

**California Department of Public Health
Office of AIDS
Talking Points**

Persons Tested for HIV - United States, 2006

**Morbidity and Mortality Weekly Report
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(Italics added for California Department of Public Health, Office of AIDS [CDPH/OA] emphasis.)

“Early diagnosis of human immunodeficiency virus (HIV) infection enables infected persons to obtain medical care that can improve the quality and length of their lives and adopt behaviors to prevent further HIV transmission. *However, at the end of 2003, approximately one-fourth of the estimated one million persons living with HIV remained unaware of their infection.* Among all persons with HIV infection diagnosed in 2005, 38 percent received a diagnosis of acquired immunodeficiency syndrome (AIDS) within one year of their first positive HIV test. To reduce the number of persons with undiagnosed HIV infection, the Centers for Diseases Control and Prevention (CDC) issued recommendations in September 2006 to implement HIV screening as part of routine medical care for all persons aged 13-64 years. To establish a baseline for evaluating the effects of these recommendations and other strategies to increase HIV testing, CDC analyzed data from the *National Health Interview Survey*. This report summarizes the results of that analysis, which indicated that testing rates remained nearly flat during 2001-2006. *In 2006, 40.4 percent (an estimated 71.5 million persons) of U.S. adults aged 18-64 years reported ever being tested for HIV infection. In addition, 10.4 percent (an estimated 17.8 million persons) reported being tested in the preceding 12 months, and 23 percent of persons who acknowledged having HIV risk factors reported being tested in the preceding 12 months.* These findings indicate that many persons in the United States have never been tested for HIV infection. *Health care providers should routinely screen all patients aged 13-64 years for HIV in accordance with CDC recommendations.* New strategies are warranted to increase HIV testing, particularly among persons who are disproportionately affected by HIV infection.”

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5731a1.htm>.

1. HIV and AIDS in California.

- Current CDPH/OA surveillance registries contain 28,953 living HIV cases and 64,881 living AIDS cases for a total of 93,834 cases.
- CDPH/OA estimates that an additional 12,000–35,000 (~20,000 as point estimate) cases have been diagnosed but are not yet included in the HIV case registry.
- CDPH/OA estimates that an additional 18,000–24,000 (~20,000 as point estimate) cases have not yet been diagnosed

2. Recent CDPH/OA-funded Counseling and Testing (C&T) Activities (please see PDF Table).

- Six hundred fifty publicly funded C&T sites conducted 135,417 HIV tests in 2006.
 - A majority of clients were male (67.4 percent), White (40.7 percent), or Hispanic (31.1 percent), and aged 20-29 (34.5 percent).
 - Twenty-eight and one-half percent of clients reported no prior HIV testing; 24.1 percent reported just one prior HIV test; and 25.3 percent reported four or more prior HIV tests.
- The overall positivity rate in 2006 was 1.2 percent.
 - Transgender persons had the highest positivity rate (3.4 percent) followed by males (1.5 percent) and females (0.4 percent).
 - Hispanics (1.4 percent) and African Americans (1.4 percent) had the highest HIV rates followed by Whites (1.0 percent), Asian/Pacific Islanders (1.0 percent), American Indians/Alaska Natives (1.0 percent), and multiple race clients (.09 percent). Clients with an unknown or other race/ethnicity had a 1.1 percent positivity rate.
 - Clients aged 30-39 and 40-49 had the highest rates of infection among different age groups, 1.6 percent and 1.5 percent, respectively.
 - Clients who self-disclosed having had sex with an HIV-infected sex partner had the highest HIV rate (5.2 percent). Men who have sex with men (MSM) (2.9 percent) and MSM who inject drugs (injection drug users [IDUs]) (4.9 percent) continue to have high rates of infection while non-MSM IDUs had a 0.7 percent infection rate.
 - Clients who reported having had a recent sexually transmitted infection or who used stimulant drugs (methamphetamine, cocaine, and crack) were at high risk for infection with a 1.9 percent and 1.3 percent infection rate, respectively. People who report having had an injection drug using sex partner (1.3 percent), sex worker partner (1.1 percent), or a transgender partner (1.5 percent) also had high HIV rates. Women with who reported having an MSM sex partner had 0.7 percent infection rate. Sex workers had a 1.6 percent infection rate.

3. Limitations in Information Regarding HIV Testing in California.

- CDPH/OA data systems do not capture information from HIV C&T services that are supported with direct funding from CDC. Some agencies that receive direct Federal funding also receive funding from CDPH/OA. In these instances, it is often specific locations that are funded from each source. According to CDC, there are nine agencies in California that receive direct Federal funding for HIV C&T.
- CDPH/OA systems do not capture HIV testing information from emergency departments, urgent care facilities, private practitioners, health maintenance organization's, or hospitals.

- Local health departments may also fund HIV testing using county funding. CDPH/OA systems do not capture information from HIV testing services that are funded with county dollars. The County and City of San Francisco and Los Angeles County are among those that allocate county dollars to HIV testing.
- CDPH/OA does not fund HIV testing inside correctional facilities. Therefore, our systems do not collect information on HIV testing of correctional inmates.
- Other California state agencies, departments, or branches have also historically provided funding for HIV testing in their services and programs. Examples include CDPH's Maternal, Child and Adolescent Health, and the Sexually Transmitted Diseases (STD) Control Branch.

