



Date: March 25, 2019  
To: CAHAN San Diego Participants  
From: Health and Human Services Agency

### **HIV Testing Recommended in All Healthcare Settings**

The County of San Diego recommends that all persons receive testing for the human immunodeficiency virus (HIV), regardless of risk factors. All healthcare systems, including, but not limited to, primary care settings, emergency departments, and inpatient facilities, should test patients except where the prevalence of undiagnosed HIV infection is known to be 0.1% or less (i.e.,  $\leq 1$  person in 1,000 is HIV-positive).

#### **Key Points**

- Approximately 1,446 San Diego County residents are living with HIV infection but are unaware of it.
- People living with HIV who are unaware of their status account for around 40% of new transmissions.
- Current HIV treatment options are highly effective at preventing complications of HIV infection and onward transmission.
- Identification of people living with HIV who are unaware of their status is a priority of the County of San Diego's Getting to Zero initiative to end the HIV epidemic in the region.
- Local surveillance data indicate significant delays in HIV diagnosis in San Diego County, particularly for persons  $\geq 50$  years of age.
- The Centers for Disease Control and Prevention and the United States Preventive Services Task Force recommend a routine opt-out approach to HIV testing.

### **Situation**

#### *San Diego*

Approximately 1,446 San Diego County residents are living with HIV infection but are unaware of their status. People living with HIV (PLWH) who are unaware of their status cause approximately 40% of the new HIV transmissions in the United States. Therefore, identifying these individuals is critical, not only to ensure that all PLWH know their status and access the health benefits of antiretroviral therapy (ART), but also to prevent new infections.

#### *Tools to Help End the HIV Epidemic*

Biomedical tools are available that can effectively end the HIV epidemic. Specifically, PLWH who are taking combination ART and have undetectable levels of the virus in the blood for at least 6 months cannot transmit HIV to others through sexual intercourse. This concept is known as "treatment as prevention" or TasP.

Daily use of antiretroviral medication by HIV-negative individuals who are at high risk of becoming infected with HIV [has been shown](#) to reduce the risk of HIV infection by over 90%. This strategy is known as pre-exposure prophylaxis, or

PrEP. The United States Food and Drug Administration has approved a fixed-dose combination of emtricitabine and tenofovir disoproxil fumarate (Truvada®, Gilead Sciences) for use by adults and adolescents as PrEP. Other agents are currently under investigation.

### *Recommendations for Routine Testing*

On March 1, 2016, the San Diego County Board of Supervisors unanimously approved the Getting to Zero initiative to end the HIV epidemic in San Diego County. Expansion of PrEP use and identification of all PLWH through routine testing are two core components of this initiative. These approaches are aligned with the [Centers for Disease Control and Prevention \(CDC\) strategy to end the HIV epidemic](#). Routine, rather than focused or risk-based, HIV testing is consistent with long-standing recommendations by the [United States Preventive Services Task Force \(USPSTF\)](#) and [CDC](#).

Routine testing removes barriers to HIV testing, such as fear, stigma, and inaccurate risk perception by patients and/or providers, and removes the requirement for people to actively seek testing. It also provides the opportunity to diagnose people earlier after infection. Local and national surveillance data indicate that current testing practices, which have focused primarily on those at high risk of HIV infection, have resulted in missed opportunities for early diagnosis of HIV and initiation of ART. Of new cases of HIV infection diagnosed from 2012 through 2016, 489 (20%) received a diagnosis of acquired immune deficiency syndrome (AIDS) within 30 days of being diagnosed with HIV infection (i.e., simultaneous diagnoses). Persons aged 50 years and older were more likely to have simultaneous diagnoses than other age cohorts. Also, CDC reported that the median delay between HIV infection and HIV diagnosis at the national level was 3.0 years (interquartile range 0.7-7.8 years) in 2015, and at-risk heterosexuals were less likely to receive an HIV test than other at-risk groups such as men who have sex with men (MSM) and persons who inject drugs (PWID). Furthermore, at least two thirds of at-risk persons who were not tested in the previous 12 months had seen a healthcare provider in the last year.

### *Progress since Getting to Zero Implemented*

San Diego County is making significant progress in the effort to end the HIV epidemic. In 2017, the number of new cases of HIV infection reported in the county decreased by 21% (from 499 cases in 2016 to 392 cases in 2017). Eliminating new infections will require a multipronged approach that includes identifying all PLWH and linking them to ART and providing all at-risk HIV-negative persons with PrEP. HIV testing is the first step to ensure that those who need ART for treatment or prevention purposes receive it.

### **Recommendations for Healthcare Systems and Providers**

- Offer routine HIV testing to all adolescent and adult patients, except for patients who:
  - are known to have HIV infection; or
  - have a documented previous negative HIV test result and no ongoing risk factors for HIV infection.
- Routine HIV testing should be voluntary. Providers should inform patients that an HIV test will be performed, provide information about HIV infection and the meaning of positive and negative test results, allow patients to ask questions, and give patients the opportunity to decline testing.
- For persons who have negative baseline HIV testing, offer at least annual testing to those who are at increased risk of acquiring HIV, including:
  - MSM
  - PWID
  - Persons who have acquired or required testing for other sexually transmitted infections (STIs)
  - Persons who have unprotected vaginal or anal intercourse with someone who is HIV-positive or of unknown HIV serostatus
  - Persons with sexual partners who are MSM or PWID
  - Persons who exchange sex for drugs or money
- Providers should regularly obtain sexual histories from patients and obtain information about substance use, including injection drug use, as patients may not feel comfortable bringing up these subjects themselves.

- Healthcare systems should develop processes for follow-up of HIV test results, disclosure of positive test results, and timely linkage of newly-diagnosed individuals to HIV primary care. Collaboration across specialties and dedicated multidisciplinary teams to handle new HIV diagnoses will maximize the likelihood of success.
- Be aware that the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services can be a resource in a number of areas, including technical assistance with positive HIV test disclosures, HIV partner services, and linkage to HIV primary care and treatment. Please call **(619) 692-8501** for assistance.

## Attachments

Number	Document Title	Brief Description
1	Dear Colleague Letter	Letter from County of San Diego STD Controller about recommendation for routine HIV testing in healthcare settings
1a	County of San Diego Statement-Routine HIV Testing in Healthcare Settings	Detailed statement that includes: 1) national recommendations for routine HIV testing in healthcare settings; 2) a brief overview of California state laws regarding HIV testing; 3) the most current available data regarding new HIV diagnoses in San Diego County, and potential missed opportunities for HIV screening; 4) information about the County of San Diego Getting to Zero initiative; and 5) specific recommendations for routine HIV testing in local healthcare systems
1b	Frequently Asked Questions about Routine HIV Testing	A brief document with commonly asked questions regarding the County recommendation for routine HIV testing in question-and-answer format
1c	HIV Testing Fact Sheet	A brief document that describes: 1) the benefits of HIV testing; 2) HIV testing recommendations; 3) HIV testing strategies and results disclosure; 4) delayed HIV diagnoses; 5) HIV testing challenges and opportunities; and 6) additional resources.
1d	Rationale for Routine HIV Testing of Adults and Adolescents in Healthcare Settings	Description of the County rationale for recommending routine HIV testing in local healthcare settings, with reference to national recommendations and the limitations of focused, or risk-based, HIV testing strategies

Thank you for your continued participation.

### CAHAN San Diego

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