five Things to Know: Essentials of HIV Prevention

Webinar 1: March 1
- Social Marketing and HIV Prevention
  - 2:00-3:00 PM EST

Webinar 2: March 8
- HIV Testing and HIV Prevention
  - 2:00-3:00 PM EST

Webinar 3: March 15
- Antiretroviral Therapy (ART) and HIV Prevention
  - 2:00-3:00 PM EST

Webinar 4: March 22
- Transgender Competent Care and HIV Prevention
  - 2:00-3:00 PM EST
About the Primary Care Development Corporation (PCDC)

Founded in 1993, PCDC’s mission is to catalyze excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

- Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury
- Offices in New York City and Los Angeles County
- Three Programs:
  - Capital Investment
  - Performance Improvement
  - Policy & Advocacy
About HIP in Health Care

PCDC's HIP (High-Impact Prevention) in Health Care program is funded by the U.S. Centers for Disease Control and Prevention (CDC) to build the capacity of healthcare organizations to deliver HIV prevention services and strategies within clinical settings.

- We provide training and technical assistance at no cost to healthcare organizations (i.e., direct service providers) across the United States and its affiliated territories.

PCDC Capacity Building Assistance's (CBA) program materials and activities are supported by Funding Opportunity Announcement PS14-1403, Category C Number 5 NU65PS004403-03-00 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of PCDC and do not necessarily represent the official view of the Centers for Disease Control and Prevention.
About the Capacity Building Provider Network (CPN)

HIP in Health Care is part of the national Capacity Building Provider Network.

- The CPN is a network of 22 organizations that are funded by CDC to build the capacity of the nation’s HIV prevention workforce in 3 Settings:
  - Health Departments
  - Community-Based Organizations
  - Health Care Organizations

- CPN providers provide CBA in the following areas:
  - HIV testing
  - Prevention with HIV-positive persons
  - Prevention with HIV-negative persons
  - Condom distribution
  - Organizational development & management
  - Policy

http://www.cbaproviders.org
Acknowledgements

• Cicatelli Associates, Inc.
• Denver Prevention Training Center
• The Centers for Disease Control and Prevention
- Please use the question box to ask questions.
  - Questions will be answered at the end of the presentation.
  - All unanswered questions will be addressed and sent out to attendees
- Attendees will receive webinar slide set, recording and evaluation link by the end of the webinar within business day
Today’s Learning Objectives

By the end of this webinar, participants will:

• Identify the relevance and importance of universal HIV testing in clinical settings as a High-Impact Prevention strategy

• Summarize CDC guidance that supports universal HIV testing within clinical settings

• Identify ways in which free CPN capacity building assistance (CBA) support could benefit your HIV prevention programs and/or service delivery model
Today’s Agenda

• **Overview:** Who’s Vulnerable to HIV Infection?

• **Five Things to Know:** HIV Testing in Clinical Settings

• **Panel Presentation**
OVERVIEW: WHO’S VULNERABLE TO HIV INFECTION?

Sarah Blust, MSW, MPH
Program Director
Who’s Vulnerable to HIV Infection?

1 in 8 people with HIV don’t know they have it.

Get the facts. Get Tested. Get involved.

Find out more about HIV, including where to get tested, at gettested.cdc.gov
Who’s Vulnerable to HIV Infection?

OVER
HALF
OF YOUTH 13 to 24
LIVING WITH HIV
DON’T KNOW IT.

gettested.cdc.gov
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis.

^Hispanics/Latinos can be of any race.
Adolescents and Young Adults Aged 13–24 Years Living with Diagnosed HIV Infection by Sex and Transmission Category, Year-end 2015—United States and 6 Dependent Areas

Note. Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises 1% or less of cases.

a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
b Includes hemophilia, blood transfusion, and risk factor not reported or not identified.

2015 New HIV Diagnoses in MSM by Race/Ethnicity

- **All Races/Ethnicities**: 26,645
- **Afr. Amer./Black MSM**: 10,318 (38.7%)
- **Hisp/Lat. MSM**: 7,271 (27.2%)
- **White MSM**: 7,572 (28.4%)
- **All Other MSM**: 1,483 (5.5%)

HIV TESTING AND HIV PREVENTION

Things to Know
# HIV Testing and HIV Prevention; 5 Things to Know

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HOW IS HIV TESTING PART OF PREVENTION?
How is HIV Testing Part of Prevention?

Many people have HIV for years before they know it.

In 2015, nearly 40,000 people in the US received an HIV diagnosis.

