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# Overview of Routine/Expanded HIV Testing in the U.S.

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# Presentation Outline

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- Trends in rates of HIV testing
- Progress in making HIV testing routine
- Examples of expanded testing programs
- Policy positions of professional organizations



# National Health Interview Survey

- Annual, cross-sectional household probability sample of the U.S. population conducted by National Center for Health Statistics
- Provides estimates for a broad range of health measures for the U.S. population, including HIV testing.



# Baseline: HIV Testing: 2006

- 40% of adults tested for HIV at least once
  - *Estimated 71.5 million persons*
- 10.4% tested in the preceding 12 months
  - *Estimated 17.8 million persons*

- *Duran et al, MMWR, August 2008*



# Percent Tested, Preceding 12 Months

	2002	2006
White	8%	8%
Black	19%	22%
Hispanic	12%	13%
Risk Factors?		
Yes	21%	23%
No	10%	10%
Pregnant?		
Yes	48%	61%
No	12%	13%



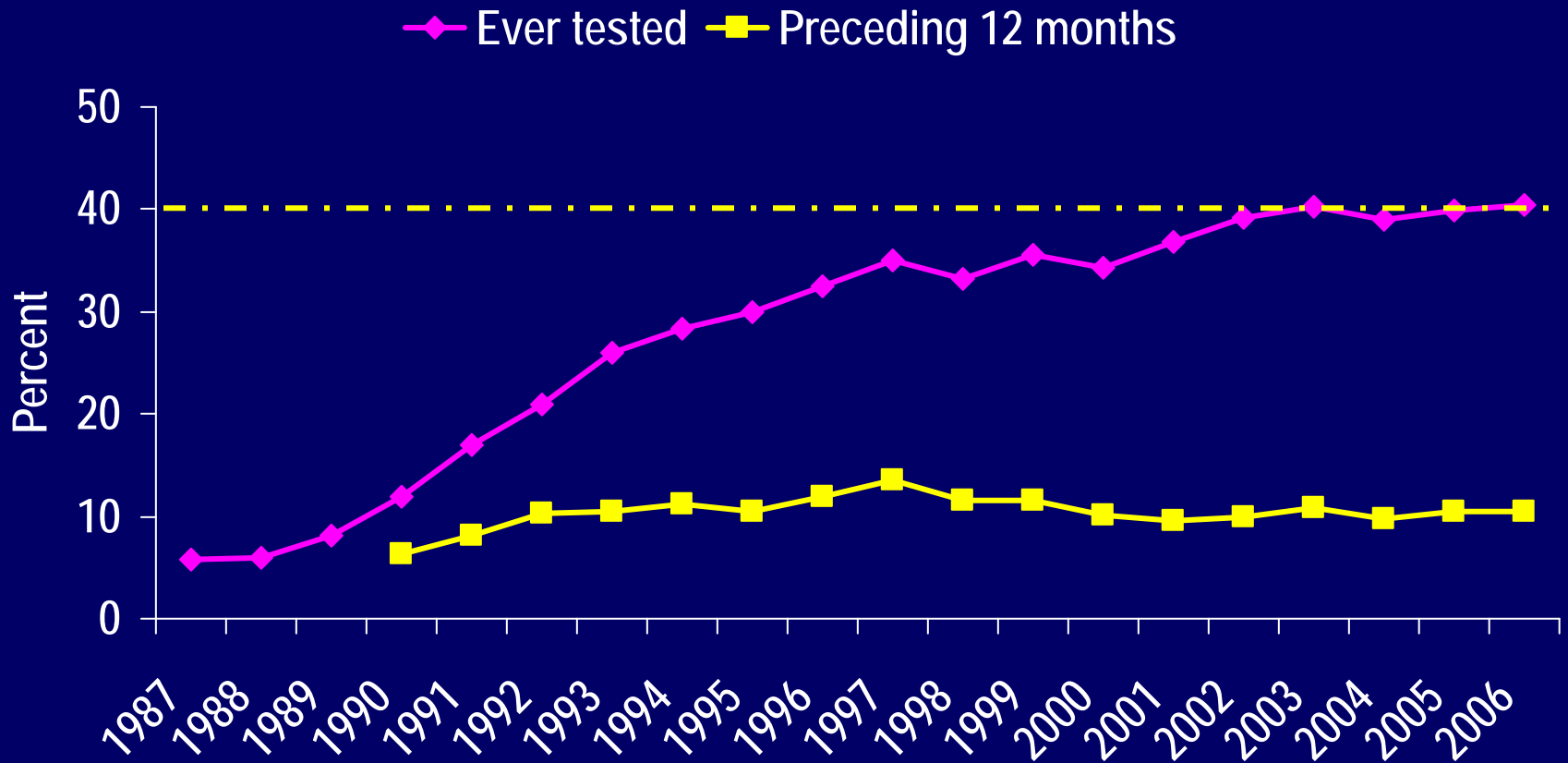
# Where were persons tested for HIV?

	2002	2006
Private doctor/HMO	44%	53%
Hospital, ED, Outpatient	22%	18%
Community clinic (public)	9%	9%
HIV counseling/testing	5%	5%
Correctional facility	0.6%	0.4%
STD clinic	0.1%	0.1%
Drug treatment clinic	0.7%	0.4%

- 2006 National Health Interview Survey



# Percent of Persons Ever Tested and Tested in the Preceding 12 Months - NHIS 2002-2006



- MMWR August 8, 2008



# Interpreting the 2006 Recommendations

## ■ Routine

- Make testing less exceptional
- Universal testing without respect to risk

## ■ Expanded

- Universal testing without respect to risk
- Justifiable and strategically desirable
- Feasible?

