HIV TESTING, STI SCREENING, AND LINKAGE TO CARE

A Practical Reference for Integrating HIV and STI Testing Into Your Practice

PHILLY KEEP ON LOVING PROVIDER ACTION KIT

QUICK RESOURCE GUIDE

Where to Refer for PrEP

Available PrEP providers in Philadelphia County:

phila.gov/services/mental-physical-health/sexual-health-and-family-planning/hiv-prevention-testing-and-treatment/prevent-hiv-with-a-pill-prep

Where to Refer for PEP

Philadelphia residents can get started on PEP within 72 hours of exposure by calling the PEP hotline: 833-933-2815. For more:

phillykeeponloving.com/hiv-pep

More Sexual Health Resources

phillykeeponloving.com/sexual-health-resources

Helpful Numbers

PDPH DHH Health Information Helpline: 215-985-2437
Monday–Friday, 8am to 5:30pm

National Clinician Consultation Center
HIV Management Line: 800-993-3413
Monday–Friday, 9am to 8pm

National Clinician Consultation Center
Perinatal HIV Line: 888-448-8765
24 hours, seven days a week

phillykeeponloving.com/providers

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Department of Public Health
CITY OF PHILADELPHIA

City of Philadelphia Department of Public Health
Division of HIV Health

HIV TESTING, STI SCREENING AND LINKAGE TO CARE

As healthcare providers, we have a responsibility to prioritize the overall health and well-being of our patients. One crucial aspect of their well-being is sexual health, which includes routine testing for HIV and sexually transmitted infections (STIs). Incorporating these tests into your practice plays a vital role in preventing the spread of STIs and ensuring early intervention and treatment.

Moreover, integrating HIV and STI testing into your practice creates a safe and non-judgmental environment for patients to discuss their sexual health openly. This fosters trust and encourages individuals to disclose their sexual behaviors and methods of drug use, providing an opportunity for education, counseling, and prevention strategies. By normalizing these tests, we can help reduce stigma surrounding HIV and STIs, ultimately improving patient outcomes and reducing the burden of these infections in our communities.

HIV Testing

One in 10 people in Philadelphia who have HIV don't know they have it. Therefore, it's crucial to offer HIV testing as part of routine lab work, especially if the individual is at a higher risk of HIV acquisition.