- 1 in 2 had been living with HIV 3 years or more
- 1 in 4 had been living with HIV 7 years or more
- 1 in 5 already had the most advanced stage of HIV (AIDS)

Many people at high risk* for HIV aren't getting tested every year.

*Slightly high risk for HIV include: 1) sexually active gay and bisexual men, 2) people who inject drugs, and 3) heterosexuals who have sex with someone who is at risk for or has HIV.
How is HIV Testing Part of Prevention?

ART & Suppressed Viral Load Reduce HIV Transmission

• Breakthrough study: HPTN 052 (Cohen MS, et al. 2011)
  – 96% reduction in risk of transmission for partner with suppressed viral load (below 200 copies/ml)
  – Follow-up HPTN 052: 93% (Cohen, M. et al. 2015)

• 2014 & 2015 Confirmation Research: All found ZERO transmissions from adherent virally suppressed partners
  – Partner Study (Rodger, et al. 2014)
  – Opposites Attract Study (Grulich, Andrew E., et al. 2015)

• Treatment as Prevention (TasP): Suppressed viral load reduces risk of transmission by 96% (CDC, 2016f)
1 How is HIV Testing Part of Prevention?

Awareness of HIV Infection Reduces Risk Behavior

• 2013: HIV diagnosis can influence HIV risk behavior
  o MSM reduced condomless sex by with HIV-negative or person with unknown HIV status by 40% after 2 years and by 75% after 5 years (Vallabhaneni, S., et al. 2013)
  o MSM and heterosexual men and women living with HIV have reduced condomless sex that lasted a year past diagnosis and beyond (Dombrowski, J. C., et al. 2013)

• 2016: HIV diagnosis in MSM can lead to reduced condomless sex with HIV-negative or unknown status by 84% (Khosropour, C. M., 2016)
How is HIV Testing Part of Prevention?

Connecting to Care → Reduced Risk Behavior

- People living with HIV who are engaged in care
  - 66% of patients reduced risky sexual behavior after 6 months in care
  - After 12 months in care 49% of patients reduced risky sexual behavior
  - Patients with 3 or more clinical contacts were more likely to reduce risk than those with fewer visits

2. STAY CURRENT ABOUT MESSAGING AROUND THE WINDOW PERIOD
Stay Current about Messaging around the Window Period

Early Events in HIV Progression

• Acute retroviral syndrome- occurs 2-4 weeks after HIV infection
• 40-80% suffer flu like symptoms
• Immune system fights back with killer cells (CD8) and later B cells produce antibodies
• This eventually leads to CD4 recovery and reduction of HIV RNA to a low “SET POINT”

3 OPT-OUT TESTING: WHAT IT IS & WHAT IT IS NOT!
What is “Opt-out” Screening?

"CDC recommendations advocate routine voluntary HIV screening as normal part of medical practice, similar to screening for other treatable conditions." (pg. 4)

Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006;55(No. RR-14):[1-24].

What is “Opt-out” Screening?

“Performing HIV screening after notifying the patient that 1) the test will be performed and 2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing” (p.4)

Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006;55(No. RR-14):[1-24].
Key Components of Opt-out Screening

• Included as part of other health screenings which might be done during a patient’s exam or evaluation
• There is no required separate written consent
• Pre-test risk assessment and extensive counseling are neither required nor recommended
• Education should be provided to the patient either orally or in writing about what lab tests are being ordered
• Patients reserve the right to decline testing
Rationale for Opt-out Screening

• Providers may not be accurate in assessing risk or risk behaviors associated with HIV-infection (screening rationale)
• Opt-out screening has been shown to increase testing uptake in certain populations
• May decrease stigma or anxiety around HIV screening
  – May normalize testing
• Counseling effect on preventing the transmission or acquisition of HIV between partners has mixed results
• Majority of persons feel HIV testing should be part of regular medical care and not treated differently from other routine tests

Concerns Around Opt-out HIV Screening

• Some providers may be concerned about consent and stigma
  – Stigma is a concern, but may not be the same across all groups
  – Special populations (adolescents, vulnerable populations, etc.)
  – Consent can be approached in different ways, but should always be in the interest of preserving the patient/provider relationship
    • Must also take into account legal or administrative requirements
    • Most legal requirements for informed written consent have been removed or significantly diminished to facilitate guideline implementation
Opt-Out Screening is...

• not secret

• not conducted without telling patients

• not mandatory

• not asking patients IF they want HIV testing

• not to be used as a diagnostic testing strategy
Reminder!!!

