

## Media Coverage

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### National Summit on HIV Diagnosis, Prevention and Access to Care November 19-21, Arlington, Virginia

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**Canadian Press:** HIV tests not yet routine; many don't know they're infected, scientists say

**Healthday:** US Lags on HIV Testing Goals

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**Baltimore Sun:** Routine HIV testing not performed, forum says

**Boston Globe:** AIDS and the unknown (editorial)

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**Lancet Infectious Diseases:** January Issue (forthcoming)

#### Online News Coverage pg. 45

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**Aidsmap.com:** Slow progress to expand routine HIV testing in the US

**DBTechno.com:** CDC Says Americans Are Not Getting HIV Test Regularly

**eFluxMedia:** CDC Advice for Routine HIV Testing Still Not Followed in Many ERs

**eFluxMedia:** HIV Patients Have a Higher Risk Of Developing Cancer As Well

**eFlux Media:** HIV Testing Recommendations Highly Ignored

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**HealthDay News:** U.S. Lags on HIV Testing Goals  
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**HeraldTribune.com:** Routine AIDS testing not a reality in U.S.  
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**InjuryBoard.com:** \$12.5 Million AIDS Transmission Judgment  
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**M2 Communications:** AHF: US Should Spend \$200M on HIV Tests for 10 Million People as Domestic Testing Falls Short of CDC Goals  
**MarketWatch.com:** Press Release: Southern AIDS Living Quilt Raises Awareness at National HIV Summit  
**Medical News Today:** CDC's HIV Testing Recommendations Not Being Followed, Studies Show  
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**Medical News Today:** Private Insurers, ER, Federal And State Agencies Fail To Routinely Test For HIV Despite National Guidelines  
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**Modern Medicine:** Routine HIV Testing Recommendations Ignored (from Health Day)  
**ScientificAmerican.com** - Most still skip HIV tests  
**SmartAboutHealth.net:** CDC Urging Americans To Get Tested For HIV

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**Aids Drugs Online:** HIV/AIDS Medical News

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**BioMedicine:** Despite national guidelines, private insurers, ER, federal and state agencies fail to routinely test for HIV

**Current World News:** CDC Says Few Americans Opt For HIV Test

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**Emax Health:** CDC's HIV Testing Recommendations Not Being Followed

**Health Commentary:** Still Going Strong in the U.S., Testing is essential

**Healthnewstrack.com:** Routine HIV testing fails in US

**MedicalGeek.com:** CDC's HIV Testing Recommendations Not Being Followed, Studies Show

**Medicinenet.com:** U.S. Lags on HIV Testing Goals

**Miami Herald's Steve Rothaus' Gay South Florida Blog:** Many with HIV don't know it

**Robert Wood Johnson Public Health and News Digest:** Studies Highlight Spotty Implementation of Routine HIV Screening

**The International Healthcare Marketplace:** Summit on HIV Testing & "The Neglected U.S. Epidemic"

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**CNN:** World AIDS Day 2008: Much accomplished, much to do

**Nature:** Should Everyone Have an HIV Test?

**New York Times:** Most Patients Should Be Screened for H.I.V., Physicians' Group Says

## WIRES



### **HIV testing still missing many**

POSTED: 6:05 am PST November 21, 2008

WASHINGTON -- HIV screening has become more routine, but scientists say people are still falling through the cracks and 20 percent of infected people may not know it.

HIV specialists said there have been small gains in testing rates, but no more than 100 of the country's 5,000 emergency rooms routinely test for the virus in patients who aren't critically ill. The Centers for Disease Control and Prevention estimates that 20 percent of Americans infected with HIV don't know they have it.

The specialists said part of the problem is physician confusion about the ease of today's tests. They can cost as little as \$15.

More than two years ago, the CDC recommended routine HIV screening for everyone aged 13 to 64, whether they think they're at risk or not.

*Story also picked-up by:*

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Nov 20, 3:50 PM EST

## **HIV tests not yet as routine as cholesterol checks**

By LAURAN NEERGAARD

AP Medical Writer

WASHINGTON (AP) -- Two years after the government urged that HIV tests become as common as cholesterol checks there are small gains but still one in five people infected with the AIDS virus don't know it, scientists said Thursday.

Eleven states that once required special consent for HIV testing have changed their laws, a key step to making an HIV test part of the standard battery that patients expect.

But HIV specialists meeting Thursday said other barriers include physician confusion about the ease of today's rapid tests, which can cost as little as \$15 - although many patients seem to accept them.

No more than 100 of the nation's 5,000 emergency rooms routinely test for HIV in patients who aren't critically ill, said Dr. John Bartlett of Johns Hopkins University, who co-chaired the Forum for Collaborative HIV Research meeting. Yet because so many HIV patients are poor or uninsured, ERs are the health-care setting most likely to find them.

And while every pregnant woman is supposed to be tested so steps can be taken to protect her unborn baby, about 40 percent aren't, he added.

"Those are what we call missed opportunities," Bartlett said. Today, the test is "much better, it's much easier, it's much cheaper. The treatment is really great now."

Just over 1.1 million Americans are estimated to have HIV and 232,000 don't know it, according to the Centers for Disease Control and Prevention.

The CDC for years recommended routine testing mainly for people at high-risk, such as intravenous drug users. Then, finally, came drugs potent enough to keep HIV patients healthy for years, postponing the slide into full-blown AIDS. Yet nearly half of new infections still were being discovered too late for patients to benefit. Not to mention that people who don't know they're infected unwittingly spread the virus.

So in September 2006, the CDC recommended routine testing for everyone ages 13 to 64, whether they think they're at risk for HIV or not.

There is no nationwide data yet on the new guidelines' impact, CDC's Dr. Bernard Branson told The Associated Press.

But Branson listed encouraging signs:

-New York City's Health and Hospitals Corporation, the nation's largest municipal health system, has nearly tripled HIV testing - and late diagnoses dropped by about a third.

-New York's state Medicaid program has increased testing by 30 percent.

-Early results from a federal survey suggest 2.4 million more people in 2007 said they had ever been tested for HIV than said so in 2006.

-President George W. Bush in October signed a law allowing Veterans Administration clinics to ease testing requirements.

"I don't think anyone at CDC anticipated that we would test the whole country in a single year," Branson said.

But in pilot projects around the country, "people are taking the recommendations to heart and implementing them as much as was feasible for them," he added. Moreover, "we find people are very receptive to being tested, and there was concern about that before."

Indeed, studies presented Thursday suggest more than 80 percent of emergency-room patients were amenable to an HIV test while most ER workers opposed testing them. Why? Presumably because ERs are so busy and there's confusion about how much HIV counseling is needed.

But Bartlett demonstrated how to quickly give people a chance to either opt out or request counseling: "Mr. Jones, you're going to have a cholesterol test, a blood count, and an HIV test - and by the way we do the HIV test on everybody because that's what the CDC has recommended. Is there any part of this that you want more information about or you don't want to have?"

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On the Net:

State HIV testing laws: <http://www.nccc.ucsf.edu/StateLaws/Index.html>

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## **HIV Testing Still Not 'Routine as a Flu Shot' at U.S. Hospitals**

By John Lauerma

Nov. 20 (Bloomberg) -- Routine HIV testing recommended by the U.S. government isn't done at most hospitals and clinics because some insurers won't pay and many doctors are wary of spending time on it, AIDS officials said.

About 100 of 5,000 emergency rooms in the U.S. have fully implemented guidelines for testing from the Centers for Disease Control and Prevention, said Richard Rothman, a Johns Hopkins University researcher, at a Washington conference.

About 1.1 million people in the U.S. are infected with HIV, the virus that causes AIDS, and one in five doesn't know it, according to the CDC. Treatment delays can lead to immune system damage and higher risk of cancer and heart disease, said Veronica Miller, director of the Forum for Collaborative HIV Research at George Washington University Medical Center in Washington.

"Testing for HIV should be as routine as a flu shot," Miller said today in an interview at the conference. "A few hospitals are implementing routine testing in their emergency departments, but these are few and far between,"

HIV attacks the human immune system, disabling the CD4 cells that direct the body's protective response. Many patients are diagnosed after their CD4 cell levels have dropped below 200 per cubic milliliter of blood, making them susceptible to other dangerous infections, Mayer said.

### **Some Insurers Cover**

Two years ago, the CDC recommended testing for everyone aged 13 to 64. Still, only about 2.3 percent of emergency room patients are tested for HIV, Miller said.

Large private insurers, such as UnitedHealth Group Inc., Aetna Inc. in Hartford, Connecticut, and Cigna Corp. of Philadelphia, began covering routine testing soon after the guidelines were announced. Many smaller insurers and federal programs such as Medicare and the Federal Health Employees Benefit program don't pay for routine HIV testing, said Kevin Fenton, CDC's director of AIDS prevention.

"We've seen tremendous change on this over the past few years and we need to build on this momentum," he said in an interview at the conference. "We need more peer pressure to make this the standard of care."

At least three doctors groups, the American Academy of Family Physicians, the American College of Emergency Physicians, and the American College of Obstetricians and Gynecologists, support the guidelines, said Bernard Branson, a CDC testing specialist, at the conference today. The American College of Physicians is expected to make a statement next month, he said.

### **Doctors Cautious**

Still, many doctors think positive HIV test results might be too shocking to patients, who might

resist care, Hopkins' Rothman said. Studies have shown that's not true, he said at the conference.

``Patients are clamoring for the test," Rothman said in an interview. ``My experience is that patients accept the news, and we're able to deliver them to HIV specialty care quickly."

Until 2006, the CDC only recommended testing people at high risk of getting HIV, along with those with symptoms, said Ken Mayer, a Brown University AIDS doctor, in a conference with reporters at the meeting today. The agency rejected that philosophy in 2006, along with removing requirements for written patient consent and pretest counseling, saying they endangered public health.

About 40 states have changed laws so that patients can be tested without advance counseling, Branson said. Seven that haven't -- Hawaii, Massachusetts, Nebraska, New York, Pennsylvania, Rhode Island and Wisconsin -- have unsuccessfully proposed legislation to remove the counseling requirement. California and Illinois also still have the requirements in place.

OraSure Technologies Inc., Trinity Biotech Plc and Chembio Diagnostics Inc. make rapid screens to detect signs of the AIDS virus in blood. OraSure's can also test the virus in saliva, according to the CDC. Positive tests for the virus must be confirmed by more accurate testing.

``It's fast, it's cheap, it's easy and it detects a lethal disease that's treatable," said John Bartlett, a Johns Hopkins University AIDS doctor, at the conference today. ``This is a slam-dunk."

To contact the reporter on this story: John Lauerman in Boston at [jlauerman@bloomberg.net](mailto:jlauerman@bloomberg.net).

Last Updated: November 20, 2008 15:39 EST

[http://www.google.com/hostednews/canadianpress/article/ALegM5j7\\_w\\_njlpRGIX0PeooJJ7BXZK](http://www.google.com/hostednews/canadianpress/article/ALegM5j7_w_njlpRGIX0PeooJJ7BXZK)  
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## HIV tests not yet routine; many don't know they're infected, scientists say

3 hours ago

WASHINGTON — Two years after the U.S. government urged making HIV tests as common as cholesterol checks, there are small gains but still one in five people infected with the AIDS virus doesn't know it, scientists said Thursday.

Eleven states that once required special consent for HIV testing have changed their laws, a key step to making an HIV test part of the standard battery that patients expect.

But HIV specialists meeting Thursday said other barriers include physician confusion about the ease of today's rapid tests, which can cost as little as \$15 - although many patients seem to accept them.

No more than 100 of the nation's 5,000 emergency rooms routinely test for HIV in patients who aren't critically ill, said Dr. John Bartlett of Johns Hopkins University, who co-chaired the Forum for Collaborative HIV Research meeting. Yet because so many HIV patients are poor or uninsured, ERs are the health-care setting most likely to find them.

And while every pregnant woman is supposed to be tested so steps can be taken to protect her unborn baby, about 40 per cent aren't, he added.

"Those are what we call missed opportunities," Bartlett said. Today, the test is "much better, it's much easier, it's much cheaper. The treatment is really great now."

Just over 1.1 million Americans are estimated to have HIV and 232,000 don't know it, according to the Centers for Disease Control and Prevention.

The CDC for years recommended routine testing mainly for people at high-risk, such as intravenous drug users. Then, finally, came drugs potent enough to keep HIV patients healthy for years, postponing the slide into full-blown AIDS. Yet nearly half of new infections still were being discovered too late for patients to benefit. Not to mention that people who don't know they're infected unwittingly spread the virus.

So in September 2006, the CDC recommended routine testing for everyone ages 13 to 64, whether they think they're at risk for HIV or not.

There is no nationwide data yet on the new guidelines' impact, CDC's Dr. Bernard Branson told The Associated Press.

But Branson listed encouraging signs:

- New York City's Health and Hospitals Corporation, the nation's largest municipal health system, has nearly tripled HIV testing - and late diagnoses dropped by about a third.

- New York's state Medicaid program has increased testing by 30 per cent.

-Early results from a federal survey suggest 2.4 million more people in 2007 said they had ever been tested for HIV than said so in 2006.

-U.S. President George W. Bush in October signed a law allowing Veterans Administration clinics to ease testing requirements.

"I don't think anyone at CDC anticipated that we would test the whole country in a single year," Branson said.

But in pilot projects around the country, "people are taking the recommendations to heart and implementing them as much as was feasible for them," he added. Moreover, "we find people are very receptive to being tested, and there was concern about that before."

Indeed, studies presented Thursday suggest more than 80 per cent of emergency-room patients were amenable to an HIV test while most ER workers opposed testing them. Why? Presumably because ERs are so busy and there's confusion about how much HIV counselling is needed.

But Bartlett demonstrated how to quickly give people a chance to either opt out or request counselling: "Mr. Jones, you're going to have a cholesterol test, a blood count, and an HIV test - and by the way we do the HIV test on everybody because that's what the CDC has recommended. Is there any part of this that you want more information about or you don't want to have?"

On the Net:

State HIV testing laws: <http://www.nccc.ucsf.edu/StateLaws/Index.html>

*Story also picked-up by:*

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### **233,000 Americans don't know they have HIV**

Published: Nov. 20, 2008 at 12:27 PM

WASHINGTON, Nov. 21 (UPI) -- Some 1.1 million people in the United States are infected with HIV and nearly 233,000 are unaware of their infection, a forum on HIV research said Thursday.

Major barriers still stand in the way of making testing for the human immunodeficiency virus the norm, despite the U.S. Centers for Disease Control and Prevention's recommendation of routine HIV testing of people age 13 to 64.

The Forum for Collaborative HIV Research is holding a two-day National Summit on HIV Diagnosis, Prevention and Access to Care in Washington.

HIV is a virus that can lead to AIDS, which causes the human immune system to fail, leading to life-threatening opportunistic infections.

More than one in five people with HIV remain unaware of their status and fail to get life-extending medical help, and many infected people unknowingly spread the virus, contributing more than a third of new infections, experts at the forum said.

The summit brings together some 300 leading HIV researchers, healthcare providers and policymakers to examine the state of the "neglected" U.S. HIV epidemic and the critical role of routine HIV testing.

Testing barriers will be identified and a national plan of action will be presented, organizers said.

*Story also picked-up by:*

TimesoftheInternet.com

<http://www.timesoftheinternet.com/21656.html>



[http://www.ivanhoe.com/channels/p\\_channelstory.cfm?storyid=20305](http://www.ivanhoe.com/channels/p_channelstory.cfm?storyid=20305)

Reported December 1, 2008

### **Experts: Routine HIV Testing Saves Lives**

(Ivanhoe Newswire) -- The U.S. healthcare system's failure to routinely test patients for HIV is fueling the spread of AIDS, HIV experts and researchers said.

Almost 60,000 Americans were infected with HIV last year, and 50 to 70 percent of new sexually transmitted infections are spread by people who do not know they are infected.

Two years ago, the Centers for Disease Control and Prevention recommended all Americans between the ages of 13 and 64 be routinely tested in all healthcare settings, but a panel of HIV experts said those tests are rarely being performed.

"With HIV, ignorance is not bliss. Those who are unaware of their infection cannot seek treatment, and are at least three times more likely to transmit the virus," Dr. Veronica Miller, the director of the **Forum for Collaborative HIV Research** was quoted as saying.

At a national summit hosted by Miller's group, 300 leading HIV researchers, health care providers and policymakers shared new data on the advances and barriers to early, routine HIV testing.

The experts said the healthcare system is missing critical opportunities to identify and treat HIV-infected people in emergency rooms, doctors' offices, veterans' hospitals and prisons. As a result, an alarming number of patients are not learning that they are HIV positive until they are already sick with AIDS, which means their infection had progressed undetected for up to 10 years.

Recent research shows those who are diagnosed and start treatment earlier -- when their CD4 cell counts were below 500 rather than 350 -- have a big advantage: a 70 percent improved chance of survival in each year that follows.

"Now HIV is treatable, we have a test that takes minutes and costs \$10. Individuals benefit enormously from treatment, as does society," conference co-chair Dr. John G. Bartlett of the Johns Hopkins University was quoted as saying.

The researchers said HIV tests are not routinely being performed because of obstructive policies by federal agencies and some states; a lack of funding, information and trained staff; and a lack of national reimbursement for federal agencies. They also said some people responsible for administering the tests do not know about the CDC's new recommendations or they do not always support them.

The experts said there are some signs of progress, including a voluntary rapid HIV testing program in New York City jails that increased testing from 6,500 to 25,000 inmates between 2004 and 2006. Also, since the CDC made its recommendations for routine testing, at least 16 states

have passed legislation conforming more closely to those guidelines.

SOURCE: The Forum for Collaborative HIV Research's national summit, held Nov. 19 to 21 in Washington, D.C.





<http://www.baltimoresun.com/news/health/bal-te.md.hiv21nov21,0,691037.story?track=rss>

## Routine HIV testing not performed, forum says

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Despite federal regulations that virtually all adults be routinely tested for HIV in emergency rooms and doctors' offices, people at risk for contracting the virus are not getting tested, a coalition of researchers and health experts has warned.

The Forum for Collaborative HIV Research, based at George Washington University's School of Public Health, said yesterday that testing is the key to ending the epidemic in the United States. Of the nation's estimated 1.1 million people living with HIV, one in five do not know it and those who are being diagnosed are learning the news too late, the group said.

Those who do not know they have the virus are responsible for transmitting 50 percent to 70 percent of new sexually transmitted infections, the group said.

"It's a call to action that the test will be offered on a more regular basis," said Dr. John G. Bartlett, chief of infectious diseases at the Johns Hopkins School of Medicine and co-chairman of the meeting.

Dr. Kenneth H. Mayer, director of the Brown University AIDS Program, said many of the people who are infected with HIV do not consider themselves high risk and are unlikely to seek testing. For instance, African-American women, who have disproportionately high rates of HIV, are often infected in the context of a monogamous relationship, he said.

