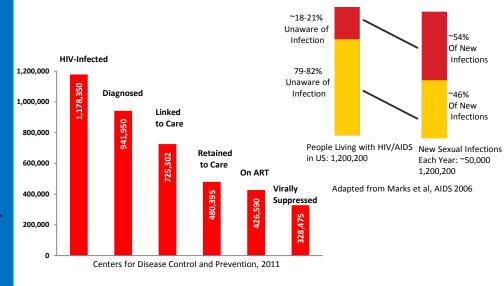
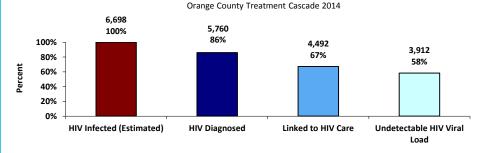
Clinical Guidelines for HIV Screening

Reduce HIV Transmission and Intervene Early to Improve Lives

- ☐ Test everyone aged 13-64 at least once
- ☐ Test at least annually for those at risk
- ☐ Confirm that your patient is linked to care

It is estimated that thousands of people are living with HIV right now but have not yet been diagnosed.





- Test everyone aged 13-64 at least once
 - Test high-risk individuals at least annually
 - Test all pregnant women including women in labor whose HIV status is unknown

U.S. Preventive Services Task Force (USPSTF) Grade A recommendations 4/2013

- USPSTF and the Centers for Disease Control and Prevention (CDC) recommend screening following notification that a test will be performed unless the patient declines (i.e., opt-out screening)
- A general informed consent for medical care sufficiently covers informed consent for HIV testing
- Prevention counseling for known risk behaviors does not need to be directly linked to HIV testing and should not serve as a barrier to screening

Recommended screening intervals:

- Once for all patients aged 13-64 in their lifetime to determine HIV status, and as risk status changes
- At least annually for patients known to be at risk fro **HIV** infection

Verify testing practices in your institution HIV screening test options: The CDC has recommendation available at: http://stacks.cdc.gov/view/cdc/23446

When

Who

MoH

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To assess who might be at high risk, an objective tool should be utilized. The California HIV Risk Score is one example of such a tool.

The Refined California HIV Risk Score

Patient Age		Score
22-25 or 55-60	+ 4	
26-32 or 47-54	+ 10	
33-46	+ 12	
Male gender	+ 21	
Patient self-reported race/ethnicity		
Black	+9	
Hispanic	+3	
Does the patient have sex with men, women,		
or both? Men or both	+22	
Has the patient ever injected drugs?		
Yes +	+9	
Has the patient ever been tested for HIV?		
Yes - 4	-4	
Total Score		

Patients who score 30 points or greater should be considered at increased risk for having undiagnosed HIV infection and should be routinely offered HIV testing.

Very Low	Low	Low Moderate High Risk Risk Risk		Very high	
Risk	Risk			Risk	
<20	20-29	30-39 40-49		≥50	
noints	noints	noints	noints	noints	

Haukoos, American Journal of Epidemiology, 2012; 175(8):838-46 Haukoos, Annuals of Emergency Medicine, 2013:61(3)353-61

- Persons with identified risks should be retested at least annually
- Patients with risk within the last week should return for testing in one (1) and three (3) months
- Become aware of and provide written information on additional resources for risk counseling and prevention services in your area
- Remind patients to use protection until retest and final test results received

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Linkage

- 1. Order confirmatory HIV test
- 2. Deliver HIV+ results to the patient IN PERSON
- 3. Offer reassurance that HIV is a chronic disease that can be well controlled with consistent medical care
- 4. Actively link patient to HIV specialty care
- 5. Encourage partner testing

Actively linking a newly diagnosed HIV patient to medical care is the key to optimal management and control of HIV. If uncertain about medical care resources in an area, the linkage services below can facilitate access to appropriate medical care, as well as assist with supplemental services.

Linkage to Care services include facilitating:

- Enrollment in HIV medical care
- Clinical interpretation, delivery and explanation of HIV+ test results
- Baseline CD4 count and viral load screening
- Financial screening and enrollment in medical coverage
- Initial assessment of comprehensive needs
- Educational counseling on transmission and risk reduction
- Connection to long term case management

AIDS Education and Training Center (AETC)National Training Center: http://aidsetc.org/

AIDS infonet

Patient information sheets, varied topics, several languages www.aidsinfornet.org

Clinician Consultation Center http://nccc.ucsf.edu/ 800-933-3413, 8am-8pm EST

National Network of Prevention Training Centers http://nnptc.org/

Resources