- Lyons et al, *Public Health Reports* 2007





# Making HIV Testing Less Exceptional

- 2006 CDC Recommendations:
  - Opt-out testing with the option to decline after notifying the patient testing will be done
  - No separate written informed consent in health-care settings



# Making HIV Testing Less Exceptional

- At the time of CDC's 2006 recommendations, 20 states had laws or regulations that required written informed consent for HIV testing.
- Currently, laws in 40 states and D.C. are compatible with the CDC recommendations.

- Poster: Neff SE, Goldschmidt RH



# Legislative Changes Since 2006

- 11 states have removed written informed consent requirements:
  - Arizona
  - California
  - Iowa
  - Illinois
  - Indiana
  - Louisiana
  - Maine
  - Maryland
  - New Hampshire
  - New Mexico
  - North Carolina



# Legislative Changes Since 2006

- 7 states proposed legislation to remove written consent that was not enacted:
  - Hawaii
  - Massachusetts
  - Nebraska
  - New York
  - Pennsylvania
  - Rhode Island
  - Wisconsin
- No legislative action regarding written consent requirements in 2 states:
  - Connecticut
  - Michigan





**www.nccc.ucsf.edu**

# National HIV/AIDS Clinicians' Consultation Center

- General Information
- HIV Clinical Resources
- Consultation Library
- More Resources
- Training & TA
- Warmline
- PEPline
- Perinatal



<b>Warmline</b> National HIV Telephone Consultation Service	<b>1-800-933-3413</b>
<b>PEPline</b> National Clinicians' Post-Exposure Prophylaxis Hotline	<b>1-888-HIV-4911</b>
<b>Perinatal HIV Hotline</b> National Perinatal HIV Consultation and Referral Service	<b>1-888-448-8765</b>

## QUICK LINKS

- [Antiretroviral Drug References](#)
- [Guidelines](#)
- [AETC Consultation Services](#)
- [PEP Guidelines](#)
- [NCCC Preceptorships](#)
- [Resistance Panel Cases](#)
- [NCCC Slides](#)



Tools / Downloads

## Welcome to the National HIV/AIDS Clinicians' Consultation Center

A University of California San Francisco/San Francisco General Hospital-based AIDS Education and Training Centers clinical resource for health care professionals.

## FEATURED HIGHLIGHTS

- [UPDATED COMPENDIUM OF STATE HIV TESTING LAWS](#) news  
Updated August 28, 2007.
- ONE TEST TWO LIVES CAMPAIGN: CDC Prenatal HIV Testing Information
- UPDATE: Kaletra Dosing in Post-Exposure Prophylaxis (PEP)

## ABOUT OUR SERVICES

**National HIV/AIDS Telephone Consultation Service (Warmline)**  
The [Warmline](#) provides expert clinical advice on HIV/AIDS management for health care providers, from those with limited access to expert consultation to those with complex antiretroviral resistance dilemmas. The Warmline is available Monday through Friday, 8 a.m. to 8 p.m. EST.

# Making HIV Testing Less Exceptional

- Veteran's Administration:
  - October 10, 2008: Repeal of "Limitation on Authority to Conduct Widespread HIV Testing Program"
    - Prohibited widespread HIV testing
    - Required written informed consent, pre- and post-test counseling
  - New regulations being developed



# HIV Testing Still Exceptional

- Prenatal HIV screening
- CPT 80055 – Obstetric Panel
  - Blood count
  - HBsAg
  - Rubella antibody
  - Syphilis test
  - Blood typing



# Rates of Recommended Prenatal Screening

- Random stratified sample of 5144 live births, in 8 active surveillance areas, 1998-99, representing 630,000 live births:
  - HBsAg 96.5%
  - Syphilis 98.2%
  - Rubella 97.2%
  - HIV 57.2%



*-Schrag SJ, et al, Obstetrics & Gynecology 2003*





# Obstetric Panel CPT Code

- 2008 proposal to add HIV test to Obstetric Panel CPT Code was rejected:
  - Administrative burdens due to inadvertently circumventing patient's right to opt-out
  - Different requirements for consent in different jurisdictions



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# Examples: Expanded Testing Programs

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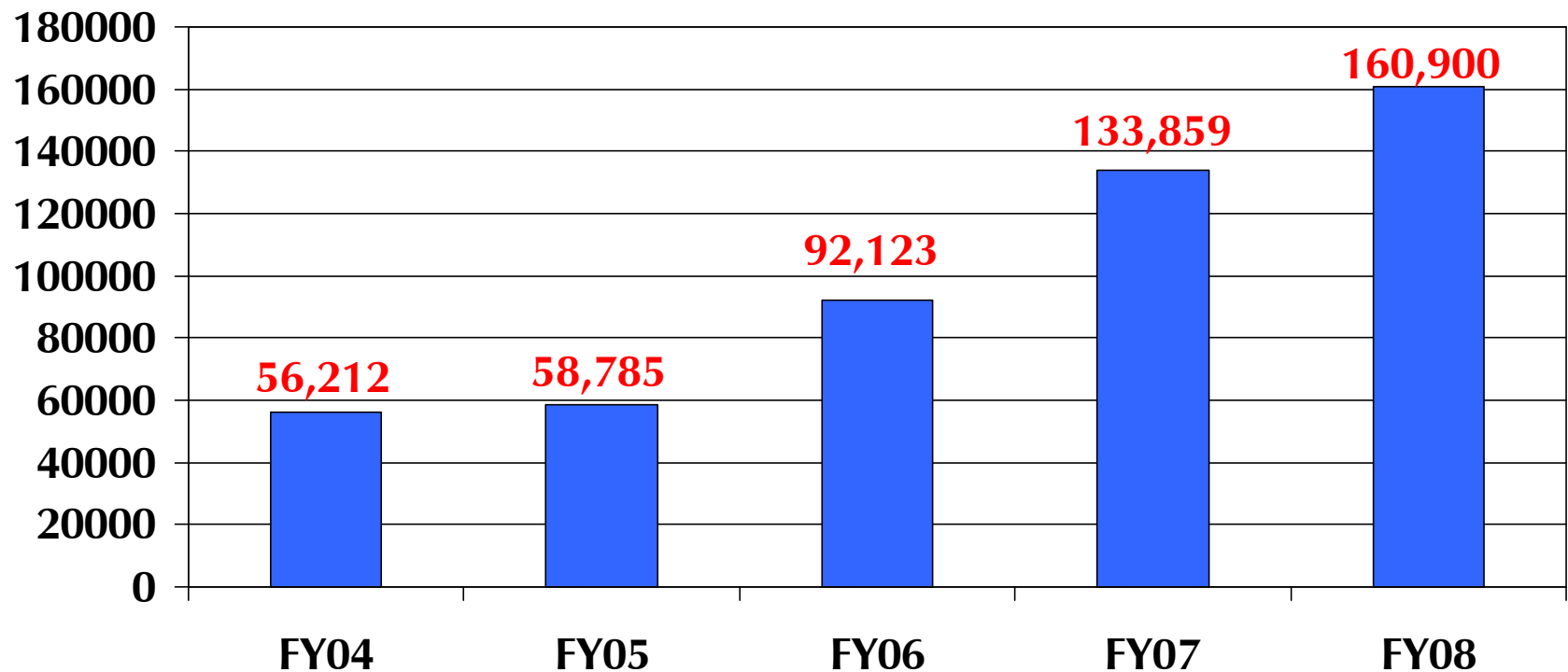
# Expanded HIV Testing Initiative: New York Health and Hospitals Corporation