In 2006, the Centers for Disease Control and Prevention reported 56,300 new cases in the U.S., reflecting shifting HIV demographics. A quarter were women and a third people younger than 30. Blacks and Latinos accounted for 63 percent of new infections.

The same year, the CDC revised testing recommendations from a focus on at-risk groups to encouraging routine testing of people ages 13 to 64 in all health care settings, asserting that a universal approach would be more effective in prevention.

Experts say widespread testing is not happening because of a lack of health insurance reimbursement and lingering stigma associated with the disease.

Emergency rooms tested patients at a rate of 3.2 per 1,000 visits, according to 2006 data shared at the conference by Dr. Richard Rothman, associate professor in Hopkins' emergency medicine department: "There are many missed opportunities in recognizing patients earlier in the course of their illness."

Still, some cities — including Baltimore — are having success making HIV testing the norm.

This year, the city stopped requiring written consent for HIV testing. "Many felt that the consent was stigmatizing in itself; you don't need a consent form for other blood tests," said Dr. Laura Herrera, chief medical officer for the city's Health Department. "The goal is to normalize it and remove a barrier to HIV testing so the perception is that HIV testing isn't any different than any other testing."

Also this year, the department began working with five city emergency departments to offer rapid HIV tests, which provide results within a half-hour. The program was launched with a grant from the Maryland AIDS Administration.

### **Routine HIV testing not performed, forum says**

By Kelly Brewington | [kelly.brewington@baltsun.com](mailto:kelly.brewington@baltsun.com)

November 21, 2008

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[http://www.boston.com/bostonglobe/editorial\\_opinion/editorials/articles/2008/12/01/aids\\_and\\_the\\_unknown/](http://www.boston.com/bostonglobe/editorial_opinion/editorials/articles/2008/12/01/aids_and_the_unknown/)

### **AIDS and the unknown**

December 1, 2008

TWO YEARS ago, the Centers for Disease Control and Prevention recommended that health providers offer voluntary HIV testing on a routine basis, much like cholesterol screening. The goal was to reduce the high proportion - more than 20 percent - of infected persons who do not know they carry the virus. Not only do they get no treatment, but they are also more likely to infect others.

But the CDC recommendation has had only limited effect. A recent survey of the country's approximately 5,000 emergency rooms found that no more than 100 routinely offer HIV tests to patients they treat. It is particularly important that emergency room personnel provide the test, because the population most likely to carry the virus that causes AIDS seeks medical care at emergency rooms more often than at doctors' practices. Today, World AIDS Day, public health officials should recommit to the CDC goal of near-automatic testing.

A study at a forum on HIV research last month in Washington indicated that, while most emergency room patients accept routine HIV testing, a majority of emergency room personnel say they oppose it. This is likely because they feel they are too busy to offer the test, and worry about counseling they might have to provide.

Dr. John Bartlett of Johns Hopkins University said another hurdle is the requirement in several states, including Massachusetts, that patients sign a written consent before getting the test. States passed such laws in the early days of the disease, when there was no treatment and the stigma attached to AIDS was greater than now. Some stigma still exists. Eleven states that once had written-consent laws have dropped them.

The Massachusetts Department of Public Health is trying to increase testing with pilot programs at a hospital emergency room, an urban community health center, and a high-volume private doctors' practice. The department is also distributing a new brochure about the test and the disease, and has drawn up a model consent form that is less complicated and daunting than the documents some healthcare facilities use.

About 1.1 million Americans are thought to be HIV-positive, and each year an additional 56,000 become infected with the disease. More widespread testing could reduce the number of new infections in two ways. Those who learn they are infected could stop sharing contaminated drug needles and adopt safer sex practices. Also, by getting effective early treatment, they would be less likely to transmit the disease.

The United States has stumbled in several ways in its response to AIDS. The failure to follow through aggressively on the CDC's call for routine testing is inexcusable.

# The Miami Herald

<http://www.miamiherald.com/460/story/781259.html>

November 21, 2008 Friday

**Many with HIV don't know it;**

**Aggressive new HIV testing is identifying more people infected with the virus, but more than 20 percent of those infected still don't know it.**

BYLINE: FRED TASKER, [ftasker@MiamiHerald.com](mailto:ftasker@MiamiHerald.com)

SECTION: B; Pg. 3

LENGTH: 544 words

In 2006, nearly 25 percent of the 60,000-plus Americans who had newly contracted the HIV virus were not aware of it, and thus weren't getting treatment or protecting their sexual partners. Today it's 21 percent -- an improvement, but nowhere near enough, said speakers at an HIV/AIDS conference in Washington, D.C., on Thursday.

"It's crucial to understand how important routine HIV testing is at every level of American society so everyone knows their status; it's the first step in controlling the HIV epidemic," said Dr. Veronica Miller, executive director of the Forum for Collaborative HIV Research.

In Florida, new testing programs are helping, but also are not enough, state health officials say.

New HIV cases in the United States continue at a relatively stable rate of more than 60,000 per year, according to studies prepared for the forum. It means 1.1 million Americans are living with HIV, and as many as 250,000 don't know it.

In 2006, the U.S. Centers for Disease Control and Prevention set new goals, urging routine HIV testing for all of those from 13 to 64.

"Testing should be as routine as flu shots," she said.

In Florida, new HIV testing sites have been set up in nine major hospitals, three community health centers, 10 clinics for sexually transmitted diseases and 10 correctional facilities, according to a summary of a paper prepared by Tom Liberti, chief of the Bureau of HIV/AIDS of the Florida Department of Health. The summary did not list the hospitals or health centers and the state agency did not have information about them.

Between October 2007 and July 2008, the Florida programs tested 43,481 individuals for HIV, identifying 1,042 people infected, the report said. The goal is to test 150,000 a year. Liberti could not be reached for comment.

Miami-Dade's four sexually transmitted disease clinics test about 16,000 patients a year for HIV, said their medical director, Dr. Jose Castro, a University of Miami infectious disease doctor.

Until recently, it took two weeks to get the results of HIV tests and many patients failed to come back for the results. Now the clinics have instant HIV-testing kits.

"They can learn their status before they leave," Castro said, "and we can get them into

treatment."

Jackson Memorial Hospital and the University of Miami Hospital test only a small percentage of patients who go through their emergency rooms.

Baptist, South Miami, Doctors, Homestead and Mariners' hospitals are not part of Liberti's nine-hospital program. And walk-in HIV testing is not offered in their emergency rooms, though anyone treated for diseases or accidents is offered the testing. "If any patient asks, or if what he says to the doctor raises the possibility, we offer it," said Barbara Russell, director of infection control for the above hospitals. The hospitals also offer the same-day testing.

Conference members detailed the crisis:

50 to 70 percent of new HIV cases were spread by people who did not know they were infected.

Even among patients seeking treatment for sexually transmitted diseases -- a high-risk population -- only 36 percent are tested for HIV.

Even though new drugs can greatly reduce the rate of mother-to-child transmission at birth, only 59 percent of pregnant women are tested for HIV.

# The New York Times

[http://www.nytimes.com/2008/12/02/health/policy/02hiv.html?\\_r=1&ref=health](http://www.nytimes.com/2008/12/02/health/policy/02hiv.html?_r=1&ref=health)

December 2, 2008

## **Most Patients Should Be Screened for H.I.V., Physicians' Group Says**

By RONI CARYN RABIN

The American College of Physicians is urging doctors to screen all patients for H.I.V. routinely beginning at age 13, whether or not they engage in risky behaviors.

The guidelines differ slightly from those of the federal Centers for Disease Control and Prevention, which recommends routine screening of patients until age 64 unless the prevalence of H.I.V. is known to be less than 0.1 percent in the patient population. The recommendations also differ from those put forth by the U.S. Preventive Services Task Force, which urges routine screening only of patients at increased risk for infection.

But most patients don't tell their doctors about their risky behaviors, said Dr. Amir Qaseem, senior medical associate with the American College of Physicians, a professional group that represents internists. Moreover, it is almost impossible for a physician to know what the H.I.V. prevalence rate is among certain patients, Dr. Qaseem added.

"Right now it's estimated 1 million to 1.2 million Americans have H.I.V., but 24 to 27 percent are undiagnosed or unaware of their infection," Dr. Qaseem said. "We're recommending clinicians just adopt routine screening in their patients."

The college set no upper age limit on testing because 20 percent of people with H.I.V. are over 50 years of age, Dr. Qaseem said. He said clinicians should decide whether repeat screening is required on a case-by-case basis.

Even though the C.D.C. recommended routine testing two years ago, hospitals and clinics have been slow to incorporate H.I.V. screening into daily care. Just 50 to 100 of the nation's 5,000 emergency rooms routinely test for H.I.V., said Dr. Richard Rothman, associate professor of emergency medicine at Johns Hopkins School of Medicine, in part because of a lack of funding.

"The C.D.C.'s view was that you would get an H.I.V. test just like you would have a complete blood count or any other test as part of your care," Dr. Rothman said. "But right now in many states there is no mechanism for reimbursement, so emergency rooms that try to do it have to foot the bill themselves or find creative ways of paying for it."

The American College of Obstetricians and Gynecologists also recommends routine screening of all women ages 19 to 64, regardless of their risk factors for H.I.V. infection. Early diagnosis maximizes the benefit from antiretroviral therapy and may also help contain the spread of the disease by decreasing inadvertent transmissions.



## **1 IN 5 PEOPLE WITH HIV DON'T KNOW THEY HAVE IT**

November 21, 2008 Friday

Two years after the government urged making HIV tests as common as cholesterol checks, there are small gains but still one in five people infected with the AIDS virus doesn't know it, scientists said Thursday.

Just over 1.1 million Americans are estimated to have HIV and 232,000 don't know it.

Eleven states that once required special consent for HIV testing have eased their laws, a key step to making an HIV test part of the standard battery that patients expect. But HIV specialists meeting Thursday at the Forum for Collaborative HIV Research said other barriers include physician confusion about the ease of today's rapid tests, which can cost as little as \$15.



# The Star-Ledger

**Experts see HIV-testing gains but say more needs to be done**

BYLINE: LAURAN NEERGAARD, ASSOCIATED PRESS

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Two years after the government urged making HIV tests as common as cholesterol checks, there are small gains, but still one in five people infected with the AIDS virus doesn't know it, scientists said yesterday.

Eleven states that once required special consent for HIV testing have changed their laws, a key step to making an HIV test part of the standard battery that patients expect.

But HIV specialists meeting yesterday said other barriers include physician confusion about the ease of today's rapid tests, which can cost as little as \$15 - although many patients seem to accept them.

No more than 100 of the nation's 5,000 emergency rooms routinely test for HIV in patients who aren't critically ill, said John Bartlett of Johns Hopkins University, who co-chaired the Forum for Collaborative HIV Research meeting. Yet because so many HIV patients are poor or uninsured, ERs are the health care setting most likely to find them.

And while every pregnant woman is supposed to be tested so steps can be taken to protect her unborn baby, about 40 percent aren't, he added.

"Those are what we call missed opportunities," Bartlett said. Today, the test is "much better, it's much easier, it's much cheaper. The treatment is really great now."

Just over 1.1 million Americans are estimated to have HIV and 232,000 don't know it, according to the Centers for Disease Control and Prevention.

The CDC for years recommended routine testing mainly for people at high risk, such as intravenous drug users. Then, finally, came drugs potent enough to keep HIV patients healthy for years, postponing the slide into full-blown AIDS. Yet nearly half of new infections still were being discovered too late for patients to benefit. Not to mention that people who don't know they're infected can unwittingly spread the virus.

So in September 2006, the CDC recommended routine testing for everyone ages 13 to 64, whether they think they're at risk for HIV or not.

There are no nationwide data yet on the new guidelines' impact, the CDC's Bernard Branson told the Associated Press.

But Branson listed encouraging signs:

New York City's Health and Hospitals Corporation, the nation's largest municipal health system, has nearly tripled HIV testing - and late diagnoses dropped by about a third.

New York state's Medicaid program has increased testing by 30 percent.

Early results from a federal survey suggest 2.4 million more people in 2007 said they had ever been tested for HIV than said so in 2006.

President Bush in October signed a law allowing Veterans Administration clinics to ease testing requirements.

"I don't think anyone at CDC anticipated that we would test the whole country in a single year," Branson said.

But in pilot projects around the country, "people are taking the recommendations to heart and implementing them as much as was feasible for them," he added. Moreover, "we find people are very receptive to being tested, and there was concern about that before."

# The Oregonian

## Doctors, patients ignoring HIV testing recommendation

BYLINE: DAVID BROWN, LA Times-Washington Post Service

SUMMARY: Study | CDC guidelines for routine tests are unheeded for a variety of reasons

WASHINGTON --Two years after the federal government recommended that patients in emergency rooms and doctors' offices be routinely tested for HIV, the advice is generally not being followed, according to a large number of studies presented this week at a conference in Arlington, Va.

About 5 percent of patients with evidence of serious illness are being routinely tested for the virus that causes AIDS in hospital emergency rooms, said Veronica Miller, director of the Forum for Collaborative HIV Research, an independent public-private partnership based at The George Washington University School of Public Health and Health Services.

"HIV is a life-threatening disease that is so grossly underdiagnosed and undertreated in this country," Miller said in a briefing on the two-day "Summit on HIV Testing."

In 2006, the Centers for Disease Control and Prevention recommended that everyone age 13 to 64 be routinely tested in medical encounters, with the choice to "opt-out" if they want.

Among the many reasons for the general neglect of the recommendations, the studies indicate, are the perception of many clinicians that it takes too much time and the reluctance of some insurers to pay for the tests.

Point-of-service testing consists of a saliva test, followed if possible by a confirmatory blood test. If a patient is charged, the cost is about \$80 to \$120.

"Reimbursement is a major barrier to routine testing," said Kevin Fenton, director of HIV prevention at the CDC.

In urban emergency rooms, infection rates run from 0.5 to 1 percent of people tested --although many choose not to be, studies presented at the conference found.

When the emergency department at George Washington University Medical Center began offering the saliva test, 0.8 percent of those accepting were infected --far below Washington D.C.'s estimated 5 percent HIV prevalence rate.

About half the people from Washington's wealthiest ward opted-out of testing, compared to one-third of those from the poorest ward. The researchers speculated that the reason the infection rate was unexpectedly low may be that HIV prevalence is higher in people who decline testing.

In a nine-month period in which outpatients at the Washington Veterans Affairs Medical Center clinics were offered the saliva test, 54 percent agreed. Of those, about 0.5 percent were infected.

At Hahnemann University Hospital in Philadelphia, where trained counselors offered rapid testing to emergency room patients in an interaction that lasted slightly more than five minutes, 83 percent of patients said yes. Half were women, 80 percent were black, and the average age was 36. About one-quarter had never been tested before, and 0.7 percent were infected.

The research also suggests that routine testing, if implemented, would catch the infection at a much earlier stage in many patients.

At Cook County Hospital in Chicago, about 2,000 patients who went to the ER and were ill enough to be admitted were offered HIV tests. Just under 1 percent were infected, and more than 90 percent of them had CD4-cell counts below 200. At that level, a person has severe immune system damage and is considered to have AIDS.

In the two years before the test, those patients had visited the ER three times on average --each one a missed opportunity to diagnose their infection earlier.

## Many People Disregard Advice to Get HIV Tests, Studies Show

By David Brown  
Washington Post Staff Writer

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Suburban Edition

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BYLINE: David Brown; Washington Post Staff Writer

SECTION: A-SECTION; Pg. A05

LENGTH: 525 words

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## BROADCAST



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<http://www.keyc.com/node/13681> <<http://www.keyc.com/node/13681>>

### **CDC: More Routine HIV Testing Needed**

November 21, 2008 at 4:50am

In Health Watch: New numbers show that HIV is spreading because doctors and hospitals are failing to routinely test for the virus. While there's been some improvement.. 20 percent of the people infected with HIV are still unaware they have it. Elizabeth Sanchez reports.

People are not getting tested for HIV, causing the virus to spread. Almost 60 thousand people in the us were infected last year... Many by people who didn't know they were HIV positive.

Dr. Veronica Miller says, 'Ignorance is not bliss. Almost 1 quarter of a million people are HIV infected and they do not know it.'The CDC recommends routine testing for everyone age 13 to 64.But many doctors and hospitals are not doing that. In fact less than 100 of the nation's 5-thousand emergency rooms screen regularly. Dr. Miller says, 'It should be as routine as a flu shot. it should be as routine as getting your blood pressure.'These days early detection is vital... Since powerful drugs can delay the virus from sliding into full-blown AIDS. Dr. Miller says, 'You need to know you are HIV infected and get into care. And get the treatment that will let you live pretty much a normal life.'With rapid, inexpensive tests available , experts say there's really no excuse not to test.

And there are signs we're moving in the right direction -- last year nearly 2 and a half million more people were screened than the year before.'You don't want to pass it on to anybody. You don't want to have it and not know.'Because lives depend on whether you get tested.

Elizabeth Sanchez, for CBS News, Los Angeles.



\*Video available on DVD





\*Video available on DVD



<http://www.npr.org/templates/story/story.php?storyId=97315837>

Audio:

<http://www.npr.org/templates/player/mediaPlayer.html?action=1&t=1&islist=false&id=97315837&m=97383164>

## **Many Americans With HIV Don't Know They Have It**

by Richard Knox

Morning Edition, November 24, 2008 · AIDS experts and federal health officials are frustrated by the failure to reach what they consider an achievable goal: identifying the hundreds of thousands of Americans who are infected with HIV but don't know it.

"More than 20 percent of people with HIV — more than 200,000 people — are unaware they're infected," says Kenneth Mayer of Brown University.

That's slightly better than the 25 percent "unaware" rate of 2005. But most Americans have never been tested for HIV, the virus that causes AIDS. The proportion of those who have been tested has stalled for years at around 40 percent.

Experts thought HIV testing would be much more common by now. Two years ago, the Centers for Disease Control and Prevention launched a drive to test all willing Americans between the ages of 13 and 64. The CDC would like to see HIV tests done routinely in medical practice unless a patient refuses.

### **Many Unaware Of Risk**

The new HIV testing strategy replaces an approach that targeted those in danger of infection due to risky behaviors such as unprotected sex and intravenous drug use.

"Many infected people are unaware of their risk because their own behaviors are not particularly high risk," Mayer says. "So 'I'm not at risk' doesn't work."

Mayer cites the example of a woman in a monogamous relationship who's unaware her partner is infected; he also may not know he's HIV-positive.

One result is that people regularly show up in U.S. emergency rooms with severe immune suppression due to HIV — and often even advanced cases of AIDS, with pneumonia and brain infections — who never had an HIV test. That means years of missed opportunities to detect their infection.

"It happens all the time," says Rochelle Walensky, an AIDS specialist at Brigham and Women's and Massachusetts General Hospitals in Boston. "People are still presenting with end-stage disease."

