


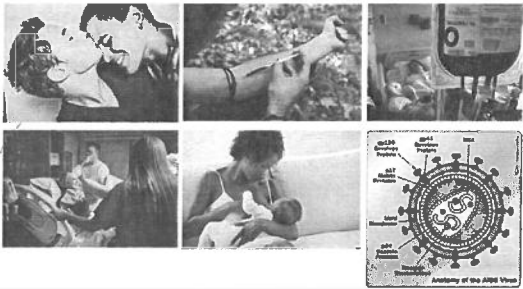
# PEARLS AND PITFALLS OF HIV SCREENING in the primary care office

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## This is Why I Screen



## HIV 101



## THE TREATMENT TARGET

90%	90%	90%
diagnosed	on treatment	virally suppressed

## HIV & Youth

Did you know not all youth (aged 13-24) with HIV are getting the care they need?

**Of youth living with HIV:**

- 56% received an HIV diagnosis
- 41% received HIV medical care
- 31% retained in care
- 27% virally suppressed\*

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

\*Viral load at low enough levels to stay healthy and reduce transmission risk

Get Tested. Get in Care. Stay in Care. Be Healthy.

# 90-90-90

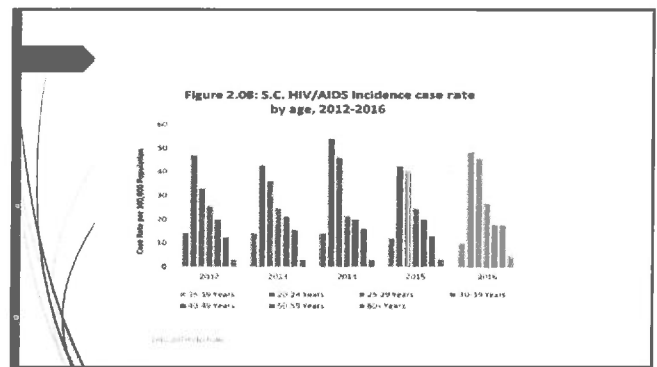
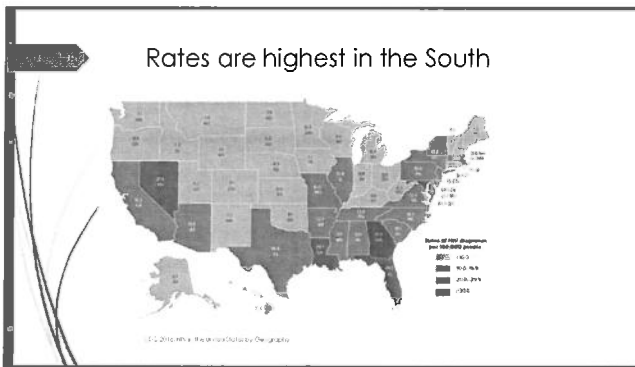
An ambitious treatment target to help end the AIDS epidemic

### Recommending Bodies

- CDC: Universally starting at 13yo or risk factors
- USPTF: Universally starting at 15yo (Grade A recommendation)
- AAP: Universally starting at 16-18yo
- ACOG: With each pregnancy +/- 3<sup>rd</sup> trimester

### Who is Screening

- "Physicians appear to be one of the biggest obstacles to universal screening for HIV," said Sara Bares, MD, a fellow in infectious diseases at the University of Chicago
- What if they refuse?
- How do I order the test?
- How do I handle the results?
- Am I "certified" to provide the pretest counseling?
- Is written consent required?
- Does insurance reimburse it?
- I know which of my patients are at risk...



