

New CDC HIV Testing Recommendations Press Conference with AIDS Healthcare Foundation

KEY POINTS

The Centers for Disease Control and Prevention (CDC) is now recommending HIV testing as part of routine medical care for patients ages 13 to 64 in all health care settings.

Currently HIV testing is perhaps the most over-regulated diagnostic administered in the U.S. history. Federal, state and even local red tape rather than patients and doctors determine how and when an HIV test may be administered.

A patient can not be tested for HIV unless they request such a test, undergo extensive pre-test counseling that can take up to or more than a half an hour and then explicitly consent to such a test.

Such regulations discourage providers from offering and patients from seeking testing. It also enhances the stigma associated with the test and the disease.

CDC's new recommendation that HIV testing become a part of routine medical care will greatly enhance our ability to control the spread of this disease and improve the lives of those living with it.

According to the CDC, one-fourth of the over one million Americans living with HIV do not know that they are infected (between 252,000 to 312,000 people).

On average, it takes 10 years for HIV infection to progress to AIDS. Yet as many as 45 percent of persons testing positive for HIV received their first positive test result less than a year before AIDS was diagnosed, 40,000 Americans have become newly diagnosed with HIV every year for well over a decade, and about one half of those living with HIV are not receiving regular medical treatment.

These numbers demonstrates the failure of the current policies that deter early diagnosis and why routine testing and access to treatment are essential if we wish to win the war against HIV.

Few states adopted the 2003 CDC recommendations to expand the availability of HIV testing because few resources were put behind the “Advancing HIV Prevention” initiative. CDC should require states and localities to remove barriers to routine testing a condition of receiving federal HIV prevention funding.

Background on Routine HIV Testing

Promoting Early Diagnosis and Treatment Are Now Priorities for CDC and Congress

The Centers for Disease Control and Prevention (CDC) is now recommending that HIV testing be included as a part of routine medical care for all patients ages 13 to 64. This means that HIV testing would be included along with a standard battery of other medical exams that a patient receives, a patient would be notified that the test would be performed, and the patient would have the right to decline the test, or 'opt out.'

The Ryan White CARE Act reauthorization bill moving through Congress provides \$30 million in grants to support and promote early diagnosis efforts for pregnant women, newborns and high risk individuals. The new Early Diagnosis grants will provide \$20 million to states with routine HIV testing policies of pregnant women and universal testing policies of newborns and \$10 million to states that provide routine testing for clients at STD clinics and substance abuse treatment centers.

HIV infection is consistent with all generally accepted criteria that justify screening: 1) HIV infection is a serious health disorder that can be diagnosed before symptoms develop; 2) HIV can be detected by reliable, inexpensive, and noninvasive screening tests; 3) infected patients have years of life to gain if treatment is initiated early, before symptoms develop; and 4) the costs of screening are reasonable in relation to the anticipated benefits. Among pregnant women, screening has proven substantially more effective than risk based testing for detecting unsuspected maternal HIV infection and preventing perinatal transmission

Many With HIV Are Unaware That They Are Infected

Approximately 24 to 27 percent of the 1.1 million Americans living with HIV are unaware that they are infected.

It generally takes about 10 years for HIV infection to progress to AIDS. Yet as many as 45 percent of persons testing positive for HIV received their first positive test result less than a year before AIDS was diagnosed.

More than half of all HIV infected adolescents are estimated not to have been tested and are unaware of their infection

In a large sample of gay men in five U.S. cities 25 percent of gay men had had HIV and 48 percent were unaware of their infection; 46 percent of black gay men were positive and 67 percent did not know it. Late testing was also common: 45 percent of AIDS diagnoses were among people who had been diagnosed less than twelve months previously.

Up to 90 percent of clients at some sexually transmitted disease clinics who were found to be infected with HIV through “blind tests” (tests taken without the patients knowledge with results not disclosed to the patient but used for statistical purposes) were not documented to have received an HIV test at the clinic.

Up to 93 percent of clients at some drug treatment centers who were found to be infected with HIV through “blind tests” were not documented as having received an HIV test at the clinic.

Early Diagnosis Is Essential for Effective Prevention and Treatment

An estimated 40,000 new HIV infections have occurred each year in the U.S. since 1993, according to CDC. Some experts believe that this number may be as high as 60,000.