### **Testing For HIV Not Routine**

Only three in every 1,000 emergency room patients are being tested. "If a patient comes in with a tumor, they're obviously tested for cancer," says Veronica Miller, executive director of the **Forum for Collaborative HIV Research**. "HIV is the only serious illness so drastically underdiagnosed

and undertreated in this country."

The evidence goes beyond anecdotal. Mayer and others presented a study last week at a Washington meeting that drew on data from eight health plans covering nearly 8 million people.

The data showed that of more than 10,000 people diagnosed with AIDS-defining illnesses — a sign of advanced HIV infection — only 5 percent had received an HIV test in the previous five months.

Such cases are "very painful for those of us that are in the field," says John Bartlett, an AIDS expert at Johns Hopkins Medical School who co-chaired last week's meeting with Mayer.

"I mean, we see people who come in and die. And you say, 'How many times were these people in the emergency room?' " Bartlett says.

"And when you go back, it's an average of something like five times in the last three years. It's really sad."

### **Early Diagnosis Can Prolong Lives**

One recent study suggests that people with HIV live longer and do much better if they get antiviral drugs early in their infection, long before they show any symptoms or they have signs of severe immune deficiency.

Bartlett says one reason people aren't diagnosed earlier is that some states have laws requiring patients to sign special consent forms before they get an HIV test.

"Massachusetts, New York, Pennsylvania, Michigan, Connecticut ... there's a bunch of states that still make you jump over a bunch of hurdles that are just going to intimidate people from getting the test," Bartlett says. "We've gotta get past that."

Many states have repealed laws that require written consent. But there's resistance to doing that everywhere.

Denise McWilliams of the AIDS Action Committee of Massachusetts says the laws help newly diagnosed patients get what they need. She worries that if doctors and hospitals aren't required to get explicit written consent, some patients might get an HIV test without realizing it.

"What happens to the person who goes into the emergency room, doesn't know they're getting tested, gets tested, gets told they're positive and then is given a number to call the next morning?" McWilliams says. "Does that person have enough information to understand what happened and how to follow up on it? If you want to do this correctly, you've got to do it with resources. There's no way of doing this on the cheap."

### **Who Pays For HIV testing?**

CDC officials acknowledge that economics is a big barrier to routine HIV testing. Even in states that allow tests after verbal consent, studies presented at the Washington meeting show opportunities to test for HIV are missed all the time — in emergency rooms, prisons and doctors' offices.

Part of the reason is that insurers often won't pay for HIV tests, which cost about \$15 for a quick initial test and \$80 to \$100 for confirmatory tests and counseling when the quick test is positive.

McWilliams says low rates of HIV testing should be no surprise. "There's so much financial pressure on health providers to get patients in and out as quickly as possible," she says.

And, she adds, AIDS is hardly the only disease that the U.S. health system treats expensively rather than prevents cheaply.

## ON-LINE NEWS COVERAGE



<http://www.aidsmap.com/en/news/E1455771-66E0-469C-9C6F-1DCA5493DEDC.asp>

### **Slow progress to expand routine HIV testing in the US**

Michael Carter, Friday, November 21, 2008

Little progress is being made in the United States to expand routine HIV testing and cut the rate of late HIV diagnoses, according to a number of studies presented to the National Summit on HIV Diagnosis, Prevention and Access to Care this week. Information presented to the summit showed that two years after routine HIV tests were recommended for all individuals between the age of 13 and 64, there has been only a marginal increase in the number of patients attending emergency rooms who are offered HIV tests. The summit also heard that when HIV diagnoses were being made in emergency room settings, they mostly involved individuals who had already progressed to AIDS.

Much of the HIV-related illness and death seen in the US and Europe involves individuals who only have their HIV infection diagnosed when they are already severely ill because of HIV. Latest US figures suggest that 21% of HIV-positive individuals in the US are undiagnosed. In 2006, the US Centers for Disease Control and Prevention issued guidance recommending opt-out HIV testing for most adolescent and adult patients accessing primary, emergency, and specialist care.

This guidance does not, however, appear to have had a significant impact on levels of testing. Investigators at Johns Hopkins University found that only between 50 and 100 of 5,000 emergency departments surveyed routinely tested for HIV. A review of almost 8 million private insurance claims made in 2006 found that only 5% of patients with serious illnesses suggestive of HIV were tested for the infection.

Furthermore, a little over a third of patients seeking treatment for sexually transmitted infections were being offered HIV tests, and over 40% of pregnant women were not being tested for HIV.

Although HIV prevalence in prison is two and a half times that seen in the general population, researchers found that most federal and state prisons are not routinely testing inmates for HIV.

Another US population with a high HIV prevalence is veterans, and the US Department of Veterans' Affairs being one of the country's largest providers of HIV care. However, investigators found that fewer than 10% of inpatients and 5% of outpatients were tested for HIV in 2006 at Veterans' facilities.

Very high rates of advanced HIV disease were present in patients having their HIV diagnosed in US emergency rooms. At the emergency room of one Veterans' Affairs hospital in Washington D.C. every patient diagnosed with HIV was diagnosed so late that they had already progressed to AIDS.

The investigators identified a number of barriers to testing. The co-chair of the summit, Dr John Bartlett of Johns Hopkins University said: "When it comes to HIV testing, the health care system is stuck in the past." Lack of funding and trained staff were also identified as problems in some areas.

And a survey conducted amongst the staff of 40 emergency rooms showed that the resistance of staff could be a major barrier to the expansion of routine testing. The survey showed that majority of staff opposed increased testing, citing pressure on staff and lack of financial resources as reasons.

But there were also reasons for optimism. The number of inmates accepting voluntary HIV tests when incarcerated in New York City jails increased from 6,500 in 2004 to 25,000 in 2006. Use of health educators offering rapid HIV tests significantly increased rates of HIV testing in a Chicago emergency room and programmes targeting individuals from high risk groups led to an increase in HIV testing in Oakland, Washington and New York City.

“Model programmes have demonstrated what is possible”, said Dr Ken Mayer of Brown University’s AIDS Programme”, now it is time to move from isolated successes to a national movement. The barriers [to testing] must be removed.”

<http://www.dbtechno.com/health/2008/11/24/cdc-says-americans-are-not-getting-hiv-test-regularly/>

### **CDC Says Americans Are Not Getting HIV Test Regularly**

November 24, 2008

The U.S. Centers for Disease Control and Prevention (CDC) has come out and stated that a big problem in the U.S. is that many Americans are not getting HIV tests done regularly as advised.

The CDC recommends that people get an HIV test as regularly as they get a flu shot, but it is not happening.

Back in 2006 they recommended that all Americans under the age of 65 be offered an HIV test when they go to the ER or something of that nature.

Since that time has passed, it has not worked all that well as few get the free test.

The **Forum for Collaborative HIV Research** has found that less than 5% of Americans actually get the free test.

The big issue the CDC has with this is that there could be many Americans out there who do not know that they have HIV, but actually are infected with it.

This poses a greater risk to their own health, as well as the health of others they are with.



[http://www.efluxmedia.com/news\\_CDC\\_Advice\\_for\\_Routine\\_HIV\\_Testing\\_Still\\_Not\\_Followed\\_in\\_Many\\_ERs\\_29538.html](http://www.efluxmedia.com/news_CDC_Advice_for_Routine_HIV_Testing_Still_Not_Followed_in_Many_ERs_29538.html)

## **CDC Advice for Routine HIV Testing Still Not Followed in Many ERs**

By Anna Boyd

14:02, November 21st 2008 1 vote

Back in 2006, the Centers for Disease Control and Prevention called for virtually all patients younger than 65 admitted to hospitals or seen in primary care and emergency rooms to be routinely tested for HIV on an opt-out basis. To be more explicit, patients should automatically be tested unless they specifically refuse. However, things don't look too good today, two years after the recommendation was made.

The Forum for Collaborative HIV Research, an independent public-private partnership based at the George Washington University School of Public Health and Health Services, found that only about 5 percent of patients with evidence of serious illness are being routinely checked in hospital emergency rooms for HIV, the virus that causes AIDS.

"HIV is a life-threatening disease that is so grossly underdiagnosed and undertreated in this country. Testing for HIV should be as routine as a flu shot. A few hospital are implementing routine testing in their emergency departments, but these are few and far between," Veronica Miller, director of the Forum for Collaborative HIV Research said in a briefing on the two-day Summit on HIV Testing in Washington. The Summit focused on the extent of HIV testing in the United States and how it could be improved.

More exactly, about 50 to 100 out of 5,000 emergency rooms in the US are routinely testing all patients for HIV, according to Richard Rothman, M.D., Ph.D., of Johns Hopkins. Every pregnant women is supposed to be tested so steps can be taken to protect her unborn baby. However, about 40 percent aren't.

The reasons for which patients are not routinely tested for HIV vary. Among them are the perception of many clinicians that it takes too much time and the reluctance of some insurers to pay for the tests.

"Reimbursement is a major barrier to routine testing," Kevin Fenton, director of HIV prevention at the CDC, said. The testing consists of a saliva test, followed if possible by a confirmatory blood test. If a patient is charged, the cost is about \$80 to \$120.

Diagnosing a person with HIV in its early phase is very important both for that person and for those whom he/she comes in contact with. Treatment delays can lead to immune system damage and higher risk of cancer and heart disease, Miller said.

The HIV-infected population in the US rose to 1.1 million in 2006 from an estimated 994,000 in 2003, meaning that since 2003, HIV prevalence has increased by 11 percent, or 112,000 people, according to a study of the CDC released at the beginning of October.

The CDC previously reported that more people are becoming infected each year than previously



estimated, with 56,300 new HIV infections in the US in 2006. Previous estimates put the number of new infections at about 40,000 a year.

Since 1981, when AIDS first came to public notice, the disease has killed at least 25 million people, and 33 million others are living with the disease or HIV.



[http://www.efluxmedia.com/news\\_HIV\\_Patients\\_Have\\_a\\_Higher\\_Risk\\_Of\\_Developing\\_Cancer\\_As\\_Well\\_29722.html](http://www.efluxmedia.com/news_HIV_Patients_Have_a_Higher_Risk_Of_Developing_Cancer_As_Well_29722.html)

## **HIV Patients Have a Higher Risk Of Developing Cancer As Well**

November 23rd 2008

When you think one's health is as bad as it can get, think again, as doctors are discovering a new set of complications: people with HIV have a much higher risk of developing certain cancers such as lung, liver, head and neck; doctors fear a cancer epidemic among this group could be coming, according to Atlanta Journal Constitution.

New research presented Tuesday by a Johns Hopkins epidemiologist at a national cancer conference shows that patients with HIV are twice as likely as the general population to get any of the cancers not previously linked to the disease. "We're seeing people we have treated successfully for HIV at much higher risk" for cancer, said Dr. Kevin J. Cullen, director of the University of Maryland's Greenebaum Cancer Center. "The reasons aren't fully understood."

New numbers show that HIV is spreading because doctors and hospitals are failing to routinely test for the virus. While there's been some improvement, some 1.1 million people in the United States are infected with HIV and nearly 233,000 are unaware of their infection.

"We're really at the first stages of systematically looking at the epidemic and fully looking at cancer," said Dr. William A. Blattner, an associate director of the University of Maryland's Institute of Human Virology. "Before, you died from AIDS, so you didn't have time to develop cancer. The unusual observation is the cancers are occurring at a much younger age."

Certain cancers have long been associated with HIV and AIDS. Kaposi's sarcoma, non-Hodgkins lymphoma and cervical cancer, all linked to viruses, were seen from the earliest days of the AIDS epidemic. It's the other cancers that are today being seen in much greater numbers.

Today, just 50 to 100 of the country's 5,000 emergency rooms routinely test for the virus, which requires patient consent, according to research presented November 20 at the **Forum for Collaborative HIV Research** meeting in Washington.



[http://www.efluxmedia.com/news\\_HIV\\_Testing\\_Recommendations\\_Highly\\_Ignored\\_29752.html](http://www.efluxmedia.com/news_HIV_Testing_Recommendations_Highly_Ignored_29752.html)

## HIV Testing Recommendations Highly Ignored

By Anna Boyd

14:28, November 24th 2008

Two years after the Centers for Disease Control and Prevention recommended that patients in emergency rooms and doctor's offices be routinely tested for HIV, the advice is not being followed, according to a study by the **Forum for Collaborative HIV Research**, an independent public-private partnership based at the George Washington University School of Public Health and Health Services. The study was presented during a two-day Summit on HIV Testing in Washington, which focused on the extent of HIV testing in the United States and how it could be improved.

The organization found that only about 5 percent of patients with evidence of serious illness are being routinely checked in hospital emergency rooms for HIV, the virus that causes AIDS.

"While significant progress has been made in the two years since the U.S. Centers for Disease Control and Prevention recommended routine testing, we are still nowhere near this being the national norm," said Veronica Miller, executive director of the Forum for Collaborative HIV Research. "Testing for HIV should be as routine as a flu shot," she added.

According to 2006 data shared at the conference by Dr. Richard Rothman, associate professor in Hopkins' emergency medicine department, emergency rooms tested patients at a rate of 3.2 per 1,000 visits. "There are many missed opportunities in recognizing patients earlier in the course of their illness."

Dr. Kevin Fenton, director of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention said that HIV testing is a life-and-death issue. "Once people learn they are infected with HIV, they take steps to protect their partners."

But the reality is that many people live with HIV without even knowing it. About one in five people who have HIV doesn't know about it, risking his/her life and the others' as well. A person who is HIV-positive, but unaware they are infected, is three times more likely to transmit the infection than a person who is aware they have it.

What are the reasons behind this situation? The perception of many clinicians that it takes too much time and the reluctance of some insurers to pay for the tests are the most important.

Also studies presented during the summit suggest more than 80 percent of emergency-room patients were amenable to an HIV test while most emergency room workers opposed testing them. Why? Presumably because emergency rooms are so busy and there's confusion about how much HIV counseling is needed.

UNAIDS estimates the HIV virus has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive pandemics in recorded history. Currently, there are 33 million living with AIDS, 5.5 million of whom being located in South Africa.

More than 6,500 new HIV infections occur daily worldwide, and about 1,000 of these in South Africa.



[http://www.efluxmedia.com/news\\_Many\\_People\\_Dont\\_Get\\_Testet\\_For\\_HIV\\_29581.html](http://www.efluxmedia.com/news_Many_People_Dont_Get_Testet_For_HIV_29581.html)

## **Many People Don't Get Tested For HIV**

By Dianna Cooper

16:46, November 21st 2008

A large number of people close their eyes when it comes to getting tested for HIV, even though two years ago the federal government recommended that everyone of age 13 to 64 be routinely tested for HIV.

These findings of several large-scale studies were presented this week at a conference in Arlington.

In spite of the new testing guidelines and improved testing methods, people disregard the advice of the Center for Disease Control and Prevention concerning regular testing for HIV, which could save lives.

"It's fast, it's cheap, it's easy, it's almost perfect in terms of positive or negative results, and it detects a lethal disease that can now be treated," said Dr. John Bartlett, professor of medicine at the Johns Hopkins University School of Medicine's division of infectious diseases. It is very cost-efficient and "it deals effectively with a major public health problem. This is a slam dunk."

The results revealed that about 5 percent of people with evidence of serious illness are being routinely tested in hospital emergency rooms for the Human Immunodeficiency Virus, according to Veronica Miller, PhD., director of the Forum for Collaborative HIV Research, which works to advance clinical research and translate results into patient care.

Just 100 of the 5,000 emergency rooms in the United States routinely test for the virus in patients who are not severely ill, Dr. Bartlett said.

An estimated 1.1 million Americans have contracted HIV, the virus that causes AIDS, the CDC said. Worldwide, about 33 million people have the AIDS virus and 25 million have died of it.



[http://www.enevs20.com/news\\_People\\_Disregard\\_Advice\\_to\\_Do\\_the\\_HIV\\_Tests\\_14618.html](http://www.enevs20.com/news_People_Disregard_Advice_to_Do_the_HIV_Tests_14618.html)

## **People Disregard Advice to Do the HIV Tests**

By Daniel Nicholas

November 23rd 2008

The AIDS epidemic goes on because the Americans seemed to have ignored the piece of advice given by the U.S. health officials to get the HIV testing if they were aged between 13 and 64 years. These testing remain in the shadow for most of the people. And this happens despite the new guidelines and the better testing methods.

These results were discussed during a conference in suburban Washington D.C. which was made to review the state of the HIV epidemic and the role that testing can play in prevent and cure it. Dr. John Bartlett, professor of medicine at the Johns Hopkins University School of Medicine's division of infectious diseases said that the testing is fast, cheap and easy "and it detects a lethal disease that can now be treated."

Bartlett added that this testing method of the HIV is cost-effective and it regards a major public health problem. Nearly 1 million Americans live with the HIV right now. This virus causes AIDS and more than 56,000 Americans had the virus in 2006, according to the health officials.

Veronica Miller, executive director of the **Forum for Collaborative HIV Research**, an independent public-private partnership that organized the conference, stated that significant progress has been made by the U.S. Centers for Disease Control and Prevention in the last two years, but the CDC's advice for people to get tested is still not important to be taken into consideration.

Miller added that the testing for HIV should be like the testing for flu. Dr. Kevin Fenton, director of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention said that when the patients find out they are infected with the HIV they take steps as to protect their partners.

Other findings presented during the study consisted of 36% of insured individuals who were seeking treatment for sexually transmitted diseases were tested for HIV.

[http://foodconsumer.org/7777/8888/Laws\\_and\\_Reg\\_64/112312432008\\_Most\\_patients\\_don't\\_heed\\_advice\\_to\\_get\\_HIV\\_tests.shtml](http://foodconsumer.org/7777/8888/Laws_and_Reg_64/112312432008_Most_patients_don't_heed_advice_to_get_HIV_tests.shtml)

## **Most patients don't heed advice to get HIV tests**

By Ben Wasserman

Nov 23, 2008

Sunday Nov 23, 2008 (foodconsumer.org) -- The CDC recommended in 2006 that patients in emergency rooms and doctor's offices should be routinely tested for HIV, but many doctors have not followed the recommendation because of a variety of reasons, according to a new report presented this week at a conference in Arlington.

The report reviewed a number of studies and found that merely 5 percent of patients with evidence of serious illness in hospital emergency rooms are being routinely tested for HIV that causes AIDS, Veronica Miller, director of the **Forum for Collaborative HIV Research** at the George Washington University School of Public Health and Health Services was cited as saying.

In 2006, the Centers for Disease Control and Prevention recommended that patients age 13 to 64 should be routinely tested, they can opt out if they want to. Below is cited from the CDC detailing the recommendations.

Many factors can lead to the reluctance for doctors to order a HIV testing for their patients. The significant ones include the perception of clinicians that it takes too much time to finish the test and the difficulty getting some health insurance companies to pay for the tests.

The tests can cost patients anywhere from \$80 to \$120 per person if they have to pay anything. HIV testing can be a saliva test and if necessary or a confirmatory blood test.

