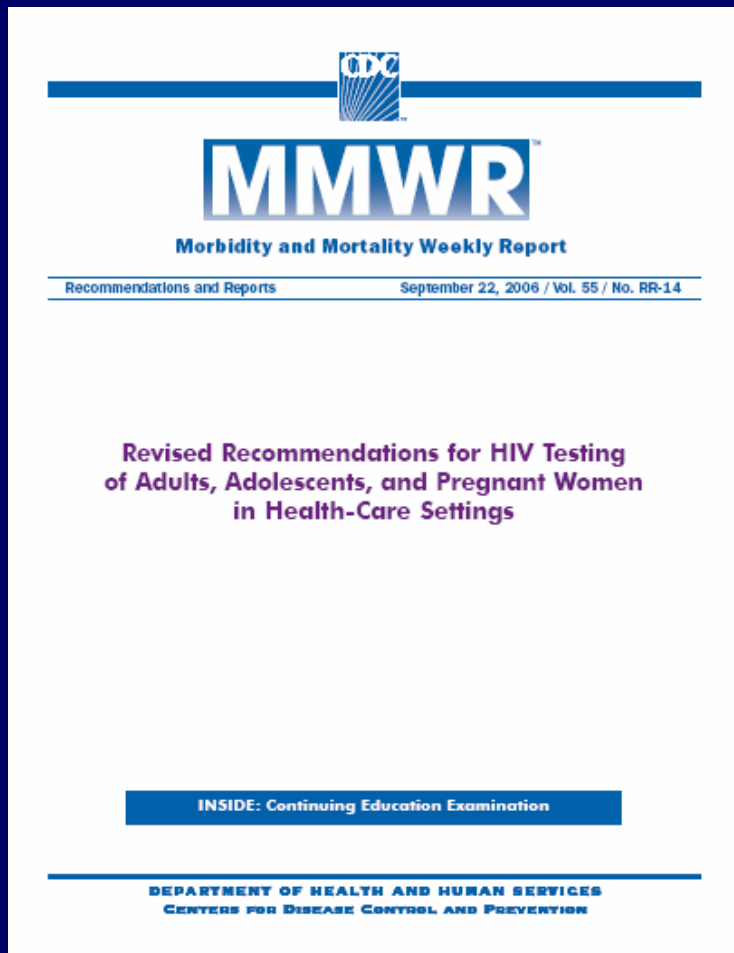

Making HIV Testing Routine: Opportunities and Challenges

*Keynote Panel Discussion
Yale AIDS Science Day 2007
New Haven, CT*

Opportunities and challenges



- Policy
- Clinical
- Legal
- Community

Brief Overview

- Terminology
- What the guidelines say
- Rationale
- Issues/concerns
- Panelists