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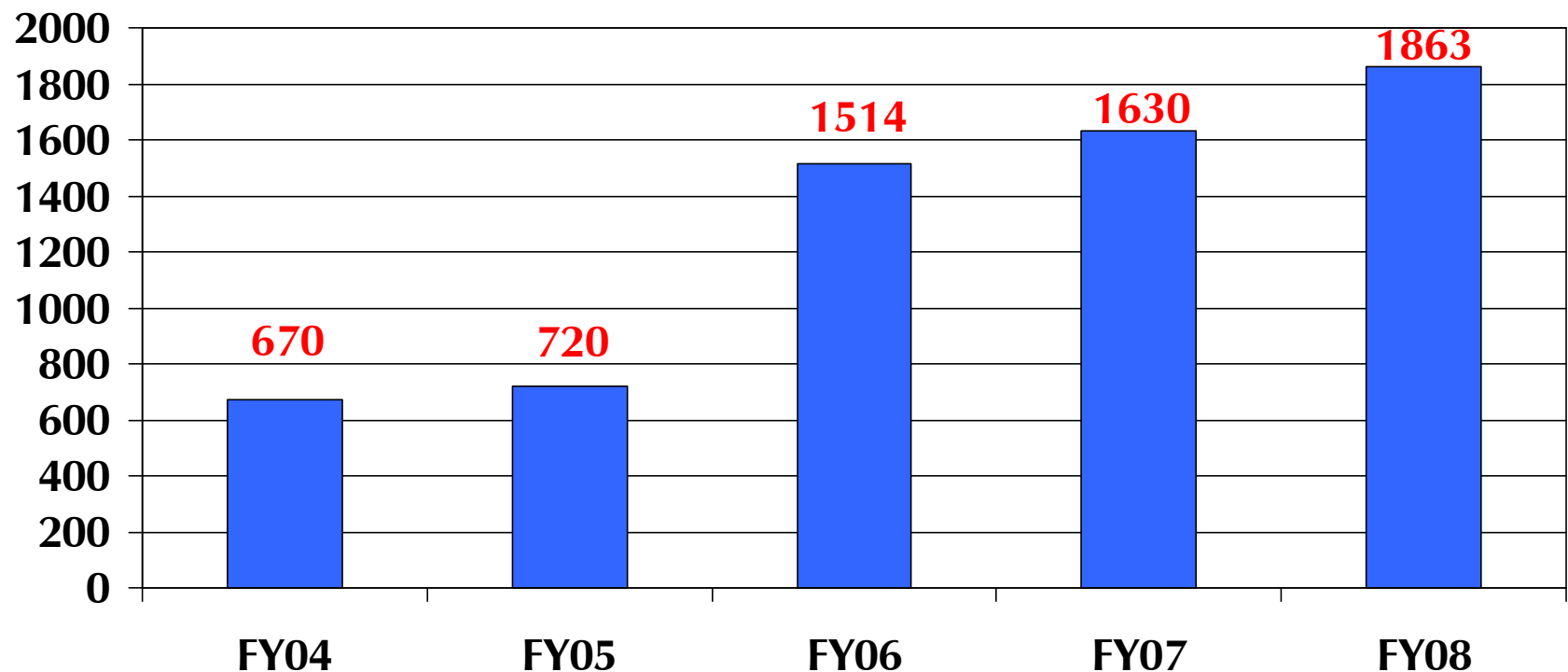
- Largest municipal health-care delivery system in the U.S.
- 4,934,000 annual visits
- 19,000 patients with HIV infection in care
- Signed informed consent required; streamlined form introduced in 2005



