

CDC's Recommendations for HIV Screening in Health Care Settings

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention



Defining the Problem: Persons with HIV, United States

Number HIV infected	1,039,000 – 1,185,000
Number unaware of their HIV infection	252,000 - 312,000 (24%-27%)
Estimated new infections annually	40,000



Glynn M, Rhodes P. 2005 HIV Prevention Conference



HIV Testing in the United States - 2002

- 38% - 44% of US adults have been tested for HIV
- 16-22 million persons age 18-64 tested annually
- More than 75% of persons report they were tested for HIV in doctor's offices, hospitals, or clinics
- Yet, 40% of persons reported with HIV receive an AIDS diagnosis within 1 year of their first HIV test – on average, 10 years after they first became infected (and infectious).

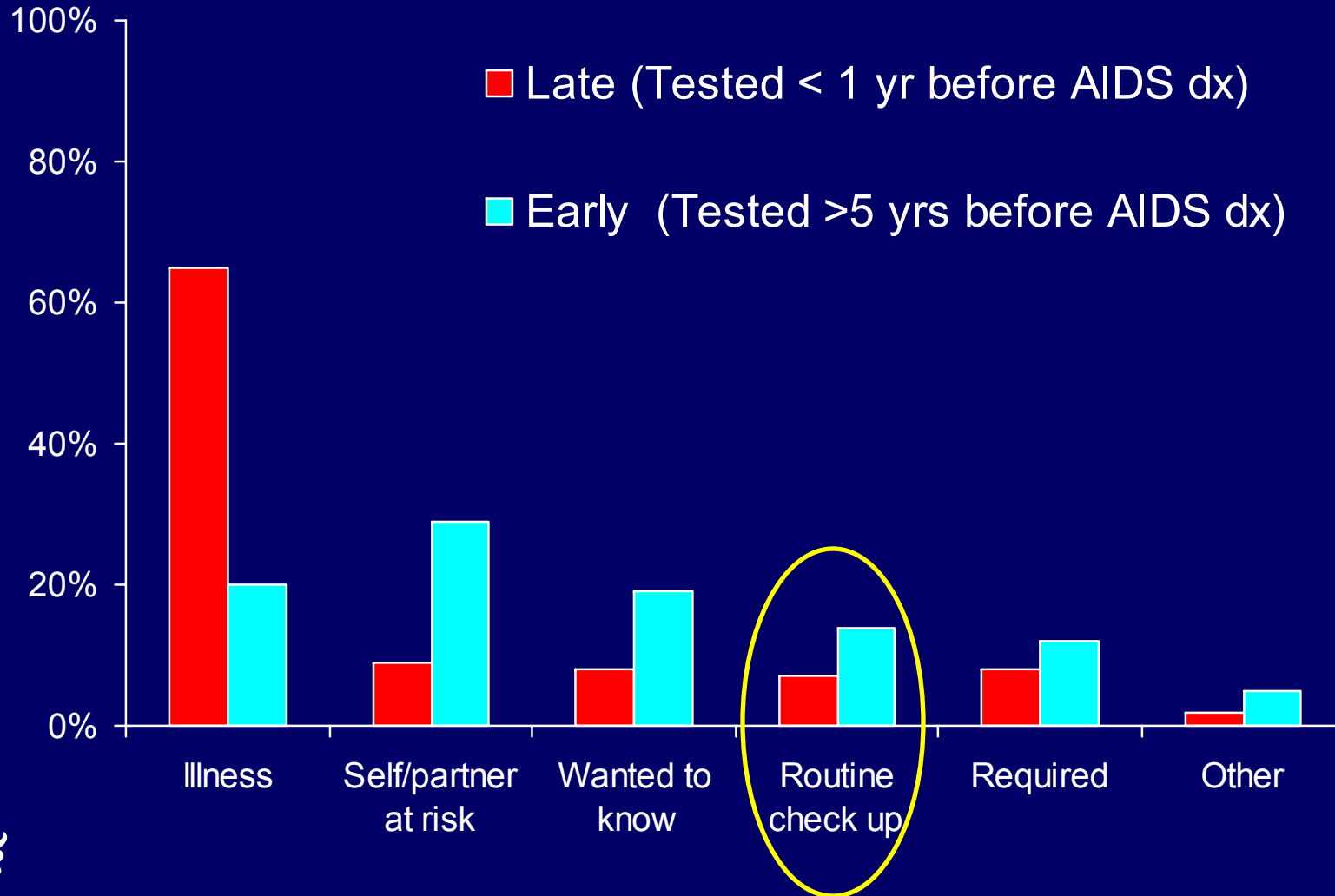


- *National Health Interview Survey, 2002*
- *CDC HIV Surveillance Report, 2005*



Reasons for testing: late versus early testers

Supplement to HIV/AIDS Surveillance, 2000-2003



MMWR June 27, 2003



Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings

MMWR 2006;55(No. RR-14):1-17

<http://www.cdc.gov/mmwr>
Recommendations and Reports
September 22, 2006



Revised Recommendations Adults and Adolescents - I

- Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk
- All patients with TB or seeking treatment for STDs should be screened for HIV
- Repeat HIV screening of persons with known risk at least annually



Revised Recommendations Adults and Adolescents - II

- Opt-out HIV screening with the opportunity to ask questions and the option to decline testing
- Separate signed informed consent should not be required
- Prevention counseling in conjunction with HIV screening in health care settings should not be required



Rationale for Revising Recommendations

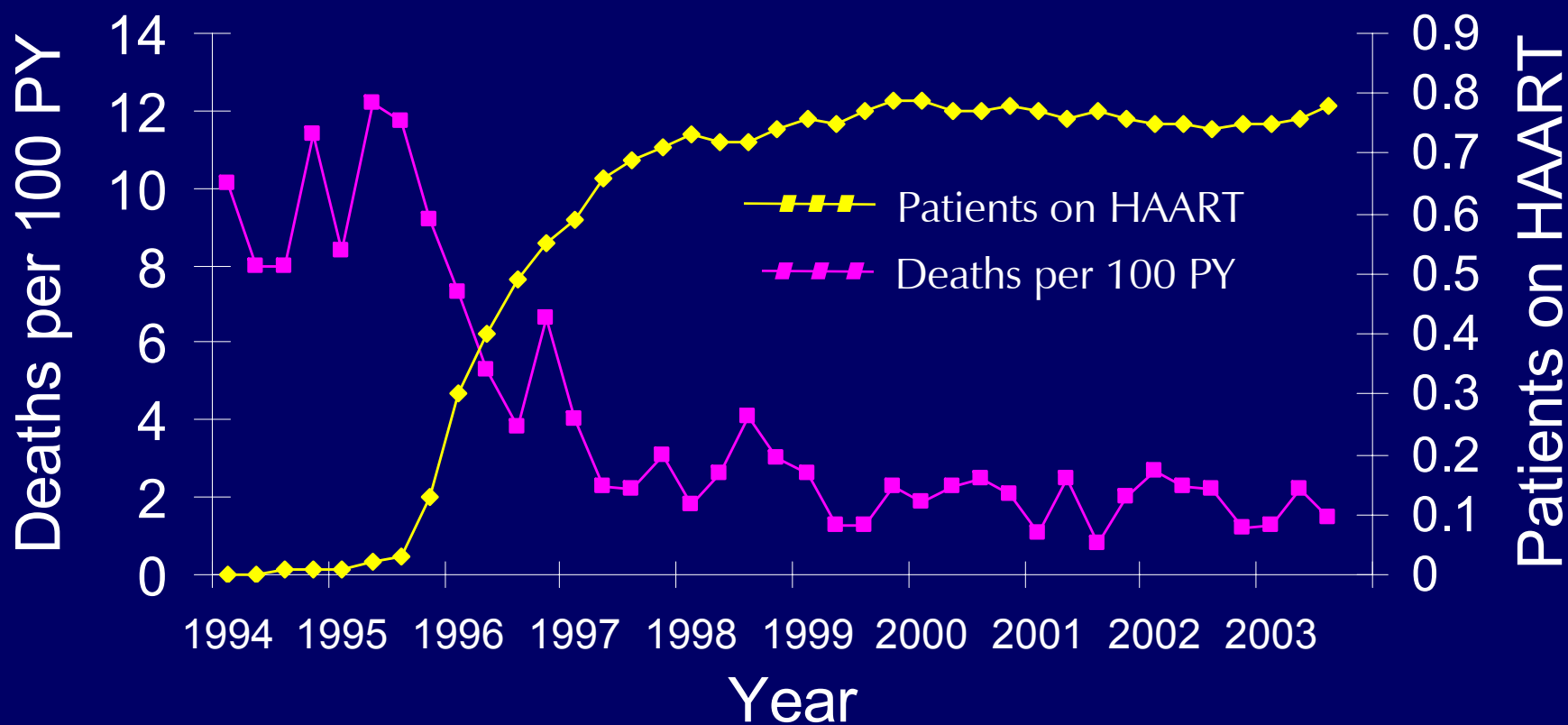
Developments related to:

