

HIV Routine Testing in Health Care Facilities Reference Manual

2013

Office of HIV Planning and Coordination
Orange County Health Care Agency



HIV ROUTINE TESTING SERVICES MANUAL-ORANGE COUNTY, CALIFORNIA

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Background:

The County of Orange (County) Health Care Agency (HCA) was awarded funding under Request for Application (RFA) 10-10138 from the California Department of Public Health (CDPH), State Office of AIDS (OA) to implement expanded HIV testing in health care settings.

HIV Expanded Testing Project Overview:

The purpose of this project is to promote: 1) high volume HIV screening; and 2) Linkage to Care and Prevention services for persons testing positive for HIV in health care and other settings.

Purpose of the Manual:

The intended purpose of this manual is to provide online resources for health care facilities developing programs for Routine HIV testing.

I. Office of National AIDS Strategy

A. The White House, Washington. (2010, July). National HIV/AIDS Strategy For The United States

President Obama committed to developing a National HIV/AIDS Strategy with three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. To accomplish these goals, we must undertake a more coordinated national response to the HIV epidemic. The Strategy is intended to be a concise plan that will identify a set of priorities and strategic action steps tied to measurable outcomes. Accompanying the Strategy is a Federal Implementation Plan that outlines the specific steps to be taken by various Federal agencies to support the high-level priorities outlined in the Strategy.

- <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

B. HIV/AIDS Care Continuum Initiative of the National HIV/AIDS Strategy

Video Resource:

- <http://youtu.be/ueKeq4W0AFY>

C. HIV Screening and Access to Care: Series Summary

The White House Office of National AIDS Policy (ONAP) is responsible for coordinating government efforts to address the HIV epidemic. To help implement the Strategy, ONAP commissioned the Institute of Medicine (IOM) to evaluate the extent to which federal, state, and private health insurance policies and practices pose barriers to expanding HIV testing and treatment and to examine the current capacity of the health care system to administer more HIV tests and accommodate new HIV diagnoses. The IOM also was asked to identify options for overcoming existing barriers and ensuring adequate system care capacity. The IOM committee issued three reports that can be accessed through the following link:

- <http://www.iom.edu/~media/Files/Report%20Files/2011/HIV-Screening-and-Access-to-Care/HIV%20Screening%202011%20Report%20Brief.pdf>

II. CDC Guidelines: HIV Testing

A. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings

These recommendations for human immunodeficiency virus (HIV) testing are intended for all health-care providers in the public and private sectors, including those working in hospital emergency departments, urgent care clinics, inpatient services, substance abuse treatment clinics, public health clinics, community clinics, correctional health-care facilities, and primary care settings. The recommendations address HIV testing in health-care settings only. These revised recommendations update previous recommendations for HIV testing in health-care settings and for screening of pregnant women.

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

B. Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

To help incorporate HIV prevention into the medical care of HIV-infected persons, CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America developed these recommendations. The recommendations are general and apply to incorporating HIV prevention into the medical care of all HIV-infected adolescents and adults, regardless of age, sex, or race/ethnicity. They are intended for all persons who provide medical care to HIV-infected persons (e.g., physicians, nurse practitioners, nurses, physician assistants); they might also be useful to those who deliver prevention messages (e.g., case managers, social workers, health educators).

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>

C. California Laws related to HIV Testing

California HIV/AIDS Laws, 2009 present's select Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) statutes and regulations, including newly enacted statutes as of January 1, 2010. This guide focuses on laws relating to HIV/AIDS testing, confidentiality, disclosure, and discrimination.

- http://www.cdph.ca.gov/programs/aids/Documents/RPT2010_01HIVAIDSLaws2009.pdf

California Assembly Bill No. 446 Approved by the Governor October 5, 2013.

- http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB446

III. HIV Antibody Tests: General Laboratory Considerations

A. HIV Diagnostic Testing Algorithm | APHL Association of Public Health Laboratories

A menu of testing algorithms, for both point-of-contact and laboratory settings, was outlined in HIV Testing Algorithms: A Status Report. At the conclusion of the 2010 HIV Diagnostics Conference, a new laboratory algorithm was proposed for serum/plasma testing that addresses some of the shortcomings of Western blot. In 2011, a series of peer-reviewed supplement were published in the Journal of Clinical Virology presenting data on the performance of the new testing algorithm. CDC and APHL are currently working on drafting the guideline for the new HIV diagnostic testing algorithm.