Those who are unaware of their status may be spreading the disease unknowingly. They are also being denied medical treatment that can improve and extend their lives.

A meta-analysis of eleven studies has found that the prevalence of high-risk sexual behavior is up to 68 percent lower in HIV-positive individuals aware of their status than in HIV-positive individuals unaware of their status.

HIV-positive individuals who are unaware of their infection may account for between 54 and 70 percent of all new sexually transmitted HIV infections in the United States, according to a “conservative” calculation from CDC published in the June 26th edition of the journal, *AIDS*.

When it comes to treating HIV infection, the sooner patients start taking AIDS medication, the better the outcomes- even when it comes to side-effects, according to the CDC. A recent study found that deaths, the rate of opportunistic infections and side effects all were the lowest in patients who started treatment early - while their immune systems were still relatively intact. Initiating treatment early is entirely dependent upon early diagnosis.

Patients diagnosed at a later stage in the disease, also have more inpatient costs. Diagnosing and treating earlier, therefore, is also more cost effective.

Current Testing Policies Deter Testing, Prevention and Treatment

There are numerous social and legal barriers that have hindered efforts to diagnose those with HIV.

Many at risk for HIV do not perceive or know that they are at risk and, due to the stigma associated with HIV/AIDS, many others are fearful to come forward to request testing. Existing testing regulations add to the stigma of both the disease and the test.

As a result, targeted testing on the basis of risk behaviors fails to identify a substantial number of persons who are HIV infected and because risk assessment and prevention counseling are time-consuming, only a limited proportion of eligible patients can be tested.

Laws and regulations have made the HIV test perhaps the most regulated diagnostic tool in U.S. history. These regulations, requiring extensive pre- and post-test counseling including reasons not to take the test and explicit patient consent, have discouraged health care providers from offering tests and hindered efforts to confidentially notify partners of those who are infected that they are at risk and offered testing.

At least 28 states have laws or regulations that limit health-care providers' ability to order diagnostic testing for HIV infection if the patient is unable to give consent for HIV testing, even when the test results are likely to alter the patient's diagnostic or therapeutic management.

A substantial proportion of the over 200 perinatal HIV infections in the United States each year can be attributed to the lack of timely HIV testing and treatment of pregnant women. "Every perinatal HIV transmission is a sentinel health event, signaling either a missed opportunity for prevention or, more rarely, a failure of interventions to prevent perinatal transmission," according to CDC.

One-fourth of New York City patients diagnosed with HIV are also diagnosed with full-blown AIDS. These patients, who have a median survival of 4 months from time of AIDS diagnosis, are disproportionately black, Hispanic, and poor.

Dr. Jeffrey Klausner, director of STD Prevention and Control for the San Francisco Department of Public Health, recently stated that "When I reviewed testing records earlier this year I was shocked to see a substantial proportion of people were not testing for bureaucratic reasons. In medical practice, people get screened and tested for serious conditions all the time. People get mammograms, they get biopsies, these can be done without these bureaucratic hurdles. The several layers of paperwork, the required counseling for HIV testing, they were actually a barrier."

One recent study found that just over 10 percent of patients referred by emergency departments for HIV testing actually showed up at an HIV clinic and, even then, not all were tested.

Only about one in 500 visits to hospital emergency departments involved an HIV test despite the fact that, when tested, rates of previously undiagnosed HIV among A&E patients varied from 1.3 to 3.2 percent.

Less than one percent of female patients (only one out of about 300 patients) diagnosed with sexually transmitted infections in emergency rooms are being tested for HIV, according to a 2004 study published in the *Annals of Emergency Medicine*.

Many opponents of routine HIV testing claim that by removing the extensive pre- and post-test counseling, those seeking testing will not receive important prevention. Yet a study published in *The Journal of Acquired Immune Deficiency Syndromes* in January 2002 found that “Compared with first-time [HIV] testers, repeat testers were more likely to report recent risk behaviors and to acquire HIV.”

Routine Testing Works

Prevention strategies that incorporate universal HIV screening have been highly effective.

Screening blood donors for HIV has nearly eliminated transfusion-associated HIV infection in the United States. Perinatal transmission rates can be reduced to less than two percent with universal screening of pregnant women or newborns in combination with treatment, scheduled cesarean delivery when indicated, and avoidance of breast feeding.

