

# HIV Testing and HIV Prevention

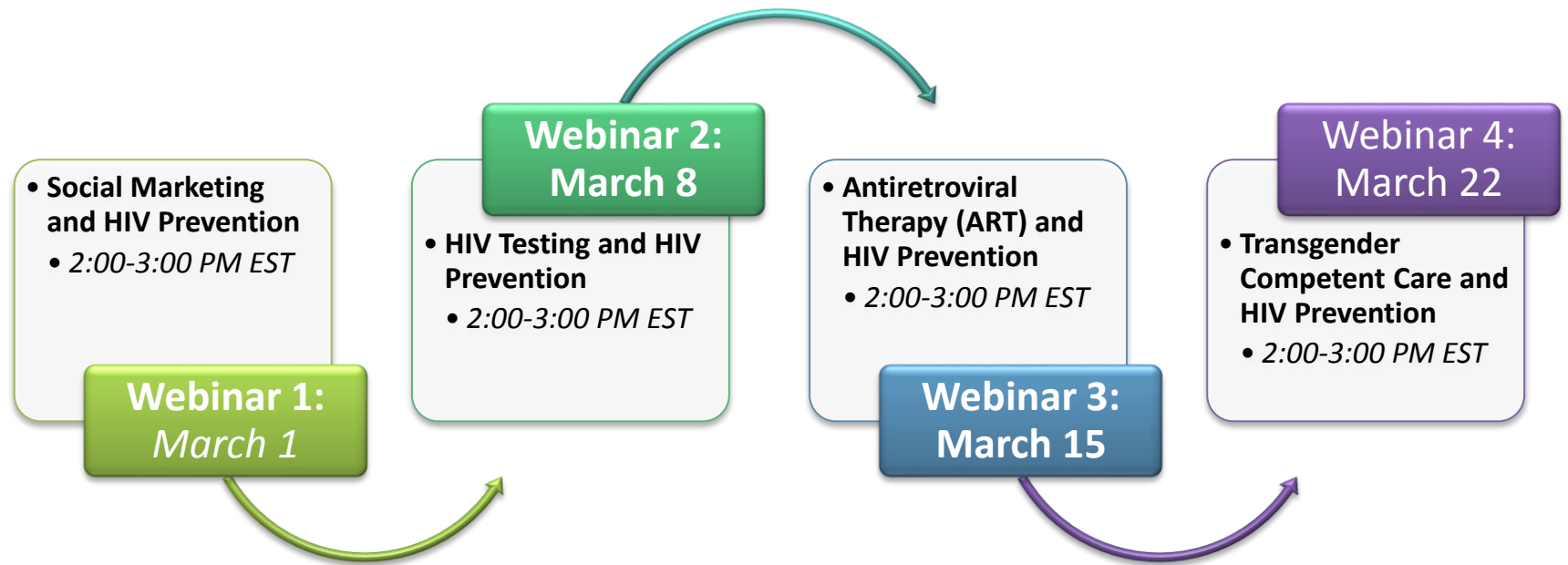
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*Five Things to Know:  
Essentials of HIV Prevention*

***Webinar 2***

Primary Care Development Corporation

# Five Things to Know: Essentials of HIV Prevention



# 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.

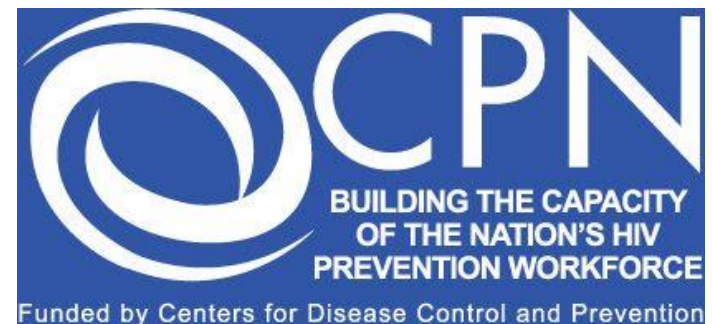
- We provide training and technical assistance at no cost to healthcare organizations (i.e., direct service providers) across the United States and its affiliated territories

*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**



**Sarah Blust, MSW, MPH**  
*Program Director*

# OVERVIEW: WHO'S VULNERABLE TO HIV INFECTION?

# 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](http://gettested.cdc.gov)

Logos for the Department of Health and Human Services, the CDC, and the ACT against AIDS campaign.

