

■ Whom should I test for HIV?

Test everyone ages 13+!

- CDC guidelines: test everyone ages 13-64.
- **Repeat testing every 6 months for people at high risk:** HIV+ partners with viral loads >200, MSM, STIs, multiple sexual partners, injection drug use.

Also test any patients coming in for/as/with:

- STI testing or treatment
- Tuberculosis
- Pregnancy, including people without a documented HIV test result presenting for delivery
- Hepatitis B and C
- History of handling blood, receiving, donating or selling blood in areas without a securely screened blood supply
- Consider **diagnostic HIV testing** for flu-like symptoms 2-8 weeks after a risky exposure (get HIV RNA viral load and 4th gen test), oral thrush, herpes zoster, unexplained anemia, thrombocytopenia, WBC abnormalities, recurrent infections

■ Which HIV test do I use? Billing code?

- **HIV 4th generation antigen+antibody lab test**
- For exposure in the last month: HIV RNA PCR viral load test
- Use **ICD-10 code Z11.4:** screening for HIV

■ How do I interpret 4th gen HIV test results?

HIV Ag/Ab non-reactive: negative for HIV (2-3 week window period from exposure)	HIV Ag/Ab reactive & HIV1/2 diff reactive: chronic infection call linkage coordinator, offer rapid ART	HIV Ag only reactive & HIV1/2 neg + RNA detected: acute infection call linkage coordinator, offer rapid ART!	HIV Ag/Ab reactive & HIV1/2 neg & RNA neg: negative likely false pos Ab result; if high risk, check HIV2 DNA or RNA
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■ What if a patient refuses to get an HIV test?

- Ask about it and address concerns and fears.
- Be sensitive; they may be scared to disclose a risk.
- Try asking again later; they may be eventually willing to test.

■ How do I provide opt-out HIV testing?

Let them know that it's a normal part of baseline labs.

"We test everyone's cholesterol, sugars, liver, kidneys, and screen for HIV and hepatitis, so I'll order these tests for you."

■ How provide opt-out HIV testing for a follow-up patient?

Let them know it will part of their next lab draw.

"We need to check your cholesterol and sugars again, and since we haven't checked for HIV yet, let's do that. The HIV test is a normal part of health screening for everyone. Sound OK?"

■ How do I disclose a positive result?

1. Call the patient in for an in-person visit to discuss lab results.
2. Disclose in-person within one week of the result.
3. Coordinate with the HIV team to be available so you can do an immediate warm-handoff to HIV services.
4. When the patient is sitting, calmly, clearly and neutrally let them know.

"Your lab results show that you have HIV."

Give them a few moments to let the information sink in.

"Would you be willing to share your thoughts, feelings or questions about this?"

Listen and address what comes up.

"We have really good treatment and services to help you live as long and healthy as possible. May I introduce you to _____, who will help answer your questions and connect you with care with a specialist here?"

■ How do I link the patient to HIV care, PEP or PrEP?

Call your HIV linkage navigator:

_____ at _____ to coordinate linkage to HIV specialty care, PEP or PrEP. Treatment reduces transmission by 96%!

■ Questions?

Call the **National Clinician Consultation Center (NCCC)** for HIV clinical questions: **800-933-3413**

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Feedback/questions: paetcmail@ucsf.edu.

► HIV testing and linkage protocol

■ **POLICY:** In accordance with the CDC guidelines, we recommend opt-out HIV antibody testing for:

- All asymptomatic patients ages 13-64 at least once in their lifetime.
- All pregnant patients at least once during their pregnancy.
- Every 3 months for patients with ongoing exposures, including people engaging in condomless anal sex, particularly receptive anal sex, and those who inject drugs—also offer them HIV Pre-Exposure Prophylaxis (PrEP) if HIV-negative.
- Patients with STIs with each new or recurrent diagnosis — also offer them PrEP if HIV-negative.
- Patients with certain comorbid conditions, which would alter or require therapy: hepatitis B, hepatitis C, tuberculosis, varicella zoster in adults, and any other opportunistic illness that suggests an immunocompromised state.

Our community-based HIV programs also provide free confidential or anonymous rapid HIV testing for any member of the community.

► PROCEDURE: Clinic testing

■ Opt-out HIV testing

1. Include the 4th gen HIV antigen/antibody lab-based test with other screening tests:
 - a. "4th gen: HIV Ag/Ab" (window period is 14 days)
 - b. ICD-10: use Z11.4 as the billing code
2. Notify the patient what you will be testing them for. For example: *"We test everyone's cholesterol, sugars, liver, kidneys, and screen for HIV and hepatitis, so I'll order these tests for you."* Or *"Looks like you haven't been tested for HIV or hepatitis B/C, so let's add those tests to your next labs."*
3. No documentation is necessary unless the patient refuses the test. If the patient refuses, then document "HIV test refused" and the reason (if known) in the chart.
4. Test counseling is optional, but we strongly recommend asking patients about their sexual and drug use history, especially during intake and physical exams.