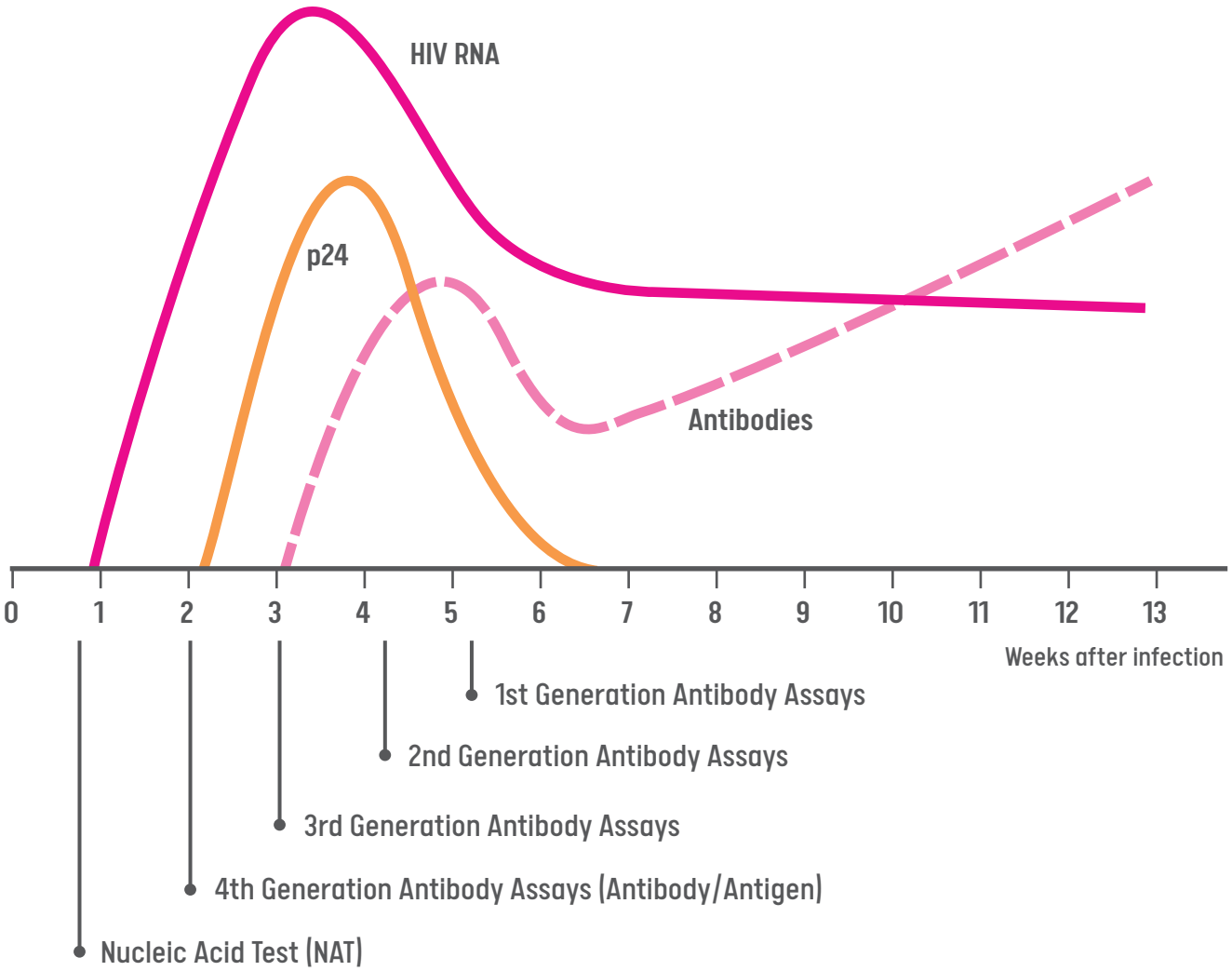
Provide Opt-Out HIV Testing

- Opt-out HIV testing involves notifying patients that HIV testing will be conducted unless they decline, such as when blood testing is part of the planned workup.[1]
- The CDC recommends that hospital emergency departments, primary care settings and other healthcare settings offer routine opt-out HIV screening as an evidence-based approach for HIV testing, regardless of reported risk behaviors.[1]
- Everyone ages 13-64 years who comes in for care should automatically be offered an HIV test, without having to ask for one. These broad, age-based testing criteria increase the number of tests performed and also help to reduce the stigma associated with HIV.[1]
- Under PA Act 59, a patient's consent to an HIV test does not have to be in written form, but must be documented in the medical record by the clinician. Under this act, pre-test counseling is also not legally required (except for the requirements to explain the purpose, limitations, function, and result interpretation of the test).[2]
- Offer the test as part of routine care. For example: "I'm ordering some blood tests today and I see you have not had an HIV test in the past year. I normally order an HIV test for all my patients and would like to add it to your blood tests today."

Who Should Get Tested for HIV?