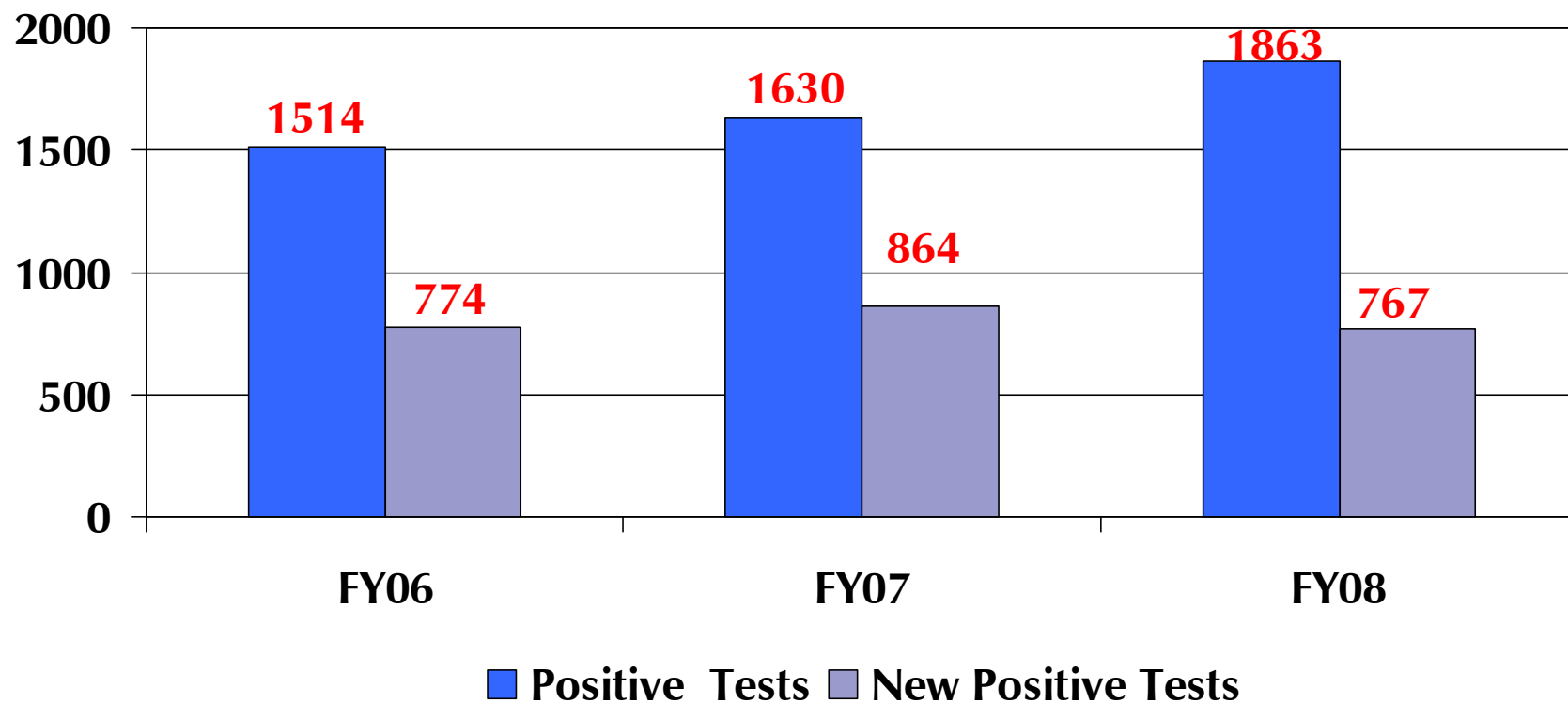
# Annual Unique HIV Tests



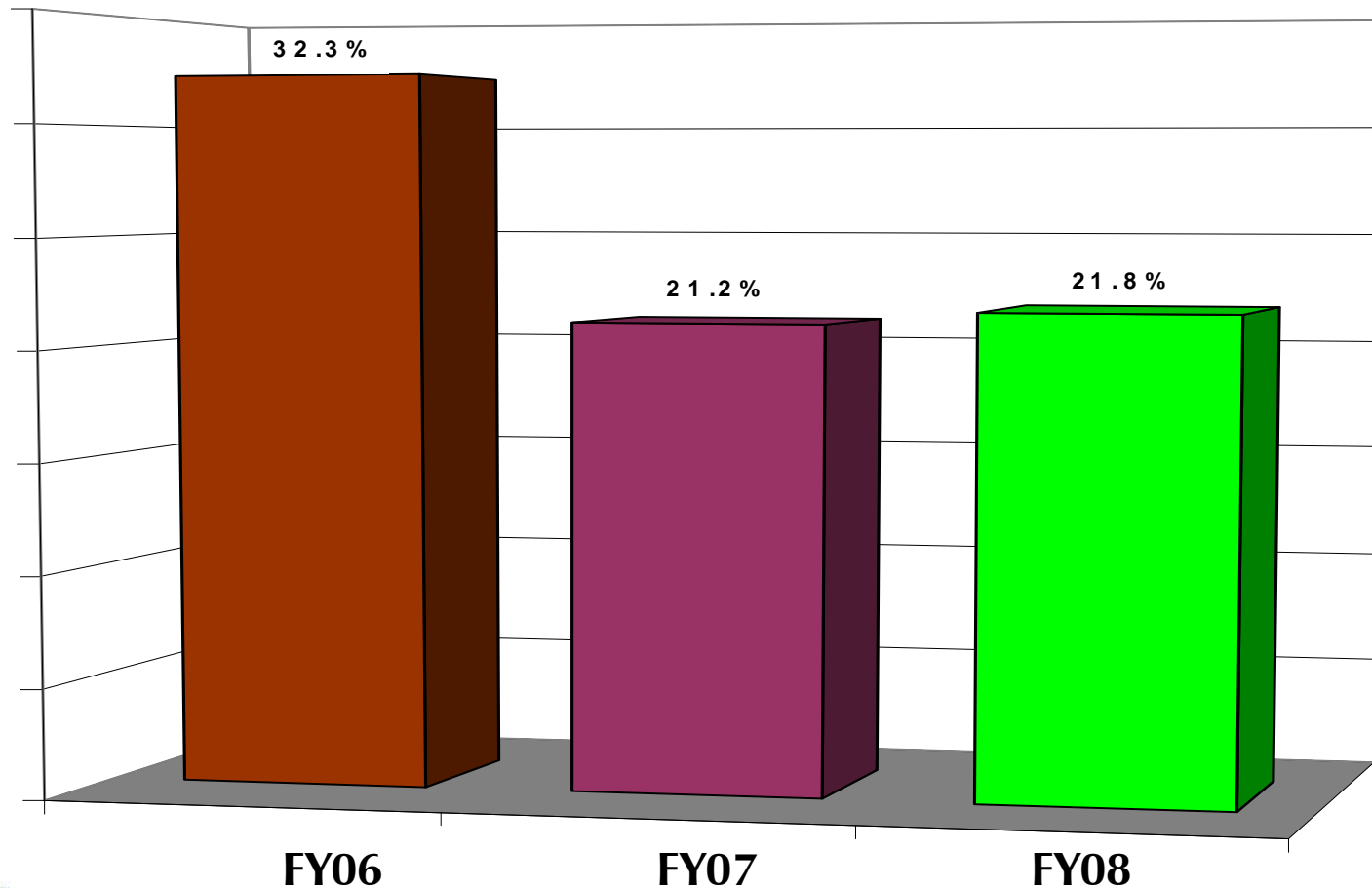
# Number of Positive HIV Tests More Than Doubled



