What are the policy and public health implications of the CDC's new HIV testing guidelines?

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Major revisions from previous guidelines:

- *HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).*

Major revisions from previous guidelines:

- *Persons at high risk for HIV infection should be screened for HIV at least annually.*

Major revisions from previous guidelines:

- *Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.*

Major revisions from previous guidelines:

- *Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.*

"Our goal is twofold: To diagnose more people who are HIV infected and to normalize HIV tests as a routine and important part of everyone's health care."

Dr. Timothy Mastro, Acting Director of HIV and AIDS Prevention, CDC, 9/21/06

“Streamlining” the testing process

- Written vs. non-written informed consent
- Sharing information about HIV with patient before testing
  - “Oral or written information should include an explanation of HIV infection and the meanings of positive and negative test results, and the patient should be offered an opportunity to ask questions and to decline testing.”
- Prevention counseling as a separate intervention

Routine testing=reduced stigma?

- CDC says stigma is reduced because everyone is tested, regardless of risk
- Providers still must evaluate patient's risk, but are not required to conduct risk assessment
  - Post-test counseling
  - Future HIV testing

Guidelines are not feasible

- Legal barriers
- Monitoring and evaluation burden
- Linkage to care

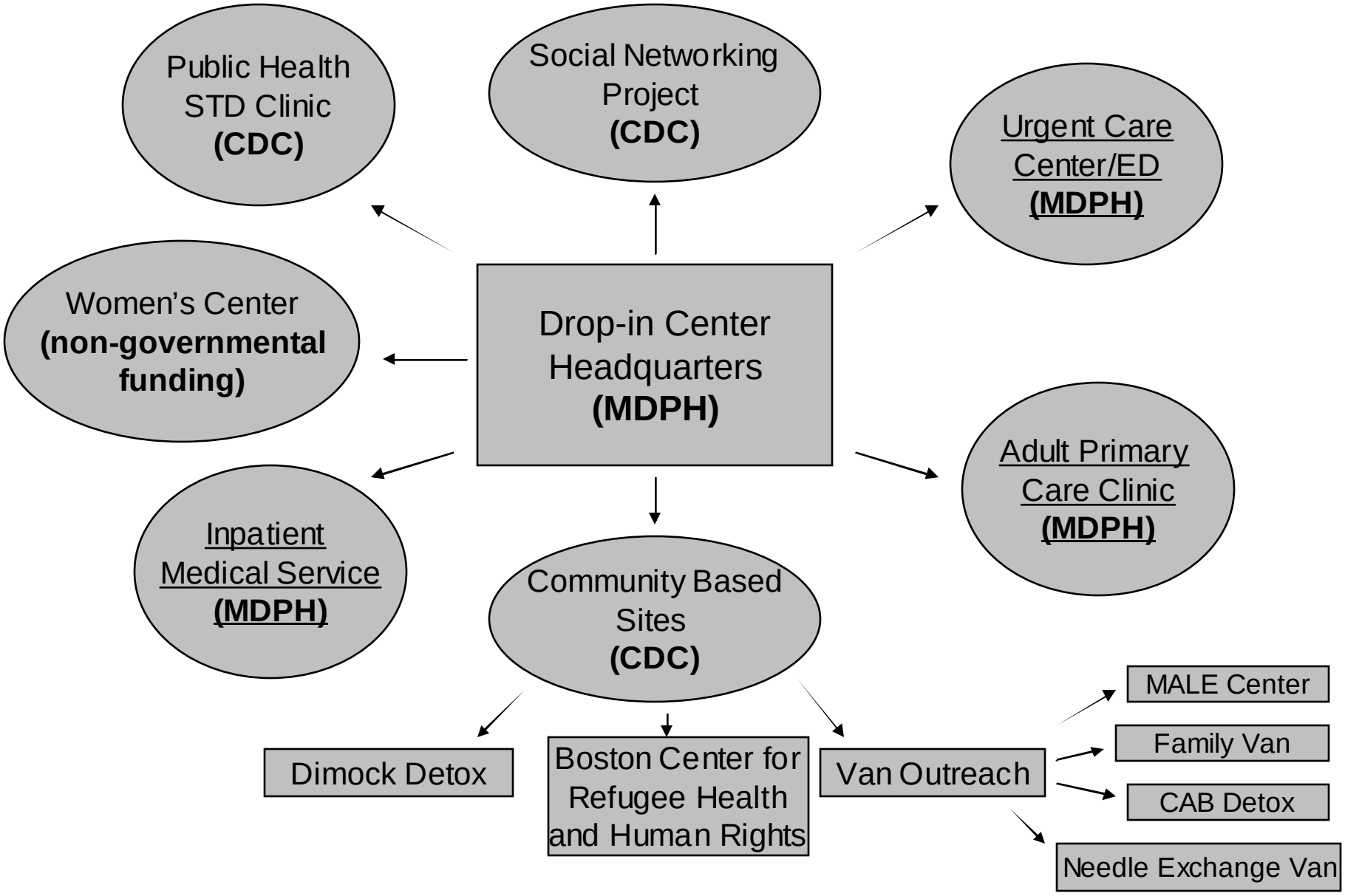
Boston Medical Center HIV/AIDS Patient Profile
Approximately 1,500 active patients

	Male (63%)	Female (37%)	Total (100%)
Race/Ethnicity			
Black	47%	67%	54%
Latino	18%	12%	16%
White	26%	12%	21%
Asian	2%	1%	1.6%
Other/Biracial/ Unknown	7%	8%	7.4%

Testing and Seropositive Data

	Tests	Seropositives
2002-2004 (MDPH)	17,594	258 (1.5%)
2005 (MDPH&CDC)	7,657	87 (1.1%)
2006 (MDPH&CDC)	7,956	100 (1.3%)

HIV CTR Sites at BMC



Hospital-based Routine HIV Testing

- What is hierarchical routine testing?
  - Prioritization based on risk
  - Attempt to approach all other patients

- What is the outcome of hierarchical routine testing at BMC?
  - High volume of testing in strategic clinic sites
  - Immediate referral into clinical care
  - High proportion of new cases with low reported risk

Percentage of “Low Risk” HIV Positives

Low Risk = heterosexual exposure or no acknowledged risk.

- Urgent Care 27%
- Inpatient 30%
- Adult Primary Care 25%

Average of data from 2002-2006

Hospital-based Routine HIV Testing

Urgent Care Center

- Hierarchical routine screening
  - High patient volume
  - Patients typically do not utilize primary care physicians, therefore tend to be "high risk"

Inpatient Medical Service

- Hierarchical routine screening
  - High medical acuity
  - Some physician referrals

Adult Primary Care Clinic

- Referred by physicians
  - Tends to be lower medical acuity
  - Some "routine testing" - Counselor approaches patients while they are in the exam room waiting for the provider.