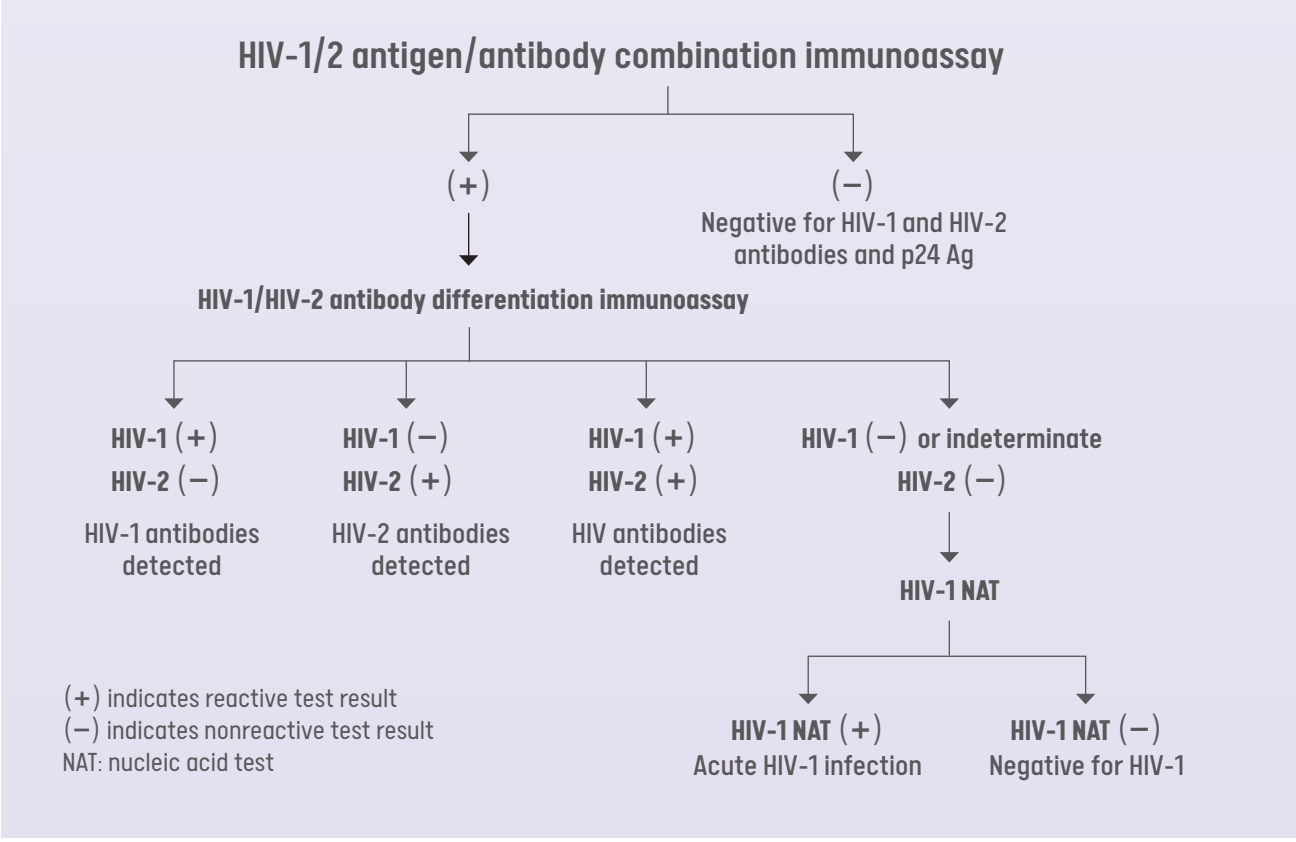
- The USPSTF offers the following Grade A recommendations for HIV screening:
  - Adolescents and Adults aged 15 to 65 years,
  - Younger adolescents and older adults who are increased risk of infection
  - All pregnant persons, including those who present in labor or at delivery and status is unknown.[3]
- HIV testing should be made available to everyone.[1]
- People with the following risk factors should get tested at least once a year:
  - Men who have sex with men (more frequent STI testing every 3-6 months may be considered based on individual risk factors) **and**
  - Individuals who have had anal or vaginal sex with someone who has HIV.
  - Individuals who have had more than one sex partner since their last HIV test.
  - Individuals who have shared needles, syringes, or other drug injection equipment (for example, cookers).
  - Individuals who have exchanged sex, drugs, money, or other resources.
  - Individuals who have been diagnosed with or treated for another STI.
  - Individuals who have been diagnosed with or treated for hepatitis or tuberculosis.
  - Individuals who have had sex with someone who has done anything listed above or with someone whose sexual history they don't know.[3]

HIV Testing Algorithm[4]



- Patients should be assessed on the date/time of their last potential HIV exposure to ensure the lab test with the proper window period is being performed for an accurate, timely result.[5]
- For patients who do NOT display signs or symptoms of acute HIV infection or do NOT report potential HIV exposures in the last 72 hours, a 4th generation (Ab/Ag) combination assay (or earlier generation assay) should be offered to screen for HIV.[5]
- For patients who are displaying signs or symptoms of HIV infection or report a recent exposure to HIV, a nucleic acid test (NAT) should be ordered to screen for acute HIV infection or prior infection. Patient should be assessed for PEP indication if potential HIV exposure occurred within 72 hours.[5]
- All preliminary positive results from an HIV antibody screening or 4th generation Ag/Ab screening must be followed by a confirmatory test through NAT for HIV RNA).[6]

Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens[7]



For More Information

- Screening for HIV Infection US Preventive Services Task Force Recommendation Statement
  aafp.org/pubs/afp/issues/2005/1201/p2287.pdf
- Who Should Get Tested? | HIV.gov
  hiv.gov/hiv-basics/hiv-testing/learn-about-hiv-testing/who-should-get-tested
- Screening for HIV | Clinicians | CDC
  cdc.gov/hivnexus/hcp/diagnosis-testing/index.html

STI Screening

Regular STI screening not only aids in early detection but also plays a significant role in preventing the transmission of STIs by identifying and treating infections in asymptomatic individuals. To learn more, see the poster included in this kit.

