



# City Health Information

February 2006

The New York City Department of Health and Mental Hygiene

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## MAKING HIV TESTING A ROUTINE PART OF MEDICAL CARE

- Offer HIV testing as a routine part of medical care to all persons age 18 to 64.
- Counseling requirements have been greatly reduced.

Although less than 3% of the US population lives in New York City (NYC), 14% of the country's AIDS-related deaths occur here.<sup>1,2</sup> NYC has more AIDS/HIV cases than Los Angeles, San Francisco, Miami, and Washington, DC *combined*.<sup>2</sup> In addition to the 94,495 individuals known to be living with HIV in NYC in 2005, thousands more are HIV-infected but undiagnosed.<sup>3</sup> These individuals are not in care or receiving treatment, resulting in poorer health outcomes and increased transmission.

Recent changes in New York State (NYS) regulations<sup>4</sup> and new testing technology have streamlined the HIV testing process, making it easier for practitioners to test their patients. Health care providers no longer have to provide extensive pre-test counseling, and the testing process is further facilitated by the availability of a rapid test for HIV.

Drug therapies have increased the life expectancy and quality of life of patients with HIV, but there is still no cure. In order to reduce the spread of HIV and to best care for HIV-infected patients, the NYC Department of Health and Mental Hygiene (DOHMH) strongly encourages health care providers to offer HIV testing to all patients age 18–64 routinely.

**Free HIV testing is offered at all 11 New York City STD (Sexually Transmitted Disease) clinics (see Resources).**

### Offer HIV testing to any patient who:

- Is age 18 to 64. Offer repeat testing every 5 years;
- Had a high-risk sexual or injection drug experience since the previous HIV test (test as often as every 6 months);
- Has an illness suggesting acute HIV infection (see [Acute HIV Infection](#), page 11);
- Is pregnant.

### Benefits of HIV Testing

Among New Yorkers living with HIV/AIDS, many thousands *do not know they are infected*.<sup>3</sup> As a result, each year more than 1,000 New Yorkers who are diagnosed with HIV are already sick with AIDS. It is important that people know their HIV status because:

- The sooner patients are diagnosed, the sooner they can receive treatment, which reduces hospitalizations, improves quality of life, and prolongs life.<sup>5,6</sup>
- People who know they are HIV-positive reduce risky behavior, which reduces transmission.<sup>7</sup>
- Effective therapy may reduce the likelihood of secondary transmission by reducing a patient's viral load and making that person less contagious.<sup>8</sup>
- HIV testing is at least as cost effective as other screening tests.<sup>9,10</sup>



Included in this mailing are English and Spanish versions of: (1) the NYS-approved informational brochure used for patient education (Part A) that must be presented with the consent form (Part B); (2) the NYS-approved consent form for HIV testing (Part B); and (3) an information sheet to give to patients with a negative HIV test.

Providers should detach these enclosures and photocopy them for office or clinic use, or download them from the NYS Department of Health Rapid HIV Testing Web Site ([www.health.state.ny.us/diseases/aids/testing/](http://www.health.state.ny.us/diseases/aids/testing/)). Versions in additional languages will become available in future months. Providers need retain only Part B in the medical chart.

## Routine HIV Testing Rather Than Risk-based, Targeted Testing

Risk-based assessments often miss patients with HIV.<sup>11</sup> For example, among pregnant women, HIV testing by risk factor assessment identifies only half of those living with HIV/AIDS, whereas routine voluntary testing detects HIV/AIDS in up to twice as many.<sup>12,13</sup> Studies in other patient populations (e.g., STD and TB clinic attendees) reach similar conclusions.<sup>14-18</sup> Increased testing will identify people with HIV who are unaware of their status. The recommended approach is to offer voluntary testing every 5 years to all patients (see **Box**). Recent studies show that testing is more likely to be accepted if providers recommend it as part of routine medical care.<sup>19-21</sup>

In addition, any patient who is sexually active or who may have used injection drugs should be offered voluntary testing. Tests should be repeated as often as every

6 months for men who have sex with men who do not consistently use latex condoms, for injection drug users, and for people who engage in high-risk sexual behavior. Providers should be aware that many – in some communities, most – men who have sex with men do not identify themselves as gay.

