It’s All About the Offer: Making HIV Testing Truly Routine

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Learning Objectives

- Review the New York State (NYS) plan to end the AIDS epidemic.
- Provide an update regarding HIV testing policies in NYS.
- Describe the HIV testing options available.
- Discuss how routine HIV testing can be made simpler, as well as effective strategies to normalize the offer of an HIV test to increase acceptance rates.
In July 2014, Governor Andrew Cuomo announced a 3-point plan to end the AIDS epidemic in NYS by the year 2020

"Thirty years ago, New York was the epicenter of the AIDS crisis -- today I am proud to announce that we are in a position to be the first state in the nation committed to ending this epidemic.”
Ending the Epidemic (ETE)

By the end of 2020...

- Reduce new HIV infections from over 3,000 to **750**
- Reduce the rate at which persons diagnosed with HIV progress to AIDS by **50%**
Persons Newly Diagnosed with HIV Infection in New York State by Region of Diagnosis, 2006-2015*

*Data as of January 2017*
Persons Newly Diagnosed with HIV Infection by Transmission Risk Group, NYS, 2006-2015*

*Data as of January 2017
Three-Point Plan

- Identify HIV+ undiagnosed
  - Identify persons with HIV who remain undiagnosed and link them to health care

- Link, retain, support viral suppression
  - Link and retain persons diagnosed with HIV to health care and start them on anti-HIV therapy to maximize HIV virus suppression to remain healthy and prevent further transmission

- PrEP for high-risk persons
  - Provide access to pre-exposure prophylaxis (PrEP) for high-risk persons to keep them HIV negative
Importance of Increased & Earlier HIV Testing

- 31% of new HIV infections are in 13-29 year olds in NYS

- ~50% of new HIV infections attributed to people unaware of their HIV-positive status

- Awareness of HIV status affects behavior
Blueprint Recommendations

Identify HIV+ Undiagnosed
- Make routine HIV testing truly routine
- Expand targeted testing
- Address acute HIV infection
- Improve referral and engagement
New HIV Infections Do Not Happen in Isolation, but Come Tied to Numerous Factors
1) Poor Health Care:
• Lack insurance, medical providers
• Lack of health and sexual education

2) Poverty, which includes:
• Lack of housing
• Food insufficiency
• Unemployment/underemployment
• Survival sex work and inequality: penalization of condom carriers

3) Mental health problems:
• Depression
• Cognitive problems
• History of traumatic experiences

4) Substance Use:
• Lack of treatment services

5) Geographic Disadvantage:
• Transportation issues
• Engaging in high risk behavior in areas with high HIV prevalence
Missed Opportunities for HIV Testing

- Review of new HIV diagnoses in South Carolina from 2001–5
  - Quantification of healthcare outcomes since 1997
- Results (n=4,221):
  - 73% >1 healthcare visit prior to 1st HIV-positive test – mostly in emergency departments (EDs)
  - Only 20% had diagnoses that would possibly prompt an HIV test
  - 42% developed AIDS within 1 year of their first positive test
  - Men more likely to have late diagnosis than women
- Results emphasize importance of routine HIV screening in all healthcare settings, especially EDs

Potential missed opportunities

Multiple visits/person to a healthcare facilitate

No prior HIV test

Time

First positive HIV test

Healthcare visits by setting

- Outpatient Services
- Free Clinics
- Inpatient Admissions
- Emergency Departments

Individuals by # of healthcare visits

- > 10 Visits
- 6 – 10 Visits
- 2 – 5 Visits

* Range (1 – 132); Median = 4.

Self Perception of HIV Risk is Low

Persons (N=3,533; >90% African-American) undergoing HIV rapid testing in Philadelphia were surveyed between July 2012 and Dec 2013

A large proportion of patients at high-risk for HIV infection do not perceive themselves at high risk

9.5%

SELF Perception
Perception as moderate/high Risk

68.5%

TESTERS Perception
Perception as moderate/high risk

Kwakwa H, et al. IAC 2014; Melbourne, Australia. #TUPE090
Diagnoses of HIV Infection among Adults and Adolescents, by Sex and Transmission Category, 2013—United States and 6 Dependent Areas

**Males**
N = 38,479

- Male-to-male sexual contact: 81%
- Heterosexual contact: <1%
- Injection drug use (IDU): 3%
- Male-to-male sexual contact and IDU: 5%
- Other: 10%

**Females**
N = 9,479

- Heterosexual contact: 86%
- Injection drug use (IDU): 1%
- Male-to-male sexual contact and IDU: 13%
- Other: 1%

**Note.** Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

- a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
- b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
Provider Barriers to Screening for Behavioral Risk Factors

- Inexperience or discomfort asking questions
- Discomfort responding to issues that arise
- Incorrect assumptions about sexual behavior and risk
- Patient perception of stigma from a medical care provider
- Limited time is available
How Soon After Exposure to HIV Can Tests Detect the Virus?