- Treatment
- Testing
- Transmission



Mortality and HAART Use Over Time

HIV Outpatient Study, CDC, 1994-2003



-Palella et al, JAIDS 2006; 43:27.

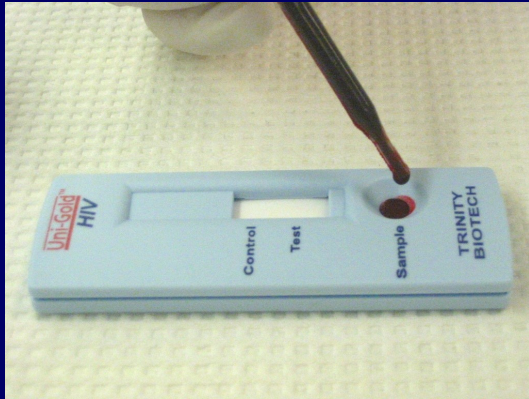


Initial Focus: HIV Screening in Hospitals and Emergency Departments

- CDC studies and demonstration projects:

<u>Site</u>	<u>New HIV+</u>
Cook County ED, Chicago	2.3%
Grady ED, Atlanta	2.7%
Johns Hopkins ED, Baltimore	3.2%
King-Drew Med Center ED, Los Angeles	1.3%
Inpatients, Boston Medical Center	3.8%