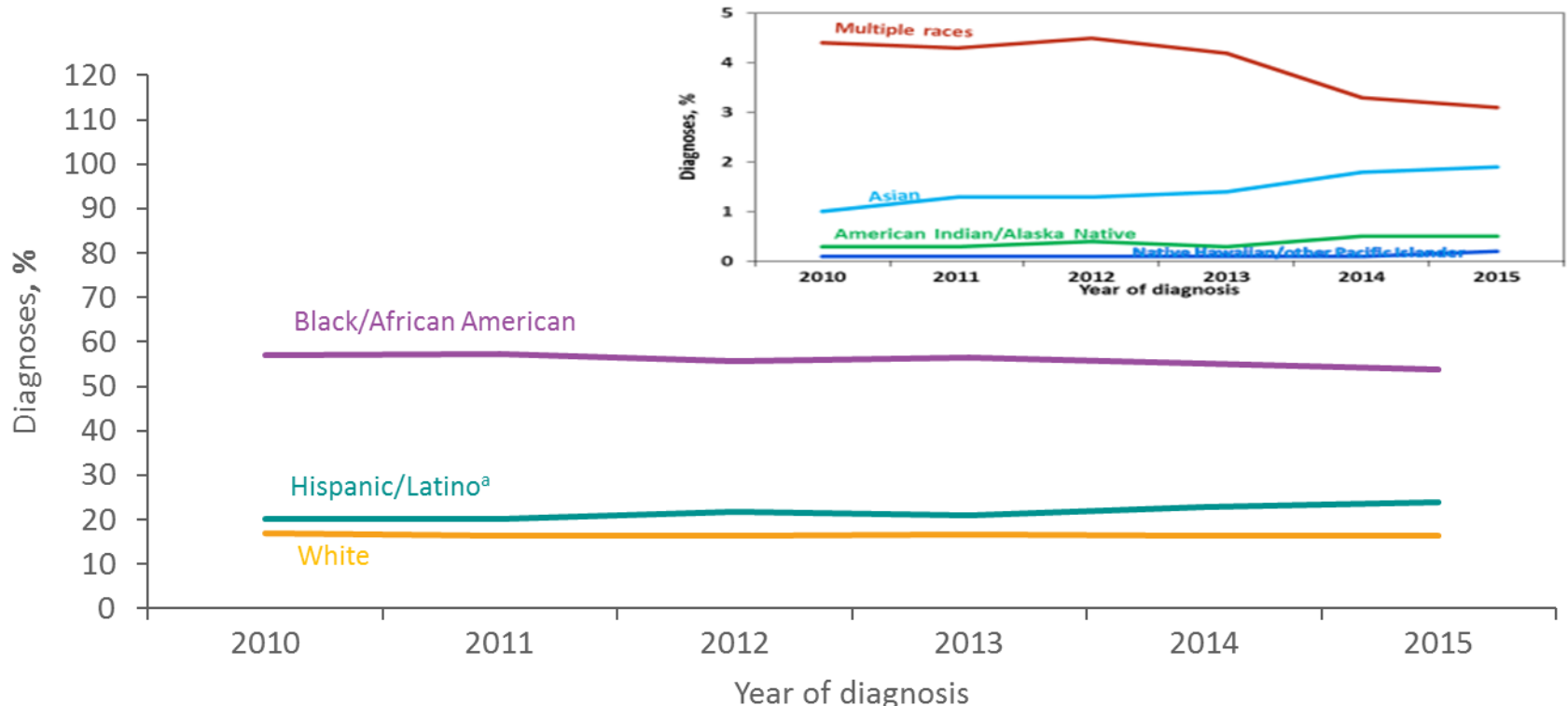
# Who's Vulnerable to HIV Infection?