Even among antibody tests, the window period varies

- The so-called “first-generation” and “second-generation” HIV antibody tests detect one type of HIV antibody, 42-60 days after infection

- “Third-generation” tests detect all types of antibodies, making them more sensitive than the first and second-generation tests, about 21-24 days after infection

- “Fourth-generation” tests can simultaneously detect both HIV antibodies and antigens. Tests that look for the p24 antigen can detect it within 14-15 days. Tests can detect plasma HIV RNA (ribonucleic acid) within about 10 days of infection

*It is important to know the HIV test(s) your agency or lab uses so you can provide patients with the best advice*
Exposure to HIV at mucosal surface (sex)

Virus collected by dendritic cells, carried to lymph node

HIV replicates in CD4 cells, released into blood

Virus spreads to other organs

Acute HIV Infection

- Occurs within first 2 weeks of HIV exposure
- Elevated viral load despite negative HIV antibody test
  - HIV antibody takes 14 days to 6 weeks to appear
  - Viral load (VL) can be > 100,000 copies/ml (usually millions of viral copies/ml)
- Patient is highly infectious
Acute HIV Infection (www.hivguidelines.org)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Frequency (%)</th>
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<tbody>
<tr>
<td>Fever</td>
<td>90</td>
</tr>
<tr>
<td>Morbilliform rash</td>
<td>40-80</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>50-70</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>40-70</td>
</tr>
<tr>
<td>Headache ± meningitis</td>
<td>24-70</td>
</tr>
<tr>
<td>Mucocutaneous ulcers</td>
<td>5-20</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>45</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>40</td>
</tr>
<tr>
<td>Transaminase elevations</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acute HIV Infection</th>
<th>EBV Mononucleosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exudative pharyngitis rare</td>
<td>Exudative pharyngitis common</td>
</tr>
<tr>
<td>Painful mucocutaneous ulcers</td>
<td>No ulcers</td>
</tr>
<tr>
<td>Morbilliform rash common</td>
<td>Rash uncommon unless ampicillin administered</td>
</tr>
<tr>
<td>Vomiting and/or diarrhea</td>
<td>GI symptoms rare</td>
</tr>
<tr>
<td>Few atypical lymphocytes</td>
<td>Abundant atypical lymphocytes</td>
</tr>
<tr>
<td>Monospot negative</td>
<td>Monospot positive</td>
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NYS HIV Testing Law

1. Providers legally mandated to offer HIV testing to all persons ages 13 – 64.
2. Prior to asking for consent to perform HIV test, providers must make seven points of information about HIV available to patients.
3. Consent for HIV testing can be verbal.
4. Test providers are legally required to arrange an appointment for follow-up HIV care to all persons who test positive for HIV.
5. HIV information may be released to medical providers & health insurers without a written disclosure statement from patient.
6. Deceased, comatose, or persons incapable of providing consent who are the source of an occupational exposure may now be HIV tested anonymously.
Required Offer – Which Providers?

- Physicians, physician assistants, nurse practitioners, or midwives providing primary care* regardless of setting

- Primary Care means the medical fields of:
  - family medicine
  - general pediatrics
  - primary care
  - internal medicine
  - primary care obstetrics/gynecology
Required Offer – Where?

- Hospitals
  - Inpatient department of hospitals
  - Emergency departments
- Primary Care
  - Primary care services in outpatient departments of hospitals
  - Primary care services in diagnostic and treatment centers
- School-based clinics/College Health Clinics
- Urgent Care Settings
- STD & Family Planning Clinics
New Testing Legislation

- Requires that a person be advised that an HIV test is going to be performed as part of medical care and allow for the person to decline
- If the person objects, no test will be performed, but the objection needs to be documented in their medical record record
  “Patient notified an HIV test is being performed”
- Check box in EMR
  # Patient notified of HIV testing being performed
  # Patient declined testing
Advising the Patient That and HIV Test will be Conducted

- **Oral Advisement** – a member of the care team explains that HIV testing is a routine part of care and informs the patient that he/she will be tested during the visit.

