

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING AND FAMILY PLANNING SERVICES

Seventy-two percent of new HIV infections in the United States are acquired through sexual transmission, and consequently, family planning service providers play an important role in making HIV screening available to clients. Family PACT has adopted the following policies for HIV screening, which are based upon 2006 Centers for Disease Control and Prevention (CDC) recommendations and consistent with guidelines from the California Department of Public Health's Sexually Transmitted Diseases Control Branch and Office of AIDS.

KEY POINTS

- While 25 percent of people with HIV do not know they are infected, a majority of HIV cases are transmitted by these individuals. After people become aware they are HIV-positive, the prevalence of high-risk sexual behaviors have been shown to decrease.
- The CDC recommends that all adults ages 13-64 know their HIV status and have one HIV screening test as part of routine clinical care offered in a variety of health-care settings, including family planning visits.
- Repeat targeted testing should be offered at least annually for those at high risk of acquisition of HIV infection.
- California law permits opt-out HIV testing -- bypassing the requirement for special counseling or written consent. Opt-out screening increases testing rates, leads to increased treatment for HIV at earlier stages, and is cost-effective.
- The option of rapid HIV testing should be available in sites where there is a significant risk that clients will not return for laboratory test results or where there is a high prevalence of HIV infection.

QUESTIONS AND ANSWERS

Who should be screened with an HIV test?

Screening for HIV infection should be performed once for all clients aged 13–64 years, irrespective of their personal risk factors, unless prevalence of undiagnosed HIV infection in your practice is documented to be <0.1 percent.

- In the absence of existing data for HIV prevalence, providers should initiate routine HIV screening until they establish that the diagnostic yield is less than 1 per 1,000 clients screened, at which point routine screening is no longer warranted.
- Women who receive prenatal care are routinely screened for HIV unless they opt-out of testing. If a prenatal HIV test is negative, further routine HIV screening is not necessary unless one of the re-screening criteria is present.

How often should clients be re-screened?

Health-care providers should screen all persons likely to be at high risk for HIV at least annually.

- Persons likely to be at high risk include injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and men having sex with men or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.
- Health-care providers should encourage clients and their prospective sex partners to be tested before initiating a new sexual relationship.

What is the rationale behind the CDC's 2006 HIV screening recommendations?

Most HIV-infected people access health care, but many are not tested for HIV until they are symptomatic. The primary motivation for the change in HIV screening guidelines is to achieve earlier diagnosis of HIV infection, since

- Effective treatment is available and survival rates are longer when treatment is initiated earlier in the course of the infection; and
- Awareness of HIV infection in most individuals will result in a reduction in high-risk sexual behaviors.

What is Opt-Out HIV screening?

Opt-out HIV screening is performing HIV screening after notifying the client that the test will be performed and that the client may elect to defer or decline testing. Consent is inferred unless the client declines testing.

What are the new consent requirements for HIV screening in California?

Effective January 1, 2008, separate written consent is no longer required.¹ Providers must inform clients verbally that:

- HIV testing is planned
- Information about the test will be provided
- Information about treatment options and further testing needed will be given
- The client has the right to decline the test
- If a client declines the test, the provider must note that fact in the client's medical record

What tests are covered under Family PACT?

- Rapid and conventional Food and Drug Administration-approved HIV diagnostic tests for HIV-1, HIV-2 and HIV-1&2 are covered for women through age 55 and men through age 60 under Family PACT.

Because epidemiologic data indicate that the prevalence of HIV-2 in the U.S. is extremely low, CDC does not recommend routine HIV-2 testing in the U.S.² Therefore, the clinician should order a test for HIV-1 *only*, unless the client is from West Africa (where HIV-2 is endemic) or has sex partners from endemic areas, has sex partners known to be infected with HIV-2, or has received a blood transfusion or non-sterile injection in a West-African country.

1. HIV/AIDS testing, Assembly Bill 682 http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab_0651-0700/ab_682_bill_20070918_enrolled.html

2. HIV Type-2 <http://www.cdc.gov/hiv/resources/Factsheets/hiv2.htm>.

HIV SCREENING AND FAMILY PLANNING SERVICES (CONT.)