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

Get the Facts. Get Tested. Get Involved.  
[gettested.cdc.gov](http://gettested.cdc.gov)



## Diagnoses of HIV Infection among Adolescents and Young Adults Aged 13–24 years, by Race/Ethnicity, 2010–2015—United States and 6 Dependent Areas

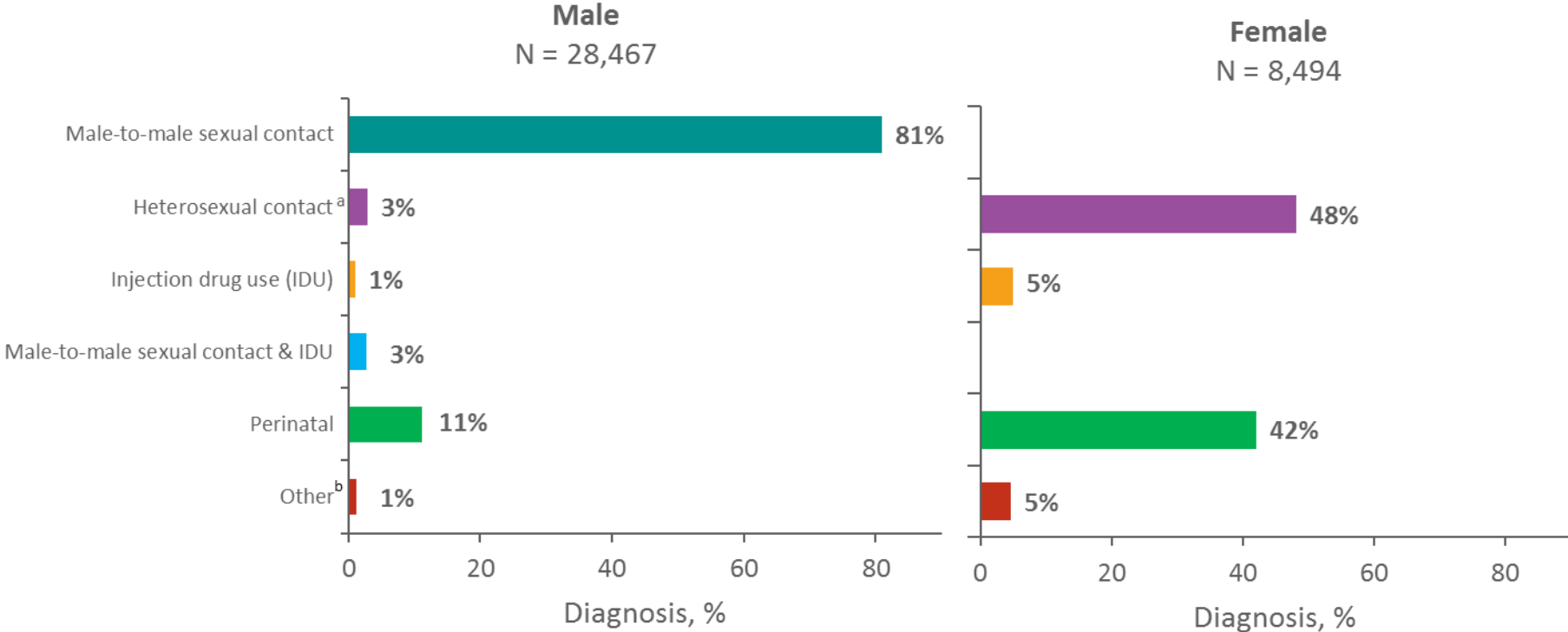


Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis.  
<sup>a</sup> Hispanics/Latinos can be of any race.