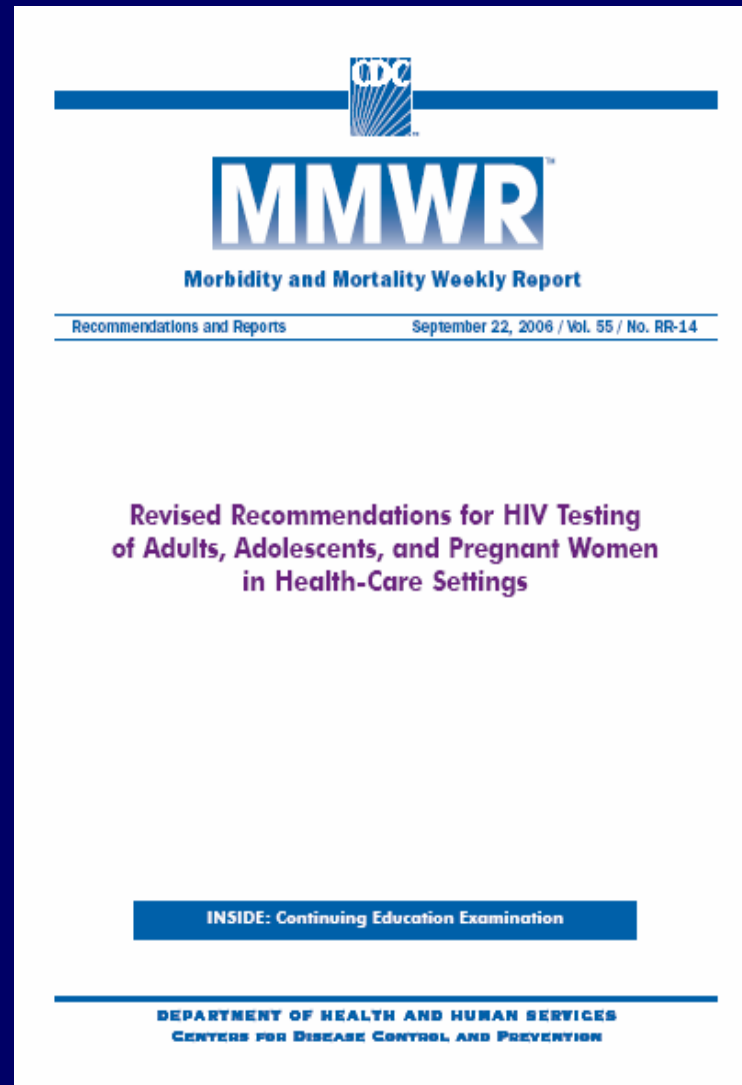
Terminology

- ***Diagnostic testing***: performing an HIV test based on clinical signs or symptoms
- ***Screening***: performing an HIV test for all persons in a defined population
- ***Targeted testing***: performing an HIV test on subpopulations of persons at higher risk based on behavioral, clinical or demographic characteristics
- ***Opt-out screening***: performing an HIV test after notifying the patient that the test will be done; consent inferred unless patient declines

Terminology

- ***Informed consent:*** process of communication between patient and provider through which the patient can participate in choosing whether or not to undergo HIV testing
- ***HIV prevention counseling:*** interactive process to assess risk, recognize risky behaviors, and develop a plan to take steps that will reduce risks

What the Guidelines Say



Revised Recommendations Adults and Adolescents - I

- Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk
- Repeat HIV screening of persons with known risk at least annually
- Opt-out HIV screening with the opportunity to ask questions and the option to decline
- Include HIV consent with general consent for care; separate signed informed consent not recommended
- Prevention counseling in conjunctions with HIV screening in health care settings is not required



Revised Recommendations Adults and Adolescents - II

- Intended for all health care settings, including inpatient services, EDs, urgent care clinics, STD clinics, TB clinics, public health clinics, community clinics, substance abuse treatment centers, correctional health facilities, primary care settings
- Communicate test results in same manner as other diagnostic/screening tests
- Provide clinical HIV care or establish reliable referral to qualified providers

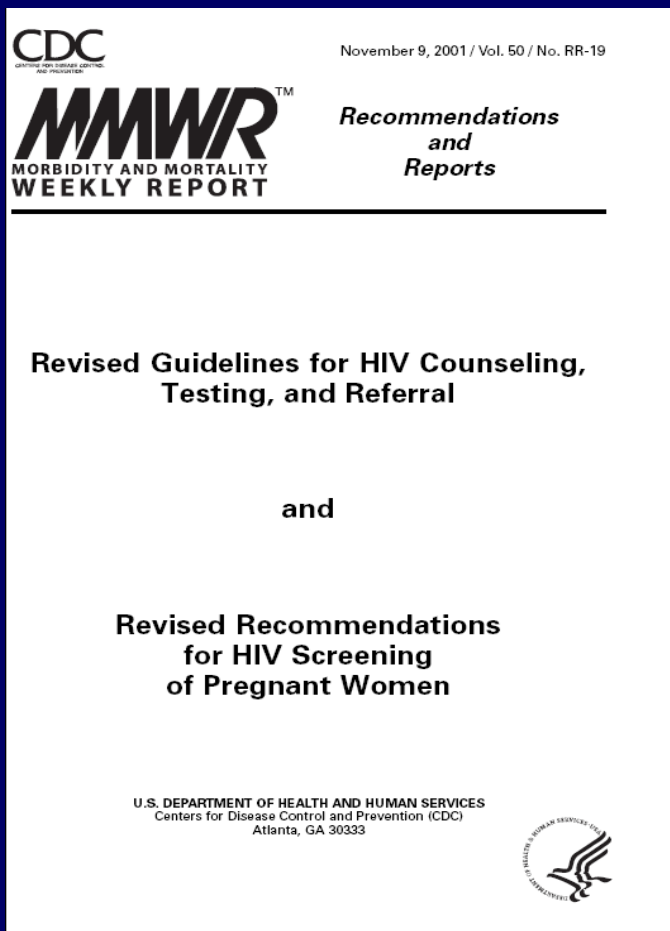


Revised Recommendations Adults and Adolescents - III

“Steps should be considered to resolve conflicts between the recommendations and state or local regulations.”