Kevin Fenton, director of HIV prevention at the CDC, the health agency that promotes disease control and prevention concurred and was quoted by Washington Post as saying that "Reimbursement is a major barrier to routine testing."

Studies presented at the two-day submit found that in urban ERs, infection rates could run from 0.5 to 1 percent of people tested. For instance, according to Washingtonpost, the saliva test offered at the emergency department at George Washington University revealed an infection rate of 0.8 percent in those who accepted to be tested.



## **U.S. Lags on HIV Testing Goals**

Despite call for routine exams, 60,000 Americans were infected last year

Posted November 20, 2008

By Amanda Gardner

HealthDay Reporter

THURSDAY, Nov. 20 (HealthDay News) -- Two years after U.S. health officials recommended routine HIV testing for Americans 13 to 64, such testing remains hit-and-miss, and the AIDS epidemic marches on.

This, despite the new testing guidelines and better testing methods, according to participants at a conference in suburban Washington D.C. The meeting was designed to review the state of the AIDS epidemic and the unmet role that routine testing can play.

"It's fast, it's cheap, it's easy, it's almost perfect in terms of positive or negative results, and it detects a lethal disease that can now be treated," Dr. John Bartlett, professor of medicine at the Johns Hopkins University School of Medicine's division of infectious diseases, said during a Thursday teleconference. "It's highly cost-effective and it deals effectively with a major public health problem. This is a slam dunk."

More than 1.1 million Americans are now living with HIV, the virus that causes AIDS. And more than 56,000 Americans were newly diagnosed with the virus in 2006, officials said.

"While significant progress has been made in the two years since the U.S. Centers for Disease Control and Prevention recommended routine testing, we are still nowhere near this being the national norm," said Veronica Miller, executive director of the Forum for Collaborative HIV Research, an independent public-private partnership that organized the conference. "Testing for HIV should be as routine as a flu shot, she said.

Testing can save lives.

"Once people learn they are infected with HIV, they take steps to protect their partners," said Dr. Kevin Fenton, director of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

The three-day conference pulled together some 300 leading HIV researchers, health-care providers and policymakers to look at the issue of early, routine HIV testing.

Statistics show that before 2006, hospital emergency rooms tested patients for HIV at a rate of just 3.2 per 1,000 visits -- or 0.32 percent. In the two years since, there's been slight improvement, with an estimated 50 to 100 out of 5,000 emergency rooms nationwide routinely testing for HIV, according to Dr. Richard Rothman, of the Johns Hopkins University Department of Emergency Medicine.



A lack of testing occurs in other settings as well, such as correctional facilities and Veterans Administration hospitals. Other research presented at the conference found that just 36 percent of insured individuals seeking treatment for sexually transmitted diseases -- a high-risk group -- were tested for HIV.

And under-testing, of course, means that people who are infected don't start their treatment until later. One study found that 40 percent of patients newly diagnosed with HIV were "late testers," meaning they had AIDS diagnosed within one year of their test.

"Seventy-five percent of those patients had had health-care visits and the most frequent site of visits was the emergency department. There were many missed opportunities," Rothman said.

Despite legislative, medical and social barriers, there have been some successes. They include a voluntary rapid HIV testing program in New York City jails that increased testing from 6,500 to 25,000 inmates between 2004 and 2006. And a Chicago hospital added two health educators to its emergency room, offering rapid testing to patients admitted for medical services. Over 15 months, nearly 2,000 patients were tested, and 15 percent were confirmed HIV-positive. They were set up with care, according to a conference news release.

"I tested positive for HIV 20 years ago and, as a result, have had the opportunity to live a better life and a longer life," said Deadra Lawson Smith, a member of the Living Quilt Project and a community liaison/peer advocate with the South Carolina HIV/AIDS Council.

"People think knowing your status changes your life. It does change your life, but it doesn't change anything else. If you're a mother, you're still a mother. If you're a grandmother, you're still a grandmother. If you're an employee, you're still an employee. If you're a voter, you're still a voter," she said.

More information

To learn more visit the Forum for Collaborative HIV Research.

*Story also picked-up by:*

Forbes.com

<http://www.forbes.com/forbeslife/health/feeds/hscout/2008/11/20/hscout621594.html>

HealthCentral.com

<http://www.healthcentral.com/newsdetail/408/621594.html>

Lex18.com

<http://www.lex18.com/Global/story.asp?S=9388724=EQIs>

U.S. News & World Report

<http://health.usnews.com/articles/health/healthday/2008/11/20/us-lags-on-hiv-testing-goals.html>

Yahoo! News

[http://news.yahoo.com/s/hsn/20081119/hl\\_hsn/earlyhivtreatmentbestforbabies](http://news.yahoo.com/s/hsn/20081119/hl_hsn/earlyhivtreatmentbestforbabies)

Thursday, Nov. 20, 2008

## **HIV tests not yet as routine as cholesterol checks**

By LAURAN NEERGAARD - AP Medical Writer

WASHINGTON -- Two years after the government urged making HIV tests as common as cholesterol checks, there are small gains but still one in five people infected with the AIDS virus doesn't know it, scientists said Thursday.

Eleven states that once required special consent for HIV testing have changed their laws, a key step to making an HIV test part of the standard battery that patients expect.

But HIV specialists meeting Thursday said other barriers include physician confusion about the ease of today's rapid tests, which can cost as little as \$15 - although many patients seem to accept them.

No more than 100 of the nation's 5,000 emergency rooms routinely test for HIV in patients who aren't critically ill, said Dr. John Bartlett of Johns Hopkins University, who co-chaired the **Forum for Collaborative HIV Research** meeting. Yet because so many HIV patients are poor or uninsured, ERs are the health-care setting most likely to find them.

And while every pregnant woman is supposed to be tested so steps can be taken to protect her unborn baby, about 40 percent aren't, he added.

"Those are what we call missed opportunities," Bartlett said. Today, the test is "much better, it's much easier, it's much cheaper. The treatment is really great now."

Just over 1.1 million Americans are estimated to have HIV and 232,000 don't know it, according to the Centers for Disease Control and Prevention.

The CDC for years recommended routine testing mainly for people at high-risk, such as intravenous drug users. Then, finally, came drugs potent enough to keep HIV patients healthy for years, postponing the slide into full-blown AIDS. Yet nearly half of new infections still were being discovered too late for patients to benefit. Not to mention that people who don't know they're infected unwittingly spread the virus.

So in September 2006, the CDC recommended routine testing for everyone ages 13 to 64, whether they think they're at risk for HIV or not.

There is no nationwide data yet on the new guidelines' impact, CDC's Dr. Bernard Branson told The Associated Press.

But Branson listed encouraging signs:

-New York City's Health and Hospitals Corporation, the nation's largest municipal health system, has nearly tripled HIV testing - and late diagnoses dropped by about a third.

-New York's state Medicaid program has increased testing by 30 percent.

-Early results from a federal survey suggest 2.4 million more people in 2007 said they had ever been tested for HIV than said so in 2006.

-President George W. Bush in October signed a law allowing Veterans Administration clinics to ease testing requirements.

"I don't think anyone at CDC anticipated that we would test the whole country in a single year," Branson said.

But in pilot projects around the country, "people are taking the recommendations to heart and implementing them as much as was feasible for them," he added. Moreover, "we find people are very receptive to being tested, and there was concern about that before."

Indeed, studies presented Thursday suggest more than 80 percent of emergency-room patients were amenable to an HIV test while most ER workers opposed testing them. Why? Presumably because ERs are so busy and there's confusion about how much HIV counseling is needed.

But Bartlett demonstrated how to quickly give people a chance to either opt out or request counseling: "Mr. Jones, you're going to have a cholesterol test, a blood count, and an HIV test - and by the way we do the HIV test on everybody because that's what the CDC has recommended. Is there any part of this that you want more information about or you don't want to have?"



[http://www.heraldtribune.com/article/20081121/ARTICLE/811210351/2055/NEWS?Title=Nation\\_briefs\\_Second\\_spacewalk\\_leaves\\_nothing\\_amiss](http://www.heraldtribune.com/article/20081121/ARTICLE/811210351/2055/NEWS?Title=Nation_briefs_Second_spacewalk_leaves_nothing_amiss)

### **Routine AIDS testing not a reality in U.S.**

Friday, November 21, 2008

WASHINGTON -- Two years after the federal government recommended that patients in emergency rooms and doctors' offices be routinely tested for HIV, the advice is generally not being followed, according a large number of studies presented this week at a conference in Arlington, Va.

Only about 5 percent of patients with evidence of serious illness are being routinely tested for the virus that causes AIDS in hospital emergency rooms, said Veronica Miller, director of the **Forum for Collaborative HIV Research**, an independent public-private partnership based at The George Washington University School of Public Health and Health Services.



[http://www.honoluluadvertiser.com/article/20081125/BREAKING06/81125068/-1/RSS01?source=rss\\_breaking](http://www.honoluluadvertiser.com/article/20081125/BREAKING06/81125068/-1/RSS01?source=rss_breaking)

November 25, 2008

### **Hawai'i should remove barriers to HIV testing**

Surely if there was ever a virus worth getting ahead of, it's the human immunodeficiency virus (HIV).

HIV, which causes AIDS, has killed millions. It afflicts all levels of society, young and old, gay and straight. It has been a serious problem in this country for at least 20 years.

One in five people who have HIV don't even know it, according to 2006 estimates by the Centers for Disease Control and Prevention. And, the CDC points out, "the majority of new infections are transmitted by those who are unaware of their infection."

That's why it's disturbing that most U.S. hospitals and healthcare clinics don't follow government recommendations to make HIV screening more common.

The CDC says too many people — about 38 percent — hadn't been tested for HIV before developing AIDS.

A study presented at the **Forum for Collaborative HIV Research** summit last week showed a similar trend: In data drawn from eight health plans, of more than 10,000 people diagnosed with AIDS-related illnesses, only 5 percent received an HIV test in the previous five months.

Early detection can allow a person to take steps to avoid unknowingly spreading the virus. And early treatment, before symptoms manifest themselves, can extend the length and quality of a person's life.

The CDC has urged states to remove intimidating requirements that patients provide special written consent and counseling before taking an HIV test. Some 40 states have done so, but Hawaii has not. It should.

Bills that attempted to address the CDC's proposals failed in the last legislative session; the Legislature should revisit the issue next year.

The goal should be to encourage more people who might be at risk to get tested.

A patient's consent must be required, but as an opt-out — unless the patient says no, the test is given.

And while an individual should have the right to pretest counseling, there's no good medical reason to require it in all cases.

HIV is too common, and its effects too serious, to treat it more gingerly than other diseases.

There are an estimated 1.1 million infected with HIV in the United States, according to the CDC.

In Hawaii, 3,011 AIDS cases were reported between 1983 and 2007. Of those, 1,752, or 58 percent, are known to have died.

The CDC wants to bring those numbers down and has recommended every American between 13 and 64 voluntarily get an HIV test.

While that's not likely to happen, it is still critical that states do all they can to remove barriers to HIV testing. It's one of the most important tools in the battle to get ahead of this disease.



<http://www.injuryboard.com/national-news/125-Million-AIDS-Transmission-Judgment.aspx?googleid=252134>

## **\$12.5 Million AIDS Transmission Judgment**

Posted by Jane Akre

Tuesday, November 25, 2008 11:26 AM EST

Man infects wife with HIV, must pay her \$12 million.

The case that established liability for giving someone AIDS has concluded with a \$12.5 million judgment.

“John B” and “Bridget B” have had their sexual history paraded before the courts for the last six years. Based on their case, the justices of the California Supreme Court ruled in 2006 that people could be held liable for failing to inform a partner of previous risky sexual behavior.

“John B.” acted with fraud and malice and was ordered by a Los Angeles County Superior Court judge Friday to pay his ex-wife \$5 million for future loss of earnings and \$7.5 million in damages. The wife had justifiably trusted her husband, the judge ruled.

The 43-year old woman had tested negative for HIV and had only unprotected sex before meeting her husband in 1998. During their honeymoon in Bora Bora in October 2000, they reportedly had unprotected sex for the first time.

Two months later, feeling exhausted and with high fevers, “Bridget B” tested positive for HIV. At the time she thought she had given the virus to her husband.

But by 2002, she discovered “John B” had been visiting sexually-explicit homosexual Web sites. She found e-mails showing he had unprotected sex with men he met over the internet before their marriage. He had not informed her of these encounters before their marriage and instead accused “Bridget B” of giving him AIDS.

The L.A. County judge ruled that the husband acted with fraud and malice for failing to inform his wife of his previous risky sexual behavior. The finding of fraud and malice ensures that the husband will have to pay his ex-wife even if he files for bankruptcy.

Bridget B has HIV, human immune deficiency virus, for which there is no cure. John B has full-blown AIDS.

The U.S. Centers for Disease Control and Prevention (CDC), in 2006, began recommending patients in emergency rooms and doctors’ offices be routinely tested for HIV, advice that is generally being ignored by most, said scientists at a conference last week.

Only 5 percent of patients with signs of serious illness are being tested routinely in hospital emergency rooms for the virus that causes AIDS, according to the **Forum for Collaborative HIV Research**.

The studies found, among the top reasons for people ignoring recommendations is a) reluctance of many insurers to pay for the tests and b) perception by many that it takes too much time.

Point-of-Service testing involves a saliva test, followed by a blood test to confirm whenever possible. If the patient is charged for the test, the bill usually runs from \$80 to \$120. #a





<http://www.injuryboard.com/national-news/cdc-advice-to-get-hiv-testing-ignored-by-many.aspx?googleid=251954>

### **CDC Advice To Get HIV Testing, Ignored By Many**

Posted by Chrissie Cole

Friday, November 21, 2008 9:10 AM EST

Category: Major Medical

Tags: HIV, AIDS, Public Health, Sexually Transmitted Disease, FDA and Prescription Drugs

In 2006 the government began recommending patients in emergency rooms and doctors' offices be routinely tested for HIV, that advice is generally being ignored by most, said scientists at a conference on Thursday.

Only 5 percent of patients with signs of serious illness are being tested routinely in hospital emergency rooms for the virus that causes AIDS, says Veronica Miller, director of the Forum for Collaborative HIV Research.

"HIV is a life-threatening disease that is severely under-diagnosed and undertreated in the U.S.," Miller said in a briefing at a two-day Summit on HIV Testing.

The U.S. Centers for Disease Control and Prevention (CDC), in 2006, recommended all persons ages 13 to 64 be tested regularly in medical encounters, with the option of opting out.

The studies found, among the top reasons for people ignoring recommendations is a) reluctance of many insurers to pay for the tests and b) perception by many that it takes too much time.

Point-of-Service testing involves a saliva test, followed by a blood test to confirm whenever possible. If the patient is charged for the test, the bill usually runs from \$80 to \$120.

Study findings include:

Infection rates run from 0.5 to 1 percent of people tested in urban emergency rooms, although many opt not to be tested.

When George Washington University Medical Center emergency room started offering the saliva test, 0.8 percent of those who accepted testing were infected – below the District's estimated 5 percent HIV rate.

When trained counselors at Hahnemann University Hospital, in Philadelphia, offered rapid testing to emergency room patients in a setting that lasted no more than five minutes, 83 percent of

patient's said yes. Half were women, 80 percent were black and the median age was 36. One quarter of them had never been tested and 0.7 of percent tested positive.

About 2,000 emergency room patients at John H. Stroger Jr. Hospital, in Cook County, were sick enough to be admitted and offered an HIV test. Slightly less than 1 percent tested positive and more than 90 percent of them had CD4 cell counts below 200. At that level, a person has severe immune system damage and is considered to be infected with AIDS.

In the two years prior to the test, those patients had visited the emergency room an average of three times – each visit a missed opportunity to have diagnosed their infection in the earlier stages.

The studies also found that if implemented, routine testing would detect the infection at a much earlier stage in many patients.

The CDC estimates that 250,000 Americans in non-high-risk groups are HIV positive, but don't know it.

A person who is HIV-positive, but unaware they are infected, is three times more likely to transmit the infection than a person who is aware they have it.

Acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV) and may be contracted through exposure to bodily fluids, including but not limited to blood and semen.

The CDC estimated in 2008, that about 56,300 people were infected with HIV in 2006 (the most recent year data is available). Visit the HIV incidence page for more details. #



[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=55680](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=55680)

**Public Health & Education | CDC's HIV Testing Recommendations Not Being Followed, Studies Show**

[Nov 21, 2008]

Two years after CDC recommended routine HIV testing for people ages 13 to 64, several studies presented at a recent conference indicate that the recommendations generally are not being followed, the Washington Post reports (Brown, Washington Post, 11/21). According to the Baltimore Sun, researchers at the Forum for Collaborative HIV Research -- based at the George Washington University School of Public Health -- said on Thursday during the conference that HIV testing is a significant step to ending the epidemic in the U.S. About 1.1 million people are living with HIV in the U.S. and one in five is unaware of his or her status. The researchers also said that people who are unaware that they are HIV-positive are responsible for transmitting 50% to 70% of new sexually transmitted infection cases. John Bartlett, chief of infectious diseases at Johns Hopkins University School of Medicine and a co-chair of the meeting, said the high number of people unaware of their HIV status should be a "call to action that the test will be offered on a more regular basis" (Brewington, Baltimore Sun, 11/21).

According to the Post, the studies show that the most common reasons for not following CDC's recommendations are misconceptions by clinicians that the tests take too much time, as well as an unwillingness by health insurers to pay for the tests. Kevin Fenton -- director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention -- said, "Reimbursement is a major barrier to routine testing." The Post reports that testing a patient who receives an initial saliva test, followed by a blood test for confirmation if possible, costs about \$80 to \$120 if the patient is charged (Washington Post, 11/21).

The Sun also reports that a continuing stigma associated with HIV/AIDS is contributing to a lack of widespread testing. Richard Rothman, associate professor in Johns Hopkins University's Department of Emergency Medicine, said 2006 data show that emergency departments tested patients at a rate of 3.2 tests per 1,000 visits. "There are many missed opportunities in recognizing patients earlier in the course of their illness," he said (Baltimore Sun, 11/21). Veronica Miller, executive director of the forum, said that HIV/AIDS is a "life-threatening disease that is so grossly underdiagnosed and undertreated in this country." She said that about 5% of patients presenting with serious illness are routinely tested for HIV in hospital EDs. For example, at John H. Stroger Jr. Hospital of Cook County in Chicago, about 2,000 people who went to the ED and were ill enough to be admitted were offered HIV tests. Slightly less than 1% tested HIV-positive, and more than 90% had CD4+ T cell counts less than 200, one of the factors that leads to an AIDS diagnosis (Washington Post, 11/21).

According to the AP/Indianapolis Star, 11 states have changed their laws to no longer require special consent for HIV testing, which is a "key step to making an HIV test part of the standard battery that patients expect." People living with HIV are "mostly likely" to be found in EDs because many are uninsured and have low incomes, the AP/Star reports. Bartlett said that routine HIV testing in patients who are not critically ill is given in no more than 100 of the U.S.'s 5,000 EDs, adding that about 40% of pregnant women and their infants who should be tested for HIV are not. "Those are what we call missed opportunities," he said (Neergaard, AP/Indianapolis Star, 11/20).

