# ROUTINE HIV SCREENING

## RESULTS THAT CAN SHAPE OREGON'S FUTURE

Oregon is home to approximately 7,200 people who live with HIV—people from urban and rural communities and all ages and walks of life. Another 1,100 Oregonians have HIV, but don't know it yet.[1] They, too, are part of every community in our state. One simple test can help them take steps to protect their health, their partners, and future generations.

## HIV IS A WINNABLE BATTLE

Imagine an Oregon where everyone has been tested, everyone living with HIV is healthier, and there are no new infections. With a commitment from providers, we can make it happen.

## RISK-BASED TESTING MISSES CASES

Oregon has already seen the results and limitations of relying on risk-based testing alone:

- Delayed diagnosis is common. Approximately 38% of the 1,218 Oregonians diagnosed with HIV infection during 2010–2014 had severe enough immune suppression to meet criteria for AIDS within 12 months of the initial diagnosis, indicating that they had been infected for more than seven years.[2]
- Oregonians with a late diagnosis report multiple missed opportunities for diagnosis in health care settings because they didn't recognize or report their risk for HIV.[3]

## UNIVERSAL SCREENING BENEFITS PATIENT & PUBLIC HEALTH

- Early diagnosis saves lives. With treatment, a person diagnosed with HIV at age 30 now has a projected median life expectancy of >70 years of age.[4]
- Effective, early, and sustained treatment almost entirely eliminates the risk that a person living with HIV will transmit HIV to others.[5]
- The U.S. Preventive Services Task Force gives its strongest recommendation—grade A—to screen all people aged 15 to 65 years for HIV.[6] All people need to be screened at least once; some people need to be tested more often.[7]
- Universal HIV screening is cost-effective, even in Oregon. A 4th generation rapid test costs $15–$60. Lifetime direct medical costs for treating HIV average $450,000. Lost productivity, emotional toll and costs of additional infections unknowingly spread to others multiply the cost of delayed diagnosis incalculably.[8]

1 Oregon Public Health Division. Estimated number of people living with HIV as of April 14, 2017, Oregon. Oregon Health Authority. Portland, OR. Available from: http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/HIVDATA/Documents/LivingWithHIV/Oregon.pdf
2 Oregon Public Health Division. Epidemiologic profile of HIV infection in Oregon. Oregon Health Authority. Portland, OR. 2017 February.
3 Schwartz SL, Block RG, Schafer SD. Oregon patients with HIV infection who experience delayed diagnosis. AIDS Care 2014; 26: 1171–7.
4 Nakagawa F, et al. Projected life expectancy of people with HIV according to timing of diagnosis. AIDS 2012; 26:335–43.
5 Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med 2011; 365: 493–505.
6 Moyer VA, on behalf of the U.S. Preventive Services Task Force. Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2013;159:51–60. doi: 10.7326/0003-4819-159-1-201307020-00645.
7 Moyer VA, on behalf of the U.S. Preventive Services Task Force. Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2013;159:51–60. doi: 10.7326/0003-4819-159-1-201307020-00645.
8 Lin F, Farnham PG, Shrestha RK, Mermin J, Sansom SL. Cost Effectiveness of HIV Prevention Interventions in the U.S. Am J Prev Med. Jun 2016;50(6):699-708.

# T.E.S.T.

## THE FOUR PILLARS OF ROUTINE HIV SCREENING[9]

### 1. TESTING IS INTEGRATED INTO THE NORMAL CLINIC FLOW

- Implement opt-out screening. Before 2012, special formal consent was required for HIV testing in Oregon, but since 2012, when the legislature changed the law, **formal consent for HIV testing is no longer necessary in Oregon**. Some providers wrongly assume that time-consuming consent is necessary, but patients need only be told that they'll be tested and offered a chance to decline. That can be done via a general form for consent for medical treatment, a check box on the order form, or even signs in the waiting area.[10]
- Avoid relying on busy primary care providers. In Oregon, a licensed physician can establish a standing order to offer HIV testing to all patients unless the patient declines, has recently been tested, or is already positive. Have medical assistants, nurses, or others collect the specimen and direct it to the laboratory for testing.

### 2. EMR MODIFICATION

- Use electronic medical record (EMR) and laboratory information system tools like health maintenance modules or prompts to note past testing, prompt staff to make offers, order HIV tests, record results, and support billing.
- Ask medical assistants or nurses to ask all patients whether they've been tested for HIV. For patients who need repeat, regular testing for HIV because of lifestyle or past history, record the recommended testing frequency in the medical record and create a standing order for laboratory testing at the recommended interval.

### 3. SYSTEMIC POLICY CHANGE

- Get an organization-wide commitment to support routine HIV screening.
- Discuss procedures for immediately linking people with positive tests to care with your local public health authority. Health departments offer experts in locating people with positive tests and finding and testing their sex partners.

### 4. TRAINING AND QUALITY IMPROVEMENT

- Train staff and providers on HIV testing policies and procedures.
- Track unique patient visits, eligibility for testing, test offers, tests conducted, and linkage to care for patients with a positive test result.
- Monitor electronic medical record and laboratory data to identify training needs and ensure routine HIV screening is being fully implemented.

### CONSIDERATIONS

- Use a "fourth generation" test for HIV antibodies and the HIV P24 antigen.[11]
- Oregon Public Health Division offers a fact sheet with key messages and resources to share with people who receive a positive test result.[12]
- Expect some false positive and false negative results. False positive results can be resolved by viral load testing and will decrease over time as low-risk individuals are screened.[13]

**Thinking about implementing universal testing? Want to advocate for this practice in your setting? Got other questions?** Call the HIV testing and prevention experts at Oregon's HIV Prevention Program 971-673-0153

9 Sanchez TH, Sullivan PS, Rothman RE, et al. A Novel Approach to Realizing Routine HIV Screening and Enhancing Linkage to Care in the United States: Protocol of the FOCUS Program and Early Results. Eysenbach G, ed. JMIR Research Protocols. 2014;3(3):e39. doi:10.2196/resprot.3378.
10 OAR 333-022-0205
11 Centers for Disease Control and Prevention, 2014. Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations. See: www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRec- ommendation-Final.pdf
12 Public Health Division. Supporting clients that test HIV-positive. Available from: http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Documents/factsheets/Supporting_Clients_Test_Positive_Factsheet.pdf
13 Long EF, Brandeau ML, Owens DK. The cost-effectiveness and population outcomes of expanded HIV screening and antiretroviral treatment in the United States. Annals of internal medicine. 2010;153(12):778-789.