<https://www.cdc.gov/hiv/library/slidesets/index.html>



# 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.

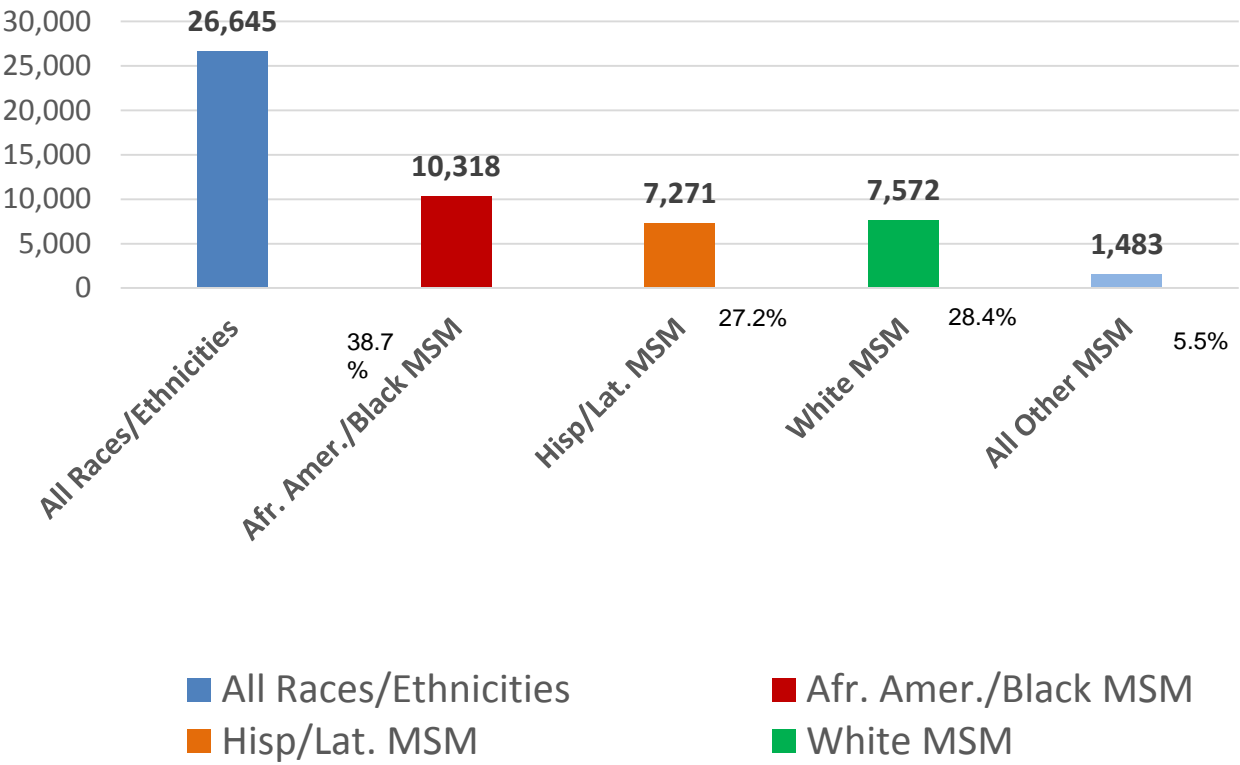
<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Includes hemophilia, blood transfusion, and risk factor not reported or not identified.

<https://www.cdc.gov/hiv/library/slidesets/index.html>



# 2015 New HIV Diagnoses in MSM by Race/Ethnicity



Centers for Disease Control and Prevention. (2016c). p. 19.



