

05-03

STATEMENT OF POLICY COMPREHENSIVE HIV TESTING

Policy

The National Association of County and City Health Officials (NACCHO) supports the following elements of a comprehensive approach to HIV testing:

- Confidential name-based testing to encourage testing of those at risk for infection;
- Support of LHDs to determine how to appropriately allocate testing resources based on local HIV prevalence;
- Collaborative efforts to improve systems and make appropriate healthcare and support service linkages for persons newly diagnosed with HIV/AIDS;
- Use of rapid-test technology, particularly in non-medical settings, such as social network tracking and partner counseling and referral services; and
- Establishment of reimbursement mechanisms that allow HIV testing providers to receive timely and adequate payment for this service.

NACCHO also urges LHDs to do the following:

- On their own and through partnerships with key members in their community, encourage individuals to learn their HIV serostatus through traditional and non-traditional mechanisms;
- Identify and address client- and provider-level barriers to the availability of HIV testing in jurisdictions with low HIV prevalence;¹ and
- Foster and support the integration of HIV testing conducted by healthcare providers in public health settings in areas of higher HIV morbidity.

Justification

Surveillance for HIV disease is important in accurately characterizing the HIV/AIDS epidemic and associated local public health funding needs, and confidential and name-based reporting for HIV infection results in a more accurate characterization of seroprevalence than AIDS reporting.²

There is broad support for HIV testing as an important means to prevent the spread of HIV and to link those who are infected to care.³ Of the 1.1 million Americans infected with HIV, approximately one in five are not aware of their infection.⁴ The National HIV/AIDS Strategy names HIV testing as a core component of the U.S. HIV prevention portfolio.⁵

In the current resource-limited environment for HIV prevention and care, and in alignment with the goals of the National HIV/AIDS Strategy, LHDs are facing increased pressure to prioritize HIV prevention activities that provide the largest impact on preventing HIV infection in their communities.

To increase the number of people who are aware of their status, the Centers for Disease Control and Prevention's (CDC's) "Advancing HIV Prevention" initiative recommends making HIV testing a part of routine



medical care and implementing new models for diagnosing HIV infections outside medical settings.⁴ The CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* promotes opt-out HIV screening for patients in all healthcare settings. Additional guidance was issued by the U.S. Preventive Services Task Force, which **makes no recommendation for or against routinely screening for HIV adolescents and adults who are not at increased risk for HIV infection.**⁶

Rapid HIV testing technology may be effective in high-risk populations or in populations unaware of their HIV prevalence for receipt of results and can be less costly than standard HIV testing, particularly in non-medical settings. In addition, rapid HIV testing may increase linkage to care in addition to traditional testing, counseling and referral programs.

Record of Action

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References

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