- **General Medical Consent** – An explanation that HIV testing is routinely conducted and is included in the general medical consent statement that the patient is signing to authorize treatment during the visit.

- Exceeds minimum requirement but may be efficient for some facilities.
New Testing Legislation

- Requires the offer of HIV testing as a routine part of health care to all persons age 13 and over - elimination of the upper age limit
- PHL Article 23 - HIV is added to the list of STDs – brings minor capacity to consent to HIV testing, treatment and preventive services on par with other STDs
Required Offer – Exceptions

- When the individual is being treated for a life threatening emergency
- When the individual has previously been offered or tested for HIV (unless otherwise indicated due to risk factor)
- When the individual lacks capacity to consent (and no other person is available to provide consent)
IT’S ALL ABOUT THE OFFER!!!

DO........

▪ Make it part of your conversation/interview with the patient. The more positive and encouraging your attitude, the more likely that the patient will accept

▪ “Here at (insert setting name) we offer, recommend and encourage all of our patients to have an HIV test as part of their health maintenance. We think everyone should know their HIV status. Knowing your HIV status is as important as knowing your blood pressure.

▪ Today would be a great opportunity for you to be tested so we will order your HIV test with your other lab work. This will test for any risks or exposures you have ever had up until two weeks ago.”
IT’S ALL ABOUT THE OFFER!!! (con’t)

DO……….  

- “I am going to ask you some personal questions; I ask them of all of my clients because assessing drug history and sexual health are important parts of providing good health care. All of your responses will remain confidential. Shall we proceed?”

- “Now I am going to take a few minutes to ask you some direct questions about your behaviors, and these are questions that I ask all of my patients. They are personal, but it is important for me to ask so I can help you stay healthy. Like the rest of this visit, this information is strictly confidential.”

- “I know it can be hard to talk about substance use, but I’d really like to learn more about your experience with drugs and alcohol. It is OK if we talk about this a bit?”
Acknowledging fear

“You’re right, having an HIV test can be scary, but not knowing your HIV status can be scary too, something that is always in the back of your mind. Everything about HIV has changed. If people find out they are HIV+ when they are healthy, access care and take their medications, they are able to live a normal life expectancy. Treatment is easy now; most patients only take one pill each day with no side effects.”
## Strategies for Getting Started

<table>
<thead>
<tr>
<th>Normalize</th>
<th>Acknowledge Difficulty</th>
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| • I talk with all my clients…  
• It’s my job to talk about…  
• All the staff at this agency…  
• My agency cares about health so we always… |
| • I know this can be difficult…  
• For most folks the hardest part is getting started…  
• At first it can be awkward but then… |

<table>
<thead>
<tr>
<th>Explain Your Expertise</th>
<th>Emphasize Benefits</th>
</tr>
</thead>
</table>
| • I have a lot of experience…  
• My clients tell me they like to talk to me about…  
• I have a lot of information to share about… |
| • By talking about sex and substance use we can develop strategies to… improve your health… protect the people you love… be around for your children” |
Key Points of Information Provided Before HIV Testing

1. HIV is the virus that causes AIDS and can be transmitted:
   - through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV;
   - by contact with blood of someone with HIV as in sharing needles (piercing, tattooing, injecting drugs); and
   - by HIV-positive women to their infants during pregnancy or delivery, or while breast feeding.
Key Points of Information (cont.)

2. There are treatments for HIV/AIDS that can help an individual stay healthy.

3. Individuals with HIV/AIDS can adopt safer behaviors (e.g., during drug use & sex) to protect other people from acquiring HIV or from acquiring additional strains of HIV (if already HIV-positive).

4. Testing is voluntary and can be done anonymously at a public testing center.
Key Points of Information (cont.)

5. The law protects the confidentiality of HIV test results and other related information.

6. The law prohibits discrimination based on an individual's HIV status and services are available to address discrimination.