# HIV TESTING AND HIV PREVENTION



# HIV Testing and HIV Prevention; 5 Things to Know

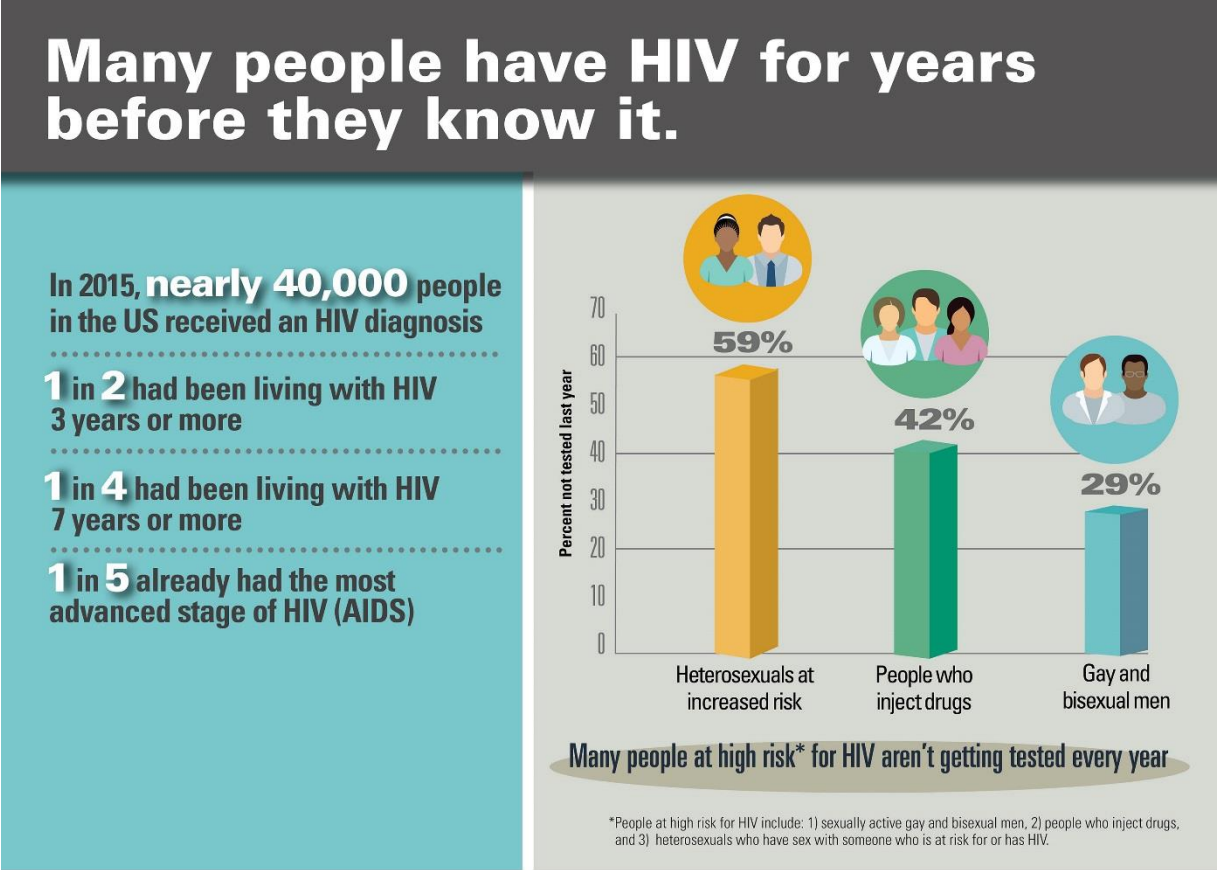
<b>1</b>	How is HIV Testing Part of Prevention?
<b>2</b>	Stay Current about Messaging around the Window Period
<b>3</b>	Opt-out Testing: What It Is & What It Is Not!
<b>4</b>	Dos and Don'ts of Delivering HIV Test Results
<b>5</b>	Free Resources for Implementation

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# **HOW IS HIV TESTING PART OF PREVENTION?**

1

# How is HIV Testing Part of Prevention?



**Vital**<sup>CDC</sup>**signs**<sup>TM</sup>

[www.cdc.gov/vitalsigns/hiv-testing](http://www.cdc.gov/vitalsigns/hiv-testing)

SOURCES: CDC National HIV Surveillance System, 2015; CDC National HIV Behavioral Surveillance, 2014-2016



<https://www.cdc.gov/nchstp/newsroom/images/2017/HIV-Testing-and-Diagnosis-Delays.jpg>

# 1

## 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
  - 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)
  - 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)

# 1

## 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**

2

# 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”

<https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/symptoms-of-hiv>



# **3 OPT-OUT TESTING: WHAT IT IS & WHAT IT IS NOT!**

**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)

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# Opt-out Testing: What It Is & What It Is Not!

## 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)

## 3

# Opt-out Testing: What It Is & What It Is Not!

## 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

## 3

# Opt-out Testing: What It Is & What It Is Not!

## 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<sup>1</sup>
- May decrease stigma or anxiety around HIV screening<sup>1</sup>
  - May normalize testing
- Counseling effect on preventing the transmission or acquisition of HIV between partners has mixed results<sup>2</sup>
- Majority of persons feel HIV testing should be part of regular medical care and not treated differently from other routine tests<sup>2</sup>

<sup>1</sup>IAS-USA (2007). HIV Testing: Rationale for Changing Recommendations. *Topics in HIV Medicine*. Feb/March Vol. 15, 1 <https://www.iasusa.org/sites/default/files/tam/15-1-6.pdf>

<sup>2</sup> Bartlett, John (2007) A Lecture by Dr. John G Bartlett: New CDC Recommendations for HIV Testing: Obstacles to Overcome [http://www.medscape.org/viewarticle/551906\\_3](http://www.medscape.org/viewarticle/551906_3)

