

# HIV Resources for Medical and HIV Testing Providers



Developed by the State of Alaska Department of Health and Social Services, HIV/STD Program

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## HIV Testing

### 1. HIV Testing in Health-Care Settings

For patients in all health-care settings:

- HIV screening is recommended for patients age 13-64 in all health-care settings. The patient should be notified that testing will be performed, and should give informed consent for testing, unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing is not required by law in Alaska; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Prevention counseling, although recommended, is not required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

Since perinatal transmission rates can be reduced to <2% with universal screening of pregnant women in combination with prophylactic administration of antiretroviral drugs, scheduled cesarean delivery when indicated, and avoidance of breast feeding, CDC recommends the following:

- HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.
- HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Repeat screening in the third trimester is recommended for pregnant women with known risk factors.

CDC Recommendations:

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm> -- Centers for Disease Control and Prevention (CDC), "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings"
- <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm> -- 2001 Revised Recommendations for HIV Screening of Pregnant Women (*Please Note: Portions of these guidelines have been updated in the 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.*)

### 2. Voluntary testing for other STDs, HCV and HBV, and TB in conjunction with HIV testing:

Clients who are HIV-infected or at increased risk for HIV are at risk for other STDs and should receive or be referred for STD screening and treatment. Men who have sex with men should be screened at all sites, including pharyngeal, urethral and rectal. Also, many clients who are HIV-infected or at increased risk for HIV are at increased risk for acquiring viral hepatitis (A, B, and C). Men who have sex with men and IDUs should be vaccinated for hepatitis A. All clients without a history of hepatitis B infection or vaccination should be tested for hepatitis B, and if not infected, should receive or be referred for hepatitis B vaccination. In addition, clients who inject drugs should be routinely tested for hepatitis C. All clients who are infected with hepatitis viruses should be referred for appropriate treatment.

In addition, clients who test for other STDs, HCV, HBV, and TB should be referred to or receive HIV testing services.

### 3. Rapid HIV Testing

Rapid HIV testing in a range of settings can effectively target multiple populations at high risk for HIV infection, and increases the number of individuals who obtain their HIV test results. Offering rapid HIV testing in outreach and other community settings provides opportunities to identify HIV infections and to link persons with positive test results to prevention and medical care. Confirmation of a reactive test should be conducted immediately by western blot. A reactive rapid test is not sufficient to diagnose HIV infection.

Links to Other Resources:

- <http://www.actagainstaids.org/provider/ottl/index.html> -- Act Against AIDS One Test Two Lives campaign
- <http://www.cdc.gov/hiv/topics/testing/rapid/index.htm> -- CDC's rapid testing website
- <http://www.cdc.gov/hiv/topics/testing/healthcare/index.htm> -- CDC's HIV Testing in Health Care Settings website
- <http://www.actagainstaids.org/provider/hssc/index.html> -- Act Against AIDS HIV Screening Standard Care campaign

CEU opportunities:

<http://depts.washington.edu/hivaids/cpa/CPA.html> -- Routine HIV Screening in Health Care Settings

<http://depts.washington.edu/hivaids/oraquick/HIVStudy.html> -- Oraquick Advance Rapid HIV Test

<http://www.aids-ed.org/aidsetc?page=etres-display&resource=etres-431> -- HIV Testing for HIV at Labor and Delivery

<http://www.aids-ed.org/aidsetc?page=etres-display&resource=etres-406> -- Expanded HIV Testing – Implementing the CDC Recommendations: Guidance for Nurses

## HIV Treatment

### 1. Antiretroviral Treatment (ART)

There is substantial evidence that ART reduces the transmission of HIV on an individual basis and a number of studies that show a community level impact. Underinsured and uninsured HIV-positive individuals can receive FDA-approved HIV-related prescription medications through the AIDS Drug Administration Program (ADAP) administered by the Alaskan AIDS Assistance Association (Four A's). To learn more about ADAP and how an HIV-positive patient can apply go to the Four A's website at <http://www.alaskan aids.org/2011/resources/adap/adap.html> or call (907) 263-2050.

ART Guidelines – <http://aidsinfo.nih.gov/>

### 2. ART as Prevention

- a. Treating people living with HIV early in their infection dramatically reduces the risk of transmitting the virus to others, underscoring the importance of HIV testing and access to medical care and treatment. A recent clinical trial showed that treating people living with HIV early on reduces the risk of transmitting the virus to others by 96 percent.

Resources:

- <http://www.cdc.gov/vitalsigns/HIVtesting/index.html> -- New Hope for Stopping HIV – Testing and Medical Care Saves Lives
- <http://www.nejm.org/doi/full/10.1056/NEJMoa1105243#t=abstract> – The New England Journal of Medicine, “Prevention of HIV-1 Infection with Early Antiretroviral Therapy”

### b. Non-Occupational Exposure Prophylaxis (nPEP)

Accumulated data from animal and human clinical and observational studies demonstrate that antiretroviral therapy initiated as soon as possible within 48-72 hours of sexual, injection drug use, and other substantial non-occupational HIV exposure and continued for 28 days might reduce the likelihood of transmission.

Recommendations from the U.S. Department of Health and Human Services:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm>

HRSA's Clinical Guide to nPEP:

[http://www.aidsinfo.nih.gov/aidsetc?page=cg-302\\_nonoccupational\\_pep](http://www.aidsinfo.nih.gov/aidsetc?page=cg-302_nonoccupational_pep)

### c. Pre-Exposure Prophylaxis (PrEP)

PrEP may be part of comprehensive HIV prevention services in which HIV negative people who are at high risk, take antiretroviral medication daily to try to lower their chances of becoming infected with HIV if they are exposed to it. Currently PrEP is not widely available in Alaska, but providers may choose to subscribe PrEP to their high-risk patients with sufficient resources to cover the costs.

