



# HIGH-IMPACT HIV PREVENTION IN HEALTHCARE ORGANIZATIONS

## OPT-OUT HIV TESTING: GATEWAY TO TREATMENT & PREVENTION

Advances in HIV diagnosis, treatment and prevention have the potential to change the course of HIV for individuals and communities. HIV testing is the gateway to this transformation. HIV testing is the first step in the HIV care continuum<sup>i</sup> and ensures that individuals are aware of their HIV status and, if positive, provides them with the opportunity to initiate antiretroviral therapy (ART). Early initiation of ART preserves the health of people living with HIV (PLWH) and reduces the risk of transmission. According to the “Dear Colleague” letter issued by the Centers for Disease Control and Prevention (CDC) in 2017 “people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV negative partner.”<sup>ii</sup> HIV testing is also the first step in initiating pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and other prevention services for individuals receiving negative results. Although progress has been made in expanding access to HIV testing, testing rates remain low:<sup>iii</sup>

40% of new HIV diagnoses come from people who don't know they have HIV

50% of all people living with HIV have had the virus for three years before diagnosis

70% of people at high risk who weren't tested for HIV in the past year saw a health care provider during that year

### WHAT IS OPT-OUT HIV TESTING?

- Opt-out HIV testing involves performing an HIV test after notifying a patient that the test will be done, unless they explicitly decline to be tested. In 2006, CDC recommended that voluntary HIV screening become a **routine** part of medical care for persons aged 13-64, with more frequent testing for people at high risk.<sup>iv</sup> In 2013, the U.S. Preventive Services Task Force issued similar recommendations.<sup>v</sup>
- Opt-out HIV testing can increase access to timely HIV treatment and prevention by streamlining the testing process and removing stigma by routinely offering it to **all patients**.
- An example of language you can use to introduce opt-out testing to your patients is:

***“As part of routine care, we will take your blood pressure, and test for HIV, cholesterol, and blood sugar. HIV testing is voluntary, so please let me know if you do not want to be tested.”***

### HIV OPT-OUT SCREENING GUIDELINES

- HIV testing should be performed at least once for all patients who are: ages 13-64, initiating treatment for tuberculosis, seeking treatment for sexually transmitted infections, pregnant women, and/or patients presenting with signs and symptoms consistent with HIV infection or an opportunistic infection characteristic of AIDS.
- Repeat HIV testing for individuals at increased risk including: sex partners of people living with HIV (PLWH), men who have sex with men (MSM), people who inject drugs or have sex partners who inject drugs, sex workers, patients entering into a new sexual relationship, and pregnant women in the third trimester. CDC recommends that clinicians screen asymptomatic

sexually active MSM at least annually, and should consider the benefits of more frequent screening (e.g. once every 3 or 6 months) for individual MSM at increased risk. <sup>vi</sup>

- Separate written consent for HIV testing should not be required.
- Prevention counseling should not be a required part of HIV screening programs in healthcare institutions<sup>vii</sup>

## CONSIDERATIONS FOR IMPLEMENTING OPT-OUT HIV TESTING IN HEALTHCARE SETTINGS

- Identify one or more “champions” (if this is a new endeavor)
- Enlist administrative and/or medical director buy-in and support
- Assess current HIV knowledge and attitudes of healthcare staff
- Listen to staff concerns and be prepared to provide training
- Determine staffing resource needs
- Develop HIV workflows that designate who will offer and perform the test, and provide results
- Develop protocols:
  - HIV prevention and treatment based on results onsite or by referral
  - Documentation of testing offers, acceptance, refusals and results
  - Electronic medical record (EMR) integration with prompts
  - Reimbursement and coding
- Select HIV testing technology:
  - CDC recommends the use of laboratory HIV antibody/antigen tests (ab/ag) that detect HIV-1 and HIV-2 antibodies; and p 24 antigen. These tests detect HIV sooner than tests detecting HIV antibodies only. It is important that providers understand the meaning of the test results and the window period. For more information on the window period, go to <https://tinyurl.com/yd5pvt3d> to see “*Understanding the Window Period,*” developed by the Denver Prevention Training Center.
  - Technological advances in HIV testing led CDC and the Association of Public Health Laboratories to issue the *HIV Testing Algorithm* in 2014,<sup>viii</sup> with an update in 2018. <sup>ix</sup> The new laboratory algorithm also detects acute HIV infection. For more information on the Algorithm, go to: <https://tinyurl.com/y9xzaogx>

Cicatelli Associates Inc. (CAI), Denver Prevention Training Center (DPTC), and Primary Care Development Corporation (PCDC) are funded by CDC to build the capacity of healthcare organizations to deliver HIV prevention services and strategies in the U.S. and its territories. For more information about our free training and technical assistance for healthcare organizations, contact: [hco@cbaproviders.org](mailto:hco@cbaproviders.org) or visit: [High-Impact HIV Prevention In HCO](#)

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