### Expanded testing will NOT lead to mandatory testing.

Many patients and providers are concerned that expanded testing will eventually lead to a program of mandatory testing, wherein patients are tested without their permission, or perhaps even without their knowledge. This is not the case; every patient has the right to accept or refuse testing and must give informed consent for HIV testing.

## OFFER ALL PATIENTS AN HIV TEST

The suggestion to consider HIV testing may come as a surprise to some patients; the way you approach the topic may increase their comfort level. Be matter-of-fact, sensitive, and nonjudgmental. Ensure confidentiality. Examples of approaches in different settings may include:

### Internal Medicine:

A 57 yr. old woman with diabetes, hypertension, and hypercholesterolemia presents for a routine visit.

*"Ms. A.— Today, I am going to do the following blood tests: check your fasting sugar, and cholesterol, your kidney function, and do an HIV test. Do you have any questions?"*

### Obstetrics/Gynecology:

A 25 yr. old woman presents for a yearly check-up.

*"Ms. B.— I am going to check for chlamydia, do a pap smear, and do blood tests for syphilis and HIV. Do you have any questions?"*

### Emergency Medicine:

A 48 yr. old man presents with a wrist fracture after a motor vehicle accident.

*"Mr. C.— I am going to do blood tests to check your blood count and your HIV status. Do you have any questions?"*

## Recent Advances that Streamline HIV Testing

As of June 2005, providers no longer have to conduct lengthy pre-test counseling — they need only provide the NYS informational brochure or an informational video and be available to answer questions. Patients who provide written consent are eligible to be tested under the new regulations.

A new testing technology, the rapid HIV test, has become widely available. Now, HIV status can be determined in less than an hour, rather than the several days required by conventional testing (see Table).

## Rationale for Routine Testing — Any Patient Can Have HIV

Most people have no symptoms for many years after being infected, and it is impossible to determine your patients' HIV status without a test. The best way to screen for this treatable, transmissible disease is to offer testing to all your patients in the same way you would for other diseases.

### Acute HIV Infection

It is also important to test patients with symptoms consistent with infectious mononucleosis (e.g., fever, fatigue, lymphadenopathy, and/or rash) and with recent exposure; such individuals may be sick with acute HIV infection. In patients without a confirmed alternative diagnosis (such as mononucleosis), obtain a routine HIV anti-

body test and also a quantitative HIV viral load test\*. HIV viral load tests will detect patients who have symptomatic, early HIV infection, but who have not yet developed HIV antibody. As patients with early or acute HIV infection may be particularly contagious in the first few months of the infection, identifying these individuals early in their illness may prevent additional spread.

## Laboratory Requirements for HIV Rapid Testing

- If your facility has a laboratory, then you likely have a full laboratory permit from NYS. If so, you must amend your permit to include rapid HIV testing. Contact Wadsworth Center, New York State Department of Health to request changes to your laboratory operations (see Resources).
- If your facility does not have a laboratory, you will need to complete a NYS CLEP (Clinical Laboratory Evaluation Program) application to obtain a NYS limited laboratory permit. This permit will only allow performance of CLIA (Clinical Laboratory Improvement Amendments) – waived tests, such as the OraQuick Advance™\*\* and Uni-Gold™\*\* tests for rapid HIV detection.
- If you are using conventional HIV testing (e.g., ELISA and Western Blot), then you may still send those tests to the laboratory as you always have.

\* Detection of acute HIV infection by viral load testing is not an FDA-approved use of this test.

\*\* Use of brand names is for informational purposes only and does not imply endorsement by the NYC DOHMH.