**3**

# Opt-out Testing: What It Is & What It Is Not!

## 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

3

# Opt-out Testing: What It Is & What It Is Not!

## 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

**3**

# Opt-out Testing: What It Is & What It Is Not!

## 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.





**4**

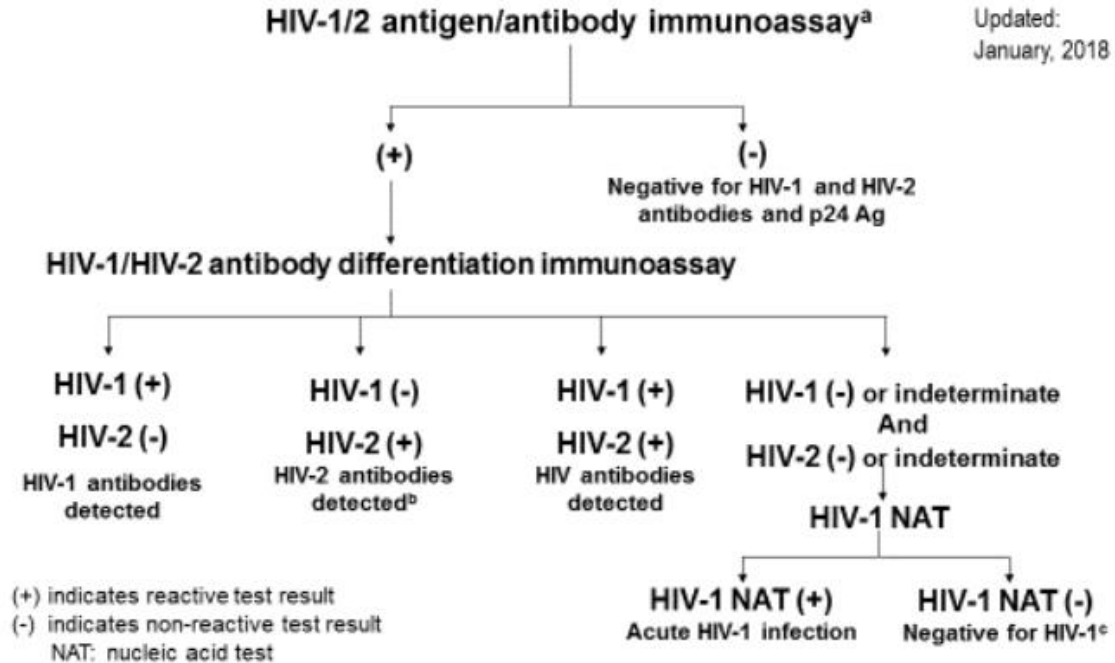
## **CONSIDERATIONS FOR DELIVERING HIV TEST RESULTS**

**4**

# Considerations for Delivering HIV Test Results

## 4<sup>th</sup> generation HIV testing

### Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



4

# 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

4

# Considerations for Delivering HIV Test Results

## Dealing with Indeterminate/Invalid Test Results

### Rapid Tests- Invalid Result

- Rapid test result cannot be interpreted by tester.
- Test will need to be conducted again
- Contact manufacturer or consult package insert for invalid results

### Laboratory Tests- Indeterminate Results

- In rare cases, test results return that are indeterminate (more of an issue with previous Western Blot testing)
- Counsel the client regarding the meaning of indeterminate results
- Educate regarding next steps and follow-up/repeat testing

4

# 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 4<sup>th</sup> 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

4

# 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

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# **FREE RESOURCES FOR IMPLEMENTATION**

## Public Health Reports

Volume 131(Suppl 1); Jan-Feb 2016

- Dedicated to Implementing Routine HIV Testing
  - Community Health Centers
  - Emergency Departments
  - Other Settings
- Download
  - Free of Charge!
  - <https://www.ncbi.nlm.nih.gov/pmc/issues/263832/>

NCBI Resources How To Sign in to NCBI

PMC US National Library of Medicine National Institutes of Health

Journal List > Public Health Rep > Volume 131(Suppl 1); Jan-Feb 2016

Other issues: previous | next | latest | archive

### Public Health Reports

**Volume 131(Suppl 1); Jan-Feb 2016**

**Guest Editorial**

[Routine Screening for HIV Infection in Medical Care Settings: A Decade of Progress and Next Opportunities](#)  
Patrick S. Sullivan, Michael S. Lyons, Maggie Czarnogorski, Bernard M. Branson  
Public Health Rep. 2016 Jan-Feb; 131(Suppl 1): 1-4.  
PMCID: PMC4720600  
[Article](#) [PubReader](#) [PDF-303K](#) [Citation](#)