7. An individual's consent for HIV testing is valid for repeated testing until consent is revoked by the person or expires.
Exceptions to Voluntary HIV Testing

- Newborns
- Blood, body parts, and organ donations
- In order to participate in some federal programs, e.g., Job Corps and the Armed Forces
- Under certain conditions, inmates in federal prisons (but not in state or local correctional facilities) are tested for HIV without their consent
- Sexual assault defendant testing
- For certain types of insurance
Post-test Counseling

- HIV post-test messages must be tailored to status
- Post-test messages for **negative** results do not have to be delivered in person
- Providers can hand an information sheet or brochure to patients
Follow-Up Appointment Information

- The clinician ordering an HIV test must make a reasonable effort to link persons to care, prevention, supportive, and partner services.
- For legal compliance, the individual’s medical record/client file must reflect name of provider/facility with whom follow-up appointment was made.
- Providing contact information for a Designated AIDS Center (DAC) or an HIV specialist is not sufficient.
- Linking HIV-positive patients to care applies to all settings and providers.
Partner Services Can Help Both the Patient & the Provider

- For providers, Partner Services can serve as a proxy in:
  - identifying partners
  - conducting DV screening and the notification plan
  - assisting in completing Partner/Contact Information on the DOH-4189 (Medical Provider Report Form)

- For patients, partner services can notify sex or needle sharing partners without using names
  - no names or personal identifying information are revealed to protect the anonymity and privacy of both patient and partners
HIV/AIDS Reporting

- **NYS law** requires both HIV and AIDS diagnoses to be reported to NYS DOH (DOH - 4189)

- Required for the following:
  - Initial/new HIV diagnosis
  - Previously diagnosed HIV infection (non-AIDS) for providers seeing patient for the first time
  - Initial/new diagnosis of AIDS
  - Previously diagnosed AIDS for providers seeing patient for the first time
STDs among adults in the United States

HIV
1,100,000

AIDS
406,000

New infections/yr
~40,000

Syphilis
15,648

Gonorrhea
330,132
est: 718,000

Chlamydia
929,462
est: 2,800,000

Trichomoniasis
7,400,000

HBV
Acute: 73,000
Chronic: 1,250,000

HPV
20,000,000
New infections/yr: 6,200,000

HSV-2
45,000,000
New infections/yr: 1,000,000

65 million living with incurable STD

>19 million new cases each year

87% of top 10 most frequently reported diseases

~ $15.5 billion spent annually on major STD other than HIV
Why Bother Screening?
Percent of Persons with STD Who Are Asymptomatic

- **Percent of Persons with STD Who Are Asymptomatic**
  - **Urethra**
  - **Rectum**
  - **Pharynx**
  - **Cervix**
  - **Any**

**Gonorrhea**
- **Men**
- **Women**

**Chlamydia**
- **Men**
- **Women**

**Genital herpes**
- **Men**
- **Women**

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**AETC Northeast/Caribbean**
Reported Cases of Communicable Diseases, New York State (NYS), 2012

- Chlamydia: 100,687
- All other communicable diseases: 57,378
- Gonorrhea: 22,631
- Syphilis: 5,355
- HIV: 4,304
THE BIOLOGICAL LINK BETWEEN HIV & OTHER STDs

**Increased likelihood of acquiring HIV:**
- Persons who are infected with other STDs have an increased number of HIV target cells present in genital secretions.
- Genital ulcers and sores caused by some STD’s are an efficient portal of entry for HIV

**Increased ability to transmit HIV:**
- Persons co-infected with an STD and HIV are more likely to shed HIV in both ulcerative and inflammatory genital secretions.
- They are more likely to shed HIV in greater amounts compared to people infected with HIV alone
RISK OF STD/HIV TRANSMISSION

RISK = VIRULENCE \times EXPOSURE \times RESISTANCE

**Virulence:** How much organism? Which body fluid? Where in the clinical course of infection?

**Exposure:** What type (anatomical differences and sexual practices) and how often (frequency of exposure)?

**Resistance:** Systemic, genetic, mucosal immunity
HOW TO REACH US FOR A CONSULTATION ABOUT HIV TESTING

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Trainer, Northeast/Caribbean AIDS Education and Training Center
marygoods@cs.com
716.997.2009 (Cell)
www.NYSEHT.org

Introduce
- Importance of routine HIV testing
- How to screen your patients

Inform
- Information about the HIV diagnostic algorithm

Interpret
- Test result interpretation and messages to your patients

Implement
- Resources including recommendations, regulations, and billing information
For Further Information

- Northeast/Caribbean AIDS Education and Training Center website  http://necaaetc.org/

- AETC National Coordinating Resource Center’s website https://aidsetc.org
For Further Information (con’t)

- NYS HIV/AIDS Information Hotline 1-800-541-AIDS
- Spanish AIDS Hotline 1-800-233-7432
- NYS Office for the Prevention of Domestic Violence 1-518-486-6262
- NYS Confidentiality Hotline 1-800-962-5065
- Legal Action Center 1-800-223-4044
- www.hivguidelines.org
Questions?