## COMPARISON OF CONVENTIONAL AND RAPID TESTS TO DETECT HIV ANTIBODY

	Conventional	Rapid
Specimen Required	Blood (phlebotomy)	Oral Swab or Blood (finger stick)
Time to Result	3-10 days	20 minutes
Sensitivity	99.9%*	99.3-99.6%**
Specificity	99.9%*	99.8-100.0%**
Cost	ELISA \$20	Test kit \$14
Tested persons who receive their test result	Approximately 70%	99.3%

\*Sensitivity/specificity from National Institute of Allergy and Infectious Diseases available at [www.niaid.nih.gov/dir/labs/lir/hiv/packet1.htm](http://www.niaid.nih.gov/dir/labs/lir/hiv/packet1.htm).

\*\*Sensitivity/specificity data from OraQuick™ literature, available at [www.orasure.com/uploaded/346.pdf?134&sec=2&subsec=2](http://www.orasure.com/uploaded/346.pdf?134&sec=2&subsec=2), accessed January 31, 2006.

## MEDICAID REIMBURSEMENT (ARTICLE 28)

Most Article 28 facilities reimbursed through a threshold visit rate can bill HIV Counseling and Testing at their threshold rate. Check with NYS Medicaid and reference your Medicaid provider ID to be certain.

If your facility is enrolled in the HIV Primary Care Medicaid Program, use the rate codes below to bill HIV Counseling and Testing. Same-day billings are permitted for pre- and post-test counseling, as well as for medical services.

### Program Enrollments for Medicaid Provider with Associated Billing Codes

Article 28 Medicaid Provider	Bill rate code 1610, threshold visit	
HIV Primary Care Medicaid Program*	DT&C Rate Code	Hospital Outpatient Clinics
• HIV Pre-test Counseling, no test	3109	3109
• HIV Pre-test Counseling, with test	1695	2983
• HIV Post-test Counseling, negative	1696	2984
• HIV Post-test Counseling, positive	1802	3111
<b>Enhanced Fee for Physicians Program**</b>	Bill HIV Counseling and Testing Enhanced Rate Bill CPT Code 86701, up to \$12.27, for the Rapid Test itself	
<b>Federally Qualified Health Centers</b>	Bill HIV Counseling and Testing Seven-Tier Rate	

\*Additional information on HIV Primary Care Medicaid Program is available at [www.health.state.ny.us/diseases/aids/testing/rapid/billing.htm](http://www.health.state.ny.us/diseases/aids/testing/rapid/billing.htm).

\*\*From NYS DOH Medicaid Update June 2004 Vol. 19(6). Available at [www.health.state.ny.us/health\\_care/medicaid/program/update/2004/jun2004.htm#hiv](http://www.health.state.ny.us/health_care/medicaid/program/update/2004/jun2004.htm#hiv).

## RESOURCES

### For Providers

- **CDC Divisions of HIV/AIDS Prevention**  
[www.cdc.gov/hiv/rapid\\_testing/](http://www.cdc.gov/hiv/rapid_testing/)
- **CDC – Rapid HIV tests currently available in US**  
[www.cdc.gov/hiv/pubs/rt-lab.htm](http://www.cdc.gov/hiv/pubs/rt-lab.htm)
- **Orasure Technologies, manufacturer of OraQuick Rapid test**  
[www.orasure.com/](http://www.orasure.com/)
- **NYSDOH HIV Testing**  
[www.health.state.ny.us/diseases/aids/testing/](http://www.health.state.ny.us/diseases/aids/testing/)
- **NYSDOH 2005 Guidance for HIV Counseling & Testing and New Laboratory Reporting Requirements**  
[www.health.state.ny.us/diseases/aids/regulations/2005\\_guidance/index.htm](http://www.health.state.ny.us/diseases/aids/regulations/2005_guidance/index.htm)