Chlamydia and Gonorrhea Screening

- NAT testing of chlamydia and gonorrhea should be performed for any patient presenting with symptoms of abnormal discharge, excessive genital itching/ irritation, or burning pain with urination or in the rectum.[8]

- All anatomical sites that have had a potential of exposure should be tested (nasopharynx, urethra/urine, rectum).[8]

- The United States Preventive Services Taskforce (USPSTF) recommends that sexually active women younger than the age of 25, and women older than the age of 25 with increased risk of infection, and transgender men (regardless of pregnancy status) should get screened for chlamydia and gonorrhea. Testing should be performed yearly, unless risk or symptoms warrant more frequent testing (every 3-6 months).[10]

- Pregnant individuals should get tested for chlamydia and gonorrhea at baseline and during the 3rd trimester for those under the age of 25.[8]

- Young heterosexual men, men who have sex with men, and transgender women should be screened for chlamydia and gonorrhea based on risk and symptoms. More frequent testing (3-6 months) may be indicated if there is increased risk.[8]

- Persons living with HIV should get tested for chlamydia and gonorrhea at the initial medical visit and yearly thereafter. More frequent testing (3-6 months) may be indicated if there is increased risk.[8]

Syphilis Screening

- Screening for syphilis infection should be performed for any patient presenting with symptoms of chancre, new rash (especially palms of hands, soles of feet, or trunk), condyloma, and/or fever, headaches, weight loss, fatigue.[8]

- The USPSTF recommends that syphilis screening should be performed for all nonpregnant people who are at increased risk for infection and do not have symptoms.[11]

- Pregnant persons should be tested for syphilis at first prenatal visit and retested at 28 weeks, and at delivery if there is increased risk of exposure. For example, diagnosis of an STI in the last 12 months, high prevalence in geographic area, presence of symptoms, etc..[8,9]

- Men who have sex with men and transgender women should be screened annually for syphilis or every 3-6 months if patient is at increased risk for infection.[8]

- Persons living with HIV should get tested for syphilis at first HIV evaluation and at least yearly thereafter. More frequent testing might be indicated based on risk factors.[8]

- Those with a history of syphilis infection should be evaluated for active infection by checking for adequate changes in the RPR titer. See "For More Information" below for CDC Laboratory Recommendations for Syphilis Testing.

What is DoxyPEP?

- DoxyPEP is a biomedical STI prevention method that involves taking the antibiotic doxycycline after sex, to prevent chlamydia, syphilis, and gonorrhea infection.[12]

- DoxyPEP is recommended for MSM and transgender women who have been diagnosed with at least one bacterial STI in the last 12 months.

- CDC's published clinical guidelines for DoxyPEP can be found on their website at bit.ly/4ccHsWa

For More Information

- USPSTF Chlamydia/Gonorrhea Screening Recommendations uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening

- USPSTF Syphilis Screening Recommendations uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening

- CDC Laboratory Recommendations for Syphilis Testing cdc.gov/mmwr/volumes/73/rr/rr7301a1.htm

Linkage to Care and Prevention

Actively promoting and facilitating timely access to specialized healthcare services, including antiretroviral therapy (ART) and regular monitoring, can significantly impact the health outcomes of their patients. Linkage to care is important in ensuring early diagnosis, effective management of the infection, and achieving viral suppression, which not only benefits the individual but also helps in preventing disease progression and transmission to others.

HIV Care Continuum

There are five steps to the HIV Care Continuum:

1. **Diagnosis of HIV Infection**

   HIV screening is the first step in CDC's status-neutral approach to prevention and care. The HIV Care Continuum begins with a positive HIV screening. Patients who have a preliminary positive HIV result should receive a confirmatory HIV test, HIV viral load, and CD4 count lab testing, followed by creation of a treatment plan and linkage to case management services. However, if patients test result are negative patient should be offered prevention options such as PrEP.[13]

2. **Linkage to HIV Medical Care**

   Linking your patients appropriately to prevention and care services is essential to progress through the care continuum. Clinicians and supporting staff may need to address barriers to care including, but excluded to, lack of transportation, lack of medical insurance coverage, medical mistrust/previously stigmatizing experiences, low health literacy, etc. CDC's status-neutral approach to HIV prevention and care ensures that all patients can benefit from quality HIV prevention and care, regardless of their HIV status.[13]

