

**Position Statement**  
**HIV Screening in Health Care Settings**  
**March, 2007**  
**Michigan Department of Community Health**

Pursuant to recommendations made by the U.S. Centers for Disease Control and Prevention (CDC) in the September 22, 2006 Morbidity and Mortality Report, the Michigan Department of Community Health (MDCH) supports and encourages implementation of voluntary HIV testing as a routine part of care provided in health care settings.

Expansion of HIV testing through screening in health care settings is an important strategy by which to increase the number of individuals who know their HIV infection status and, if found to be HIV-infected, are linked to needed care, prevention and support services. In particular, these expanded HIV screening efforts can be an important strategy for addressing health disparities among Michigan's racial and ethnic minority populations.

HIV screening delivered as a routine part of care in health care settings should be provided in a manner which optimizes the clinical and preventive care of each patient. Health care facilities that implement HIV screening as a routine part of care should ensure and facilitate access to needed clinical care, prevention (especially partner services), and support services. If such services are not available within the health care facility, it is essential that linkages to ensure and facilitate access be established and maintained. Assistance in identifying such services can be obtained by contacting the Division of Health, Wellness and Disease Control (DHWDC), Michigan Department of Community Health (MDCH).

HIV screening delivered as a routine part of care in health care settings must be provided in a manner which is in compliance with state statute. Pursuant to MCL 333.5133, all patients must be provided with *information sufficient to obtain informed consent for and to understand the meaning of results of an HIV test*. Risk assessment and risk reduction counseling (i.e., "prevention counseling") prior to HIV testing is not required. Patients must be provided with:

- (1) An explanation of the test including, but not limited to, the purpose of the test, the potential uses and limitations of the test, and the meaning of the test results.
- (2) An explanation of the rights of the test subject including, but not limited to, the right to withdraw consent prior to administration of the test, the right to confidentiality of test results, and the right to be tested on an anonymous basis.
- (3) Designation of the person(s) to whom test results may be disclosed.

Such information can be provided orally or through written materials, in a culturally, linguistically and developmentally appropriate manner. Technical assistance is available for providers on conducting modified counseling techniques consistent with clinic flow. In addition, all patients should be provided with an opportunity to ask questions prior to consenting to HIV testing.

MCL 333.5133 requires that all patients tested for HIV receive a copy of the booklet *Important Health Information*, produced and distributed by the Michigan Department of Community Health. The information in this booklet includes the three required points listed above.

As required by MCL 333.5133, all tests to diagnose HIV infection must be preceded by written, informed consent, executed or signed by the test subject. A separate form is not required, and consent for HIV testing may be incorporated into a general consent form for other medical and diagnostic services. However, each of the three points above must be reflected on the consent form used.

MDCH considers expansion of HIV testing in clinical settings an important complement to – not a replacement for – targeted HIV counseling and testing. Many individuals who are at increased risk for HIV infection do not have regular access to medical care, and targeted efforts are essential to ensure that these individuals can learn their HIV infection status, receive assistance in accessing medical services and prevention services which can assist them in remaining uninfected or, if HIV-infected, from transmitting HIV to others.

The Michigan Department of Community Health estimates that up to 17,000 Michigan residents are infected with HIV. About one-quarter of these individuals do not know that they are HIV-infected. Each year, approximately 800 Michigan residents are diagnosed with HIV. The annual number of cases diagnosed has remained approximately level for the past five years. At the same time, the number of individuals living with HIV or AIDS in Michigan has been steadily increasing due to the availability of effective medical treatments for HIV disease. The CDC estimates that 38% to 44% of all adults in the United States have been tested for HIV.<sup>1</sup> The MDCH estimates that only 39.5 percent of all Michigan adults aged 18-64 years had ever been tested for HIV.<sup>2</sup>

The introduction of effective medical therapies for HIV disease has dramatically improved survival rates.<sup>3</sup> Many individuals, however, learn that they are HIV-infected relatively late in the course of their infection and therefore do not fully benefit from medical treatment. By January 1, 2006 20 percent of infected persons living in Michigan were reported with concurrent diagnoses of HIV and AIDS. Michigan residents who are diagnosed relatively late in the course of infection are more likely to be African American, have acquired their infection through male-male sex; and to have been diagnosed later in life compared to those who receive an earlier diagnosis.<sup>4</sup>

To ensure that individuals who are infected with HIV obtain the full benefit of medical treatments for HIV disease, it is essential that they are diagnosed as early as possible and linked with appropriate medical and support services. Early diagnosis is also an important prevention strategy, both from an individual perspective and from a public safety perspective. Individuals who learn their HIV status can be provided with prevention counseling to reduce the likelihood that they will transmit HIV to others and sex and needle-sharing partners can be notified of their exposure and provided with opportunities to learn their own HIV status, through testing.

- HIV screening programs can ensure that individuals learn of their HIV infection early. Research indicates that individuals with HIV infection visit health care settings years before a diagnosis of HIV or AIDS, but are not tested for HIV.<sup>5,6,7</sup>
- Screening programs can be important to protecting the safety of the public because individuals who are unaware of their HIV infection status may transmit a majority of new HIV infections.<sup>8</sup>
- HIV screening approaches can be highly effective prevention strategies. In the United States, screening blood donors has nearly eliminated transfusion-associated HIV infection.<sup>9</sup> Routine testing of pregnant women has, along with prophylactic use of antiretrovirals, contributed to substantially reduced transmission of HIV from mother to child.<sup>10</sup>

For additional information review the Questions and Answers About HIV Screening in Health Care Settings, March 2007 document.

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<sup>1</sup> CDC. Number of persons tested for HIV – United States, 2002. MMWR. 2004;53:1110-3.

<sup>2</sup> Michigan Department of Community Health. Behavioral Risk Factor Surveillance Survey, 2005.

<sup>3</sup> Palella FJ, Deloria-Knoll M, Chimel JS, et al. Survival Benefits of Initiating Antiretroviral Therapy in HIV-Infected Persons in Different CD4+ Cell Strata. *Annals of Internal Medicine* 2003;138:620-6.

<sup>4</sup> Michigan Department of Community Health Epidemiologic Profile of HIV/AIDS In Michigan, 2006.

<sup>5</sup> Klein D, Hurley LB, Merrill D, Quesenberry CP. Review of Medical Encounters in the Five Years Before Diagnosis of HIV-1 Infection: Implications for Early Detection. *Journal of Acquired Immune Deficiency Syndrome*. 2003;32:143-152.

<sup>6</sup> Alpert PL, Shuter J, DeShaw MG, et al. Factors Associated with Unrecognized HIV-1 Infection in an Inner City Emergency Department. *Annals of Emergency Medicine*. 1996;28:159-164.

<sup>7</sup> Liddicoat RV, Horton NJ, Urban R, et al. Assessing Missed Opportunities for HIV Testing in Medical Settings. *Journal of General Internal Medicine*. 2004;19:3429-356.

<sup>8</sup> Marks G, Crepaz N, Senterfitt JW, Janssen RS. Meta-Analysis of High-Risk Sexual Behavior in Persons Aware and Unaware They are Infected with HIV in the United States: Implications for HIV Prevention Programs. *JAIDS* 2005;39:446-52.

<sup>9</sup> Dodd RY, Notari EP, Stramer SL. Current Prevalence and Incidence of Infectious Disease Markers and Estimated Window-Period Risk in the American Red Cross Blood Donor Population. *Transfusion* 2002; 42:975-9.

<sup>10</sup> Public Health Service Task Force. Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States. Available at <http://aidsinfo.nih.gov/ContentFiles/PerinatalGL.pdf>.