

**TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS IN VETERANS HEALTH  
ADMINISTRATION FACILITIES**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive defines the general policies and programs related to Testing for Human Immunodeficiency Virus (HIV) for screening purposes in VHA facilities.
- 2. SUMMARY OF MAJOR CHANGES:** This Directive updates VHA policy on HIV testing and responsibilities of the program office, medical facility Directors, Laboratory Directors, and HIV Lead Clinicians; removes the requirement for providing written educational material at the time of HIV testing; establishes a time frame for written local HIV Testing Policies to be implemented within 1 year after publication of this Directive, and updates the description of high-risk behaviors.
- 3. RELATED ISSUES:** VHA Directive 1304, National Human Immunodeficiency Virus (HIV) Program Directive, VHA Directive 2013-008, Infectious Disease Reporting, VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, VHA Directive 2009-019, Ordering and Reporting Test Results, VHA Handbook 1106.01, Pathology and Laboratory Medicine Procedures, or subsequent policy issue.
- 4. RESPONSIBLE OFFICE:** The Director, HIV, Hepatitis, and Public Health Pathogens Programs (10P3B), is responsible for the contents of this Directive. Questions may be referred to 202-461-1040, or by email to [publichealth@va.gov](mailto:publichealth@va.gov).
- 5. RESCISSIONS:** VHA Directive 2009-036, dated August 14, 2009, is rescinded.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of May 2020.

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## TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS IN VETERANS HEALTH ADMINISTRATION FACILITIES

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive defines the general policies and programs related to Testing for Human Immunodeficiency Virus (HIV) for screening purposes. **NOTE:** *For requirements related to informed consent for HIV testing, including HIV testing of source patients in the setting of needlestick injuries or other occupational exposures, see VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures.* **AUTHORITY:** 38 U.S.C. 7301(b).

### 2. BACKGROUND:

a. Despite many preventive and therapeutic advances, HIV infection remains a major public health problem, both for the United States (U.S.) and VHA. The Centers for Disease Control and Prevention (CDC) estimates that over 1,100,000 Americans are infected with HIV (see paragraph 5.a.), with approximately 50,000 new infections occurring annually (see paragraph 5.b.). Complications of HIV infection include progression to the Acquired Immunodeficiency Syndrome (AIDS), accelerated progression of select co-morbid conditions such as hepatitis B and C, and death. As of December 31, 2013, over 26,000 Veterans with HIV infection are in care at Department of Veterans Affairs (VA) medical facilities (see paragraph 5.c.), making VHA the largest single provider of care to HIV-infected individuals in the country.

b. Undiagnosed HIV infection is common in the U.S.; the CDC estimates that over one in six Americans living with HIV, or over 180,000 individuals, are undiagnosed (see paragraph 5.d.). 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; one study found the prevalence of undiagnosed infection among outpatients at six large VA sites ranged from 0.1 percent to 2.8 percent (see paragraph 5.e.).

c. In 2006, the CDC recommended HIV testing in all health care settings of patients between the ages of 13 and 64, unless the prevalence of undiagnosed HIV infection in a particular setting has been documented to be less than 0.1 percent (see paragraph 5.f.).

d. In 2009, the American College of Physicians recommended routine HIV testing of all patients (see paragraph 5.g.).

e. In 2013, the United States Preventive Services Task Force (USPSTF) made a Grade A recommendation that HIV testing be offered to all adolescents and adults aged 15-65 years. It additionally recommended that younger adolescents and older adults who are at increased risk of infection should also be screened (see paragraph 5.h.).

f. Per the VHA Clinical Preventive Services Guidance Statement on Screening for HIV ([http://vaww.prevention.va.gov/Screening\\_for\\_HIV.asp](http://vaww.prevention.va.gov/Screening_for_HIV.asp)), VHA recommends screening for HIV in all adults age 18 and older at least once and annually for HIV-

negative adults with risk factors (see definition in paragraph 6.c.). **NOTE:** *This is an internal VA Web site that is not available to the public.*

**3. POLICY:** It is VHA policy that HIV testing be a part of routine medical care; that providers routinely offer HIV testing to all Veterans and provide the test to those who give oral informed 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. RESPONSIBILITIES:**

a. **HIV, Hepatitis and Public Health Pathogens Programs.** HIV, Hepatitis and Public Health Pathogens Programs (HHPHP), located within VHA's Office of Public Health/Clinical Public Health (OPH/CPH), 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 VA medical 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](http://www.hiv.va.gov)), trainings, and other venues, as appropriate.*

(3) Working with OPH/Population Health, senior leadership in OPH/CPH, and other VHA partners to provide reports on HIV testing, diagnosis, treatment, and care at the national, Veterans Integrated Service Network (VISN), and local levels.

(4) Collaboration with the National Center for Health Promotion and Disease Prevention on issues involving HIV testing policy and implementation.

b. **Medical Facility Director.** The medical facility Director is responsible for:

(1) Establishing a written local HIV Testing Policy within 1 year after publication of this Directive, that:

(a) Details routine and risk-based HIV screening (as outlined in paragraphs 6.b. and 6.c. of this Directive).

(b) Describes requirements and procedures for obtaining and documenting oral consent for HIV testing. See VHA Handbook 1004.01.

(c) Details procedures for performing HIV testing, including use of rapid point-of-care tests if implemented at the VA medical facility.

(d) Describes procedures for timely patient notification of test results.

(e) Details procedures for timely linkage to care for patients newly diagnosed with HIV infection, and timely linkage to care.

(2) Ensuring that adequate resources are available to the medical facility's Pathology and Laboratory Medicine Service to conduct the HIV testing required under this Directive.