Previous Recommendations



- Routine HIV screening in settings prevalence $\geq 1\%$
- Targeted testing based on risk assessment
 - ✓ routine HIV testing for those seeking treatment for STDs
 - ✓ annual HIV testing for sexually active MSM

Rationale: Summary of Evidence

- Effective treatment is available
- Many patients with HIV visit healthcare providers but their infection goes undetected
- Awareness of HIV infection leads to substantial reductions in high-risk sexual behavior
- HIV screening in healthcare settings is cost-effective
- Inconclusive evidence about prevention benefits from typical counseling for persons who test negative
- Opt-out screening increases testing rates

Criteria for judging the validity of screening: An imperfect scorecard

- 1) Important health problem.
- 2) Natural history well understood.
- 3) Detectable early stage.
- 4) More benefit from early treatment.
- 5) Acceptable test.
- 6) Intervals for repeating the test determined.
- 7) Adequate health service provision made for the extra clinical workload resulting from screening.
- 8) Physical/psychological risks less than benefits.
- 9) Costs balanced against the benefits.

Wilson JM, Jungner G. *Principles and practice of screening for disease*. Geneva: World Health Organization, 1968.

Criteria for judging the validity of screening: An imperfect scorecard

- 1) Important health problem.
- 2) Natural history well understood.
- 3) Detectable early stage.
- 4) **More benefit from early treatment.**
- 5) Acceptable test.
- 6) Intervals for repeating the test determined.
- 7) Adequate health service provision made for the extra clinical workload resulting from screening.
- 8) Physical/psychological risks less than benefits.
- 9) Costs balanced against the benefits.

Wilson JM, Jungner G. *Principles and practice of screening for disease*. Geneva: World Health Organization, 1968.

Criteria for judging the validity of screening: An imperfect scorecard

- 1) Important health problem.
- 2) Natural history well understood.
- 3) Detectable early stage.
- 4) More benefit from early treatment.
- 5) **Acceptable test.**
- 6) Intervals for repeating the test determined.
- 7) Adequate health service provision made for the extra clinical workload resulting from screening.
- 8) Physical/psychological risks less than benefits.
- 9) Costs balanced against the benefits.

Wilson JM, Jungner G. *Principles and practice of screening for disease*. Geneva: World Health Organization, 1968.

Criteria for judging the validity of screening: An imperfect scorecard

- 1) Important health problem.
- 2) Natural history well understood.
- 3) Detectable early stage.
- 4) More benefit from early treatment.
- 5) Acceptable test.
- 6) **Intervals for repeating the test determined.**
- 7) Adequate health service provision made for the extra clinical workload resulting from screening.
- 8) Physical/psychological risks less than benefits.
- 9) Costs balanced against the benefits.

Wilson JM, Jungner G. *Principles and practice of screening for disease*. Geneva: World Health Organization, 1968.

Criteria for judging the validity of screening: An imperfect scorecard

- 1) Important health problem.
- 2) Natural history well understood.
- 3) Detectable early stage.
- 4) More benefit from early treatment.
- 5) Acceptable test.
- 6) Intervals for repeating the test determined.
- 7) **Adequate health service provision made for the extra clinical workload resulting from screening.**
- 8) Physical/psychological risks less than benefits.
- 9) Costs balanced against the benefits.

Wilson JM, Jungner G. *Principles and practice of screening for disease*. Geneva: World Health Organization, 1968.

Criteria for judging the validity of screening: An imperfect scorecard

- 1) Important health problem.
- 2) Natural history well understood.
- 3) Detectable early stage.
- 4) More benefit from early treatment.
- 5) Acceptable test.
- 6) Intervals for repeating the test determined.
- 7) Adequate health service provision made for the extra clinical workload resulting from screening.
- 8) **Physical/psychological risks less than benefits.**
- 9) Costs balanced against the benefits.

Wilson JM, Jungner G. *Principles and practice of screening for disease*. Geneva: World Health Organization, 1968.

Criteria for judging the validity of screening: An imperfect scorecard

- 1) Important health problem.
- 2) Natural history well understood.
- 3) Detectable early stage.
- 4) More benefit from early treatment.
- 5) Acceptable test.
- 6) Intervals for repeating the test determined.
- 7) Adequate health service provision made for the extra clinical workload resulting from screening.
- 8) Physical/psychological risks less than benefits.
- 9) **Costs balanced against the benefits.**

Wilson JM, Jungner G. *Principles and practice of screening for disease*. Geneva: World Health Organization, 1968.

Keynote Panel

- **Marsha A. Martin**, former Senior Deputy Director, Department of Health HIV/AIDS Administration in the District of Columbia
- **Krystn Wagner**, Medical Director, Nathan Smith Clinic; Assistant Professor of Internal Medicine, Yale University School of Medicine
- **Scott Burris**, Professor, Beasley School of Law, Temple University
- **Terje Anderson**, Founder of Vermont CARES, former Executive Director of the National Association of People with AIDS (NAPWA)