### Local Impact

United States AIDS Cases, Annual Rates and Ranking by Metropolitan Statistical Area January - December, 2015 Incidence and 2014 Prevalence

Rank	Area of Residence	Incidence 2015		Prevalence 2014	
		Cases	Rate	Cases	Rate
1	Atlanta, GA	91	98.9	1,380	273.2
2	Baton Rouge, LA	131	98.9	786	323.1
3	Las Vegas, NV	95	119.9	2,156	481.1
4	New Orleans, LA	136	149.1	301	315.6
5	Columbus, GA	136	139	1,363	198.6
6	Indianapolis, IN	130	129	2,882	259.3
7	Baltimore, MD	204	127.1	802	347.1
8	Durham, NC	64	123.9	626	123.6
9	Atlanta, GA	88	121.1	15,869	264.6
10	Winston, NC	75	118	672	313.9
22	Charleston, SC	63	85	822	127.8
23	Greenville, SC	68	86	146	86.5

Ranking is based on CDC analysis of Jan-Dec 2016 incidence rate


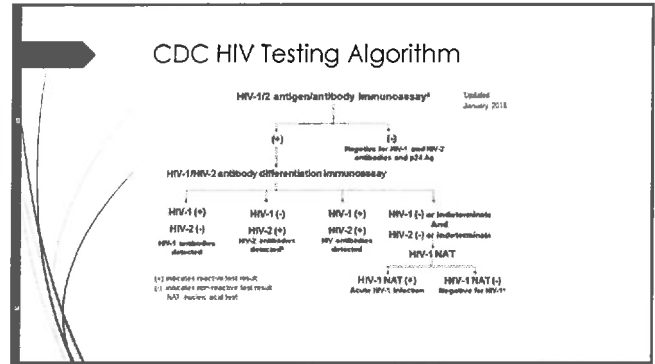
2016 South Carolina HIV/AIDS Prevalence Rate

### Who to Screen

- Everyone at coitarche
- At least annually for those with risk factors (new exposure, MSM, IDU)
- Everyone by 18yo
- Opt out option
  - Make it a strong recommendation

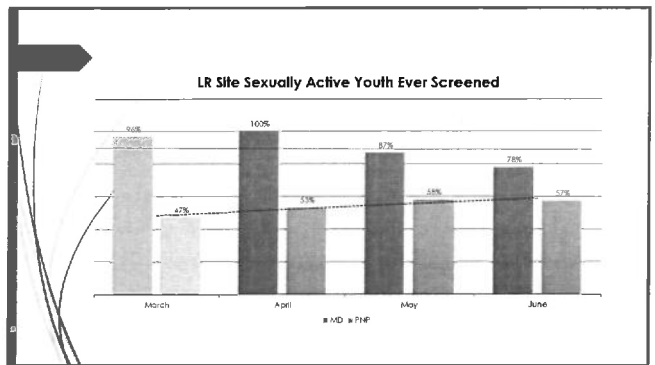
### How to Screen

- POC or lab based 4<sup>th</sup> generation assay
  - Alert Determine HIV-1/2 Ag/Ab Combo [POC]
  - Labcorp Test # 08395: HIV 1/G/2 Ag/Ab (4<sup>th</sup> gen) Preliminary Test w/ Cascade Reflex to Supplementary Testing Offer in a confidential fashion
- Advise that if concern for exposure within 4 weeks, repeat screening in a month is recommended
- A positive screen is "inconclusive", requires confirmation
- Do so at WCCs, sick visits, when updated their social history

### Increase the number of sexually active youth under my nurse practitioner's care ever screened for HIV by 10% by July 1<sup>st</sup>, 2018

- P: Baseline data, opt out screening, prep her team
- D: All sexually active youth + universally at 16yo
- S: Review rates, check in w/ APRN and her MA on a monthly basis
- A: Tweak the project on a monthly basis



### Lessons learned

- No missed opportunities
- A positive screen is just a test that needs clarification
- Be prepared to deal with a true positive
- POC assays appear to have a greater likelihood of completion
- Refusal rates are low
- Nursing education
- The test is covered by insurance
- It may miss disease acquired within 2-4 weeks. Consider a viral load and/or repeat testing if the concern is high
- Make it a strong recommendation
- You may screen thousands
- Be a champion