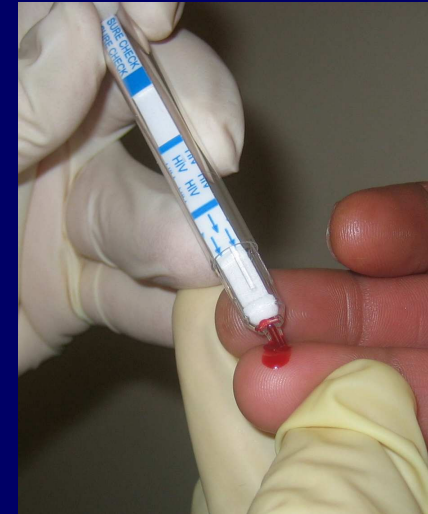




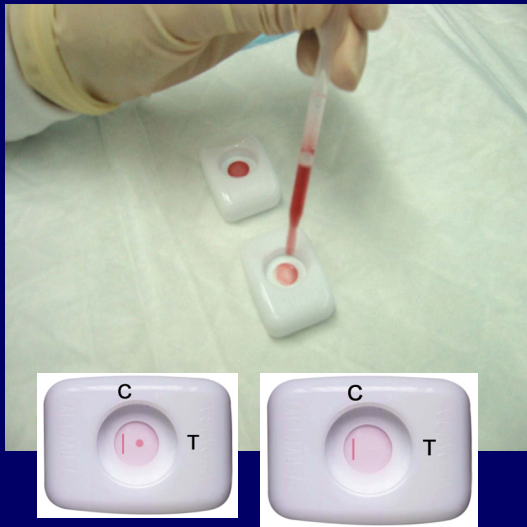
Uni-Gold Recombigen



Multispot HIV-1/HIV-2



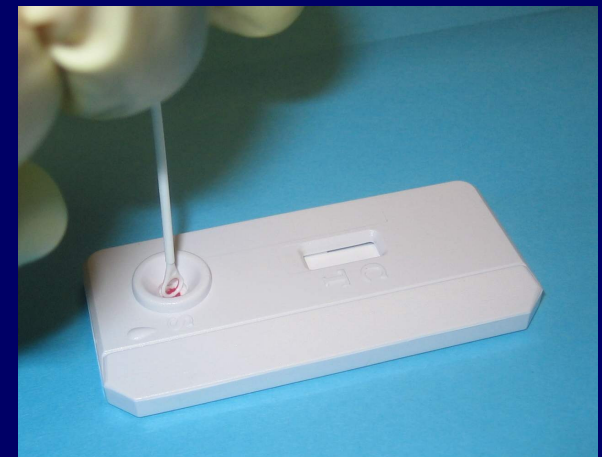
Clearview Complete HIV 1/2



Reveal G3

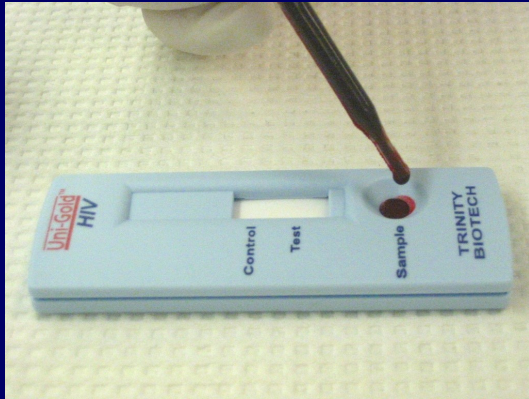


OraQuick Advance



Clearview HIV 1/2 Stat Pak

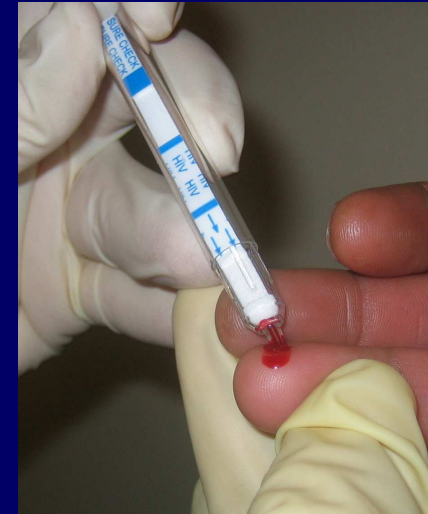




Uni-Gold Recombigen



Multispot HIV-1/HIV-2



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Reveal G3



OraQuick Advance



Clearview HIV 1/2 Stat Pak

OraQuick Advance HIV-1/2



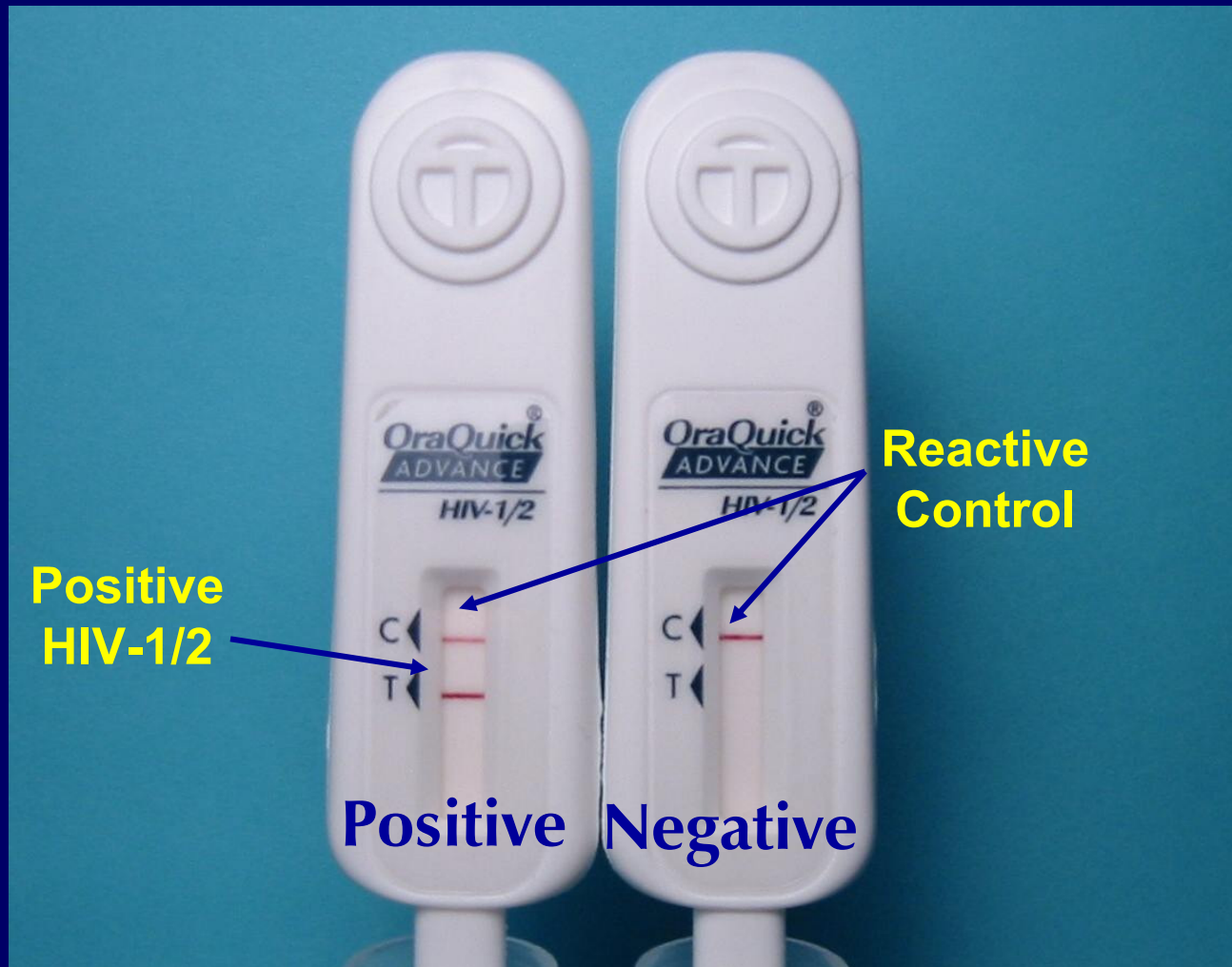
- CLIA-waived for finger stick, whole blood, oral fluid
- Store at room temperature
- Screens for HIV-1 and 2
- Read time 20-40 minutes
- Shelf life: 6 months