The studies also show that if routine HIV testing were implemented in the U.S., HIV detection could occur at earlier stages in many people (Washington Post, 11/21). Miller said that it is "crucial to understand how important routine HIV testing is at every level of American society so everyone knows their status; it's the first step in controlling the HIV epidemic" (Tasker, Miami Herald, 11/20). Bartlett said HIV testing today is "much better, it's much easier, it's much cheaper. The treatment is really great now." CDC's Bernard Branson said the agency "find[s] people are very receptive to being tested, and there was concern about that before." He added that "people are taking the recommendations to heart and implementing them as much as was feasible for them." According to the AP/Star, data from the studies presented on Thursday indicate that more than 80% of ED patients were "amenable" to HIV tests and that most ED staff were opposed to administering the tests. This is "[p]resumably because [EDs] are so busy, and there is confusion on how much HIV counseling is needed," the AP/Star reports. There are no nationwide data on the impact of the new guidelines, according to Branson (AP/Indianapolis Star, 11/20).



November 25, 2008 Tuesday

**AHF: US Should Spend \$200M on HIV Tests for 10 Million People as Domestic Testing Falls Short of CDC Goals**

Two years after the Centers for Disease Control (CDC) first recommended routine HIV testing for everyone between the ages of 13 and 64, HIV testing goals in the US continue to fall far short of the CDC's recommendations according to a report given during a '**Forum for Collaborative HIV Research**' meeting recently held in Washington, DC.

There are approximately 1.2 million individuals in the US thought to be living with HIV/AIDS today, yet as many as a quarter of a million of these people do not know their HIV status as they have never been tested for the virus.

"These lackluster numbers for domestic HIV testing continue to be a scathing indictment of how profoundly U.S. and CDC HIV prevention efforts have failed," said Michael Weinstein, President of AIDS Healthcare Foundation (AHF), the U.S.' largest AIDS organization. "The U.S. must immediately appropriate \$200 million in order to test 10 million people over the next three years. Massive scale-up of HIV testing is the only way to bring down the number of new infections. Identifying all those who are infected and linking them to treatment is the only way to break the chain of new infections and begin to address the nation's runaway epidemic."

In a related note and in conjunction with the upcoming observation of World AIDS Day (December 1st), AIDS Healthcare Foundation has spearheaded the ambitious One Million Tests World AIDS Day 2008 campaign, a collaborative global effort to test one million people for HIV during the week of November 26th through December 1st. Close to 1,000 partner organizations around the world--including 99 partners in the US--will join in this group effort by testing people for HIV in their countries and regions.

AIDS Healthcare Foundation (AHF) is the US' largest HIV/AIDS organization. It currently provides treatment, care and support services to more than 86,000 individuals in 22 countries worldwide in the US, Africa, Latin America/Caribbean and Asia.

One Million Tests: [www.onemilliontests.org](http://www.onemilliontests.org).



<http://www.marketwatch.com/news/story/Southern-AIDS-Living-Quilt-Raises/story.aspx?guid={EE7579BB-6B73-4942-823E-6A425C369EA8}>

### **Press Release: Southern AIDS Living Quilt Raises Awareness at National HIV Summit**

WASHINGTON, Nov 21, 2008 /PRNewswire-USNewswire via COMTEX/ -- Women empower others by sharing personal stories of living with HIV/AIDS. AIDS is the leading cause of death for African American women ages 25-34 today. HIV infections could be reduced by 30 percent per year if all HIV infected persons knew of their infection and adopted behavioral changes to limit the spread of the disease.

The Southern AIDS Living Quilt ([www.livingquilt.org](http://www.livingquilt.org)) was featured this week at the 2008 National Summit on HIV Diagnosis, Prevention and Access to Care in Washington, DC. The Quilt itself illustrates the growing impact of HIV/AIDS on women in the southern U.S., particularly women of color.

Complementing the summit's goals of increased awareness, prevention and treatment, the Living Quilt collects and shares video and audio stories from women on the front lines of the fight against the spread of HIV and AIDS. The Living Quilt highlights the need for routine testing, early diagnosis, and increased access to care for those living with HIV/AIDS in the South. These powerful videos have been viewed more than 6,300 times view visitors from across the U.S. since the Southern AIDS Living Quilt's October launch, while more than one dozen new video "patches" have been recorded to add to the initial thirty three.

"Like this summit, the Living Quilt works to increase awareness and make an impact on those infected and those at risk," said Dr. Bambi Gaddist, Executive Director of the South Carolina HIV/AIDS Council. "While we have a long way to go, it's a sign that the status quo can change."

"This Quilt serves to empower, encourage and educate those most directly impacted by HIV and AIDS," said Evelyn Foust, Co-Chair of the Southern AIDS Coalition and AIDS and STD Director at the North Carolina Department of Health and Human Services. "I urge women across the region to visit the Living Quilt and consider sharing their stories. Together, we can break the chain of the 56,000 new HIV infections in 2006 alone."

Visitors can upload stories of their own, becoming part of the Quilt through their own unique narrative. The Living Quilt site also provides valuable information and resources on HIV and AIDS, including where to find testing resources across the United States.

#### About the Southern AIDS Coalition

The Southern AIDS Coalition was formed in 2001 as a membership organization of government representatives, corporations, and community advocates to provide southern citizens an opportunity for adequate HIV/AIDS prevention information, treatment, and health care. SAC is a federally recognized 501(c)3.

SOURCE Southern AIDS Coalition

<http://www.livingquilt.org> <<http://www.livingquilt.org>>

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<http://www.medicalnewstoday.com/articles/130267.php>

## **CDC Recommendations For Routine HIV Testing Largely Ignored**

21 Nov 2008

Despite national guidelines issued by the US Centers for Disease Control and Prevention recommending that all Americans aged 13 to 64 be routinely tested in all healthcare settings, private, federal and state organizations have largely failed to do so.

This was the main theme of a national summit held this week in Arlington, Virginia, called the Forum for Collaborative HIV Research where 300 leading HIV researchers, policymakers and healthcare providers met to discuss new advances and barriers to routine HIV testing.

Many working in the field believe routine HIV testing is the key to slowing down the epidemic in the US where there are more than 1.1 million Americans living with HIV.

Last year nearly 60,000 people were infected with HIV in the US, where 50 to 70 per cent of new sexually transmitted infections are spread by Americans who don't realize they are infected, said a statement issued by the Forum for Collaborative HIV Research.

Director of the Forum, Dr Veronica Miller said:

"Two years after the CDC recommended routine testing, initial successes show its potentially powerful impact, but major barriers keep it from being the national norm."

"With HIV, ignorance is not bliss" said Miller, explaining that people who don't realize they are infected are three times more likely to pass on HIV.

Conference co-chair and Director of the Brown University AIDS Program, Dr Ken Mayer said:

"The healthcare system is routinely missing critical opportunities to identify and treat HIV-infected individuals -- in emergency rooms, doctors' offices, veteran's hospitals and prisons."

The result is that many people aren't tested until the later stages of the disease, even when the symptoms are quite evident, he said.

Dr Richard Rothman of the Johns Hopkins University Department of Emergency Medicine told the Forum that since the CDC issued its recommendations in 2006 routine testing for HIV in Emergency Rooms (ERs) has improved minimally with only 50 to 100 of the 5,000 ERs nationwide routinely testing for HIV.

This is a missed opportunity said Rothman because there is evidence that of the 2.8 million ER tests performed over the last 12 years, 6 per cent were HIV positive, much higher than the national prevalence of AIDS in the US population.

And according to a number of studies it is not just ER patients, who are largely uninsured, but also people with full private coverage who are going untested. One study that reviewed insurance claims from plans covering nearly 8 million members found that in 2006 under 5 per cent of insured people with illnesses potentially linked to AIDS were tested for HIV.

Another study found that only 36 per cent of insured people treated for sexually transmitted diseases were tested and yet they represent a high risk group for HIV. And despite the fact prison inmates are 2.5 times more likely to be infected than the average American, most correctional facilities at state and federal level don't routinely test for HIV, they only test inmates thought to be at higher risk.

Another high risk group is veterans. In the year up to the end of September 2006, fewer than 10 per cent of inpatient and 5 per cent of outpatient veterans were tested. Here the situation appears to be held back by the fact that under VA regulations HIV testing can only be carried out with written informed consent and documented counselling before and after testing.

However, the Department of Veteran Affairs hopes this barrier will be removed when new legislation that President Bush signed last month kicks in that waives the need for written consent.

Miller said the point of routine testing is to stop transmission and getting people treated earlier.

"But new data show that late entry to care is a more serious problem than previously known and is costing years of healthy life," she said.

The healthcare system is stuck in the past about HIV testing, said Summit co-chair Dr John G Bartlett, of The Johns Hopkins University.

"HIV testing started in 1985 when there was no treatment, a morbid death, an unrealistic fear of contagion and terrible stigma," said Bartlett.

"Now HIV is treatable, we have a test that takes minutes and costs ten dollars. Individuals benefit enormously from treatment, as does society," he added.

Another barrier is the attitude of ER staff who appear to be unaware of the new guidelines and the evidence supporting them. Surveys of ER staff often show that most of them oppose testing. Other barriers that showed up in a survey include lack of funding and the increased burden on ER staff.

The Summit also heard about the many successes including:

A voluntary HIV testing scheme taken up by up to 25,000 New York City inmates between 2004 and 2006 showed that 30 per cent of the men and 23 per cent of the women who tested positive did not know they had HIV and of these 90 per cent were neither men who have sex with men nor intravenous drug users showing the shortcomings of testing only in high risk groups.

A Chicago ER employed two health educators offering rapid HIV testing and over 15 months nearly 2,000 patients took up the option. 15 of them (0.8 per cent) were found to be HIV positive and were linked to care, although one patient, who was tested in a late stage of the infection, died in hospital.

Some cities have brought in innovative and proactive schemes. In New Orleans, for example, mobile testing vans are reaching Latino immigrant groups, and men who have sex with men are taking up offers of HIV testing in bars and bath houses. Cities like Oakland, California, Washington, DC, and New York City, and states like Florida and North Carolina, have also brought in widespread schemes that reach out to high risk groups.

Chris Barnhill, a 21 year old man, found out he was HIV positive at 16 when Metro TeenAIDS came to his college in Washington DC. He had been infected at birth. He said if he hadn't had the test he would just have got "sicker and sicker". "I wouldn't have known what was going on," he



said, "I would have found out on my deathbed that I had AIDS, when it would be too late".

State by state, policies are slowly changing. Since 2006 at least 16 states have passed legislation that brings practices more in line with the CDC guidelines, although 10 states are still incompatible with them.

Mayer said that many "model" programs are showing what's possible and now all that remains is for the country to move from "isolated successes to a national movement".

"The barriers must be removed," he added.

*Sources: Forum for Collaborative HIV Research.*

*Written by: Catharine Paddock, PhD*

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<http://www.medicalnewstoday.com/articles/130292.php>

## **Private Insurers, ER, Federal And State Agencies Fail To Routinely Test For HIV Despite National Guidelines**

23 Nov 2008

While the U.S. AIDS epidemic simmers largely unnoticed by most Americans, a failure to widely implement routine HIV testing continues to fuel its spread, HIV researchers and experts said. Almost 60,000 Americans were infected with HIV last year, and, nationwide, 50-to-70 percent of new sexually transmitted infections are spread by people who do not know they are infected. Guidelines issued two years ago by the U.S. Centers for Disease Control and Prevention (CDC) recommend that all Americans ages 13-64 be routinely tested in all healthcare settings. Now, data show that although such testing could save years of healthy life and limit the spread of HIV, they are largely not being implemented.

"With HIV, ignorance is not bliss. Those who are unaware of their infection cannot seek treatment, and are at least three times more likely to transmit the virus," said Dr. Veronica Miller, director of the **Forum for Collaborative HIV Research**. "Two years after the CDC recommended routine testing, initial successes show its potentially powerful impact, but major barriers keep it from being the national norm."

The Forum for Collaborative HIV Research convened a national summit on November 19-21, at which some 300 leading HIV researchers, health care providers, and policymakers shared new data on the advances and barriers to early, routine HIV testing, considered a key to slowing the US epidemic which now encompasses more than 1.1 million Americans living with HIV.

New Testing Data Show Missed Opportunity as HIV Spreads in U.S. New data show that prior to 2006, Emergency Rooms (ERs) tested patients for HIV at a rate of just 3.2 per 1,000 visits (or .32 percent). Of 2.8 million ER tests performed over 12 years, six percent were HIV positive - much higher than the national average of 0.17 percent of AIDS cases in the general U.S. population. Since then, the situation has improved only minimally, with some 50 to 100 out of 5,000 ERs nationwide routinely testing for HIV, according to Dr. Richard Rothman at the Johns Hopkins University Department of Emergency Medicine.

It is not only ER patients, which include large numbers of uninsured, but also those with full medical coverage from private insurance companies who are not getting tested, according to several studies. One study found that only 4.9 percent of plan members with a serious illness suggestive of AIDS were tested for HIV. The results came from a review of insurance claims for eight health plans in 2006, with a total of 7.8 million insured individuals.

A related study found that just 36 percent of members seeking treatment for sexually transmitted diseases - a high-risk group - were tested. A third study found that although drug treatment can prevent mother-to-child transmission of HIV, up to 41 percent of pregnant women were not tested for HIV, with rates varying by insurance plan.

And, although the prevalence of HIV among prison inmates is more than two and a half times that of the general U.S. population, most state and federal correctional facilities do not routinely test for HIV, instead testing based on perceived risk.

Veterans also have extremely high HIV prevalence. Existing VA regulations require written informed consent and documented pre- and post-test counselling. A recent nationwide study of VA hospitals showed that under these regulations, fewer than 10 percent of inpatients and fewer than 5 percent of outpatients were tested during the year ending Sept. 30, 2006.

But VA's testing regulations will soon change, according to Dr. Ronald Valdiserri, head of the Public Health Strategic Health Care Group at the Department of Veterans Affairs (VA). In October, President Bush signed a law that lays the basis for the VA to revise its regulations, thereby eliminating outdated HIV testing signature consent requirements, and the VA is working to revise its internal guidelines accordingly.

"The healthcare system is routinely missing critical opportunities to identify and treat HIV-infected individuals - in emergency rooms, doctors' offices, veteran's hospitals and prisons," said conference co-chair Dr. Ken Mayer, Director of the Brown University AIDS Program. "As a result, many patients are not tested until late in the disease, even when there are clear indicators of infection."

### **Late to Test, Early to Die**

"The whole point of routine testing is to stop transmission and late entry to care," Miller said. "But new data show that late entry to care is a more serious problem than previously known and is costing years of healthy life."

Data show rates of late testing that are over 50 percent in many populations, rather than the prior national estimate of 40 percent. "Late testers" are those who develop HIV within a year of diagnosis - or are already sick with AIDS when diagnosed. This means their infection had progressed undetected for up to a decade.

"As individual institutions begin to screen for HIV, they are starting to catch the men and women who have fallen into the crevasses of the health system," Miller said.

In one ER, 93 percent of new cases had full-blown AIDS at the time of diagnosis; in another ER, 56 percent of patients had AIDS. A study of prisoners in South Carolina found that 59 percent were late testers, and in the VA Medical Center in Washington, DC, 100 percent of newly diagnosed veterans identified during the study were already severely ill with AIDS.

Furthermore, a recent study underscored the value of early, routine testing, showing that patients who started treatment earlier - when CD4 cell counts were below 500 rather than 350 - had a marked benefit: a 70 percent improved chance of survival in each year that follows.

### **Barriers to Routine Testing**

"When it comes to HIV testing, the health care system is stuck in the past," said Summit co-chair Dr. John G. Bartlett, of The Johns Hopkins University. "HIV testing started in 1985 when there was no treatment, a morbid death, an unrealistic fear of contagion and terrible stigma. Substantial barriers were developed to assure patients knew the consequences of testing. Now HIV is treatable, we have a test that takes minutes and costs ten dollars. Individuals benefit enormously from treatment, as does society."

Ongoing barriers to testing include obstructive policies by federal agencies and some states; a lack of funding, information, and trained staff; and the lack of a national reimbursement system for federal agencies. In addition, the people responsible for administering the test are not necessarily aware of the new guidelines and do not always support them.

For example, although numerous studies document that well over half of ER patients support routine testing, surveys of ER staff often show a majority oppose it. A survey of Emergency

Department professionals from 40 institutions show the top two barriers as an increased burden on ER staff and lack of funding.

### **Individual Successes Point the Way Forward**

Despite the barriers, Summit presenters described successes across a number of health care settings and jurisdictions.

A voluntary rapid HIV testing program in New York City jails increased testing from 6,500 to 25,000 inmates between 2004 and 2006. About 30 percent of men and 23 percent of the women who tested positive were previously undiagnosed. Of these, 90 percent were neither men who have sex with men (MSM) nor intravenous drug users, demonstrating the limited effectiveness of only testing those in high-risk groups.

ERs have experimented with ways to integrate testing in to the hectic pace of work. One Chicago hospital, for example, staffed its ER with two health educators, offering rapid testing to patients admitted for medical services. Over 15 months, nearly 2000 patients were tested, and 15 (0.8) percent were confirmed HIV-positive. All were linked to care, although one late-testing patient died during hospitalization.

City-wide testing campaigns in Oakland, California, Washington, DC, and New York City, have made significant progress, as have state-wide efforts in Florida and North Carolina. Innovative programs are reaching high-risk populations: In New Orleans, health workers have gone into bars and bath houses to test MSM, and mobile testing vans have reached Latino immigrant communities in the same city. Meanwhile, door-to-door testing in North Carolina, New York City and Pennsylvania has increased diagnosis.

In Washington, D.C., one group, Metro TeenAIDS, frequently goes to college campuses to persuade students to learn about their status. One of those involved in the effort is Chris Barnhill, 21, who tested positive when he was 16. He had been infected at birth, but didn't know it until he took the test.

"If I hadn't gotten tested, I would have gotten sicker and sicker," he said. "I wouldn't have known what was going on. I would have found out on my deathbed that I had AIDS, when it would be too late."

State policies are also changing. While laws in 10 states remain incompatible with CDC guidelines, since 2006, at least 16 states have passed legislation conforming more closely to them.

"Model programs have demonstrated what is possible," Mayer said. "Now, it is time to move from isolated successes to a national movement. The barriers must be removed."

