# TESTING FOR HUMAN IMMUNODEFIENCY VIRUS IN VETERANS HEALTH ADMINISTRATION FACILITIES

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive defines the general policies and programs relating to testing for Human Immunodeficiency Virus (HIV) for screening purposes. *NOTE:* It does not address consent policies for HIV testing, nor does it address HIV testing of source patients in the setting of needlestick injuries or other occupational exposures. Consent policies can be found in VHA Handbook 1004.01.

#### 2. BACKGROUND

- a. Despite many preventive and therapeutic advances, HIV infection remains a major public health problem, both for the United States and VHA. The United States Centers for Disease Control and Prevention (CDC) estimates that over 1,000,000 Americans are infected with HIV, with approximately 56,000 new infections occurring annually (see subpar. 5a). Complications of HIV infection include progression to the Acquired Immunodeficiency Syndrome (AIDS), development of AIDS-related complications, and death. Over 22,000 Veterans with HIV infection are in care at VHA facilities, making VHA the largest single provider of care to HIV-infected individuals in the country.
- b. Undiagnosed HIV infection is common; the CDC estimates that over 230,000 Americans with HIV infection are undiagnosed (see subpar. 5b). Since these individuals have not been linked to treatment for their infection, they are at increased risk for HIV-related complications; in addition, these individuals are more likely to unknowingly transmit HIV infection to others than are patients who are aware of their diagnosis. Undiagnosed HIV infection is a particular problem in VHA, with the prevalence of undiagnosed infection at six large Department of Veterans Affairs (VA) sites ranging from 0.1 percent to 2.8 percent among outpatients (see subpar. 5c).
- c. In 2006, the CDC recommended HIV testing of patients in all health care settings between the ages of 13 and 64, unless the diagnostic yield is less than 0.1 percent (see subpar. 5a).
- d. In 2007, the United States Preventive Services Task Force (USPSTF) strongly recommended that HIV testing be offered to all adults and adolescents at increased risk for HIV infection; the USPSTF did not make a recommendation regarding routine screening for HIV infection among adults and adolescents who are not at increased risk (see subpar. 5d).

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e. In 2008, the American College of Physicians recommended routine HIV testing of all patients (see subpar 5e).

## f. **Definitions**

- (1) **HIV Testing.** HIV testing is designed to determine whether a patient is infected with HIV. Tests that are used to help manage patients who are already known to have HIV disease are not considered HIV tests for purposes of this Directive.
- (2) **High-risk Behavior.** High-risk behavior refers to behaviors that increase the risk of exposure to HIV. As defined by the CDC, individuals engaged in high-risk behavior include any of the following:
  - (a) Injection drug users;
  - (b) Sexual partner of an injection drug user;
  - (c) Persons who exchange sex for money or drugs;
  - (d) Sexual partner of an HIV-infected individual;
  - (e) Men who have sex with men; and
- (f) Heterosexual persons who have had or whose sexual partners have had more than one sexual partner since their most recent HIV test.
- **3. POLICY:** It is VHA policy that HIV testing be a part of routine medical care; that providers routinely provide HIV testing to all Veterans (if they consent): and that those Veterans who test positive for HIV infection are referred for state-of-the-art HIV treatment, prevention of complications, and care of related conditions, including mental health needs, as soon as possible after diagnosis.

### 4. ACTION

- a. Clinical Public Health Program (CPHP) Office. The CPHP Office is responsible for:
- (1) Developing national policies and model procedures related to implementation of this Directive by local facilities.
- (2) Developing informational and other products to support VHA facility clinicians in providing routine HIV testing to Veterans, including educational materials related to HIV testing directed to patients. *NOTE:* Such products are made available through the VHA HIV Web site (www.hiv.va.gov), trainings, and other venues, as appropriate.

- (3) Working with the Center for Quality Management in Public Health, senior leadership in the VHA Public Health Strategic Healthcare Group, and other VHA partners to provide reports on statistics related to HIV diagnosis, treatment, and care at the national, Veterans Integrated Service Network (VISN), and local levels.
  - b. **Facility Director.** The facility Director is responsible for:
- (1) Establishing polices and procedures to facilitate HIV testing and appropriate notification of patients of test results.
- (2) Ensuring that adequate resources are available to the facility's Pathology and Laboratory Medicine Service to conduct the HIV testing required under this Directive.
- (3) Establishing polices and procedures to minimize the risk of unwarranted or excessive testing.
- (4) Establishing polices and procedures to ensure that confirmed positive HIV test results are communicated to appropriate providers and that patients with positive results are referred for appropriate care expeditiously.
  - c. Facility Laboratory Director. The facility Laboratory Director is responsible for:
- (1) Ensuring procedures are in place for timely performance of initial HIV testing and reflex confirmatory testing.
- (2) Ensuring that results are reported in the individual's Computerized Patient Record System (CPRS) in a timely fashion.
- (3) Generating reports on HIV testing rates to be communicated with the facility's HIV Lead Clinician. Such reports must, at a minimum, include the number of HIV tests performed on unique outpatients seen at the facility, the number performed on unique inpatients, the proportions of unique outpatients tested and of unique inpatients tested, and the numbers of confirmed positive HIV results. Annual reports must be provided, by December 31 each year, to the Public Health Strategic Healthcare Group at <a href="mailto:publichealth@va.gov">publichealth@va.gov</a>.
- (4) Ensuring, if rapid point-of-care testing procedures are implemented at the facility, there is compliance with relevant Federal and VA policies with respect to the Clinical Laboratory Improvements Act of 1988 and VHA Handbook 1106.01.
- (5) Ensuring laboratory service staff treats the request for a HIV test as a routine test, and do not request, require, or verify consent.