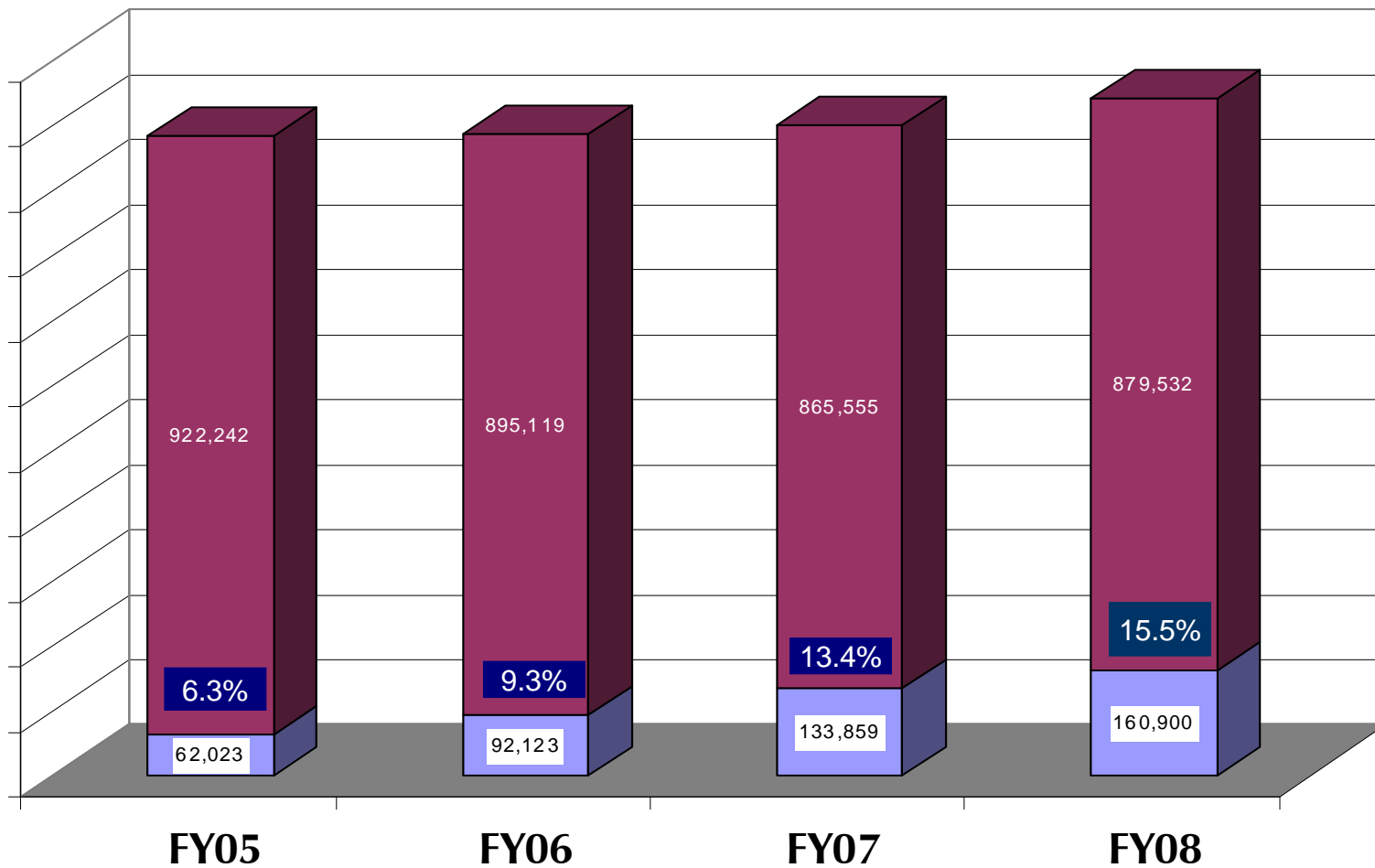
# Not All Positive Tests Represent New HIV Diagnoses