**Community Health Center Settings**

[Strengthening Screening for HIV, Hepatitis C, and STIs: An Innovative Partnership Between the Health Department and Community Health Centers in New York City](#)  
Elizabeth Terranova, Benjamin Tsoi, Fabienne Laraque, Kate Washburn, Jennifer Fuld  
Public Health Rep. 2016 Jan-Feb; 131(Suppl 1): 5-10.  
PMCID: PMC4720601  
[Article](#) [PubReader](#) [PDF-380K](#) [Citation](#)

[Integrating Routine HIV Screening in the New York City Community Health Center Collaborative](#)  
Vanessa Rodriguez, Deborah Lester, Alison Connelly-Flores, Franco A. Barsanti, Paloma Hernandez  
Public Health Rep. 2016 Jan-Feb; 131(Suppl 1): 11-20.  
PMCID: PMC4720602  
[Article](#) [PubReader](#) [PDF-1.4M](#) [Citation](#)

[Experiences Implementing a Routine HIV Screening Program in Two Federally Qualified Health Centers in the Southern United States](#)  
Natasha S. Crumby, Erica Arrezola, Emily H. Brown, Angela Brazzeal, Travis H. Sanchez  
Public Health Rep. 2016 Jan-Feb; 131(Suppl 1): 21-29.  
PMCID: PMC4720603  
[Article](#) [PubReader](#) [PDF-500K](#) [Citation](#)

[Routine HIV Screening in an Urban Community Health Center: Results from a Geographically Focused Implementation Science Program](#)  
Amy Nunn, Caitlin Towe, Philip A. Chan, Sharon Parker, Emily Nichols, Patrick Oleskey, Annajane Yolken, Julia Harvey, Geetanjali Banerjee, Thomas Stopka, Stacey Trooskin  
Public Health Rep. 2016 Jan-Feb; 131(Suppl 1): 30-40.  
PMCID: PMC4720604  
[Article](#) [PubReader](#) [PDF-714K](#) [Citation](#)



## Educational Resources for HIV Testing CDC HIV Testing in Healthcare Settings Website

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

SEARCH

CDC A-Z INDEX ▾

### HIV/AIDS

- HIV/AIDS
- HIV Basics
- HIV by Group +
- HIV Risk and Prevention +
- HIV in the Workplace
- HIV Testing -
- Laboratory Tests
- Home Tests
- Testing in Nonclinical Settings +
- Testing in Clinical Settings -
- Rapid HIV Testing of Women in Labor and Delivery
- Research +
- Policy and Law +
- Program Resources +
- HIV Funding and Budget +
- Guidelines and Recommendations +
- Training and Conferences +

HIV/AIDS > HIV Testing

### HIV Testing in Clinical Settings

[f](#) [t](#) [+](#)

- The U.S. Preventive Services Task Force (USPSTF) [↗](#) recommends that clinicians screen adolescents and adults ages 15 to 65 years for HIV infection.
- CDC recommends that individuals get tested at least once in their lifetimes and those with risk factors get tested more frequently. A general rule for those with risk factors is to get tested at least annually.
- CDC has recently reported that sexually active gay and bisexual men may benefit from getting an HIV test more often, perhaps every 3-6 months.

### When should clinicians start treatment for HIV?

- New data from a National Institutes of Health sponsored trial indicates there is a clear personal advantage to achieving an HIV diagnosis and starting therapy in the early course of infection. This new information further highlights the importance of routine HIV testing and the potential impact on better health outcomes. See [Starting Antiretroviral Treatment Early Improves Outcomes for HIV-Infected Individuals](#) [↗](#) for more information.