Should rapid HIV testing be available in my practice or clinic?

Family PACT recommends that clinics make rapid testing available (in addition to conventional testing) if a significant percentage of clients will not return for results or a high HIV prevalence is known to exist at the site.

- Rapid tests (such as OraQuick, Uni-Gold, and Clearview Complete) provide results in about 30 minutes, using Clinical Laboratory Improvement Act (CLIA) waived tests. All of these tests have between 99-100 percent sensitivity and specificity. The OraQuick test can be performed with an oral fluid sample.
- If a result is negative, no further testing is required. A reactive rapid test result is considered to be a “preliminary positive” and must be verified with a (serum) confirmatory test before informing the client of a “confirmed positive” result.

How should a confirmed positive HIV test result be given to the client?

- Results should be stated in a direct, neutral tone. Wait for the patient’s response, and provide for any immediate needs. Most patients are not completely surprised by the test result.
- Address individual needs and concerns
 - Ensure that the patient has a local emotional support network, such as friends, family, partner, or counselor
 - Discuss HIV transmission and treatment, risk reduction, partner notification, and medical care
- Make a short term plan
 - Ask what the client what she or he will do after leaving your office
 - Provide specific, appropriate, written clinical, behavioral health, and social services referrals
 - Provide Partner Counseling and Referral Services (PCRS) to the client.
 - Assess if client has any current or past partners that they would like to notify of possible exposure to HIV.
 - Discuss PCRS disclosure options (self, dual and anonymous third-party notification). Ask if they are planning to disclose their HIV status themselves and assess if they feel prepared to so, or if they would like assistance from the local health department in notifying their partners of exposure while they remain anonymous.
- Documentation in the medical record of the disclosure session should include:
 - Results of the test and a brief summary of the content covered in the counseling
 - Assessment of patient’s emotional/mental status; and
 - Referrals made and plans for future services
- Complete the Adult HIV/AIDS Confidential Case Report and submit to your local health jurisdiction.

APPLICATION OF FAMILY PACT STANDARDS

1. Informed Consent/Language Competence

- HIV screening is included in the general consent for services and does not require a separate written or verbal consent.
- The client must be advised of the right to defer or decline the HIV test.
- The general consent process shall be provided in a language understood by the client.

2. Confidentiality

- Clients shall be advised that California law mandates reporting of HIV as well as syphilis, pelvic inflammatory disease, gonorrhea, and chlamydia to the local health jurisdiction for prevention, control, and, in some cases, contact management. Client information shall be reported on the Confidential Morbidity Report within seven days of identification.

3. Access to Care

- Contraceptive and sexually transmitted infection (STI) services shall be provided without cost to all Family PACT clients.
- Referral resources for medical and psychosocial services beyond the scope of Family PACT shall be made available to clients. Services not listed in the Family PACT *Policies, Procedures, and Billing Instructions* (PPBI) manual are not reimbursable by the program.

4. Availability of Covered Services

- Screening, testing, and treatment for STIs as listed in the PPBI shall be made available to clients as a condition of delivering services under Family PACT.

5. Scope of Clinical and Preventive Services

- Clinicians delivering services are expected to have professional knowledge and skills about medical practice standards pertaining to contraceptive services and STI prevention and management services.
- Documentation shall record clinical findings and justification for services in medical record.

6. Education and Counseling Services

- Client-centered STI/HIV risk-reduction counseling and education shall be provided.
- Individual education and counseling shall be provided for all clients as set forth in the PPBI.

PROGRAM POLICY

This alert provides an interpretation of the Family PACT Standards regarding care of clients: Providers should refer to the Family PACT PPBI for the complete text of the Family PACT Standards, official administrative practices, and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term “shall” indicates a program requirement; the term “should” is advisory and not required.

RESOURCES FOR INFORMATION ON (SUBJECT)

- MMWR. *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. September 22, 2006, Vol. 55, No. RR-14 <http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>.
- California STD/HIV Prevention Training Center. *Testing for HIV Infection: A Curriculum for Medical Providers in CA*, http://stdhivtraining.org/resource.php?id=190&ret=clinical_resources.