**Collect oral fluid specimens by swabbing gums
with test device.**

Reduce hazards, facilitate testing in field settings





Read results at 20 minutes



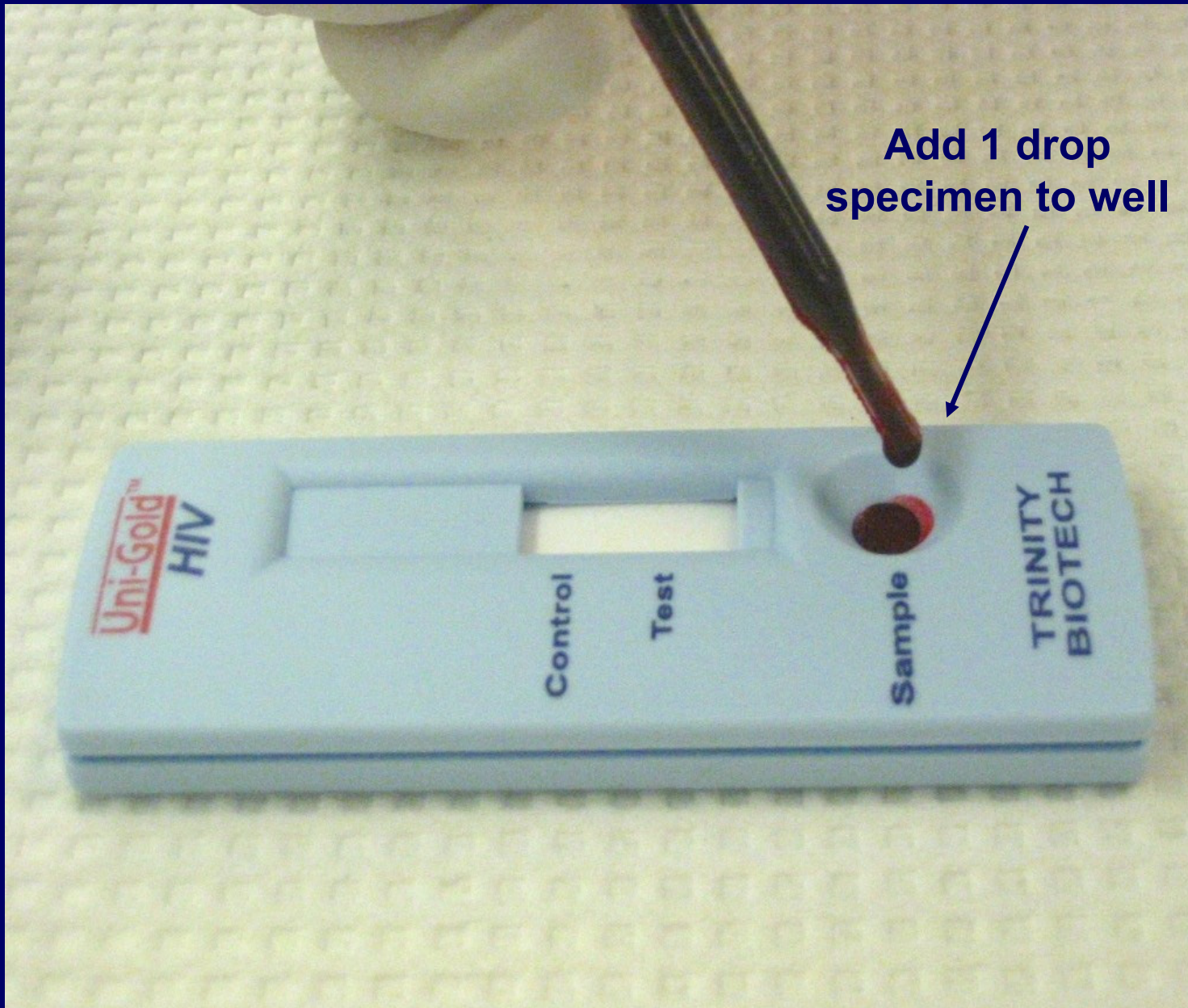
Uni-Gold Recombigen



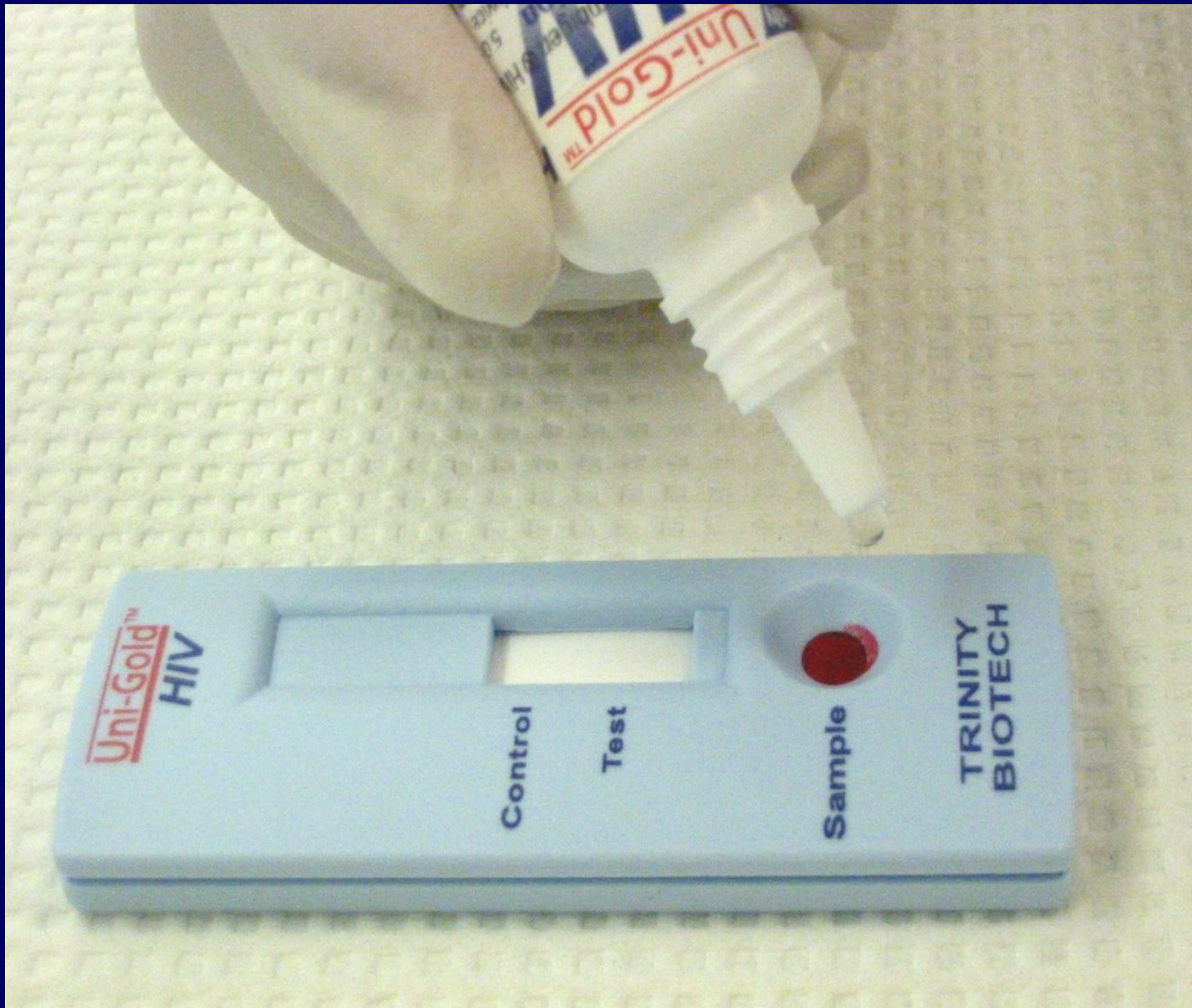
- CLIA-waived for finger stick, whole blood
- Store at room temperature
- Screens for HIV-1
- Read time 10-12 minutes
- Shelf life: 1 year