- http://www.aphl.org/aphlprograms/infectious/hiv/Documents/ID_2009April_HIV-Testing-Algorithms-Status-Report.pdf

B. FDA Report ARCHITECT HIV Ag/Ab Combo

The ARCHITECT HIV Ag/Ab Combo assay is intended to be used as an aid in the diagnosis of HIV-1/HIV-2 infection, including acute or primary HIV-1 infection. The assay may also be used as an aid in the diagnosis of HIV-1/HIV-2 infection in pediatric subjects (i.e., children as young as two years of age) and in pregnant women.

- <http://www.fda.gov/downloads/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAs/BloodDonorScreening/InfectiousDisease/UCM216309.pdf>

C. Information on Rapid Testing for HIV

Early diagnosis of acute human immunodeficiency virus (HIV) infection by rapid HIV testing can help identify patients who may be candidates for antiretroviral treatment, which has been shown to delay the progression to acquired immunodeficiency syndrome (AIDS) and death. Rapid HIV testing may also be useful to quickly confirm HIV status in a patient not known to be HIV positive who presents with an AIDS-defining illness.

- <http://emedicine.medscape.com/article/783434-overview>

IV. Provider and Staff Training Materials

A. CDC Compendium of Resources for HIV Testing in Clinical Settings

CDC recommends that individuals aged 13-64 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. Additionally, CDC has recently reported that gay and bisexual men may benefit from getting an HIV test more often, perhaps every 3-6 months. This section highlights information for healthcare providers who may be administering HIV tests.

- <http://www.cdc.gov/hiv/testing/clinical/index.html>

B. The Health Care Center Model

The health center model has helped reduce health disparities among many poor and minority communities in such areas as diabetes, heart disease, and asthma. This approach has helped ensure that quality medical care is available not just to those who can pay for it, but also to those who need it most. We have an important opportunity to replicate our successes once again with HIV/AIDS.

- www.sfaetc.ucsf.edu/docs/HealthCenterModel_January_2009.pdf

C. Methods for Monitoring and Evaluation of HIV Testing Services

The articles in this supplement present a diversity of methods for monitoring and evaluating HIV counseling, testing, and referral (CTR) and HIV testing services, as well as for using data to improve the planning and implementation of these services.

- [http://www.researchgate.net/publication/51234397_Introduction_to_special_supplement_Monitoring_and_evaluation_of_HIV_counseling_testing_and_referral_\(CTR\)_and_HIV_testing_services](http://www.researchgate.net/publication/51234397_Introduction_to_special_supplement_Monitoring_and_evaluation_of_HIV_counseling_testing_and_referral_(CTR)_and_HIV_testing_services)

D. Implementation of Routine HIV Screening in Community Health Centers

Community health centers (CHCs) are important facilities which implement routine HIV testing consistent with the 2006 recommendations issued by the Centers for Disease Control and Prevention (CDC). Patients who seek care in CHCs are disproportionately low income, uninsured or publicly insured, and members of minority races or ethnicities.

- <http://www.nachc.com/clinicalhiv.cfm>

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E. Detection of Acute HIV Infection in Two Evaluations of a New HIV Diagnostic Testing Algorithm

Improved HIV IAs enhance the ability to detect HIV infection earlier, even during the acute phase of infection, when substantial HIV transmission occurs. However, specimens with reactive IA and negative supplemental test results must undergo further testing to differentiate acute HIV infection from false-positive results. This report demonstrates that acute HIV infections detected with third- or fourth-generation IAs often are misclassified as HIV-negative by WB or IFA, potentially leading to adverse clinical outcomes for patients and further HIV transmission within the community.

- http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6224a2.htm?s_cid=mm6224a2_e

F. Facilitating HIV Infected Patients to Care: Best Practices

Part one summarizes common elements of successful follow-up care strategies from a variety of settings and Part Two highlights approaches employed by primary care clinicians in a variety of settings. The goal is to provide a tool for clinicians to help newly diagnosed HIV positive individuals have access to the care they need. A related primer for clinicians can be accessed by visiting the American Academy of HIV Medicine's website (www.aahivm.org).