4. Activities Related to Increased HIV Screening and Assembly Bill (AB) 682 (Berg, Chapter 550, Statutes of 2007).

Background

- AB 682 deletes written consent requirements for HIV testing and, instead, requires a medical care provider prior to ordering an HIV test to advise the patient that he or she has the right to decline the HIV test. The process is known as "opt-out" testing.
- AB 682 is intended to remove barriers to implementing the CDC HIV testing recommendations aimed at simplifying the process, thereby increasing the number of persons receiving an HIV test.

CDPH/OA HIV Testing Resources

- Policy letter explanation of the new law with linkages to additional resources through the CDPH/OA Web site.
- Information sheet on HIV testing in medical settings in English and 13 other languages.
- Frequently asked questions document to further explain how providers can implement provisions of AB 682.
- Policy letter for perinatal medical providers.
- Perinatal-focused information sheet in English and 13 other languages.
- The California STD/HIV Prevention Training Center, CDPH/STD Control Branch, and CDPH/OA co-publish medical provider education on HIV testing following implementation of AB 682 in the quarterly Medical Board of California Newsletter.

Trainings

- Conducted two "Webinars" with California providers to explain the new law, provide billing information for third-party payments, and offer additional assistance for problem solving in the context of the new law.
- With support from CDPH/OA, the California STD/HIV Prevention Training Center has developed "*Testing for HIV Infection: a Curriculum for Medical Providers in California,*" with the goal of enhancing medical provider efforts to identify new

cases of HIV infection in diverse medical settings. Continuing medical education credits are provided to training participants. The training curriculum is being adapted to specifically target medical providers working in the following California care settings: tuberculosis (TB), family planning, and corrections and will be made available through the California STD/HIV Prevention Training Center, the Center for Health Training, and Pacific AIDS Education and Training Center (PAETC).

- In August 2007, the California STD/HIV Prevention Training Center, the Center for Health Training, PAETC, and the Francis J. Curry TB Center developed a 90-minute audioconference, “*New CDC Recommendations for Incorporating HIV Testing in Medical Settings – How Has your Clinic Responded?*” Drs. Kathleen Clanon and Christopher Hall delivered the conference for California medical providers and others, reviewing national recommendations, practical strategies for testing, and addressed attendees’ questions. The audioconference was made available on sponsoring organizations’ Web sites following the live event. More than 450 participants attended this event.
- In June 2008, the California STD/HIV Prevention Training Center, the Center for Health Training, PAETC, and the Francis J. Curry TB Center developed “*HIV Infection in California Medical Settings: Practical Steps for Implementing the New Testing Law and CDC Recommendations.*” This live, Web-based training conference expanded the August 2007 audioconference content given the January 2008 implementation of AB 682. Participants were helped to understand how other medical settings have addressed barriers to implementation and asked to identify key action steps in their own settings for operationalizing opt-out testing. A diverse group of over 85 California clinicians, administrators, and other clinic staff attended this Web-based, interactive training.

Meetings

- In June 2008, convened a meeting with various partners (HIV/AIDS Prevention Training Center, PAETC, San Francisco AIDS Foundation, Project Inform, Los Angeles County Department of Public Health, and San Francisco Department of Public Health) that gathered a variety of stakeholders to ask what training and technical assistance needs each had in order to further expand the routinization of HIV screening/testing in their settings.
- Partnering with CDC for October 2008 training on implementing HIV testing in emergency department settings.

HIV Testing Programmatic Support

- Through a separate CDC grant, three Bay Area hospitals are implementing or expanding routine HIV screening in their emergency departments. These hospitals were identified as serving African American populations at highest risk for HIV. Each program is focusing on HIV screening, linkages to care and treatment, and outreach to additional testers using a social networking strategy.

- CDPH/OA is providing 500 test kits/month for a University of California, San Diego research study that provides routine HIV screening for patients admitted to the hospital.
- Modifications to existing CDPH/OA policies are being developed to increase flexibility to support additional programmatic efforts:

5. Care and Treatment Program Implications with Increased Detection of Persons with HIV in California.

- Newly identified HIV-positive individuals may require linkages to HIV care and treatment.
- The majority of new HIV-positive cases are likely to be discovered in the private sector. The costs for HIV care and treatment for these individuals will be covered by their health care service plans or health insurance.
- An indeterminate number of people found to be HIV positive in the public sector may lose their health benefits coverage or be under-insured and therefore may qualify for HIV care and treatment services (e.g., case management, housing assistance, AIDS drug assistance, etc.) provided by CDPH/OA.
- Persons with proof of HIV status and no other insurance coverage can access CDPH/OA's HIV care programs, which spends an estimated average of \$3,200 annually per client.
- The AIDS Drug Assistance Program (ADAP) spends an average of \$12,701, annually on drug treatment for clients with CD4 counts less than 350 and \$12,499 on clients with CD4 counts of 350 or greater.
- In the event that existing CDPH/OA resources become stressed as a result of more people accessing HIV care and treatment programs, CDPH/OA would need to re-evaluate and possibly revise eligibility criteria for these programs.