Finger stick with disposable pipette

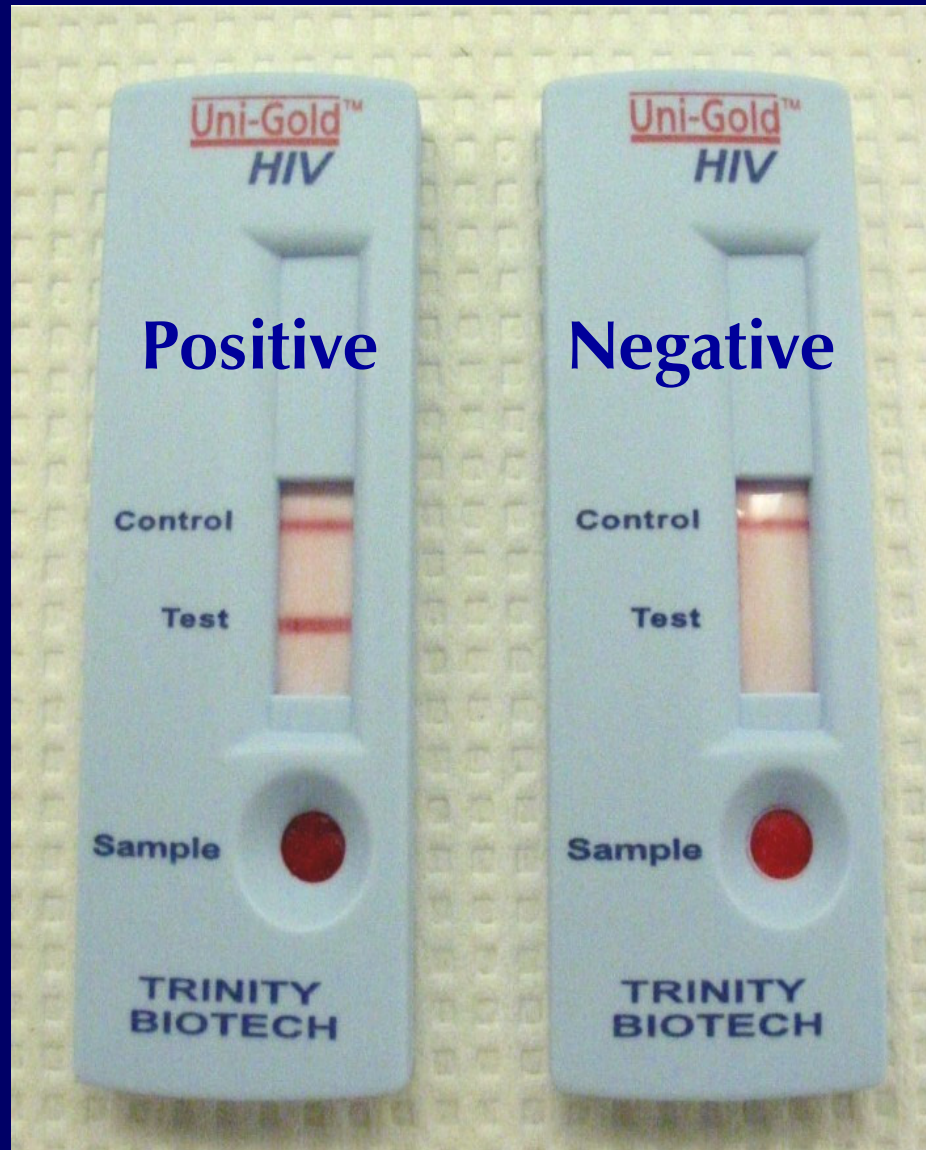


Add 1 drop
specimen to well



Add 4 drops of wash solution

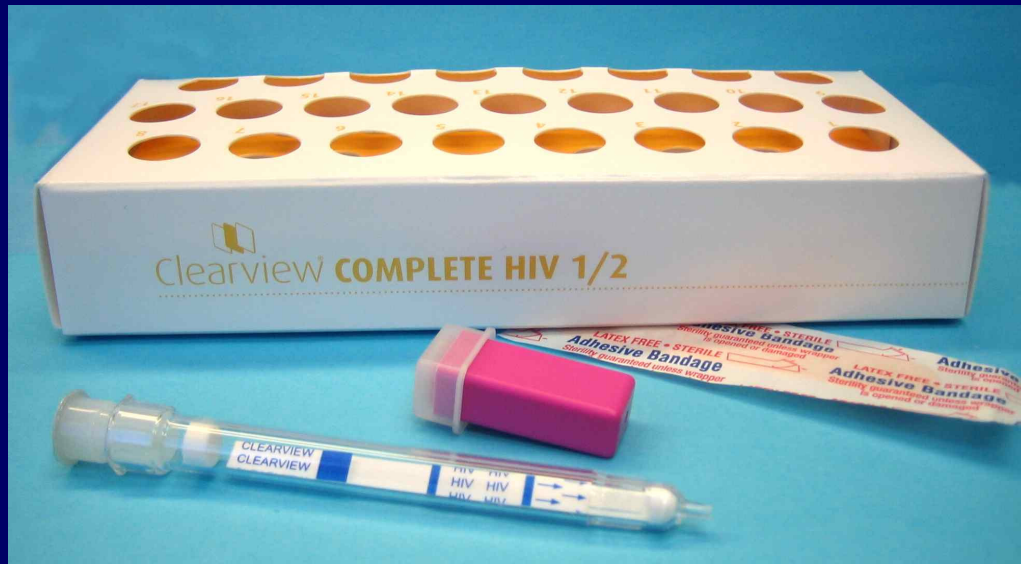




Read results in 10 minutes



Clearview Complete HIV 1/2



- Applied for CLIA waiver for whole blood
- Store at room temperature
- Screens for HIV-1 and 2
- Read time 15-20 minutes
- Shelf life: 2 years



Obtain Fingertick blood sample





Insert barrel into buffer vial



Read results in 15 minutes



Clearview HIV-1/2 Stat-Pak

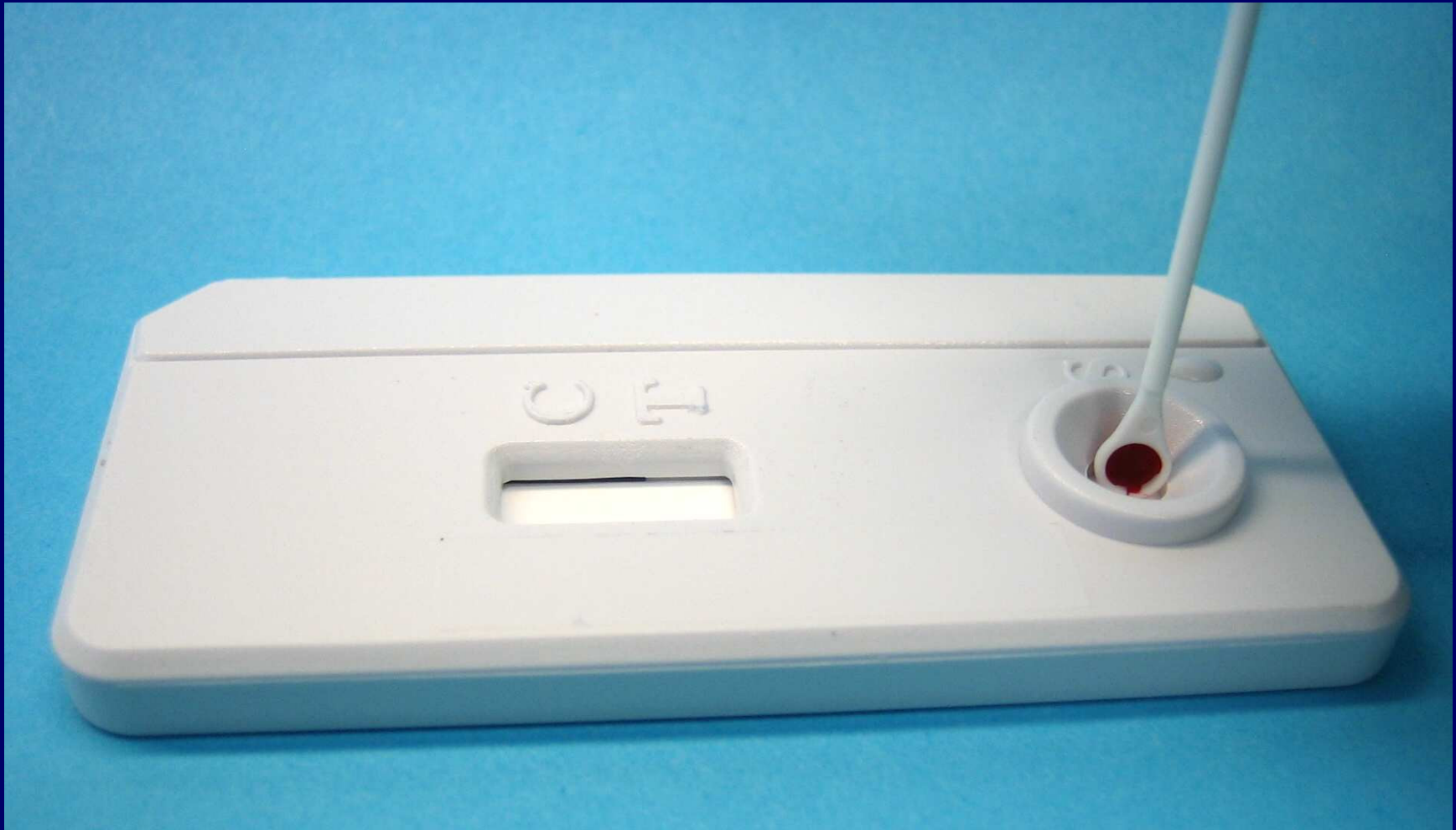


- Clia-waived for whole blood and fingerstick
- Store at room temperature
- Screens for HIV-1 and 2
- Read time 15-20 minutes
- Shelf life: 2 years



Obtain finger stick specimen...