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- d. Facility HIV Lead Clinician. The HIV Lead Clinician is responsible for:
- (1) Serving as the lead for drafting facility policies and procedures on HIV testing consistent with this Directive.
- (2) Serving as a local resource and advocate for promoting routine HIV testing, in collaboration with the facility Laboratory Director, Director of Primary Care, and other stakeholders.
- (3) Serving as a point of contact for communications to and from the CPHP Office regarding HIV testing.
- (4) Disseminating reports on HIV testing rates (see subpar. 4c(3)) and other facility-specific HIV-related statistics to facility leadership and providers.
- e. <u>Health Care Providers.</u> Health care providers are responsible for providing HIV testing as part of routine medical care for patients (if the patient consents) by employing the following general principles:
- (1) All patients who do not have documentation of an HIV test in their health record must be tested for HIV at the first reasonable opportunity, provided they consent.
- (2) All patients who are documented to be HIV negative and who have risk factors or clinical indications of HIV must be tested for HIV at least annually, provided they consent.
- (3) Patients will not be tested excessively (e.g., patients who have no risk factors and no clinical indications for HIV testing should generally not be retested, unless the patient requests such testing).
  - (4) Voluntary informed consent must be obtained as outlined in VHA Handbook 1004.01.
- (5) Patients must be provided with written educational materials about HIV testing prior to, or at the time, consent is obtained. Any questions the patient has about HIV testing must be fully answered before HIV testing is performed.
- (6) Clinical providers performing point-of-care HIV testing must comply with applicable policies promulgated by the Laboratory Director.
- (7) Results related to HIV testing must be provided to patients in accordance with VHA policies on notification of patients of laboratory testing results.
- (a) Mechanisms for notification of patients of their test results may be developed and implemented based on local assessment of needs and resources; documentation of such notification must be consistent with applicable VHA policy on patient notification of results.

- (b) For individuals with a negative result who are known or suspected to be engaged in behaviors (e.g., injection drug use, unprotected sex with a partner at increased risk, see subpar. 4e (5)) that place them at increased risk for HIV infection, delivery of negative test results must be accompanied by education about the risks of such behaviors. If appropriate to the patient situation, referral by the notifying provider to resources (e.g., mental health or substance use treatment) to reduce the risk of future HIV infection must be performed. Such individuals must also be advised of the need for periodic retesting (see VHA Directive 2009-019). **NOTE:** Routine post-testing counseling is not required for individuals who are not known to be engaged in such behaviors.
- (c) For confirmed positive results, the patient must be expeditiously referred for ongoing HIV-related care, including providing the patient with a contact name and number for ongoing HIV care, which needs to include any necessary prevention services and mental health counseling, as appropriate. Patients must be informed about the potential for sexual or parenteral transmission, or in the case of women of reproductive age, perinatal transmission. In addition, patients must be strongly encouraged to inform any sexual and needle-sharing partners about their status. *NOTE:* Further information on these topics is available at www.hiv.va.gov.
- (8) Health care providers should conduct routine HIV testing, with consent, unless the prevalence of undiagnosed HIV infection in their patients has been documented to be less than 0.1 percent (e.g., less than 1 positive test result seen after screening 1000 patients). Reports generated by the Laboratory Director (see subpar. 4c (3)) and disseminated by the HIV Lead Clinician can provide information on the observed prevalence of HIV infection to facility leadership and clinicians. In such settings, individual patient risk factors may guide clinicians in providing HIV testing.

#### 5. REFERENCES

- a. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. <u>Morbidity and Mortality Weekly Report (MMWR)</u> 2006; 55(No. RR-14):1-17.
- b. Centers for Disease Control and Prevention. HIV Prevalence Estimates--United States, 2006. MMWR. 2008; 57(39):1073-1076.
- c. Owens DK, Sundaram V, Lazzeroni LC, et al. Prevalence of HIV infection among inpatients and outpatients in department of veterans affairs health care systems: Implications for screening programs for HIV. <u>American Journal of Public Health</u> 2007; 97(12):2173-8.
- d. Screening for HIV, Topic Page. April 2007. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. <a href="http://www.ahrq.gov/clinic/uspstf/uspshivi.htm">http://www.ahrq.gov/clinic/uspstf/uspshivi.htm</a>

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- e. Qaseem A, Snow, V, Shekelle P et al. Screening for HIV in Health Care Settings: A Guidance Statement From the American College of Physicians and HIV Medicine Association. Annals of Internal Medicine 2009; 150(2): 1-8.
- **6. FOLLOW-UP RESPONSIBILITY:** The Chief Consultant of the Public Health Strategic Healthcare Group (13B) is responsible for the contents of this Directive. Questions may be referred to (202) 461-1040, or to publichealth@va.gov.
- 7. **RECISSIONS:** None. This VHA Directive expires March 31, 2014.

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