



This summary is intended to explain the benefits of routine HIV screening and provide a snapshot of HIV testing practices of health-care providers in King County, Washington.

**BACKGROUND**

In 2006, the Centers for Disease Control and Prevention (CDC) recommended routine HIV screening in health-care settings for all adults between the ages of 13 and 64. **Strategies that have focused on testing high-risk populations have not been sufficient to improve individual outcomes and reduce HIV incidence.** The following data support those conclusions:

- An estimated 21% of HIV-infected individuals in the U.S. are unaware of their status.
- Persons unaware of their status are estimated to transmit over half of new infections.
- In the U.S., an estimated 40% of HIV-infected persons are diagnosed with AIDS within one year after being diagnosed with HIV. The median CD4 count at the time of diagnosis is 327 cells/mm<sup>3</sup>.
- Studies have found that persons with undiagnosed HIV infection frequently seek medical attention for various HIV-related and unrelated conditions prior to their ultimate diagnosis.
- Cost-effective analyses suggest that HIV screening is cost-effective in settings where the prevalence of HIV infection is greater than 1 in 1000 (0.1%).

**In 2009, Public Health estimated that 9-18% (n= 625 to 1425) of HIV-infected persons living in King County were unaware of their HIV status.** Consequently, the Washington Administrative Code (WAC) was revised to align state testing rules with the 2006 CDC recommendations.

The following chart outlines the CDC recommendations and relevant WAC:

CDC Recommendations	Previous WAC Rules	2010 WAC Revisions
<ul style="list-style-type: none"> <li>• HIV screening is recommended for adults between ages 13-64 unless the HIV prevalence has been documented to be lower than 1 in 1000 (0.1%)</li> <li>• General consent for medical care should be considered sufficient to encompass consent for HIV testing.</li> <li>• Patients should be informed that testing will be performed unless they decline the test (opt-out screening).</li> <li>• Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.</li> </ul>	<p>The WAC previously required providers to:</p> <ul style="list-style-type: none"> <li>• Evaluate behavioral and clinical risk factors for HIV.</li> <li>• Provide HIV/AIDS information (including benefits of testing, dangers of disease, means of HIV transmission, availability of anonymous testing).</li> <li>• Obtain and document informed consent.</li> <li>• Recommend, offer, and/or refer any persons requesting pre-test counseling and any persons determined to be at increased risk.</li> <li>• Provide or refer for other prevention, support, or medical services.</li> <li>• Provide or ensure referral for post-test counseling if the test is positive for or suggestive of HIV infection.</li> </ul>	<p>The 2010 revisions eliminated many of these requirements.</p> <p>Providers still must:</p> <ul style="list-style-type: none"> <li>• Obtain informed consent, separately or as part of consent for a battery of other routine tests.</li> <li>• Specifically inform patients that HIV testing is included.</li> <li>• Offer patients the opportunity to ask questions and decline testing.</li> <li>• Provide or ensure post-test counseling or referral for persons with HIV tests that are positive or suggestive of HIV infection.</li> </ul>

## SURVEY FINDINGS

Between March 23 and April 16, 2010, the Public Health HIV/STD Program conducted an online survey to determine local HIV testing practices, determine awareness of WAC changes, and identify barriers to implementing routine HIV screening. We recruited a convenience sample of King County medical providers. These are the major findings from 221 eligible responses:

### HIV Testing Policies Reported:

Targeted testing based on risk factors	99 (45%)
Routine HIV screening	44 (20%)
No official policy	54 (25%)
Did not know whether policy existed	15 (7%)

11 (5%) providers offer testing to all patients at initial visits. 18 (8%) offer testing to all pregnant women.

### Proportion of Providers Responding Correctly to True-False Questions about WAC Revisions:

The WAC requires informed consent for HIV testing.	86%
The WAC does not require written consent.	65%
The WAC requires documentation when a pregnant woman <u>refuses</u> HIV testing.	61%
The WAC does not require providers to offer post-test counseling to all patients.	20%

(Note: The above statements are all true. Local institutional requirements may differ from the WAC.)

**Barriers to Routine Screening:** The table below lists possible barriers to routine HIV screening and the proportion of providers who agreed that the barrier limited implementation in their practice.

Perceived Barriers	% Agree
I think the risk of HIV among my patients is low.	57%
The pre-test or risk reduction counseling is too time consuming and/or burdensome.	31%
The consent process for HIV testing is too time consuming and/or burdensome.	22%
I do not have resources to assure an HIV-positive diagnosis will occur smoothly with appropriate follow-up.	18%
I do not have enough time to conduct HIV tests.	17%
I am concerned I cannot provide enough information for questions the patient might have about HIV testing.	16%
I do not have enough experience providing pre-test or risk reduction counseling.	14%
I am concerned about reimbursement.	13%
I do not think my patients would feel comfortable discussing HIV, sex behaviors, or drug use with me.	10%
I do not feel comfortable discussing HIV, sex behaviors, or drug use with my patients.	3%

## CONCLUSIONS AND NEXT STEPS

- Most providers in this study continue to target HIV testing.
- **Public Health supports the 2006 CDC recommendations and encourages providers and institutions to promote routine HIV screening.** Opt-out testing increased HIV screening for women in pre-natal care and could increase testing in general populations.
- Education appears to be needed regarding the cost-effectiveness of routine screening in low risk populations when prevalence is as low as 0.1%.

## ADDITIONAL RESOURCES

2006 CDC Recommendations	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm</a>
Washington State Department of Health	<i>Review of Washington state HIV testing policies:</i> <a href="http://www.doh.wa.gov/cfh/hiv/prevention/policy/default.htm">http://www.doh.wa.gov/cfh/hiv/prevention/policy/default.htm</a>
Northwest AIDS Education and Training Center	<i>Trainings and information about HIV testing:</i> 206-221-4964, <a href="http://www.northwestaetc.org">www.northwestaetc.org</a>
Interactive Tutorial (Free, 1.5 CME /1 CNE credit)	<i>Routine HIV screening in health care settings:</i> <a href="http://depts.washington.edu/hiv aids/">http://depts.washington.edu/hiv aids/</a>