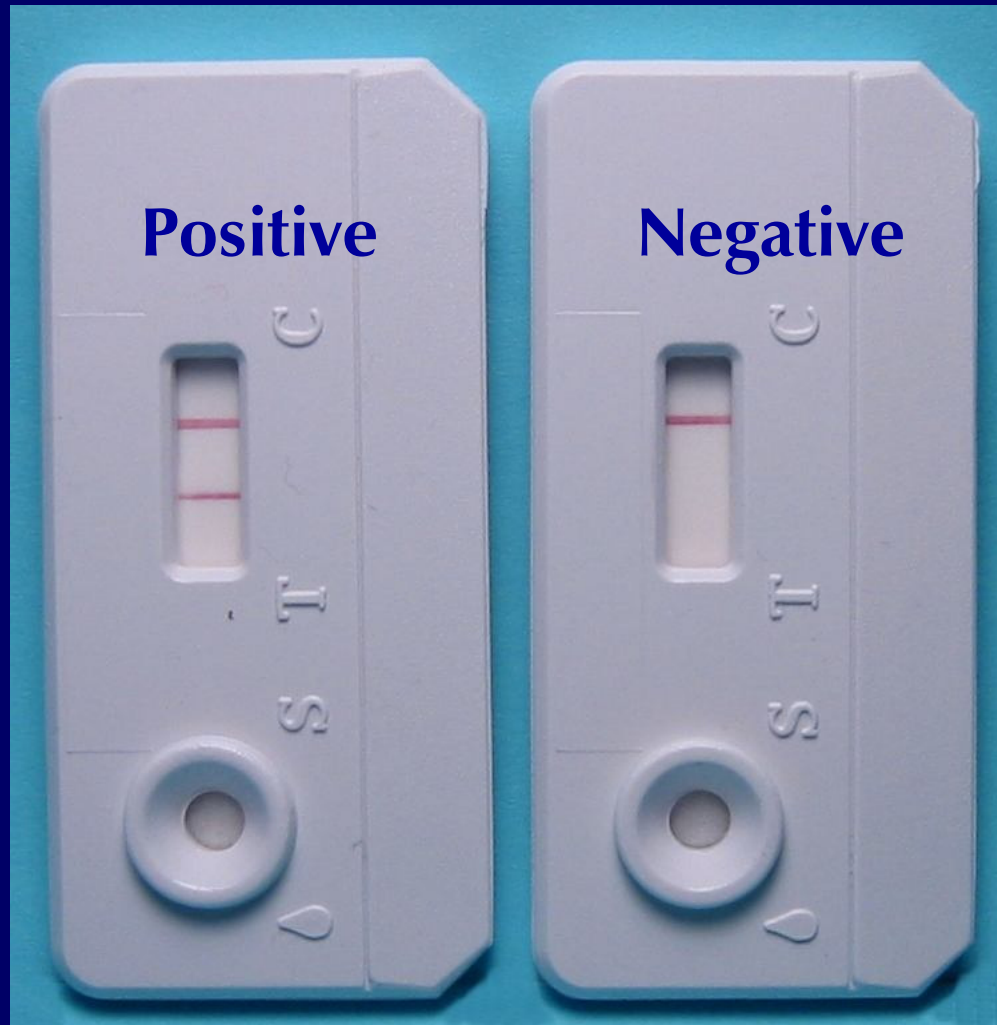
Add 5 microliters specimen





Add 3 drops buffer to well





Read results in 15-20 minutes



Rationale for Revising Recommendations

Developments related to:

- Treatment
- Testing
- **Transmission**



Knowledge of HIV Infection and Behavior

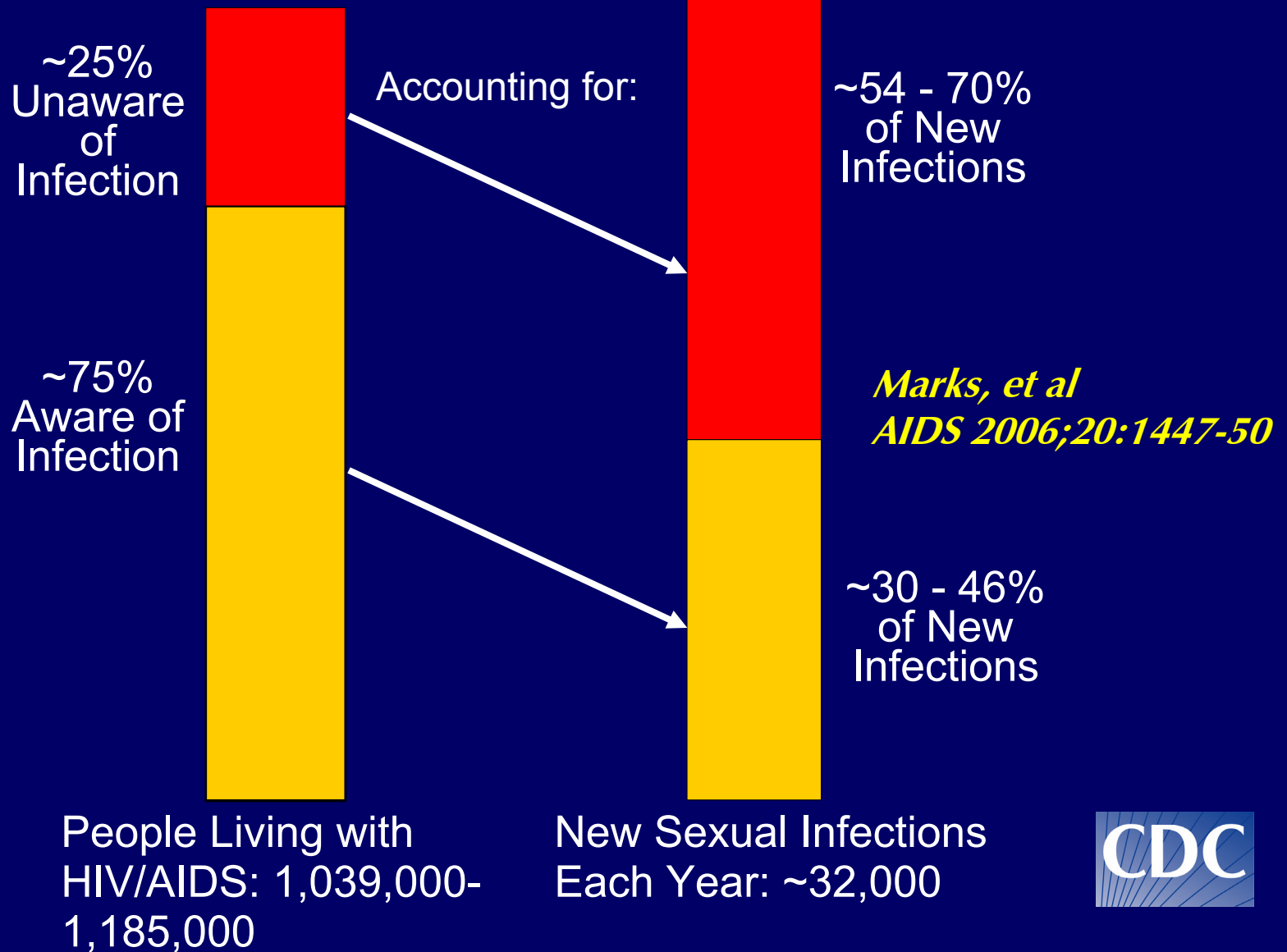
After people become aware they are HIV-positive, the prevalence of high-risk sexual behavior is reduced substantially.

