



Policy Brief December 1, 2010

Routine Screening for HIV to Decrease Personal Disease Burden, Health Costs, and Transmission of HIV

Submitted by the American Academy of Nursing Expert Panel: Emerging and Infectious Diseases

Background of HIV in the United States

Despite advancements in prevention and treatment of HIV/AIDS, a defined and structured process of identifying the many individuals who are unaware that they are infected is not being consistently used.^{1,2} In the United States, an alarming proportion (24-27%) of individuals infected with HIV are unaware of their HIV serostatus.³ What is particularly disturbing is that those who are unaware of their HIV status account eventually for 54% of new infections annually.³ HIV screening of individuals who do not know their HIV status is one critical element to prevent disease transmission. Knowing one's HIV serostatus helps infected individuals adopt risk-reduction behaviors and access life-prolonging medical treatment while helping uninfected individuals maintain behaviors that reduce the risk of infection.^{4, 5, 6, 7, 8, 9}

CDC Recommendations on HIV Testing

The Centers for Disease Control and Prevention (CDC) in 2006 released revised recommendations for HIV testing calling for routine HIV testing to be offered to individuals ages 13-64 years in all health care settings as a standard component of general health care.¹⁰ Important changes in this recommendation include eliminating the endorsement of a separate written consent form before an HIV test can be performed. What is suggested is a process in which HIV testing is incorporated into the general consent forms for health care and elimination of mandated pretest counseling. Evidence that buttresses these recommendations includes an extensive and comprehensive review of the literature, expert consensus, and findings from various CDC-sponsored projects related to HIV screenings in various clinical settings.^{4, 5, 6, 8, 10, 11} More recently a first ever National HIV/AIDS Strategy (NHAS) was released by the Obama Administration identifying among other significant goals the need to identify those living with HIV more successfully through effective screening and to focus on access to care for people living with HIV/AIDS, optimizing health outcomes and, reducing HIV-related health disparities.¹²

Despite the feasibility of the original CDC directive in 2006, target goals have not been realized, and, in fact, the scope of the epidemic today remains essentially unchanged. In spite of

numerous benefits conferred by routine testing and the many goals, initiatives, provisions, and resources from the CDC and National Institutes of Health, routine HIV testing has not been implemented in many health care settings. Progress toward operationalizing the guidelines is slow, possibly related to perceived barriers at the patient, health care provider, and/or policy level.

Position Statement of the American Academy of Nursing

The Emerging Infectious Disease Expert Panel of the American Academy of Nursing recommends that all public health and health care settings in the United States adopt the 2006 CDC HIV Testing Recommendations to develop a system of routine testing for HIV infection. The panel further recommends that nurses assume a leadership role to implement these recommendations and facilitate infrastructure changes where routine HIV testing is not currently in place or is planned for future implementation. Historically, nurses have taken the lead when significant public health issues face the community. In the early years of the HIV epidemic nurses led efforts to promote widespread HIV testing and identify those who were unaware of their status.¹³ Now, thirty years later, nurses should again provide leadership that includes:

- Identifying knowledge deficits among health care providers, especially in primary care regarding the CDC recommendations;
- Developing educational programs to address identified deficits among healthcare providers;
- Generating data to assess routine testing programs through qualitative and quantitative research at the community, institution, and state levels with special attention to community-based participatory research;
- Urging nurses to get involved where state legislation is pending that would change the written informed consent laws that currently exist;
- Mobilizing nursing organizations, interdisciplinary health care groups such as the American Public Health Association, and the public to accept the tenets of routine HIV testing through educational programs and creative leadership that specifically address counseling and testing;
- Creating institutional interdisciplinary teams to develop specific implementation and evaluation plans to operationalize the CDC recommendations in hospitals and clinics;
- Utilizing the rich expertise of peer educators and community leaders to help develop culturally relevant and sensitive education and community acceptance;
- Developing state-by-state coalitions to address HIV testing issues with local legislators and health care decision-making bodies through the American Academy of Nursing, Association of Nurses in AIDS Care and the American Public Health Association;
- Facilitating the expansion of drug assistance programs to accompany broader testing to effect change at the state and local level of care; and
- Supporting and advancing the perspective of “test and treat,” i.e. treating HIV infection aggressively before symptoms appear to help control the spread of the disease.

Action in policy and service that is consistent with these recommendations will improve current and future primary, secondary, and tertiary prevention initiatives related to decreased transmission of HIV. Without widespread routine HIV testing, prevention efforts known to have positive effects on incidence and prevalence rates will be curtailed and the disease burden at the individual, family, and community level of care will continue to increase.

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