

OAPP Supported Routine Testing Programs

Jennifer N. Sayles, MD, MPH
Medical Director
Office of AIDS Programs and
Policy



Why Routine Testing?



Criteria that Justify Routine Screening

1. Serious health disorder that can be detected before symptoms develop
2. Treatment is more beneficial when begun before symptoms develop
3. Reliable, inexpensive, acceptable screening test
4. Costs of screening are reasonable in relation to anticipated benefits

Principles and Practice of Screening for Disease
-WHO Public Health Paper, 1968



Summary of Review of Evidence

- HIV meets the criteria for screening, and effective treatment is available
- Many patients with HIV visit healthcare providers but their infection goes undetected
- People decrease their risk behaviors when they find out they are infected with HIV
- HIV screening in healthcare settings is cost-effective
- Opt-out screening increases testing rates



Opt-Out Screening

Prenatal HIV testing for pregnant women:

- RCT of 4 counseling models with opt-in consent:
 - *35% accepted testing*
 - *Some women felt accepting an HIV test indicated high risk behavior*

- Testing offered as routine, opportunity to decline
 - *88% accepted testing*
 - *Significantly less anxious about testing*

Simpson W, et al, BMJ June, 1999



Opt-Out Testing Venues

- TB clinics
- STD clinics
- Jails
- Peri-natal clinics
- Ambulatory care
- Emergency departments



California HIV Laws

- Separate written consent for HIV testing in medical settings no longer required, as of 01/01/08*
- Separate counseling session is no longer required in medical settings, as of 01/08/08*
- Opt out testing in perinatal care now legal. *
- HIV is reportable by name using CMR (responsibility of MD/NP/PA)

*California Health and Safety (H&S) Code Section 120990



Background: Routine Testing (RT)

- 2006: CDC recommendation that all adults aged 13-64 be screened for HIV in medical setting, using 'opt-out' model
- 2008: OAPP internal work group formed to identify opportunities to support RT in LAC
 - High HIV burden geographic areas of LAC
 - Medical setting: community clinic, urgent care, emergency dept



Background: RT Cont'd

2009:

- OAPP funded 3 community clinics (SPAs 4 + 6) for RT thru HCT RFP
- Collaboration with 3 additional clinics to implement RT and evaluate models for RT
- Collaboration with DPH Area Health Offices, training of Public Health Nurses to support local efforts for HIV testing in their SPAs



Goals for OAPP RT Programs

1. Implement 'opt-out' routine testing model in clinical setting in geographic areas of LAC with high HIV disease burden
2. Confirmatory testing and reporting on 100% of newly diagnosed clients
3. Linkage of >100% of newly diagnosed clients to HIV care



Data: OAPP Supported RT Programs

- CDC-funded HIV Testing Initiative
 - Data from Routine Testing Implemented at 5 LAC Clinics, April – December 2009

| Characteristic | Number of Tests | % |
|---|-----------------|-------|
| All Tests | 3,991 | – |
| Positives | 5 | 0.13% |
| New Positives | 4 | 0.10% |
| Confirmed Positives | 5 | 0.13% |
| New Positives Linked to Care | 3 | 75% |
| Previously Positive Linked Back to Care | 1 | 100% |



Lessons Learned

- Support for RT initiative at leadership level critical to successful implementation
- Assessment of space, clinic flow, staffing patterns and capacity important first step of implementing program
- Ongoing education and QA with clinical staff, as well as flexibility to trouble shoot and adapt to clinic needs integral to program success



Next Steps

- OAPP continues to look for opportunities to collaborate with LAC medical providers to implement RT
- Resources include:
 - Background materials/ protocols for RT
 - Technical assistance: rapid testing training and QA, assessment of clinic flow, staffing, implementation
 - Rapid Testing Algorithm (RTA)
 - Routine Testing Implementation Training



Jennifer N. Sayles, MD, MPH
Medical Director
Office of AIDS Programs and Policy
(213) 351-8264
jsayles@ph.lacounty.gov