Opt-out screening policy is **fully supported** by the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings issued by the **U.S. Centers for Disease Control and Prevention (CDC)** in September 2006.
CONSIDERATIONS FOR DELIVERING HIV TEST RESULTS
Considerations for Delivering HIV Test Results

4th generation HIV testing

Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens

HIV-1/2 antigen/antibody immunooassay

(+)  (-)

Negative for HIV-1 and HIV-2 antibodies and p24 Ag

HIV-1/HIV-2 antibody differentiation immunooassay

HIV-1 (+)  HIV-1 (-)  HIV-1 (+)  HIV-1 (-) or indeterminate
HIV-2 (-)  HIV-2 (+)  HIV-2 (+)  And

HIV-2 (-) or indeterminate

HIV-1 NAT

(+): indicates reactive test result
(-): indicates non-reactive test result
NAT: nucleic acid test

https://stacks.cdc.gov/view/cdc/50872
Considerations for Delivering HIV Test Results

Considerations for Delivering Negative Test Results

• Results are definitive if using laboratory testing
• Need to understand the test (Rapid vs. Standard, test generation, window period)
• Consideration for additional counseling needs
• Other screening needs
## Considerations for Delivering HIV Test Results

### Dealing with Indeterminate/Invalid Test Results

<table>
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<tr>
<th>Rapid Tests- Invalid Result</th>
<th>Laboratory Tests- Indeterminate Results</th>
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<tr>
<td>• Rapid test result cannot be interpreted by tester.</td>
<td>• In rare cases, test results return that are indeterminate (more of an issue with previous Western Blot testing)</td>
</tr>
<tr>
<td>• Test will need to be conducted again</td>
<td>• Counsel the client regarding the meaning of indeterminate results</td>
</tr>
<tr>
<td>• Contact manufacturer or consult package insert for invalid results</td>
<td>• Educate regarding next steps and follow-up/repeat testing</td>
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Considerations for Delivering HIV Test Results

Understanding the Meaning of Positive Test Results

**Rapid HIV Tests**
- Positive Test Results: HIV antibodies or antigen (p24-if 4th Gen) DETECTED
  - Results are considered PRELIMINARY positive
    - Unless confirmed with a rapid-rapid algorithm
  - Often confirmed through laboratory testing algorithm, but can be confirmed through rapid-rapid algorithm

**Laboratory (Non-rapid) HIV Tests**
- Positive Test Results: HIV serologic markers detected - Seroconversion has likely occurred
- RNA Tests- HIV HIV RNA Detected (qualitative or quantitative)
  - Client is considered HIV-Positive
- High suspicion of acute HIV infection?
  - Consider virologic testing

Considerations for Delivering HIV Test Results

Delivery of Positive Test Results

• Delivering results in person is optimal
• Understand differences between delivering preliminary results vs. final results
• Use plain language “Your test results show that you have tested positive for HIV”
• Refer and link immediately to treatment
• Assess patients’ knowledge of HIV and provide basic education, but don’t overwhelm:
  • Listen to concerns, reflect back, provide support (or find someone who can)
  • Be prepared (emotionally, factually and professionally)
    — Understand your own feelings and biases
    — Know the facts and be prepared to answer questions or find someone who can help
    — Allow for time in your schedule to provide extra support during the visit

JSI Research and Training Institute, Inc. (2010). Delivering HIV Rapid Test Results: Experiences from the Field. Boston, MA: JSI Research and Training Institute, Inc.
FREE RESOURCES FOR IMPLEMENTATION
Free Resources for Implementation

Public Health Reports
Volume 131(Suppl 1); Jan-Feb 2016

• Dedicated to Implementing Routine HIV Testing
  o Community Health Centers
  o Emergency Departments
  o Other Settings
• Download
  o Free of Charge!
  o https://www.ncbi.nlm.nih.gov/pmc/issues/263832/
Educational Resources for HIV Testing
CDC HIV Testing in Healthcare Settings Website

https://www.cdc.gov/hiv/testing/clinical/
Capacity Building Assistance for HCOs: Component Areas

Areas of Expertise for Category C Partners:

Effective Behavioral Interventions:
Poll

Using a single monitor (computer), how many people are watching this webinar with you;

a) Only me
b) Me + one colleague
c) Me + 2 colleagues
d) Me + 3 colleagues
e) Me + 4 or more colleagues
PANEL PRESENTATION

LET’S GO LIVE!
QUESTIONS
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THANK YOU!

For more information about PCDC's HIP in Health Care capacity building assistance services, contact us at:

T: (212) 437-3970
E: hip@pcdc.org
W: www.pcdc.org/hipinhealthcare