Reduction in Unprotected Anal or
Vaginal Intercourse with HIV-neg partners:
HIV-pos Aware vs. HIV-pos Unaware **68%**

Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the U.S.
Marks G, et al. JAIDS. 2005;39:446



Awareness of Serostatus Among People with HIV and Estimates of Transmission



Implementation: Examples

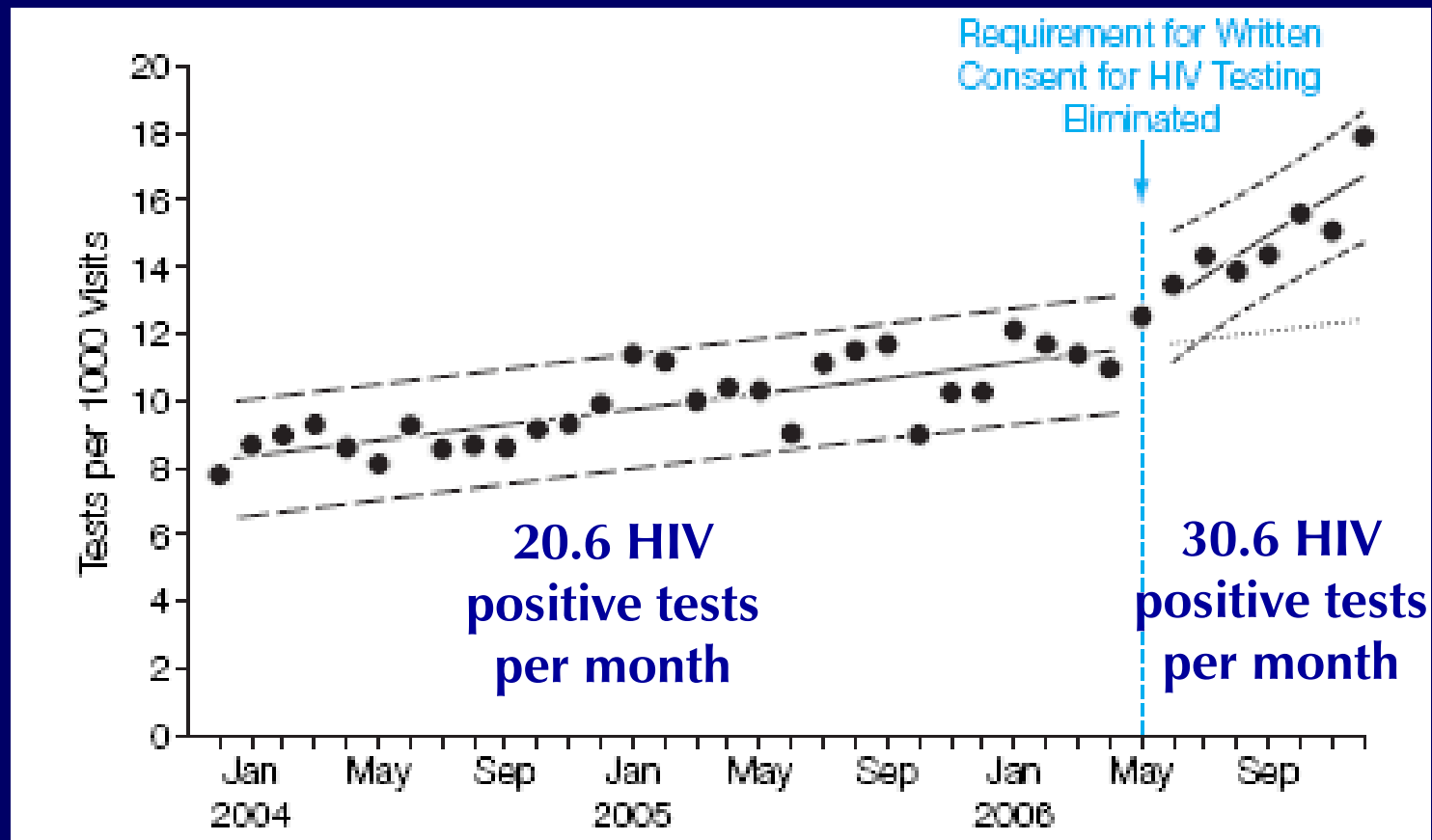


San Francisco Public Health

- Changed requirement for signed informed consent, May 2006
- Compared rates of testing and new HIV diagnoses before and after change



Trends in HIV Testing: San Francisco Public Health



Zetola et al, JAMA March, 2007



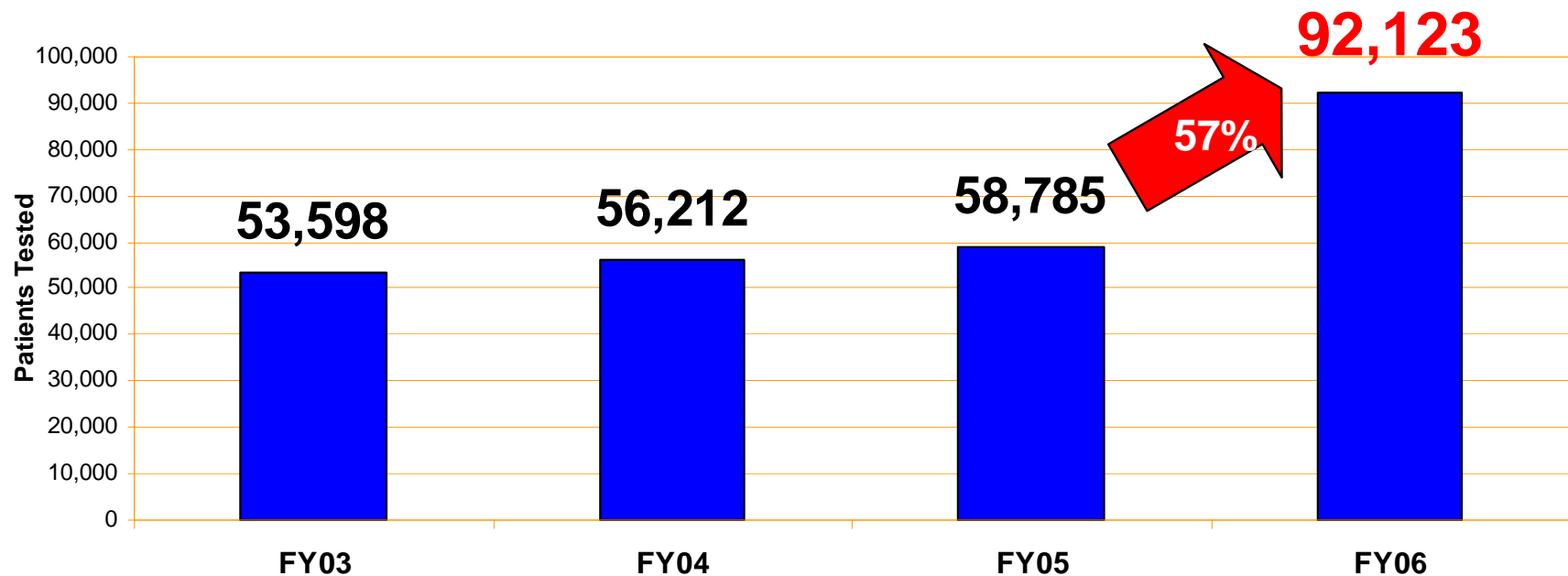
HIV Testing Expansion Initiative

New York City Health and Hospitals Corp

- Increase the number of patients who know their HIV status
- Increase testing from 50,000 per year to 100,000 per year in FY06