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Article adapted by Medical News Today from original press release.  
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The Forum for Collaborative HIV Research is an independent public-private partnership whose mission is to facilitate discussion on emerging issues in HIV clinical research and the transfer of research results into care. It is comprised of international experts from government agencies, pharmaceutical companies, academia, advocacy and community organizations, and private foundations. The Forum is housed in the Department of Prevention and Community Health at The George Washington University School of Public Health and Health Services. For further information, visit: <http://www.hivforum.org> <<http://www.hivforum.org>>



<http://www.medicalnewstoday.com/articles/130439.php>

## **CDC's HIV Testing Recommendations Not Being Followed, Studies Show**

24 Nov 2008

Two years after CDC recommended routine HIV testing for people ages 13 to 64, several studies presented at a recent conference indicate that the recommendations generally are not being followed, the Washington Post reports (Brown, Washington Post, 11/21). According to the Baltimore Sun, researchers at the **Forum for Collaborative HIV Research** -- based at the George Washington University School of Public Health -- said on Thursday during the conference that HIV testing is a significant step to ending the epidemic in the U.S. About 1.1 million people are living with HIV in the U.S. and one in five is unaware of his or her status. The researchers also said that people who are unaware that they are HIV-positive are responsible for transmitting 50% to 70% of new sexually transmitted infection cases. John Bartlett, chief of infectious diseases at Johns Hopkins University School of Medicine and a co-chair of the meeting, said the high number of people unaware of their HIV status should be a "call to action that the test will be offered on a more regular basis" (Brewington, Baltimore Sun, 11/21).

According to the Post, the studies show that the most common reasons for not following CDC's recommendations are misconceptions by clinicians that the tests take too much time, as well as an unwillingness by health insurers to pay for the tests. Kevin Fenton -- director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention -- said, "Reimbursement is a major barrier to routine testing." The Post reports that testing a patient who receives an initial saliva test, followed by a blood test for confirmation if possible, costs about \$80 to \$120 if the patient is charged (Washington Post, 11/21).

The Sun also reports that a continuing stigma associated with HIV/AIDS is contributing to a lack of widespread testing. Richard Rothman, associate professor in Johns Hopkins University's Department of Emergency Medicine, said 2006 data show that emergency departments tested patients at a rate of 3.2 tests per 1,000 visits. "There are many missed opportunities in recognizing patients earlier in the course of their illness," he said (Baltimore Sun, 11/21). Veronica Miller, executive director of the forum, said that HIV/AIDS is a "life-threatening disease that is so grossly underdiagnosed and undertreated in this country." She said that about 5% of patients presenting with serious illness are routinely tested for HIV in hospital EDs. For example, at John H. Stroger Jr. Hospital of Cook County in Chicago, about 2,000 people who went to the ED and were ill enough to be admitted were offered HIV tests. Slightly less than 1% tested HIV-positive, and more than 90% had CD4+ T cell counts less than 200, one of the factors that leads to an AIDS diagnosis (Washington Post, 11/21).

According to the AP/Indianapolis Star, 11 states have changed their laws to no longer require special consent for HIV testing, which is a "key step to making an HIV test part of the standard battery that patients expect." People living with HIV are "mostly likely" to be found in EDs because many are uninsured and have low incomes, the AP/Star reports. Bartlett said that routine HIV testing in patients who are not critically ill is given in no more than 100 of the U.S.'s 5,000 EDs, adding that about 40% of pregnant women and their infants who should be tested for HIV are not. "Those are what we call missed opportunities," he said (Neergaard, AP/Indianapolis Star, 11/20).

The studies also show that if routine HIV testing were implemented in the U.S., HIV detection could occur at earlier stages in many people (Washington Post, 11/21). Miller said that it is "crucial to understand how important routine HIV testing is at every level of American society so everyone knows their status; it's the first step in controlling the HIV epidemic" (Tasker, Miami Herald, 11/20). Bartlett said HIV testing today is "much better, it's much easier, it's much cheaper. The treatment is really great now." CDC's Bernard Branson said the agency "find[s] people are very receptive to being tested, and there was concern about that before." He added that "people are taking the recommendations to heart and implementing them as much as was feasible for them." According to the AP/Star, data from the studies presented on Thursday indicate that more than 80% of ED patients were "amenable" to HIV tests and that most ED staff were opposed to administering the tests. This is "[p]resumably because [EDs] are so busy, and there is confusion on how much HIV counseling is needed," the AP/Star reports. There are no nationwide data on the impact of the new guidelines, according to Branson (AP/Indianapolis Star, 11/20).

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<http://www.medpagetoday.com/HIVAIDS/HIVAIDS/11874>

## **Physicians Reluctant to Follow CDC Call for Routine HIV Testing**

By John Gever, Senior Editor, MedPage Today

Published: November 20, 2008

Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco

WASHINGTON, Nov. 20 -- The CDC's 2006 recommendation that HIV testing should be essentially universal in healthcare, even for low-risk patients, has been largely unheeded, in part because many clinicians have declined to go along, said researchers here.

### Action Points

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Explain to interested patients that the CDC has recommended that virtually all patients younger than 65 be routinely tested for HIV on an opt-out basis when they come into contact with the healthcare system.

Explain that several studies have shown that HIV testing even among high-risk patients is infrequent, except when they specifically request it.

Explain that many insurers, including Medicaid, do not pay for HIV tests for low-risk individuals. Explain that, according to these studies, clinicians cite financial and time constraints as well as ethical reasons for not automatically testing patients for HIV.

Note that these studies were published as abstracts and presented orally] at a conference. These data and conclusions should be considered to be preliminary until published in a peer-reviewed journal.

The reasons vary, with payment and reimbursements issues, staff time constraints, and concerns about informed consent and availability of counseling all contributing to low compliance with the recommendations, according to several studies presented here at the Forum for Collaborative HIV Research's national summit.

The summit focused on the extent of HIV testing in the United States and how it could be improved.

Although much of the summit was devoted to testing and follow-up among people at high risk for HIV infection, those issues would largely vanish if the CDC's 2006 recommendations were widely followed.

The CDC called for virtually all patients younger than 65 admitted to hospitals or seen in primary care and emergency departments to be routinely tested for HIV on an opt-out basis. (See: CDC Urges HIV Tests as Routine in Health Care)

It said patients should automatically be tested unless they specifically refuse, an approach called opting out. Of course, patients who request HIV testing should continue to receive it as well.

Out of 5,000 emergency departments in the U.S., about 50 to 100 -- mostly concentrated in a few areas -- are routinely testing all patients for HIV, according to Richard Rothman, M.D., Ph.D., of Johns Hopkins.

A survey of staffers at a big emergency department in Cleveland shed some light on the reluctance to follow the CDC recommendations in emergency departments.

Among 34 staff members who responded -- including 19 nurses, five attending physicians, and 10 other clinical professionals -- only nine believed the emergency department should offer HIV testing, reported Vicken Totten, M.D., of University Hospitals of Case Medical Center.

About one-third of respondents said the testing would take too much time.

Half said there was not enough time to provide adequate counseling, and about the same number worried that routine testing would bring an "avalanche" of patients just seeking to be tested.

In addition, one-third of staff members said they had confidentiality concerns.

But when Dr. Totten and colleagues asked 256 patients whether they wanted the emergency department to offer HIV testing, 88% said yes.

Clinical staff members elsewhere have not shown much enthusiasm for the CDC recommendations either, suggested two other studies reported here.

Kenneth Mayer, M.D., of Brown in Providence, R.I., and colleagues conducted a survey of 228 resident and attending physicians and 13 nurse practitioners and physician assistants from three hospitals affiliated with Brown.

They found that 39% favored the opt-out approach recommended by the CDC, whereas 44% preferred the traditional opt-in method.

Nearly 60% of respondents thought patients should provide specific written consent.

With one exception, there were no major differences in the pattern of responses among subgroups, including emergency medicine versus internal or family medicine, or practicing physicians versus residents and fellows.

The exception was that female respondents were twice as likely as males to prefer opt-out testing.

Another study, led by Lynn Sullivan, M.D., of Yale, also pointed to physician reluctance to embrace routine, opt-out testing.

Eight generalist physicians were recruited at several sites nationally to participate in a "clinical adviser" program on HIV prevention.

Part of the program was to encourage implementation of the CDC's recommendation on testing.



At baseline, two of the eight participants said they performed HIV testing on all patients.

After three months in the program, only one of the other six had been persuaded to start testing all patients.

When the eight participants were asked about the barriers to universal testing, all said competing priorities during patient visits was a problem. Six each also cited patient refusal and lack of time.

Dr. Rothman, an emergency physician, suggested that many of the physician objections boil down to money and resources.

"Physicians in general believe testing is important," he said. "It's the process by which testing can occur that's really the issue.

"In an emergency department that's busy where physicians have to take care of life-threatening illnesses, if the resources aren't in place to make testing happen in a streamlined fashion ... it's a potential barrier."

What's needed, he said, are the resources to make routine testing seamless and fully integrated into standard care.

He pointed out that most insurers, including state Medicaid programs, do not pay for HIV testing in low-risk individuals. Having a mechanism to reimburse for testing is vital to its widespread adoption, he suggested.

State laws are another barrier, according to a separate study reported here.

Laws in 10 states currently mandate or imply an opt-in procedure, or otherwise contradict the CDC recommendations.

But, reported Sarah Neff, M.P.H., and Ronald Goldschmidt, M.D., of San Francisco General Hospital, eight states are now considering legislation that would at least bring them closer to the CDC's recommendations.

Funding for individual studies was not reported. Funding for the meeting was provided by NIH, the CDC, the American Academy of HIV Medicine, the HIV Medicine Association, Kaiser Permanente, the Department of Veterans Affairs, the Health Resources and Services Administration, the National Black Gay Men's Advocacy Coalition, Gilead, Bristol-Myers Squibb, Merck, Boehringer Ingelheim, Abbott, Bio-Rad, Inverness Medical, Gen-Probe, Orasure Technologies, and the Association of Nurses in AIDS Care.

*No potential conflicts of interest were reported by study authors or Dr. Rothman.*

*Primary source: Forum for Collaborative HIV Research National Summit*

*Source reference:*

*Waxman M, et al "Do clinicians prefer the 2006 or 2001 CDC HIV testing recommendations?" Forum for Collaborative HIV Research National Summit 2008; Abstracts p. 12*

*Additional source: Forum for Collaborative HIV Research National Summit*

*Source reference:*

*Sullivan L, et al "A pilot evaluation to assess physicians' adoption of routine HIV testing and counseling in primary care" Forum for Collaborative HIV Research National Summit 2008; Abstracts p. 13*

*Additional source: Forum for Collaborative HIV Research National Summit*

*Source reference:*

*Totten V, et al "Staff attitudes towards human immune virus testing in the emergency department" Forum for Collaborative HIV Research National Summit 2008; Abstracts p. 20-21.*



<http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Routine-HIV-Testing-Recommendations-Ignored/ArticleNewsFeed/Article/detail/568105?contextCategoryId=40137&ref=25>

### **Emergency departments, private insurers, state and federal agencies not following CDC guidelines**

Publish date: Nov 24, 2008

MONDAY, Nov. 24 (HealthDay News) -- Despite guidelines issued in 2006 by the U.S. Centers for Disease Control and Prevention recommending that all Americans aged 13 to 64 be routinely tested for HIV in all health care settings, compliance has been minimal, according to researchers who spoke at a national summit convened Nov. 19 to 21 in Washington, D.C., by the **Forum for Collaborative HIV Research**.

In one study, Richard Rothman, M.D., of the Johns Hopkins University Department of Emergency Medicine in Baltimore, cited new pre-2006 data showing that only 0.32 of emergency department patients were tested for HIV, but that positive results were significantly higher (6 percent) than the national average of 0.17 percent of AIDS cases in the general population. Only 50 to 100 of the nation's 5,000 emergency departments now routinely test for HIV, he added.

Other studies showed that HIV testing was conducted in only 4.9 percent of private insurance plan members who presented with a serious illness suggestive of AIDS, 36 percent of members who presented with sexually transmitted diseases, 59 percent of pregnant women, and rarely in state and federal prisons.

"The whole point of routine testing is to stop transmission and late entry to care," Veronica Miller, M.D., director of the Forum for Collaborative HIV Research, said in a statement. "But new data show that late entry to care is a more serious problem than previously known and is costing years of healthy life."

# SCIENTIFIC AMERICAN

<http://www.sciam.com/blog/60-second-science/post.cfm?id=most-still-skip-hiv-tests-2008-11-21>

Nov 21, 2008 12:40 PM in Health

## **Most still skip HIV tests**

Jordan Lite

Two years after federal health officials recommended that everyone get tested for HIV at least once, the exam still isn't routine.

In 2006, the Centers for Disease Control and Prevention (CDC) said that all Americans between the ages of 13 and 64 should take the test, because nearly a quarter million people in the U.S. are infected but don't know it. Today, just 50 to 100 of the country's 5,000 emergency rooms routinely test for the virus, which requires patient consent, according to research presented yesterday at the Forum for Collaborative HIV Research meeting in Washington.

The ER is often where AIDS patients – many of whom are poor and uninsured – end up, the Associated Press notes. But many doctors are reluctant to offer it because insurers don't always pay for the screen, according to the Washington Post. The test costs between \$15 and \$120.

"With HIV, ignorance is not bliss. Those who are unaware of their infection cannot seek treatment, and are at least three times more likely to transmit the virus," Veronica Miller, the forum's director, said in a statement. "Two years after the CDC recommended routine testing, initial successes show its potentially powerful impact, but major barriers keep it from being the national norm."

Studies at the forum show that Washington, D.C., and some cities, such as New York and Oakland, Calif., have boosted testing rates. One program in New York City jails increased testing from 6,500 to 25,000 inmates between 2004 and 2006, according to a press release summarizing the research.

But other research indicates that the test isn't yet the norm: Insurance claims show that just over a third of people getting treated for sexually transmitted diseases get an HIV test, and that up to 41 percent of pregnant women aren't tested either, even though the CDC recommends routine testing of pregnant women to prevent transmission to their babies.

More than 1.1 million Americans have HIV, which causes AIDS.

Image by iStockphoto/Steve Goodwin.

## **Press Release Pick-up**

<http://www.genengnews.com/news/bnitem.aspx?name=45927958>

<http://www.physorg.com/news146408788.html>

[http://www.redorbit.com/news/health/1601979/25000\\_americans\\_dont\\_know\\_they\\_have\\_hiv/](http://www.redorbit.com/news/health/1601979/25000_americans_dont_know_they_have_hiv/)

<http://esciencenews.com/articles/2008/11/20/despite.national.guidelines.private.insurers.er.federal.and.state.agencies.fail.routinely.test.hiv>



<http://smartabouthealth.net/diseases/2008/11/24/cdc-urging-americans-to-get-tested-for-hiv/>

### **CDC Urging Americans To Get Tested For HIV**

November 24, 2008

The U.S. Centers for Disease Control and Prevention (CDC) is urging Americans to follow their recommendation to get tested for HIV regularly.

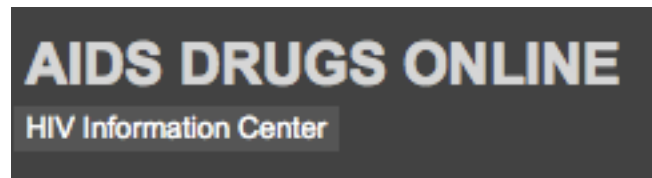
In the year 2006, the CDC came out and recommended that all Americans under the age of 65 be offered an HIV test whenever they went to the emergency room or saw a doctor.

The hope was that by getting more Americans to have an HIV test they could better prevent the disease.

It has not worked though as the **Forum for Collaborative HIV Research** has found that less than 5% of Americans received the free HIV test.

This is a scary number as many Americans may have HIV and not even know it.

## BLOGS



\* Would like to host the blog on their site  
<http://www.aidsdrugsonline.com/>

Story links to Medical News Today

# Bio-Medicine

<http://www.bio-medicine.org/medicine-news-1/Despite-national-guidelines--private-insurers--ER--federal-and-state-agencies-fail-to-routinely-test-for-HIV-30297-1/>

## **Despite national guidelines, private insurers, ER, federal and state agencies fail to routinely test for HIV**

WASHINGTON, DC (November 20, 2008) While the U.S. AIDS epidemic simmers largely unnoticed by most Americans, a failure to widely implement routine HIV testing continues to fuel its spread, HIV researchers and experts said today. Almost 60,000 Americans were infected with HIV last year, and, nationwide, 50-to-70 percent of new sexually transmitted infections are spread by people who do not know they are infected. Guidelines issued two years ago by the U.S. Centers for Disease Control and Prevention (CDC) recommend that all Americans ages 13-64 be routinely tested in all healthcare settings. Now, data show that although such testing could save years of healthy life and limit the spread of HIV, they are largely not being implemented.

"With HIV, ignorance is not bliss. Those who are unaware of their infection cannot seek treatment, and are at least three times more likely to transmit the virus," said Dr. Veronica Miller, director of the Forum for Collaborative HIV Research. "Two years after the CDC recommended routine testing, initial successes show its potentially powerful impact, but major barriers keep it from being the national norm."

The Forum for Collaborative HIV Research convened a national summit on November 19-21, at which some 300 leading HIV researchers, health care providers, and policymakers shared new data on the advances and barriers to early, routine HIV testing, considered a key to slowing the US epidemic which now encompasses more than 1.1 million Americans living with HIV.

New Testing Data Show Missed Opportunity as HIV Spreads in U.S. New data show that prior to 2006, Emergency Rooms (ERs) tested patients for HIV at a rate of just 3.2 per 1,000 visits (or .32 percent). Of 2.8 million ER tests performed over 12 years, six percent were HIV positive much higher than the national average of 0.17 percent of AIDS cases in the general U.S. population. Since then, the situation has improved only minimally, with som





<http://www.currentworldnews.net/2008/11/21/cdc-says-few-americans-opt-for-hiv-test/>

CDC Says Few Americans Opt For HIV Test

Written on November 21, 2008 – 10:18 am | by Admin |

CDC, Routine HIV tests, virus, Americans, hospitals, ers, Screening According to the Centers For Disease Control and Prevention Many Americans are ignoring advice when it comes to routine HIV screening.

Back in 2006, the CDC recommended that all Americans under the age of 65 be offered an HIV test everytime they sought treatment at ERs across the country on an opt out basis.

According to the Forum for Collaborative HIV Research, 2 years after the recommendation was made, it appears that less than 5% of Americans are actually opting for the free test.

There are numerous reasons why HIV tests are down across American ERs, ranging from insurers not wanting to pay for the tests, to the time that it takes to perform them.

By not performing HIV tests on patients, the risk of that patient actually having the virus and not knowing it is incredibly high.

“HIV is a life-threatening disease that is so grossly underdiagnosed and undertreated in this country. Testing for HIV should be as routine as a flu shot. A few hospital are implementing routine testing in their emergency departments, but these are few and far between,” said Veronica Miller, director of the Forum for Collaborative HIV Research.

# Disease News

<http://diseasesnews.blogspot.com/2008/11/despite-national-guidelines-private.html>

Monday, November 24, 2008

## **Despite National Guidelines, Private Insurers, ER, Federal And State Agencies Fail To Routinely Test For HIV**

While the U.S. AIDS epidemic simmers largely unnoticed by most Americans, a failure to widely implement routine HIV testing continues to fuel its spread, HIV researchers and experts say.