### Resources for Clinicians

- The National HIV/AIDS Clinicians' Consultation Center offers timely assistance [↗](#)
- Laboratory Tests Available in the US
- HIV Screening: Standard Care.™ Resource Center for Primary Care Providers [↗](#)
- Case Studies in HIV Treatment [↗](#)
- American Academy of HIV Medicine Web-portal [↗](#)

<https://www.cdc.gov/hiv/testing/clinical/>


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# Free Resources for Implementation

## Capacity Building Assistance for HCOs: Component Areas

 **HIV Testing**

 **Prevention with HIV-Positive Persons**

 **Prevention with High-Risk HIV Negative Persons**

**Areas of Expertise for Category C Partners:**  
Billing/Reimbursement, Chronic Care Management, Cultural Competency/Sensitivity, Gay, Bisexual Men and Other Men Who Have Sex With Men (MSM), Group Facilitation, Health Reform/ACA Implementation/Medicaid Expansion, HIV/AIDS Navigation Services, HIV/AIDS Care Continuum, HIP in Clinical Settings, Medication Adherence, PrEP, nPEP, Process Improvement, Sexual Health Assessment, Sexually Transmitted Diseases (STDs), Workflow Analysis.

**Effective Behavioral Interventions:**  
Anti-Retroviral Treatment and Access to Services, Choosing Life: Empowerment! Action! Results!, Couples HIV Testing and Counseling, HIV Linkage to Care, Patient Navigation, Personalized Cognitive Counseling, Patient Navigation, Partnership for Health-Safer Sex, Partnership for Health-Medication Adherence, Promise for HCOs, Sister to Sister.

# 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



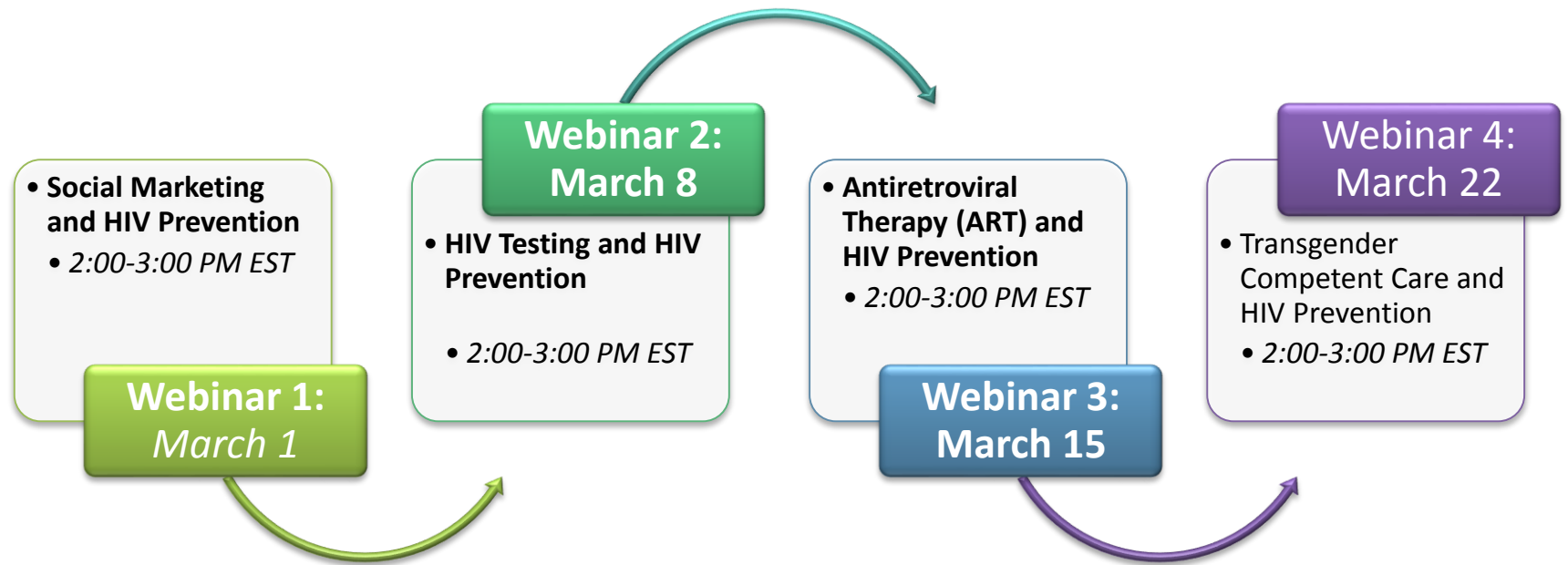
**PANEL PRESENTATION**

***LET'S GO LIVE!***

# QUESTIONS



# Five Things to Know: Essentials of HIV Prevention



# 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](mailto:hip@pcdc.org)

W: [www.pcdc.org/hipinhealthcare](http://www.pcdc.org/hipinhealthcare)