DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

IL 10-2005-017
In Reply Refer To: 13

September 2, 2005

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

NEED FOR ROUTINE HUMAN IMMUNODEFICIENCY VIRUS (HIV) RISK ASSESSMENT AND TESTING

1. This Information Letter provides information regarding the importance of offering every veteran under the care of the Department of Veterans Affairs (VA) the opportunity to have a voluntary test for Human Immunodeficiency Virus (HIV) and to periodically discuss and evaluate HIV risk with a knowledgeable VA health care professional.

2. **Background**

a. Advances in medical treatment over the past decade have resulted in most HIV-infected individuals living long lives free of opportunistic infections and other complications of the Acquired Immune Deficiency Syndrome (AIDS).

b. Despite advances in HIV therapy, patients who are diagnosed only when they become severely immunosuppressed may still experience otherwise preventable morbidity and mortality as a result of delayed diagnosis. Research in VA settings has confirmed that there are missed opportunities for timely diagnosis and treatment of HIV infection.

(1) In a blinded seroprevalence study at six VA sites, funded by the VA Quality Enhancement Research Initiative (QUERI), previously undetected HIV infection was present in 0-1.7 percent of inpatients and 0.3-2.9 percent of outpatients (see subpar. 4a).

(2) In another VA QUERI research study of four facilities between 1995 and 2000, fewer than half of patients with known risk factors documented in the medical record had been HIV tested. (see subpar. 4b).

(3) From research conducted as part of the National Institutes of Health-funded Veterans Aging Cohort study, 50 percent of newly HIV diagnosed patients in VA between 1998 and 2002 had CD4 lymphocyte counts of less than 200 cells per cubic millimeter (indicating advanced levels of immune suppression) at the time of diagnosis, and 48 percent of these suffered an AIDS-related complication during the first year after diagnosis. These patients had, on average, 3.7 years of VA care before diagnosis, indicating that there were missed opportunities to make diagnoses at a stage when HIV treatment could have prevented many of the complications experienced by these patients (see subpar. 4c).

(4) Among VA patients with known hepatitis C infection, approximately two-thirds have never been tested for HIV despite the significant overlap in epidemiology and risk factors (data from VA Hepatitis C Case Registry).

c. The Centers for Disease Control and Prevention (CDC) estimates that approximately 40,000 new HIV infections occur every year in the United States (U.S.) and that many of these are the result of sexual or drug use contact with individuals who are unaware of their own HIV infection. Knowledge of one's HIV infection status can be a powerful motivator to encourage behavior change that decreases risk of infection to others. The CDC has recommended that HIV risk assessment and testing become a part of routine medical care (see subpar. 4d).

d. Two recently published independent cost-effectiveness studies concluded that routine HIV screening, even in low prevalence populations, should be cost effective based on avoided clinical complications resulting from decreased transmission (see subpar. 4e and subpar. 4f).

e. The U.S. Preventive Services Task Force (USPSTF) recently issued guidelines including a strong recommendation that clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection (see subpar. 4g).

f. HIV testing in VA is governed by Federal statutes and regulations that require signature consent and pre-and post-test counseling for HIV testing. Within these parameters, considerable opportunities exist to make HIV testing more routine and accessible.

3. **Recommendations.** Given the great opportunity to prevent morbidity and mortality, to benefit the health of veterans and non-veteran communities, and to make effective use of VA health care resources, all VA facilities and health care providers need to develop and adopt strategies to decrease the number of veterans who are unaware of their HIV infection status. Traditional risk-identification strategies may be ineffective, and systems designed many years ago to carefully control HIV counseling and testing may no longer be necessary or desirable. Some or all of the following strategies may be useful:

a. Encourage all providers in primary care, mental health, and substance use treatment settings to routinely engage patients in discussions of HIV risk and to offer testing to all veterans who are at risk for HIV, to women veterans who are pregnant or are considering pregnancy, and to any veteran who wishes to be tested. ***NOTE:*** *For a detailed discussion of HIV transmission and risk, refer to the VA HIV Prevention Handbook (http://vaww.vhaco.va.gov/aidsservice/prevention/handbook.htm). For additional information on HIV testing in VA, refer to the Frequently Asked Questions document on the Web site of VA's Public Health Strategic Health Care Group (http://vaww.vhaco.va.gov/aidsservice/consent/testingFAQ.htm.*

b. Make voluntary HIV testing a routine part of the initial assessment in care settings where the prevalence of HIV risk is expected to be high, such as viral hepatitis (B&C) clinics, substance use treatment programs, sites where sexually transmitted diseases are treated, and programs for homeless veterans. Implementation of routine, voluntary HIV testing in settings

where expected HIV prevalence is lower, such as primary care clinics, is likely to be cost effective as well (see subpar. 4b and subpar. 4c).

c. Work with facility and Veterans Integrated Services Network (VISN) laboratory leadership to implement rapid testing technologies in settings where the logistics of a veteran returning for test results and post-test counseling creates an obstacle for HIV testing.

d. Incorporate Registered Nurses and other non-physician medical professionals who are familiar with VA HIV testing policies and procedures in the process of discussing HIV risk assessment and testing.

e. Allow patients to request testing without requiring a detailed risk assessment.

f. Conduct reviews of recent HIV diagnoses to identify opportunities missed for earlier diagnosis.

4. **References**

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