Almost 60,000 Americans were infected with HIV last year, and, nationwide, 50-to-70 percent of new sexually transmitted infections are spread by people who do not know they are infected. Guidelines issued two years ago by the U.S. Centers for Disease Control and Prevention (CDC) recommend that all Americans ages 13-64 be routinely tested in all healthcare settings. Now, data show that although such testing could save years of healthy life and limit the spread of HIV, they are largely not being implemented.

"With HIV, ignorance is not bliss. Those who are unaware of their infection cannot seek treatment, and are at least three times more likely to transmit the virus," said Dr. Veronica Miller, director of the Forum for Collaborative HIV Research. "Two years after the CDC recommended routine testing, initial successes show its potentially powerful impact, but major barriers keep it from being the national norm."

The **Forum for Collaborative HIV Research** convened a national summit on November 19-21, at which some 300 leading HIV researchers, health care providers, and policymakers shared new data on the advances and barriers to early, routine HIV testing, considered a key to slowing the US epidemic which now encompasses more than 1.1 million Americans living with HIV.

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It is not only ER patients, which include large numbers of uninsured, but also those with full medical coverage from private insurance companies who are not getting tested, according to several studies. One study found that only 4.9 percent of plan members with a serious illness suggestive of AIDS were tested for HIV. The results came from a review of insurance claims for eight health plans in 2006, with a total of 7.8 million insured individuals.

A related study found that just 36 percent of members seeking treatment for sexually transmitted diseases—a high-risk group—were tested. A third study found that although drug treatment can prevent mother-to-child transmission of HIV, up to 41 percent of pregnant women were not tested for HIV, with rates varying by insurance plan.

And, although the prevalence of HIV among prison inmates is more than two and a half times that of the general U.S. population, most state and federal correctional facilities do not routinely test

for HIV, instead testing based on perceived risk.

Veterans also have extremely high HIV prevalence. Existing VA regulations require written informed consent and documented pre- and post-test counselling. A recent nationwide study of VA hospitals showed that under these regulations, fewer than 10 percent of inpatients and fewer than 5 percent of outpatients were tested during the year ending Sept. 30, 2006.

But VA's testing regulations will soon change, according to Dr. Ronald Valdiserri, head of the Public Health Strategic Health Care Group at the Department of Veterans Affairs (VA). In October, President Bush signed a law that lays the basis for the VA to revise its regulations, thereby eliminating outdated HIV testing signature consent requirements, and the VA is working to revise its internal guidelines accordingly.

"The healthcare system is routinely missing critical opportunities to identify and treat HIV-infected individuals—in emergency rooms, doctors' offices, veteran's hospitals and prisons," said conference co-chair Dr. Ken Mayer, Director of the Brown University AIDS Program. "As a result, many patients are not tested until late in the disease, even when there are clear indicators of infection."

### **Late to Test, Early to Die**

"The whole point of routine testing is to stop transmission and late entry to care," Miller said. "But new data show that late entry to care is a more serious problem than previously known and is costing years of healthy life."

Data show rates of late testing that are over 50 percent in many populations, rather than the prior national estimate of 40 percent. "Late testers" are those who develop HIV within a year of diagnosis—or are already sick with AIDS when diagnosed. This means their infection had progressed undetected for up to a decade.

"As individual institutions begin to screen for HIV, they are starting to catch the men and women who have fallen into the crevasses of the health system," Miller said.

In one ER, 93 percent of new cases had full-blown AIDS at the time of diagnosis; in another ER, 56 percent of patients had AIDS. A study of prisoners in South Carolina found that 59 percent were late testers, and in the VA Medical Center in Washington, DC, 100 percent of newly diagnosed veterans identified during the study were already severely ill with AIDS.

Furthermore, a recent study underscored the value of early, routine testing, showing that patients who started treatment earlier—when CD4 cell counts were below 500 rather than 350—had a marked benefit: a 70 percent improved chance of survival in each year that follows.

### **Barriers to Routine Testing**

"When it comes to HIV testing, the health care system is stuck in the past," said Summit co-chair Dr. John G. Bartlett, of The Johns Hopkins University. "HIV testing started in 1985 when there was no treatment, a morbid death, an unrealistic fear of contagion and terrible stigma. Substantial barriers were developed to assure patients knew the consequences of testing. Now HIV is treatable, we have a test that takes minutes and costs ten dollars. Individuals benefit enormously from treatment, as does society."

Ongoing barriers to testing include obstructive policies by federal agencies and some states; a lack of funding, information, and trained staff; and the lack of a national reimbursement system for federal agencies. In addition, the people responsible for administering the test are not necessarily aware of the new guidelines and do not always support them.

For example, although numerous studies document that well over half of ER patients support routine testing, surveys of ER staff often show a majority oppose it. A survey of Emergency Department professionals from 40 institutions show the top two barriers as an increased burden on ER staff and lack of funding.

### **Individual Successes Point the Way Forward**

Despite the barriers, Summit presenters described successes across a number of health care settings and jurisdictions.

A voluntary rapid HIV testing program in New York City jails increased testing from 6,500 to 25,000 inmates between 2004 and 2006. About 30 percent of men and 23 percent of the women who tested positive were previously undiagnosed. Of these, 90 percent were neither men who have sex with men (MSM) nor intravenous drug users, demonstrating the limited effectiveness of only testing those in high-risk groups.

ERs have experimented with ways to integrate testing in to the hectic pace of work. One Chicago hospital, for example, staffed its ER with two health educators, offering rapid testing to patients admitted for medical services. Over 15 months, nearly 2000 patients were tested, and 15 (0.8) percent were confirmed HIV-positive. All were linked to care, although one late-testing patient died during hospitalization.

City-wide testing campaigns in Oakland, California, Washington, DC, and New York City, have made significant progress, as have state-wide efforts in Florida and North Carolina. Innovative programs are reaching high-risk populations: In New Orleans, health workers have gone into bars and bath houses to test MSM, and mobile testing vans have reached Latino immigrant communities in the same city. Meanwhile, door-to-door testing in North Carolina, New York City and Pennsylvania has increased diagnosis.

In Washington, D.C., one group, Metro TeenAIDS, frequently goes to college campuses to persuade students to learn about their status. One of those involved in the effort is Chris Barnhill, 21, who tested positive when he was 16. He had been infected at birth, but didn't know it until he took the test.

"If I hadn't gotten tested, I would have gotten sicker and sicker," he said. "I wouldn't have known what was going on. I would have found out on my deathbed that I had AIDS, when it would be too late."

State policies are also changing. While laws in 10 states remain incompatible with CDC guidelines, since 2006, at least 16 states have passed legislation conforming more closely to them.

"Model programs have demonstrated what is possible," Mayer said. "Now, it is time to move from isolated successes to a national movement. The barriers must be removed."

# EmaxHealth

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Two years after CDC recommended routine HIV testing for people ages 13 to 64, several studies presented at a recent conference indicate that the recommendations generally are not being followed, the Washington Post reports (Brown, Washington Post, 11/21). According to the Baltimore Sun, researchers at the Forum for Collaborative HIV Research -- based at the George Washington University School of Public Health -- said on Thursday during the conference that HIV testing is a significant step to ending the epidemic in the U.S.

About 1.1 million people are living with HIV in the U.S. and one in five is unaware of his or her status. The researchers also said that people who are unaware that they are HIV-positive are responsible for transmitting 50% to 70% of new sexually transmitted infection cases. John Bartlett, chief of infectious diseases at Johns Hopkins University School of Medicine and a co-chair of the meeting, said the high number of people unaware of their HIV status should be a "call to action that the test will be offered on a more regular basis" (Brewington, Baltimore Sun, 11/21).

November 20, 2008

**Still Going Strong in the U.S.  
Testing is essential**

By Mike Magee, MD

Think we have the upper hand on HIV in the U.S.? Think again. The Forum for Collaborative HIV Research will be convening leaders in the field this month to get the word out. In their words, here are the facts:

"Nearly 60,000 Americans were infected with HIV last year, and some 250,000 people do not know it. More than one in five people with HIV remain unaware of their status, fail to get life-extending medical help, and many unwittingly spread the virus contributing to more than one-third of all new infections. A key prevention tool is routine testing of all people aged 13-64, as recommended by the US Centers for Disease Control and Prevention in 2006. Two years later, while initial successes show the potentially powerful impact of routine testing, major barriers stand in the way of making it the nationwide norm.

Convened by the Forum for Collaborative HIV Research on November 20-21 in Arlington, VA, the Summit this month will bring together hundreds of leading HIV experts, health care providers and policymakers to share new findings and identify the national policy changes needed to make routine testing a reality. As the incoming Obama Administration looks to overhaul health and AIDS policy, the Summit will give new ideas for a revamped national AIDS strategy, including how to expand HIV testing in health care settings around the country.

Experts will be live blogging from the sessions. The association has also posted on YouTube an interview with Christopher Barnhill from Washington, D.C.'s MetroTeen AIDS, which goes to college campuses to persuade students to learn about their status. Barnhill, 21, tested positive when he was 16. He had been infected at birth, but didn't know it until he took the test. You can watch the video. It's well worth a look.

As I wrote in 2006, progress has stalled in HIV. Let's hope that the upcoming conference re-energizes and re-focuses our attention.

## Healthnewstrack.com

<http://www.healthnewstrack.com/health-news-815.html>

### Routine HIV testing fails in US

While the U.S. AIDS epidemic simmers largely unnoticed by most Americans, a failure to widely implement routine HIV testing continues to fuel its spread, HIV researchers and experts said.

Almost 60,000 Americans were infected with HIV last year, and, nationwide, 50-to-70 percent of new sexually transmitted infections are spread by people who do not know they are infected.

Guidelines issued two years ago by the U.S. Centers for Disease Control and Prevention (CDC) recommend that all Americans ages 13-64 be routinely tested in all healthcare settings.

Now, data show that although such testing could save years of healthy life and limit the spread of HIV, they are largely not being implemented.

"With HIV, ignorance is not bliss. Those who are unaware of their infection cannot seek treatment, and are at least three times more likely to transmit the virus," said Dr. Veronica Miller, director of the Forum for Collaborative HIV Research.

The Forum for Collaborative HIV Research convened a national summit on November 19-21, at which some 300 leading HIV researchers, health care providers, and policymakers shared new data on the advances and barriers to early, routine HIV testing, considered a key to slowing the US epidemic which now encompasses more than 1.1 million Americans living with HIV.

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"The healthcare system is routinely missing critical opportunities to identify and treat HIV-infected individuals-in emergency rooms, doctors' offices, veteran's hospitals and prisons," said conference co-chair Dr. Ken Mayer, Director of the Brown University AIDS Program. "As a result, many patients are not tested until late in the disease, even when there are clear indicators of infection."





<http://www.medicalgeek.com/latest-research-medical-news/14393-cdcs-hiv-testing-recommendations-not-being-followed.html>

### **CDC's HIV Testing Recommendations Not Being Followed, Studies Show**

24 Nov 2008

Two years after CDC recommended routine HIV testing for people ages 13 to 64, several studies presented at a recent conference indicate that the recommendations generally are not being followed, the Washington Post reports (Brown, Washington Post, 11/21). According to the Baltimore Sun, researchers at the **Forum for Collaborative HIV Research** -- based at the George Washington University School of Public Health -- said on Thursday during the conference that HIV testing is a significant step to ending the epidemic in the U.S. About 1.1 million people are living with HIV in the U.S. and one in five is unaware of his or her status. The researchers also said that people who are unaware that they are HIV-positive are responsible for transmitting 50% to 70% of new sexually transmitted infection cases. John Bartlett, chief of infectious diseases at Johns Hopkins University School of Medicine and a co-chair of the meeting, said the high number of people unaware of their HIV status should be a "call to action that the test will be offered on a more regular basis" (Brewington, Baltimore Sun, 11/21).

According to the Post, the studies show that the most common reasons for not following CDC's recommendations are misconceptions by clinicians that the tests take too much time, as well as an unwillingness by health insurers to pay for the tests. Kevin Fenton -- director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention -- said, "Reimbursement is a major barrier to routine testing." The Post reports that testing a patient who receives an initial saliva test, followed by a blood test for confirmation if possible, costs about \$80 to \$120 if the patient is charged (Washington Post, 11/21).

The Sun also reports that a continuing stigma associated with HIV/AIDS is contributing to a lack of widespread testing. Richard Rothman, associate professor in Johns Hopkins University's Department of Emergency Medicine, said 2006 data show that emergency departments tested patients at a rate of 3.2 tests per 1,000 visits. "There are many missed opportunities in recognizing patients earlier in the course of their illness," he said (Baltimore Sun, 11/21). Veronica Miller, executive director of the forum, said that HIV/AIDS is a "life-threatening disease that is so grossly underdiagnosed and undertreated in this country." She said that about 5% of patients presenting with serious illness are routinely tested for HIV in hospital EDs. For example, at John H. Stroger Jr. Hospital of Cook County in Chicago, about 2,000 people who went to the ED and were ill enough to be admitted were offered HIV tests. Slightly less than 1% tested HIV-positive, and more than 90% had CD4+ T cell counts less than 200, one of the factors that leads to an AIDS diagnosis (Washington Post, 11/21).

According to the AP/Indianapolis Star, 11 states have changed their laws to no longer require

special consent for HIV testing, which is a "key step to making an HIV test part of the standard battery that patients expect." People living with HIV are "mostly likely" to be found in EDs because many are uninsured and have low incomes, the AP/Star reports. Bartlett said that routine HIV testing in patients who are not critically ill is given in no more than 100 of the U.S.'s 5,000 EDs, adding that about 40% of pregnant women and their infants who should be tested for HIV are not. "Those are what we call missed opportunities," he said (Neergaard, AP/Indianapolis Star, 11/20).

The studies also show that if routine HIV testing were implemented in the U.S., HIV detection could occur at earlier stages in many people (Washington Post, 11/21). Miller said that it is "crucial to understand how important routine HIV testing is at every level of American society so everyone knows their status; it's the first step in controlling the HIV epidemic" (Tasker, Miami Herald, 11/20). Bartlett said HIV testing today is "much better, it's much easier, it's much cheaper. The treatment is really great now." CDC's Bernard Branson said the agency "find[s] people are very receptive to being tested, and there was concern about that before." He added that "people are taking the recommendations to heart and implementing them as much as was feasible for them." According to the AP/Star, data from the studies presented on Thursday indicate that more than 80% of ED patients were "amenable" to HIV tests and that most ED staff were opposed to administering the tests. This is "[p]resumably because [EDs] are so busy, and there is confusion on how much HIV counseling is needed," the AP/Star reports. There are no nationwide data on the impact of the new guidelines, according to Branson (AP/Indianapolis Star, 11/20).



<http://www.medicinenet.com/script/main/art.asp?articlekey=94420>

## **U.S. Lags on HIV Testing Goals**

By Amanda Gardner

HealthDay Reporter

THURSDAY, Nov. 20 (HealthDay News) -- Two years after U.S. health officials recommended routine HIV testing for Americans 13 to 64, such testing remains hit-and-miss, and the AIDS epidemic marches on.

This, despite the new testing guidelines and better testing methods, according to participants at a conference in suburban Washington D.C. The meeting was designed to review the state of the AIDS epidemic and the unmet role that routine testing can play.

"It's fast, it's cheap, it's easy, it's almost perfect in terms of positive or negative results, and it detects a lethal disease that can now be treated," Dr. John Bartlett, professor of medicine at the Johns Hopkins University School of Medicine's division of infectious diseases, said during a Thursday teleconference. "It's highly cost-effective and it deals effectively with a major public health problem. This is a slam dunk."

More than 1.1 million Americans are now living with HIV, the virus that causes AIDS. And more than 56,000 Americans were newly diagnosed with the virus in 2006, officials said.

"While significant progress has been made in the two years since the U.S. Centers for Disease Control and Prevention recommended routine testing, we are still nowhere near this being the national norm," said Veronica Miller, executive director of the Forum for Collaborative HIV Research, an independent public-private partnership that organized the conference. "Testing for HIV should be as routine as a flu shot, she said.

Testing can save lives.

"Once people learn they are infected with HIV, they take steps to protect their partners," said Dr. Kevin Fenton, director of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

The three-day conference pulled together some 300 leading HIV researchers, health-care providers and policymakers to look at the issue of early, routine HIV testing.

Statistics show that before 2006, hospital emergency rooms tested patients for HIV at a rate of just 3.2 per 1,000 visits -- or 0.32%. In the two years since, there's been slight improvement, with an estimated 50 to 100 out of 5,000 emergency rooms nationwide routinely testing for HIV, according to Dr. Richard Rothman, of the Johns Hopkins University Department of Emergency Medicine.

A lack of testing occurs in other settings as well, such as correctional facilities and Veterans Administration hospitals. Other research presented at the conference found that just 36% of

insured individuals seeking treatment for sexually transmitted diseases -- a high-risk group -- were tested for HIV.

And under-testing, of course, means that people who are infected don't start their treatment until later. One study found that 40% of patients newly diagnosed with HIV were "late testers," meaning they had AIDS diagnosed within one year of their test.

"Seventy-five percent of those patients had had health-care visits and the most frequent site of visits was the emergency department. There were many missed opportunities," Rothman said.

Despite legislative, medical and social barriers, there have been some successes. They include a voluntary rapid HIV testing program in New York City jails that increased testing from 6,500 to 25,000 inmates between 2004 and 2006. And a Chicago hospital added two health educators to its emergency room, offering rapid testing to patients admitted for medical services. Over 15 months, nearly 2,000 patients were tested, and 15% were confirmed HIV-positive. They were set up with care, according to a conference news release.

"I tested positive for HIV 20 years ago and, as a result, have had the opportunity to live a better life and a longer life," said Deadra Lawson Smith, a member of the Living Quilt Project and a community liaison/peer advocate with the South Carolina HIV/AIDS Council.

"People think knowing your status changes your life. It does change your life, but it doesn't change anything else. If you're a mother, you're still a mother. If you're a grandmother, you're still a grandmother. If you're an employee, you're still an employee. If you're a voter, you're still a voter," she said.

SOURCES: Nov. 20, 2008, teleconference with John Bartlett, M.D., professor of medicine, division of infectious diseases, Johns Hopkins University School of Medicine; Veronica Miller, Ph.D., executive director, Forum for Collaborative HIV Research; Kevin Fenton, M.D., director, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, U.S. Centers for Disease Control and Prevention; Richard Rothman, M.D., Johns Hopkins University; Deadra Lawson Smith, Living Quilt project member and community liaison/peer advocate, South Carolina HIV/AIDS Council

# Steve Rothaus' Gay South Florida

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<http://miamiherald.typepad.com/gaysouthflorida/2008/11/many-with-hiv-d.html>

## Many with HIV don't know it

Aggressive new HIV testing is identifying more people infected with the virus, but more than 20 percent of those infected still don't know it.