- http://www.aahivm.org/Upload_Module/upload/Provider%20Resources/AAHIVMLinkagetoCareReportonBestPractices.pdf

G. HIV Prevention through Care and Treatment

CDC used three surveillance datasets to estimate recent HIV testing and HIV prevalence among U.S. adults by state, and the percentages of HIV-infected adults receiving HIV care for whom ART was prescribed, who achieved viral suppression, and who received prevention counseling from health-care providers. Published data were used to estimate the numbers of persons in the United States living with and diagnosed with HIV and, based on viral load and CD4 laboratory reports, linked to and retained in HIV care. Implications for Public Health Practice: Public health officials and HIV care providers should improve engagement at each step in the continuum of HIV care and monitor progress in every community using laboratory reports of viral load and CD4 test results.

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a4.htm>

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H. Billing and Coding Guide for HIV Testing

HIV testing is a routine part of medical care. ICD-10 Coding Changeover can be found at:

- <http://www.aahivm.org/icdchangeover>

I. Videos: HIV Testing Training Vignettes

HIV Testing Training Vignettes: Developed by AltaMed Video Resources, these short vignettes are used to provide patients with HIV/AIDS education while sitting in waiting area of a clinic. Front and back office staff may also be interested in viewing and discussing the information with their providers.

- http://www.kavichreynolds.com/clients/easy/altamedX7_1_0.html

J. Best practices to Implement Test and Linkage to Care [TLC+] in four US cities

Test, Link to Care, Plus Treat (TLC-Plus) is an effective approach. TLC-Plus addresses several aspects of the healthcare system that can be improved to help those with HIV live longer and healthier lives while also reducing transmission of the virus to others.

- http://www.projectinform.org/pdf/tlc_implementation.pdf

K. Clinical markers and Engagement in Care

CDC used three surveillance datasets to estimate recent HIV testing and HIV prevalence among U.S. adults by state, and the percentages of HIV-infected adults receiving HIV care for whom ART was prescribed, who achieved viral suppression, and who received prevention counseling from health-care providers. Published data were used to estimate the numbers of persons in the United States living with and diagnosed with HIV and, based on viral load and CD4 laboratory reports, linked to and retained in HIV care. Implications for Public Health Practice: Public health officials and HIV care providers should improve engagement at each step in the continuum of HIV care and monitor progress in every community using laboratory reports of viral load and CD4 test results.

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a4.htm>

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V. HIV Testing in Emergency Departments (EDs)

A. HIV Testing in Emergency Departments (EDs) A Practical Guide

Health Research and Educational Trust [HRET] has developed this guide for clinicians and administrators seeking to incorporate routine HIV testing in their EDs. This practical guide to different approaches, considerations, and resources for making HIV testing routine in ED care is based on site visits and interviews with leadership and staff in EDs and health departments that have successfully incorporated testing.

- <http://edhivtestguide.org>

B. Factors to Consider in ED HIV Testing

HIV screening studies in the emergency department (ED) have demonstrated rates of HIV test refusal ranging from 40–67%. This study aimed to determine the factors associated with refusal to undergo routine rapid HIV testing in an academic ED in Boston.

- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3082047/pdf/10461_2010_Article_9837.pdf

VI. Access to HIV Testing for Women

A. Increased HIV Testing for Women under the, Affordable Care Act (ACA)

August 2012 marked a significant step in expanding access to free HIV screening for many women. Most private insurance plans will be required to cover annual HIV screening and counseling for sexually active women. Thanks to the ACA and Secretary of Health and Human Services Kathleen Sibelius, free HIV screening and counseling will be included as one of the eight preventative services that private insurance policies must cover, without cost-sharing.