# Percent of Patients with a Concurrent AIDS Diagnosis



# 44% of Unique Eligible Patients Have Now Been Tested for HIV







**New York State Department of Health  
HIV Primary Care Medicaid Program**

**Incentives for HIV Program Development  
and Growth in Medicaid**

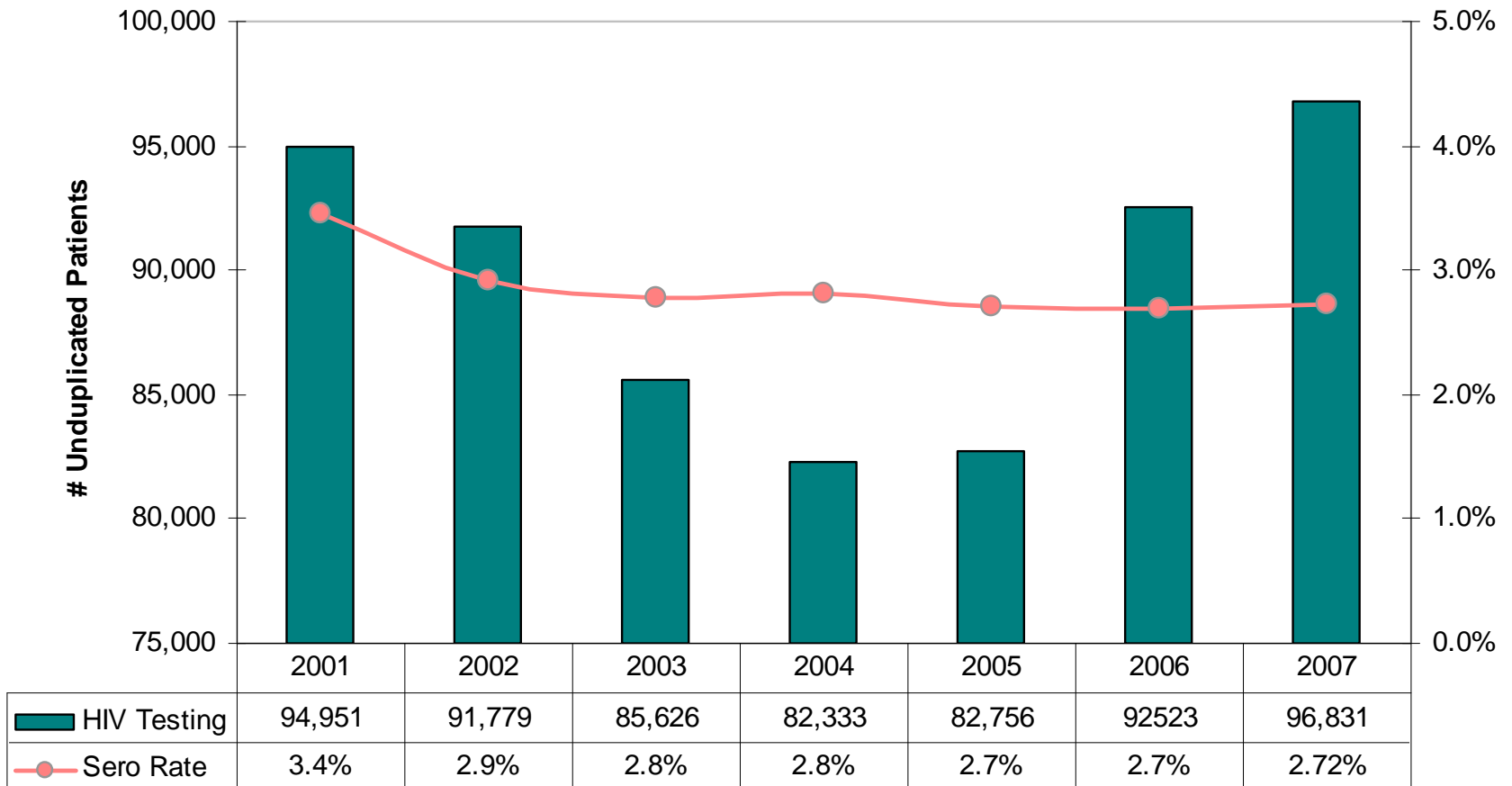
# Policy

- Special HIV Health Care Responses
- 5-Tier Program/HIV Counseling and Testing Rates
- Pre-Test and Post-Test visits on same day to cover Rapid Testing
- Expansion of Counseling and Testing rates to Part-time clinics and EDs