CDC Interim Guidance for Health-Care Providers:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a1.htm?s\\_cid=mm6003a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a1.htm?s_cid=mm6003a1_w)

CDC Trial and Another Major Study Find PrEP Can Reduce Risk of HIV Infection Among Heterosexuals

<http://www.cdc.gov/nchstp/newsroom/PrEPHeterosexuals.html>3.

National HIV/AIDS Clinicians' Consultation Center – Warmline

[http://www.nccc.ucsf.edu/about\\_nccc/warmline](http://www.nccc.ucsf.edu/about_nccc/warmline)

Health care providers confront many complex questions about the latest in HIV treatment and care. New drugs and diagnostic techniques are available, but many clinicians don't have the time or the resources to keep up with cutting-edge information. And even the best technical information can be difficult to apply to specific patients with complex medical and social problems.

The National HIV Telephone Consultation Service Warmline(800-933-3415) offers physicians and other health care providers up-to-the-minute HIV clinical information, and individualized expert case consultation across the broad range of clinical HIV/AIDS problems. The Warmline is staffed by clinicians experienced in HIV care who can help provide the best possible care to HIV-positive patients.

CEU Opportunities:

- <http://depts.washington.edu/hiv aids> -- Case-Based Modules
- <http://www.nursesinaidscare.org/i4a/pages/In dex.cfm?pageID=3683> – Association of Nurses in AIDS Care
- <http://hivinsite.org/InSite?page=cme-00-00> – HIV InSite – Grand Rounds

## Prevention with Positives

To date, HIV prevention has largely focused on persons who are not infected with HIV, to help them avoid becoming infected. In order to further reduce HIV transmission, an increased emphasis must be placed on preventing transmission by HIV-infected persons. Research shows that persons living with HIV often adopt healthy behaviors after their initial diagnosis. However, many revert back to risky behaviors after a period of time, putting their health and the health of others at risk. Ongoing, brief prevention counseling is a cost-effective measure that can be incorporated into routine care for individuals living with HIV. It is important that HIV medical and social service providers discuss sexual and drug injection behaviors with their patients routinely, and assess the need for risk reduction counseling and STD screening.

### CDC Recommendations:

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm> -- Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

### Other Resources:

- <http://www.actagainstaids.org/promote/pic/index.html> -- Act Against AIDS, Prevention is Care campaign
- Health Resources and Services Administration (HRSA) – Guide to HIV/AIDS Clinical Care - Preventing HIV Transmission/Prevention with Positives  
[http://hab.hrsa.gov/deliverhivaidscares/clinicalguide11/cg-303\\_prevention\\_with\\_positives.html](http://hab.hrsa.gov/deliverhivaidscares/clinicalguide11/cg-303_prevention_with_positives.html)
- Ask, Screen, Intervene: *Incorporating HIV Prevention into the Medical Care of Persons Living with HIV*  
[http://depts.washington.edu/nnptc/online\\_training/asi](http://depts.washington.edu/nnptc/online_training/asi)

### CEU Opportunities:

- <http://depts.washington.edu/hivaids/prevent/index.html> -- Northwest AIDS Education Training Center, HIV Web Study, Prevention with Positives

## HIV Co-Morbidities

### **Sexually Transmitted Diseases (STDs):**

Testing and treatment of STDs can be an effective tool in preventing the spread of HIV. An understanding of the relationship between STDs and HIV infection can help in the development of effective HIV prevention programs for persons with high-risk sexual behaviors. Individuals with a history of STDs should be offered HIV testing, and persons with HIV infection should also be screened routinely for STDs.

CDC Recommendations:

- <http://www.cdc.gov/std/hiv/treatment.htm> -- 2010 STD Treatment Guidelines

Other Resources:

- <http://www.cdc.gov/std/hiv/STDFact-STD-HIV.htm> -- The Role of STD Detection and Treatment in HIV Prevention – CDC Fact Sheet

### **Hepatitis:**

Persons with HIV infection are disproportionately affected by viral hepatitis; about one-third of HIV-infected persons are co-infected with hepatitis B or hepatitis C, which can cause chronic illness and death. Viral hepatitis progresses faster among persons with HIV infection, and persons who are infected with both viruses experience greater liver-related health problems than those who do not have infection.

CDC Recommendations:

- <http://www.cdc.gov/std/treatment/2010/vaccine.htm#a2> -- 2010 STD Treatment Guidelines – Hepatitis B
- <http://www.cdc.gov/std/treatment/2010/hepC.htm> -- 2010 STD Treatment Guidelines – Hepatitis C

Other Resources:

- <http://www.cdc.gov/hiv/resources/factsheets/PDF/HIV-Viral-Hepatitisacc.pdf> -- CDC Fact Sheet- HIV and Viral Hepatitis

### **Tuberculosis (TB):**

TB is particularly dangerous for people with HIV infection. People who have both HIV and LBTI are 20 to 30 times as likely to develop active TB disease as those who do not have HIV infection. Worldwide, TB is the leading cause of death among persons with HIV infection and almost one in four deaths among people with HIV is due to TB.

- CDC Recommendations: [http://cdc.gov/tb/publications/guidelines/HIV\\_AIDS.htm](http://cdc.gov/tb/publications/guidelines/HIV_AIDS.htm) -- TB Guidelines - TB and HIV

Other Resources:

- <http://www.cdc.gov/hiv/resources/factsheets/PDF/hivtb.pdf> -- CDC Fact Sheet – HIV and TB

CEU Opportunities

<http://www.aidsetc.org/aidsetc?page=et-18-00>

<http://hivinsite.org/InSite?page=cme-00-00>

[http://www.stdhivtraining.org/online\\_courses.html](http://www.stdhivtraining.org/online_courses.html)