- <http://www.theaidsinstitute.org/federal-policy/hiv-testing/access-hiv-testing-women-increases-thanks-affordable-care-act>

B. The American College of Obstetricians and Gynecologists. [ACOG] 2010 Committee Opinion. Routine HIV Screening

- http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Routine_Human_Immunodeficiency_Virus_Screening
- Patient Fact Sheet:
http://www.acog.org/For_Patients/Search_FAQs/documents/Testing_for_Human_Immunodeficiency_Virus

VII. Cost Analysis Associated with HIV Testing

A. Cost and Feasibility Studies

Three key policy questions are explored here: Is it still epidemiologically feasible to attain the incidence and transmission rate reduction goals of the U.S. National HIV/AIDS Strategy (NHAS) by 2015? If so, what costs will be incurred in necessary program expansion, and will the investment be cost-effective? Would substantial expansion of prevention services for persons living with HIV (PLWH) augment the other strategies outlined in the NHAS in terms of effectiveness and cost-effectiveness? Timely expansion of testing and prevention services for PLWH does allow for the goals to still be achieved by 2015, and does so in a highly cost-effective manner.

- <http://www.cfar.emory.edu/downloads/news/NHAS.pdf>

B. Third Generation HIV Prevention

There is growing optimism in the global health community that the HIV epidemic can be halted. After decades of relying primarily on behavior change to prevent HIV transmission, a second generation of prevention efforts based on medical or biological interventions such as male circumcision and pre-exposure prophylaxis--the use of antiretroviral drugs to protect uninfected, at-risk individuals--has shown promising results. This article calls for a third generation of HIV prevention efforts that would integrate behavioral, biological, and structural interventions focused on the social, political, and environmental underpinnings of the epidemic, making use of local epidemiological evidence to target affected populations.

- <http://content.healthaffairs.org/content/31/7/1545.full.pdf+html>

VIII. Patient Educational Materials

A. Patient Education: Resources for HIV Testing Materials

- <http://www.cdc.gov/hiv/library/>

B. Patient information: Testing for HIV (Beyond the Basics)

Human immunodeficiency virus (HIV) testing is used to determine if you are infected with HIV. Many individuals who are at the highest risk for HIV have not been tested, usually because they do not realize that they are at risk. Others avoid testing because they are worried about the possibility of a positive test result.

However, testing is encouraged because treatment for HIV is highly effective and early diagnosis can improve your chances of living longer and being healthier.

Furthermore, knowing your HIV status can greatly reduce your risk of passing HIV to others if you take precautions.

- <http://www.uptodate.com/contents/testing-for-hiv-beyond-the-basics>

C. Abbott ARCHITECT HIV Ag/Ab Combo assay

The Abbott ARCHITECT HIV Ag/Ab Combo assay is the first HIV test approved in the United States that can simultaneously detect both HIV antigens and antibodies—up to 20 days earlier than traditional antibody-only tests.

➤ <http://www.hivcombo.com/home.html>

IX. Linkage to Care and Services in Orange County

HIV Partner Services Orange County: HIV Partner Services (PS) is a free, voluntary, and confidential/anonymous service that can help let an individual's sex and/or needle sharing partner(s) know that they have been exposed to HIV/AIDS. HIV PS can be done one of three ways: 1) The individual can have the Health Department do the disclosure for them anonymously; 2) The individual can get coaching to tell their partner(s) themselves; or 3) The individual can have a trained counselor present to support them while having the conversation with their partner(s). Please contact the agencies listed below for additional information:

1) Orange County Health Care Agency

[17th Street Testing and Treatment](#)

(HIV Testing and STD Clinic)

1725 W. 17th Street

Santa Ana, CA 92706

2) UC Irvine Medical Center Infectious Disease Clinic:

Referrals are faxed to STARS case management and referral tracking system. For information call or fax to: (714) 456-7001 Fax (714) 456-8995.

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X. Resources

- HIV/AIDS Care Continuum Initiative of the National HIV/AIDS Strategy Video Link: <http://youtu.be/ueKeg4W0AFY>
- HIV Testing Training Vignettes Videos Link By Kavich Reynolds Production: http://www.kavichreynolds.com/clients/easy/altamedX7_1_0.html
- HIV Testing in Emergency Departments Practice Guide: <http://www.edhivtestguide.org>
- HIV Screening Standard Care Poster:
 - English Version: http://www.cdc.gov/actagainstaids/pdf/hssc_poster_english.pdf
 - Spanish Version: http://www.cdc.gov/actagainstaids/pdf/hssc_poster_spanish.pdf

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