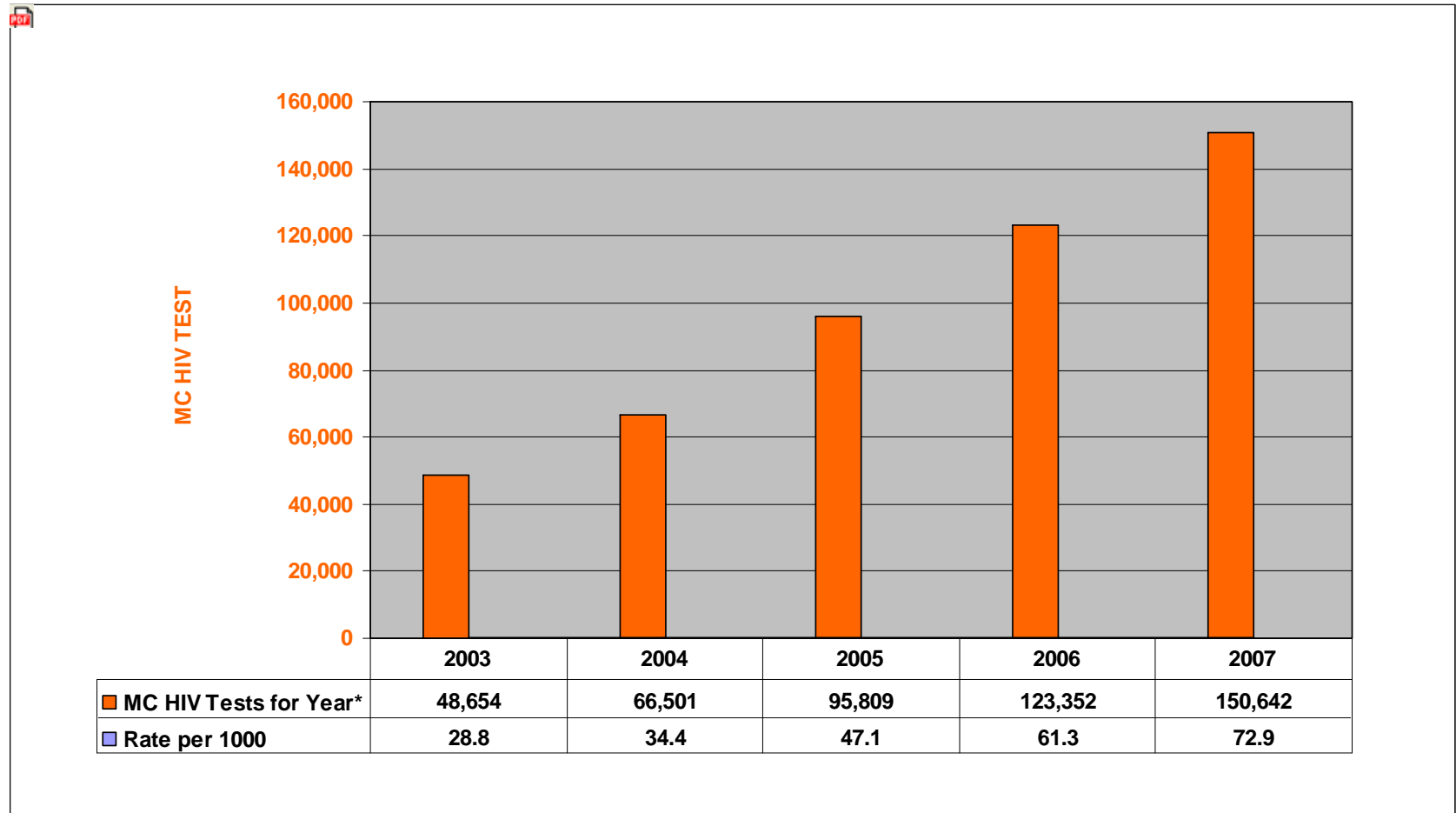
# HIV Primary Care Medicaid Visit Average State Rate

- HIV Testing Visit: \$108
- HIV Post-test Counseling Positive Visit: \$106
- HIV Counseling Only (no test) Visit: \$84
- HIV Post-test Counseling Negative Visit eliminated

# NYS FFS HIV Testing 2001-2007



# NYS Managed Care HIV TESTING 2003-2007



# President's Testing Initiative

- Increase HIV testing opportunities for populations disproportionately affected by HIV—primarily African Americans who are unaware of their HIV status.
- \$35 million awarded September 2007 to 23 jurisdictions with highest number of AIDS cases among African Americans



# Expanded HIV Testing Initiative: Chicago

- Initiated October 2007
- Rapid testing in
  - 4 emergency departments
  - 6 STD clinics
  - Correctional health facility
  - 3 CBO clinics