3. **Receipt of HIV Medical Care**

   Immediate antiretroviral therapy (iART) refers to starting HIV treatment as soon as possible when an individual is diagnosed with HIV, if the patient is prepared for daily medication adherence. Studies and expert opinion suggest that prompt initiation of ART lessens the time from diagnosis to viral suppression and limits the transmission of HIV to others. Ideally, iART should be done on the same day of HIV diagnosis or at the first medical visit. iART is beneficial for all people who are diagnosed with HIV, regardless of how long they have been living with HIV or how healthy they seem. Barriers to engaging patients into medical care may include lack of patient readiness, lack of structure to dispense iART, lack of prescription coverage for medications, etc.[14]

4. **Retention in Medical Care**

   Retention in HIV care refers to the ability of individuals living with HIV to consistently engage in and adhere to medical care, including regular appointment attendance with healthcare providers, timely initiation and maintenance of ART, and ongoing monitoring of their disease progression. Retention is crucial in managing HIV as a chronic condition. Barriers to retention in HIV care may involve changes in insurance coverage, lack of reliable communication between facility and patient, lack of understanding that medical care is ongoing and not always acute.[13]

5. **Achievement and Maintenance of Viral Suppression**

   Maintaining viral suppression can help preserve the patient's immune system, preventing the progression of HIV to AIDS, reduce the risk of developing HIV-related complications, and improves overall health and well-being. Additionally, viral suppression significantly reduces the risk of transmitting HIV to others, contributing to the prevention of new infections. Barriers to viral suppression may include medication side effects, drug-drug interactions, internalized stigma interfering with medication adherence, lack of private space to take medications, etc.[13]

For More Information

- National HIV Curriculum
  hiv.uw.edu

- Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV
  clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf

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2. Rosica, J. (2011). Legislature changes Pennsylvania's HIV-testing law. In *AIDS Law Project of PA*. AIDS Law Project of PA. bit.ly/4eFOTsk

3. United States Preventive Services Task Force. (2019). Human immunodeficiency virus (HIV) infection: Screening. In *U.S. Preventive Services Task Force*. United States Preventive Services Task Force. bit.ly/3VyJMQ4

4. Nikolopoulos, G. K., & Tsantes, A. G. (2022). Recent HIV infection: Diagnosis and public health implications. *Diagnostics*, 12(11), 2657. doi.org/10.3390/diagnostics12112657

5. Centers for Disease Control and Prevention. (2023b). *Which HIV tests should I use? | CDC*. Centers for Disease Control and Prevention; U.S. Department of Health and Human Services. cdc.gov/hiv/clinicians/screening/tests.html

6. Centers for Disease Control and Prevention. (2014). Laboratory testing for the diagnosis of HIV infection: Updated recommendations. In *Centers for Disease Control and Prevention*. U.S. Department of Health and Human Services. stacks.cdc.gov/view/cdc/23447

7. Centers for Disease Control and Prevention. (2014). *Recommended Laboratory HIV Testing Algorithm for Serum of Plasma Specimens*. Centers for Disease Control and Prevention; U.S. Department of Health and Human Services. cdc.gov/hiv/pdf/guidelines_testing_recommendedlabtestingalgorithm.pdf

8. Centers for Disease Control and Prevention. (2021). *STI screening recommendations*. Centers for Disease Control and Prevention; U.S. Department of Health and Human Services. cdc.gov/std/treatment-guidelines/screening-recommendations.htm

9. Pennsylvania Department of Health. (2023). Historic increases in reported congenital syphilis. In *Pennsylvania Department of Health*. Pennsylvania Department of Health. health.pa.gov/topics/Documents/HAN/2023-696-5-18-ADV-Syphilis.pdf

10. United States Preventive Services Task Force. (2021). *Chlamydia and Gonorrhea: Screening*. U.S. Preventive Services Task Force. uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening

11. United States Preventive Services Task Force. (2022). *Syphilis infection in nonpregnant adolescents and adults: Screening*. U.S. Preventive Services Task Force. bit.ly/3VIVJCU

12. Centers for Disease Control and Prevention. (2024a). CDC clinical guidelines on the use of doxycycline postexposure prophylaxis for bacterial sexually transmitted infection prevention, United States, 2024. In *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention. bit.ly/4ccHsWa

13. Centers for Disease Control and Prevention. (2019). Understanding the HIV care continuum overview. In *Centers for Disease Control and Prevention*. U.S. Department of Health and Human Services. bit.ly/3xxClRs

14. Centers for Disease Control and Prevention. (2024). Guidelines for the use of antiretroviral agents in adults and adolescents with HIV. In *Centers for Disease Control and Prevention*. U.S. Department of Health and Human Services. bit.ly/3VW1mPs

Find this booklet, printable handouts, and more on the PKOL provider website.