



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> <a href="http://206-221-4964">206-221-4964</a> , <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>