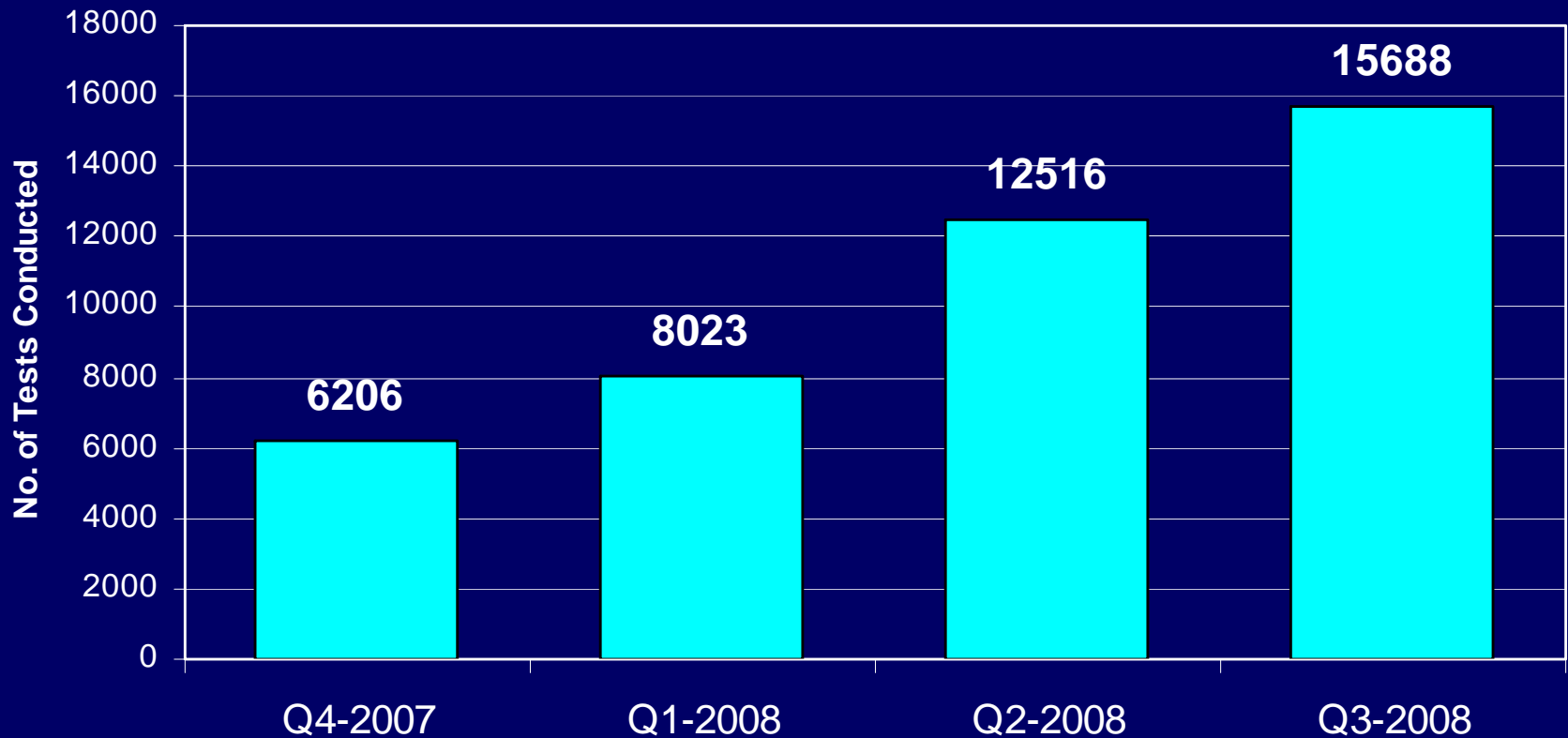


Department of Public Health

Terry Mason, M.D., F.A.C.S.

Commissioner

# Expansion of HIV Testing, Chicago Oct 2007- Sept 2008



**Provisional data as of 10/16/08**

*Source: HIV Counseling Testing and Partner Services Unit,  
Division of STD/HIV/AIDS, Chicago Department of Public Health*



# HIV Tests and Positive Tests, Chicago, Oct 2007- Sept 2008

	<b>HIV Tests</b>	<b>New HIV Positive</b>
<b>Emergency Depts</b>	<b>12,685</b>	<b>115 (0.9%)</b>
<b>STD Clinics</b>	<b>21,259</b>	<b>203 (1.0%)</b>
<b>Corrections</b>	<b>6,468</b>	<b>58 (0.9%)</b>
<b>CBO clinic</b>	<b>2,021</b>	<b>44 (2.0%)</b>
<b>Total</b>	<b>42,433</b>	<b>420 (1.0%)</b>

Provisional data as of 10/16/08

Source: HIV Counseling Testing and Partner Services Unit,  
Division of STD/HIV/AIDS, Chicago Department of Public Health

# Expanded HIV Testing Initiative: Florida

- Rapid testing in
  - 30 Medical settings
    - 8 emergency departments
    - 17 primary care clinics
    - 4 community health centers
    - 1 urgent care clinic
  - 10 STD clinics
  - 10 jails
  - 10 CBOs
  - 10 mobile units
  - 1 substance abuse treatment center



# HIV Tests and Positive Tests, Florida, Oct 2007- July 2008

	<u>Total tests</u>	<u>HIV-Positive (%)</u>	<u>New Positive (%)</u>
Medical settings	6,897	163 (2.4%)	151 (93%)
STD clinics	7,737	156 (2.0%)	92 (59%)
Jails	8,216	78 (0.95%)	60 (77%)
CBO	18,954	605 (3.2%)	340 (56%)
Mobile unit	2,321	37 (1.6%)	32 (86%)
Drug treatment	403	3 (0.7%)	2 (67%)
Total	44,528	1,042 (2.3%)	677 (65%)

# HIV tests and Positive Tests, Florida, Oct 2007 – July 2008

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- Total tests in clinical settings: 25,574 (57%)
  - New HIV infections: 335 (1.3%)
- Total tests, non-clinical settings: 18,954 (43%)
  - New HIV infections: 342 (1.8%)

# Policy Statements: Professional Organizations

- American College of Emergency Physicians  
*- April 2007*
- American Academy of Family Physicians  
*- August 2007*
- American College of Obstetricians and Gynecologists  
*- August 2008*
- American College of Physicians  
*- December 2008*



# ACEP Policy Statement

April, 2007

- HIV testing in the evaluation for acute care conditions should be available in an expeditious and efficient fashion similar to testing and results for other conditions.
- HIV Screening (when deemed appropriate by the emergency physician) must meet the following conditions:



# ACEP Policy Statement

April, 2007

- Must be practical and feasible for ED settings
- Can not interfere with the primary acute care mission
- Should be offered based on local prevalence and medical needs of the community
- Must meet local and state requirements
- Must be contingent upon adequate funding
- Must adequately address patient confidentiality, informed consent, provider training, need for counseling, linkage to care.



# AAFP Policy Statement

August, 2007

- Recommends
  - Groups considered high priority for HIV testing:
    - Pregnant women
    - Persons at high risk
    - Persons seen in clinical settings where HIV prevalence is high
  - Annual retesting for high-risk persons
  - Procedures that do not require written consent or pre-test prevention counseling





# ACOG Policy Statement

August, 2008

## ■ Recommends

- Routine screening of women 19-64, targeted screening of women outside that age range
- Retesting at least annually for high-risk women
- Opt-out screening with neither written informed consent or prevention counseling



# Remaining Challenges

- Burden on staff
  - “Not my job”
  - Too daunting to screen such large numbers
  - Interferes with primary mission and patient flow
- Lack of funding
  - Reimbursement
  - Uninsured patients



# Summary

## ■ Signs of Progress

- Reduction in percentage of persons unaware of their infection from 25% to 21%
- Reductions in late diagnosis in NY hospitals after expanded HIV testing
- Legislative changes in 11 states and VA to facilitate HIV testing in health-care settings



# Acknowledgements

- NYC Health and Hospitals Corporation
  - Terry Hamilton
  - Drew De Los Reyes
- Chicago Department of Public Health
  - Will Wong
- Florida Bureau of HIV/AIDS
  - Marlene Lalota
- NY State Department of Health AIDS Institute
  - Ira Feldman

The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention