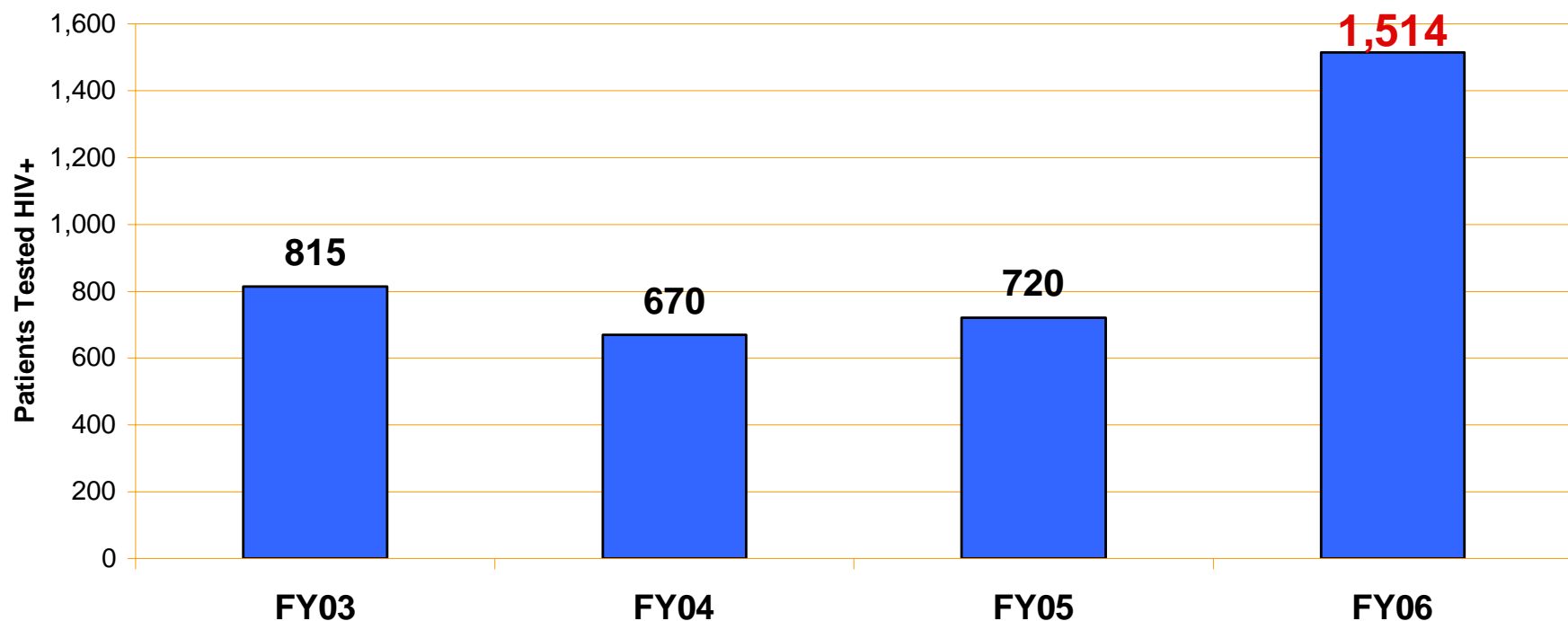
FY06: 57 Percent Increase in HIV Testing



FY03 – FY05 Outpatient Only (Source: PLM)

FY06 Outpatient, Inpatient and ED (Source: Facility Reports)

FY06: Number of HIV Positive Individuals More than Doubled

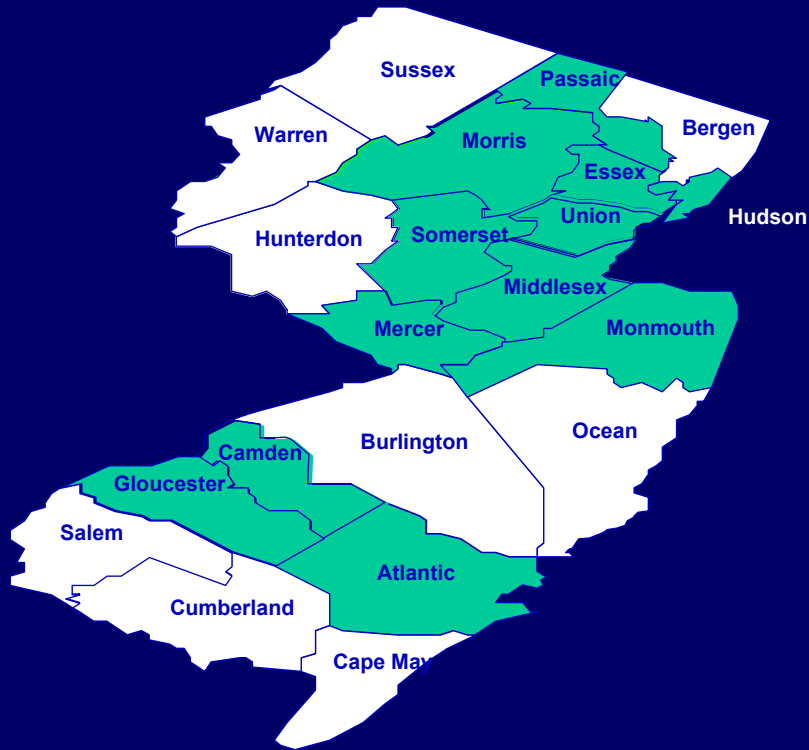


FY03 – FY04 Outpatient Only (Source: PLM)

FY05 Outpatient and ED Pilot Sites Only (Source: PLM and RHT in ED Pilot Project Reports)

FY06 Outpatient, Inpatient and ED (Source: Facility Reports)

ED Rapid Testing, New Jersey



Shaded: counties offer rapid testing

- NJ health department provides counselors, test kits
- 23 EDs now offer rapid HIV testing
- 10,628 tested through November 9, 2006
- 274 (2.6%) HIV positive



Fostering Implementation

- CDC:
 - Six regional workshops for high-priority EDs
- National Medical Association:
 - Work with primary care providers in 5 cities
- Gilead Sciences:
 - Funding support for acute-care testing in 8 cities

Baltimore

Chicago

Detroit

Miami

New York City

Philadelphia

San Francisco

West Palm Beach



Summary

- There is an urgent need to increase the proportion of persons who are aware of their HIV-infection status
- Expanded, routine, voluntary, opt-out screening in health care settings is needed
- Revised recommendations: September 2006
- Several jurisdictions have already begun