(3) Establishing policies and procedures to minimize unwarranted or excessive testing.

**NOTE:** *If there is a documented prevalence of undiagnosed infection of <0.1 percent among Veterans routinely screened for HIV, HIV screening based on the risk factors (see paragraph 6.c.) is acceptable, provided that mechanisms are in place to ensure comprehensive HIV screening among Veterans with such risk factors*

(4) Establishing policies and procedures to ensure that confirmed positive HIV test results are communicated to appropriate providers in accordance with VHA Directive 2013-008, Infectious Disease Reporting.

(5) Establishing policies and procedures to ensure that patients with confirmed HIV positive results are expeditiously referred for appropriate care.

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 if necessary.

(2) Ensuring availability of HIV testing assays that meet current CDC recommendations.

(3) Ensuring that results uploaded to the individual's Computerized Patient Record System (CPRS) in a timely fashion.

(4) Ensuring that rapid, point-of-care HIV testing complies with relevant Federal and VA policies including VHA Handbook 1106.01, Pathology and Laboratory Medicine Procedures.

(5) Ensuring laboratory service staff treat the request for a HIV test as a routine test, and do not request, require, or verify consent.

d. **Facility HIV Lead Clinician.** The facility HIV Lead Clinician is responsible for:

(1) Serving as the project lead for the development or revision of facility policies and procedures on HIV testing, consistent with this Directive, in collaboration with local subject matter experts and relevant station, facility, and VISN stakeholders.

(2) Serving as a local resource and advocate for promoting routine HIV testing, as well as

testing of individuals with ongoing risk factors at least annually (see subparagraph 4.e.(2)), in collaboration with the facility Laboratory Director, Director of Primary Care, and other station, facility, VISN, and Veteran stakeholders.

(3) Serving as a point of contact for communications to and from HHPHP regarding HIV testing.

(4) Disseminating reports on HIV testing rates (see paragraph 4.a.(3)) and other facility specific HIV-related statistics to facility leadership and providers.

e. **Health Care Providers.** Health care providers are responsible for offering HIV testing according to the following procedures as part of routine medical care for patients:

(1) All patients who do not have documentation of an HIV test in their health record must be offered HIV testing at the first reasonable opportunity. As outlined in VHA Handbook 1004.01, Informed Consent for Treatment and Procedures, the patient's oral consent is sufficient to authorize HIV testing, and the consent must be documented in the electronic medical record.

(2) All patients who are documented to be HIV negative and who have ongoing risk factors (see paragraph 6.c.) or signs or symptoms of HIV infection must be offered HIV testing at least annually.

(3) Voluntary oral informed consent must be obtained and documented before the testing is performed as outlined in VHA Handbook 1004.01, Informed Consent for Treatments and Procedures.

(4) Any questions the patient has about HIV testing must be fully answered before HIV testing is performed.

(5) Clinical providers performing point-of-care HIV testing must comply with applicable local policies and procedures promulgated by the Laboratory Director.

(6) Results related to HIV testing must be provided to patients in accordance with VHA policies on notification of patients of laboratory testing results (see VHA Directive 2009-019, Ordering and Reporting Test Results, or subsequent policy issue).

(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) 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. **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](http://www.hiv.va.gov).*

## 5. REFERENCES:

- a. CDC. HIV Basics: Basic Statistics (February 12, 2014). Available at <http://www.cdc.gov/hiv/basics/statistics.html>.
- b. Centers for Disease Control and Prevention. Estimated HIV incidence in the United States, 2007-2010. *HIV Surveillance Report*, 2012; 17(No.4). Published December 2012.
- c. HIV-infected Veterans in VHA care by state, 2012. Available at <http://www.hiv.va.gov/provider/policy/hiv-in-care-by-state-2012.asp>.
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- e. 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. *American Journal of Public Health* 2007; 97(12):2173-8.
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- g. 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.
- h. Moyer VA, U.S. Preventive Services Task Force. Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2013 Jul 2; 159(1):51-60.

i. Department of Veterans Affairs, Veterans Health Administration National Center for Health Promotion and Disease Prevention. Clinical Preventive Services Guidance Statement on Screening for HIV (August 2010). Available at: [http://vaww.prevention.va.gov/Screening\\_for\\_HIV.asp](http://vaww.prevention.va.gov/Screening_for_HIV.asp). **NOTE:** *This is an internal VA Web site that is not available to the public.*

## 6. DEFINITIONS:

a. **HIV Testing.** HIV testing is laboratory testing intended 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.

b. **Routine Screening.** Routine screening is HIV testing offered to VHA patients as part of routine health care, regardless of whether they have risk factors for HIV infection (see paragraph 6.c.).

c. **Risk Factors for HIV Infection (Also Called High-risk Behavior).** Risk factors for HIV infection are behaviors or exposures associated with an increased risk of exposure to HIV, as defined by the VHA's Clinical Preventive Services Guidance Statement on Screening for HIV. These include any of the following:

- (1) Men who have had sex with men after 1975.
- (2) Individuals who have had or are having unprotected sex with multiple partners.
- (3) Past or present injection drug users.
- (4) Individuals who exchange sex for money or drugs or have sex partners who do.
- (5) Individuals whose past or present sex partners were HIV-infected, bisexual, or injection drug users.
- (6) Heterosexual individuals who have had or whose sexual partners have had more than one sexual partner since their most recent HIV test.
- (7) Persons being treated for sexually transmitted diseases (STDs).
- (8) Persons with a history of blood transfusion between 1978 and 1985.
- (9) Persons who request an HIV test without disclosure of risk factors may also be at increased risk due to unreported high risk behaviors.