**HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING**

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>CDC recommends that opt-out HIV screening and diagnostic testing be considered routine clinical care for all patients age 13-64 years in all health care settings. Widespread testing is needed because a significant proportion of people who are infected with HIV have not been diagnosed. This protocol lists the patients who need annual HIV testing and suggests how to follow up different test results. Early diagnosis of HIV infection helps identify people who can benefit from antiviral therapies.</th>
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<tr>
<td>SUBJECTIVE</td>
<td>Must exclude known HIV infected patient. May include at least one of the following: 1. Routine healthcare visits for patients age 13-64 years. 2. All patients initiating treatment for TB. 3. All patients seeking treatment for any STI (each time). 4. Patient entering into new sexual relationship. 5. Patient whose blood or body fluid was the source of an occupational exposure for a health care provider. 6. All injection-drug users and their sex partners on an annual basis. 7. All inmates of prison or jail system and their partners. 8. People who exchange sex favors for money or drugs (and their partners). 9. History of a new sex partner since last test. 10. All prenatal patients at first visit and repeat tests in the third trimester. 11. All patients with symptoms of HIV infection or opportunistic infections. 12. All people with personal occupational exposure (lab technicians, boxers, health care workers, law enforcements personnel, and blood and organ donors).</td>
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<td>OBJECTIVE</td>
<td>May include: 1. Signs of immunocompromise or opportunistic infection consistent with HIV. 2. Evidence of sexually transmitted infection(s) or other indications for testing.</td>
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<td>LABORATORY</td>
<td>See Plan.</td>
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<td>ASSESSMENT</td>
<td>Candidate for HIV testing – routine or indicated.</td>
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<td>PLAN</td>
<td>1. Routine HIV testing for all patients age 13-64 years unless the prevalence of undiagnosed HIV infection in the area is documented to be &lt;0.1%. 2. Repeat testing is needed for those at high risk for HIV at least annually (IVDA, MSM, multiple sex partners, occupational exposure to body fluids). 3. Repeat testing is needed whenever new indication develops. 4. HIV screening should be voluntary and performed only with patient knowledge and understanding. a. Patients should be informed (in writing or orally) that HIV testing will be done unless they decline, but no special written consent is needed. b. Provide patient-centered HIV information. c. Patients should be informed about HIV infection and the meaning of positive and negative test results in the patient’s language. d. If the patient declines HIV testing, that fact should be documented in the chart. 5. Provide patient with test results in person. a. If negative by rapid testing or diagnostic tests: 1) Inform patient that an early HIV infection may still be present. 2) Encourage repeat HIV testing in 3 months, if patient has a risk factor. 3) Reinforce need for safer sex practices. b. If positive by rapid HIV test: 1) Advise patient that there is a likelihood of HIV infection and that the result must be confirmed by an additional test.</td>
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PLAN (Continued)

2) Obtain blood specimen for supplemental confirmatory testing for HIV infection.
3) Test for other STIs.
4) Refer for crisis intervention, if needed.
5) Encourage safer sex practices.

c. If positive by diagnostic tests:
   1) Assess need for immediate referral for medical, behavioral and psychological services. Refer to appropriate sites, if indicated.
   2) Refer prenatal patients for high risk obstetrical care and to local HIV treatment clinics as soon as possible.
   3) Refer nonpregnant patients for immediate consultation with HIV specialist.
   4) Provide HIV-appropriate counseling to all patients with confirmed HIV positive test and to their partners and contacts. Test for other STIs.
   5) Encourage safer sex practices to prevent transmission to partners.
   6) Sexual and needle-sharing partners need to be notified of possible exposure to HIV and encouraged to be tested.
   7) Local reporting laws and regulations must be respected.

PATIENT EDUCATION

1. If patient declines testing, provide information about anonymous and confidential HIV test sites.
2. Educate patient about limitations of test.
3. Counsel and reinforce importance of safer sex practices.
4. Stress importance of follow-up and testing of sexual contacts if HIV positive.

REFER to MD/ER

1. Patients with acute opportunistic infections.
2. Patients with serious depressive reactions to test results.
3. All HIV-infected patients should be referred for care to clinicians experienced in care for HIV infection.

REFERENCES

6. CDC issues new HIV testing recommendations. AIDS Policy Law. 2014;29(9):1