In Dallas, Texas, which adopted routine “opt-out” testing in STD clinics in 1997, the proportion of patients tested for HIV increased by over 50 percent (from 78 to 97 percent) in one year and the number of positive tests had gone up 60 percent from 168 to 268.

The District of Columbia implemented routine testing in June. Three months into the District’s campaign, almost 3 percent of more than 7,000 people tested at community health sites have been found to be positive for the virus-- more than double the national rate. After one month of a new testing program in the D.C. jail, 4.4 percent of the 1,264 people screened were found to be HIV-positive-- a third of whom were unaware that they were infected. Ten percent of the men and women served recently by a needle-exchange program’s mobile van. Community health-care providers administered 3,800 tests that month -- almost twice as many as usual.

Among the prenatal HIV testing approaches assessed by CDC, opt-out testing and universal testing of newborns appear to be associated with the highest testing rates. Prenatal testing rates were higher in Tennessee, which uses the opt-out approach, than rates in states using the opt-in approach and similar to rates achieved with universal newborn testing in New York during the same time period. A similar trend was observed among Canadian provinces. In New York and Connecticut, universal HIV testing of newborns was associated with increases in prenatal testing rates.

New York state passed a law requiring HIV testing of newborns in 1996. The proportion of all pregnant women being aware of their HIV status at delivery has increased from 64 percent in 1997 to 95 percent in 2004. The number of infected infants in New York dropped from more than 500 a year in the early 1990s to 16 in 2004. Furthermore more mothers and impacted infants are receiving treatment.

Connecticut passed a similar law in 1999 requiring that newborns be tested for HIV antibodies if their mothers' HIV status was unknown. Prior to the law, only 28 percent of pregnant women were documented as being tested for HIV. After the law was enacted this number jumped to 90 percent. In the year that the law was passed, 70 HIV-exposed newborns were born with five infants infected with the virus. Since that time, over 300 HIV-exposed infants have been born with five infants becoming infected with HIV. The last baby infected with HIV to be recorded in the state was in 2001 meaning Connecticut's law has virtually eliminated baby AIDS.

Two studies published in the *New England Journal of Medicine* also found that routine screening would also be cost-effective.

These successes contrast with a relative lack of progress in preventing sexual transmission of HIV, for which screening rarely is performed.

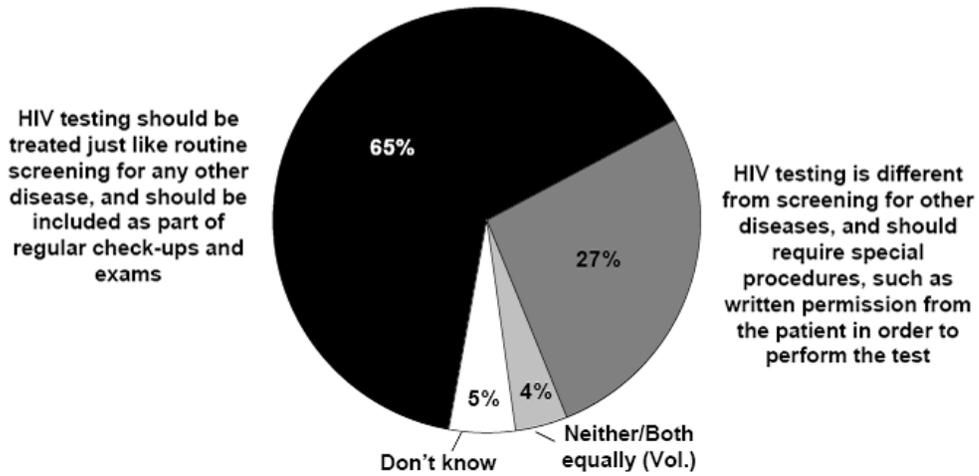
Routine Testing Is Supported By the Public and Health Care Leaders

In addition the CDC, the Institute of Medicine (IOM) and other health-care professionals with expertise have encouraged adoption of routine HIV testing in all health-care settings.

New public opinion data finds that two-thirds of the public (65 percent) believe HIV testing should be treated just like routine screening for other diseases, while about one-quarter (27 percent) say it should require special procedures, such as written permission from the patient.

Views on Routine HIV Testing

Which comes closer to your opinion...



Source: Kaiser Family Foundation. *Survey of Americans on HIV/AIDS* (conducted March 24 – April 18, 2006)