BY FRED TASKER, [ftasker@MiamiHerald.com](mailto:ftasker@MiamiHerald.com)

In 2006, nearly 25 percent of the 60,000-plus Americans who had newly contracted the HIV virus were not aware of it, and thus weren't getting treatment or protecting their sexual partners. Today it's 21 percent -- an improvement, but nowhere near enough, said speakers at an HIV/AIDS conference in Washington, D.C., on Thursday.

"It's crucial to understand how important routine HIV testing is at every level of American society so everyone knows their status; it's the first step in controlling the HIV epidemic," said Dr. Veronica Miller, executive director of the Forum for Collaborative HIV Research.

In Florida, new testing programs are helping, but also are not enough, state health officials say.

New HIV cases in the United States continue at a relatively stable rate of more than 60,000 per year, according to studies prepared for the forum. It means 1.1 million Americans are living with HIV, and as many as 250,000 don't know it.

In 2006, the U.S. Centers for Disease Control and Prevention set new goals, urging routine HIV testing for all of those from 13 to 64.

"Testing should be as routine as flu shots," she said.

In Florida, new HIV testing sites have been set up in nine major hospitals, three community health centers, 10 clinics for sexually transmitted diseases and 10 correctional facilities, according to a summary of a paper prepared by Tom Liberti, chief of the Bureau of HIV/AIDS of the Florida Department of Health. The summary did not list the hospitals or health centers and the state agency did not have information about them.

Between October 2007 and July 2008, the Florida programs tested 43,481 individuals for HIV, identifying 1,042 people infected, the report said. The goal is to test 150,000 a year. Liberti could not be reached for comment.

Miami-Dade's four sexually transmitted disease clinics test about 16,000 patients a year for HIV, said their medical director, Dr. Jose Castro, a University of Miami infectious disease doctor.

Until recently, it took two weeks to get the results of HIV tests and many patients failed to come back for the results. Now the clinics have instant HIV-testing kits.

"They can learn their status before they leave," Castro said, "and we can get them into treatment."

Jackson Memorial Hospital and the University of Miami Hospital test only a small percentage of patients who go through their emergency rooms.

Baptist, South Miami, Doctors, Homestead and Mariners' hospitals are not part of Liberty's nine-hospital program. And walk-in HIV testing is not offered in their emergency rooms, though anyone treated for diseases or accidents is offered the testing. "If any patient asks, or if what he says to the doctor raises the possibility, we offer it," said Barbara Russell, director of infection control for the above hospitals. The hospitals also offer the same-day testing.

Conference members detailed the crisis:

- 50 to 70 percent of new HIV cases were spread by people who did not know they were infected.
- Even among patients seeking treatment for sexually transmitted diseases -- a high-risk population -- only 36 percent are tested for HIV.
- Even though new drugs can greatly reduce the rate of mother-to-child transmission at birth, only 59 percent of pregnant women are tested for HIV.



<http://www.rwjf.org/publichealth/digest.jsp?id=9018>

### **Studies Highlight Spotty Implementation of Routine HIV Screening**

Two years after the federal Centers for Disease Control and Prevention (CDC) began recommending routine HIV testing for people ages 13 to 64, a new series of studies suggests that the recommendations are not widely followed, the Washington Post reports. At the Forum for Collaborative HIV Research, a three-day conference in Alexandria, Va., 300 leading HIV researchers, health care providers and policy-makers learned that only 50 to 100 of the nation's 5,000 emergency departments (EDs) routinely perform HIV screenings. Specifically, U.S. EDs administered only 3.2 HIV tests per 1,000 visits in 2006. In addition, a related study found that only 36 percent of patients seeking treatment for sexually transmitted diseases were tested for HIV, despite their increased risk for the disease. According to the Post, the most common barriers to routine HIV testing are misconceptions among providers that the tests take too long and insurers' unwillingness to reimburse for the tests. The research suggests that, if implemented, routine testing would detect the infection at a much earlier stage in many patients, resulting in improved patient outcomes and a reduced risk of transmission. According to one CDC official, the agency "find[s] people are very receptive to being tested," adding that "people are taking the recommendations to heart and implementing them as much as was feasible for them." Health officials call attention to several successful efforts to more broadly implement testing, including citywide testing campaigns in Oakland, Calif.; Washington, D.C.; and New York City and statewide efforts in Florida and North Carolina. In addition, states are undertaking policy changes to support screening, with 11 states enacting legislation to no longer require special consent for HIV testing. Noting that "model programs have demonstrated what is possible," the director of Brown University's AIDS program notes that "now, it's time to move from isolated successes to a national movement" (Brown, Washington Post, 11/21/08 [registration required]; Neergaard, Associated Press/Washington Post, 11/20/08; Forum for Collaborative HIV Research release).



<http://marketplace.sibaya.com/2008/11/20/summit-on-hiv-testing/>

### **Summit on HIV Testing & “The Neglected U.S. Epidemic”**

by Editor

Despite National Guidelines, Private Insurers, Emergency Rooms, Federal & State Agencies Largely Fail to Conduct Routine HIV Tests, Increasing HIV Risk

National Summit to Gauge Advances and Barriers to Routine HIV Testing and Prevention

Nearly 60,000 Americans were infected with HIV last year, and some 250,000 people nationwide are unaware of their infection. While initial successes show the potentially powerful impact of routine testing, two years after the US government’s Centers for Disease Control and Prevention (CDC)’s recommendation of routine HIV testing for Americans aged 13 to 64, major barriers stand in the way of making HIV testing the nationwide norm.

More than one in five people with HIV remain unaware of their status, fail to get life-extending medical help, and many unwittingly spread the virus contributing more than one-third of all new infections.

The Forum for Collaborative HIV Research, an independent public-private partnership, will convene some 300 leading HIV researchers, health care providers and policymakers to examine the state of the U.S. epidemic, and the critical role of routine testing in HIV prevention, treatment and care. Barriers will be identified and a national plan of action will be presented.

What: National Summit on HIV Diagnosis, Prevention and Access to Care  
<http://www.hivforum.org/2008Summit.html>

When: November 20-21, 2008

Where: Hyatt Regency Crystal City at Reagan National Airport

2799 Jefferson Davis Highway, Arlington, VA

Press Registration: To register as a media attendee, please email [klenard@burnesscommunications.com](mailto:klenard@burnesscommunications.com) or reply to this email.

An audiobriefing will be held on Thursday, November 20 at 12:00 PM EST. To dial in, RSVP to Katy and the call-in information will be sent to you.

Embargoed materials: the press release, related abstracts, a backgrounder, a live blog and audio-visual materials will be available on the science news site, EurekAlert! ([www.eurekalert.org](http://www.eurekalert.org)).



#### BACKGROUND:

With over one million infected individuals, HIV in the United States amounts to a “neglected epidemic” that needs a coordinated national response. It offers an opportunity for the new US administration to help many of the estimated 250,000 people who are unaware of their HIV+ status to get the tests they need, begin treatment, and make behavioral changes that avoid spreading the disease. The importance of testing as part of a national AIDS strategy is reinforced by new research that shows people with the AIDS virus benefit from starting drug treatments sooner than current guidelines recommend, and can save years of healthy life.

In 2006, the US Centers for Disease Control and Prevention revised its HIV testing guidelines. It replaced written informed consent testing with voluntary “opt out” testing, and, rather than focusing solely on high risk groups, they recommended that all people 13-64 years of age receive HIV tests as a routine part of healthcare. Although studies show that there is high acceptance of such HIV screening among the public, policymakers have yet to fund and implement the programs needed to capitalize on this widespread sentiment.

The National Summit will present data that demonstrate where and how inroads have been made, illustrate the consequences of current practices, and highlight the actions needed to yield a major public health victory in the United States.

#### About the Forum for Collaborative HIV Research:

The Forum for Collaborative HIV Research is an independent public-private partnership whose mission is to facilitate discussion on emerging issues in HIV clinical research and the transfer of research results into care. The Forum is comprised of representatives from all stakeholders in HIV clinical research and facilitates ongoing discussion and collaboration among these stakeholders to address critical unanswered questions about the optimal medical management of HIV disease and encourage coordination among public and private research efforts.

# SYNERGIES: HIV TESTING/WORLD AIDS DAY/ACAP

## CNN

<http://edition.cnn.com/2008/HEALTH/conditions/12/01/fauci.world.aids.day/index.html>

### World AIDS Day 2008: Much accomplished, much to do

By Dr. Anthony S. Fauci  
CNN Contributor

Editor's note: Dr. Anthony S. Fauci is director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health.

(CNN) -- When we commemorated the first World AIDS Day on December 1, 1988, we had little to celebrate.

The number of reported AIDS cases in the United States was nearing 80,000 and rising rapidly. Untold thousands more in this country were living with the human immunodeficiency virus, or HIV. Globally, AIDS cases already had been reported from more than 135 countries. An AIDS tsunami clearly was looming, but we had few defenses at our disposal.

For those of us caring for people with AIDS, it was a dark time. We had just one anti-HIV medicine in our pharmacies, AZT, a drug that the virus rapidly defeated by mutating and developing resistance. Lacking other medicines to slow the relentless replication of HIV and its destruction of a person's immune system, we did our best to help our patients by managing to the extent possible their AIDS-related infections and complications. But the life span of most of the patients was measured in months.

Two decades later, much has changed. An unprecedented research effort has led to more than two dozen anti-HIV drugs, more than for all other viral diseases combined. Taken in proper combinations, these medications have dramatically improved the prognosis for people living with HIV by increasing their life span by at least a decade and providing the possibility of a normal life span with continued therapy.

Scientifically proven prevention approaches -- education and outreach to at-risk populations, voluntary HIV testing and counseling, condom distribution, prevention of HIV transmission from mother to baby, harm reduction approaches for drug abusers, mass-media campaigns and the screening of donated blood -- have been deployed with great success in the United States and many other countries.

Innovative programs such as the President's Emergency Plan for AIDS Relief and the Global Fund for HIV/AIDS, Tuberculosis and Malaria, as well as the efforts of nongovernment organizations, have reached millions of people in low- and mid-income countries worldwide with HIV-related services, at a scale unimaginable a few years ago. And gradually -- but too slowly -- we have begun addressing AIDS-related stigma in this country and abroad.

Much has been accomplished in the fight against HIV/AIDS from scientific, medical and public health standpoints. However, now is no time to rest on our accomplishments or our laurels. The statistics of the HIV/AIDS pandemic tell us that much more needs to be done.

Around the world, a staggering 2.7 million people were infected in 2007 alone. Globally, 33 million people are living with HIV infection, most of them in the developing world. In the United States, more than 1 million people are living with HIV. And 56,000 more people are infected each year in the U.S., driving HIV prevalence rates in some of our communities to levels that rival those seen in sub-Saharan Africa. Gay and bisexual men, and African-Americans in general, are disproportionately affected. The true ground zero of the HIV epidemic in the United States is in those communities.

What is the way forward? First, even in the face of a world economic crisis, the global community must scale up the delivery of proven HIV therapies and prevention services. In low- and middle-income countries, less than one-third of people in need of anti-HIV therapy are receiving it, and only one in five people at risk of HIV infection have access to prevention services.

All around the world, access to HIV services -- and medical care in general -- remains a challenge in many poor communities. The global community must sustain our commitment to investing resources for medicines, clinics, as well as training and salaries for doctors, nurses and community health care workers to provide care for HIV/AIDS and other diseases in the settings where they occur.

Here in the United States, more than one-fifth of people living with HIV are unaware of their infection and not receiving appropriate care for their own health or the prevention services that would help them avoid transmitting the virus to others. A frequent scenario is that people learn of their infection status only when they have advanced symptoms of HIV disease, when their health may be irreparably damaged.

Now is the time for the medical community and policymakers to embrace U.S. guidelines for all Americans aged 13-64 to be voluntarily tested in routine medical care. Barriers to implementation of HIV testing guidelines, such as state, local or agency regulations that conflict with the recommendations, variability in payment coverage for the test, and concerns about the stigma and discrimination that may accompany an HIV diagnosis, must be addressed.

Meanwhile, we also must continue to invest in the next generation of treatment and prevention modalities.

Encouragingly, new means of preventing HIV infection are emerging from well-designed and well-implemented clinical research trials.

One exciting concept is pre-exposure prophylaxis or PrEP, giving preventive doses of anti-HIV drugs to individuals who are at an increased risk of HIV infection. This still-experimental strategy is based on the concept that if HIV replication can be inhibited immediately following exposure to the virus, permanent infection might be thwarted. Multiple clinical studies of PrEP are under way in the United States and in populations around the world. Ongoing research to develop microbicidal gels or creams to be applied before sex offer the hope of people being able to protect themselves from HIV infection in situations where saying no to sex or insisting on condom use is not an option.

Finally, a preventive HIV vaccine remains the greatest hope for halting the relentless spread of HIV/AIDS. We must solve the mystery of how to prompt the human body to produce a protective immune response against HIV, which natural infection with the virus seems unable to do.

Historically, it has taken decades to find effective vaccines to combat most infectious diseases. Researchers usually experienced numerous setbacks and disappointments before reaching success, yet they persevered. Finding a safe and effective HIV vaccine demands an equally intense resolve.

On this World AIDS Day, we should be proud of the many scientific advances that have been made in the fight against HIV/AIDS. But it is hardly a time for self-congratulation. Rather, we must understand that our work is just beginning. Developing HIV interventions and delivering them to the people who need them will require scientific and public health vision, and dedication from all sectors of society, in good times and bad.

The opinions expressed in this commentary are solely those of Dr. Anthony S. Fauci.

## News: Briefing

### Should everyone have an HIV test?

**US doctors propose expanding the use of HIV tests to slow the spread of infection.**

Asher Mullard

Universal HIV testing could cut infection rates dramatically. *Punchstock*

More than 33 million people around the world are currently living with HIV and AIDS. Strikingly, many adults with HIV or AIDS — about 80% in sub-Saharan Africa and 25% in the United States — don't know that they are carrying the virus.

In the hope of reducing the inadvertent spread of HIV, the American College of Physicians (ACP) is recommending that doctors encourage everyone over the age of 13 to be tested for HIV<sup>1</sup>. In a similar vein, World Health Organization (WHO) scientists last week reported in the *Lancet* that a universal testing policy followed by treatment for those that need it would greatly reduce the transmission of HIV<sup>2</sup>. Here, *Nature News* examines the case for scaling up HIV testing.

#### Why has the ACP proposed these guidelines now?

Evidence suggests that many patients with HIV carry the infection for several years before they are diagnosed as being HIV positive. In the United States alone, transmission by these patients is estimated to account for at least 20,000 new cases of HIV per year. Studies suggest that testing is cost-effective<sup>3,4</sup> and that selective testing of those most at risk — currently recommended by some bodies — fails to identify many HIV-positive patients<sup>5</sup>. The ACP has responded by publishing new guidelines for doctors on World AIDS Day.

#### What does the WHO study say?

Mathematical models used by WHO scientists suggest that new cases of HIV infection could be slashed by 95% if everyone aged 15 and over were to be tested annually and given antiretroviral therapy if necessary.

### **Is the technology in place for global universal testing?**

Rapid tests can provide reliable results of HIV status within minutes, even in the absence of electricity and running water, says Kevin De Cock of the WHO's HIV and AIDS department in Geneva, Switzerland, and one of the authors of the *Lancet* article<sup>2</sup>. Effective, though perhaps not the best, antiretroviral therapies are available for less than US\$100 a year.

### **So what are the objections to universal screening and treatment?**

It would be expensive. Estimates by De Cock and his colleagues suggest the cost would peak at \$3.4 billion a year in 2015. But this is no more expensive than current plans to tackle HIV by providing universal access to prevention, care and treatment.

"Although it would initially be expensive, it not necessarily outside the sort of estimates of resource requirement right now," says De Cock. "In the longer term, the modelling suggests it would actually become cost saving."

Ethical considerations must also be taken into account. There are "potential dangers of infringement of human rights and failure to maintain human dignity", De Cock says. This is not an idle concern — a by-law currently under consideration in the Indonesian province of Papua calls for microchips to be implanted in all HIV-positive adults.

Furthermore, "other approaches to prevention might be weakened by a false assumption that a purely medical approach might solve the AIDS problem," says De Cock.

### **Is it ever likely to happen?**

Only time will tell what impact, if any, the ACP guidelines will have on the spread of HIV in the United States. And the *Lancet* paper was aimed at stimulating discussion rather than changing the current WHO policy, which recommends different testing procedures for different local circumstances.

But "appropriate scale-up of HIV testing, with assurance of the protection of rights and voluntary consent, is extremely important," De Cock adds. "We're all working towards universal access to HIV prevention, treatment and support. You cannot get there without people knowing their HIV status."

## NEW YORK TIMES

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**December 2, 2008**

**Most Patients Should Be Screened for H.I.V., Physicians' Group Says**

By RONI CARYN RABIN

The American College of Physicians is urging doctors to screen all patients for [H.I.V.](#) routinely beginning at age 13, whether or not they engage in risky behaviors.

The guidelines differ slightly from those of the federal [Centers for Disease Control and Prevention](#), which recommends routine screening of patients until age 64 unless the prevalence of H.I.V. is known to be less than 0.1 percent in the patient population. The recommendations also differ from those put forth by the U.S. Preventive Services Task Force, which urges routine screening only of patients at increased risk for infection.

But most patients don't tell their doctors about their risky behaviors, said Dr. Amir Qaseem, senior medical associate with the American College of Physicians, a professional group that represents internists. Moreover, it is almost impossible for a physician to know what the H.I.V. prevalence rate is among certain patients, Dr. Qaseem added.

"Right now it's estimated 1 million to 1.2 million Americans have H.I.V., but 24 to 27 percent are undiagnosed or unaware of their infection," Dr. Qaseem said. "We're recommending clinicians just adopt routine screening in their patients."

The college set no upper age limit on testing because 20 percent of people with H.I.V. are over 50 years of age, Dr. Qaseem said. He said clinicians should decide whether repeat screening is required on a case-by-case basis.

Even though the C.D.C. recommended routine testing two years ago, [hospitals](#) and clinics have been slow to incorporate H.I.V. screening into daily care. Just 50 to 100 of the nation's 5,000 emergency rooms routinely test for H.I.V., said Dr. Richard Rothman, associate professor of emergency medicine at Johns Hopkins School of Medicine, in part because of a lack of funding.

"The C.D.C.'s view was that you would get an H.I.V. test just like you would have a [complete blood count](#) or any other test as part of your care," Dr. Rothman said. "But

right now in many states there is no mechanism for reimbursement, so emergency rooms that try to do it have to foot the bill themselves or find creative ways of paying for it."

The American College of Obstetricians and Gynecologists also recommends routine screening of all women ages 19 to 64, regardless of their risk factors for H.I.V. infection. Early diagnosis maximizes the benefit from antiretroviral therapy and may also help contain the spread of the disease by decreasing inadvertent transmissions.