- **NYSDOH Q&A**  
[www.health.state.ny.us/diseases/aids/testing/rapid/faqs.htm](http://www.health.state.ny.us/diseases/aids/testing/rapid/faqs.htm)
- **Wadsworth Center, NYSDOH Laboratory Programs (includes CLEP information)**  
[www.wadsworth.org/labcert/clep/Administrative/ChangeForms.htm](http://www.wadsworth.org/labcert/clep/Administrative/ChangeForms.htm)
- **Video Resources**  
Contact HIV Training Institute at (212) 341-9810

### For Patients

- **The Body Rapid HIV Test Q&A**  
[www.thebody.com/cdc/rapidfaq.html](http://www.thebody.com/cdc/rapidfaq.html)
- **NYC DOHMH Free STD Clinics**  
[www.nyc.gov/html/doh/html/std/std2.shtml](http://www.nyc.gov/html/doh/html/std/std2.shtml)

**References Online:** To view references for this publication, visit [www.nyc.gov/html/doh/downloads/pdf/chi/chi25-2-ref.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-2-ref.pdf)



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## CME Activity Making HIV Testing a Routine Part of Medical Care

### 1. Reasons to expand HIV testing to more New Yorkers include all of the following EXCEPT:

- A. Risk group-based testing may miss many patients who are infected with HIV since not everyone with HIV has, or admits to, a risk behavior.
- B. Acceptance of testing is higher if recommended as part of routine care.
- C. Broader testing will lead to mandatory testing of all New Yorkers.
- D. Identification of more infected New Yorkers will assist in linking hundreds of HIV positive persons to care earlier thereby improving their health outcomes.
- E. Thousands of infected New Yorkers remain undiagnosed and so do not know their HIV status.

### 2. Providers can meet NYS regulatory requirements for HIV pre-test counseling (revised June 2005) in the following ways (check all that apply):

- A. Provide the NYS informational brochure and be available to answer questions as needed.
- B. Conduct HIV testing without providing any information to patients.
- C. Provide an informational video and be available to answer questions as needed.
- D. Send e-mail message to patient about HIV risks.
- E. Put informational brochure in the patient's chart and give to the patient only if he/she asks for more information.

### 3. Advantages of the rapid test for HIV include all of the following EXCEPT:

- A. Results are available in less than an hour.
- B. For some rapid tests, blood is not needed.
- C. More patients receive their test result.
- D. The rapid test is less expensive than the conventional test.
- E. The rapid test is substantially less sensitive and specific than the conventional test.

### 4. A routine HIV test should be offered to everyone EXCEPT:

- A. Persons with unexplained fever and lymphadenopathy.
- B. Everyone aged 18-64 who has had a negative test more than 5 years ago.
- C. Pregnant women.
- D. Children receiving measles-mumps-rubella booster vaccination.
- E. Persons with recent potentially high risk sexual or injection drug use exposures regardless of how recently an HIV test was performed.

### 5. A patient presents to your office complaining of infectious mononucleosis-like symptoms including fever, rash, and lymphadenopathy. He admits to an unsafe sexual encounter 4 weeks ago. Which is the best approach to diagnosis?

- A. Test for HIV infection at this visit with both an HIV antibody test and an HIV viral load test.
- B. Perform an oral rapid test and, if negative, counsel patient that the sexual encounter did not result in HIV acquisition.
- C. Perform conventional ELISA and Western Blot tests and, if negative, counsel patient that the sexual encounter did not result in HIV acquisition.
- D. Immediately start 3-drug antiretroviral therapy while awaiting HIV test results.
- E. Send diagnostic tests for EBV and CMV, and assure patient the illness is not serious.

### 6. How well did this continuing education activity achieve its educational objectives?

- A. Very well
- B. Adequately
- C. Poorly

PLEASE PRINT LEGIBLY

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## CME Activity

This issue of *City Health Information*, including the CME activity, can be downloaded from the publications section at [nyc.gov/health](http://nyc.gov/health). To access City Health Information and Continuing Medical Education online, visit [www.nyc.gov/html/doh/html/chi/chi.shtml](http://www.nyc.gov/html/doh/html/chi/chi.shtml).

## Instructions

Read this issue of *City Health Information* for the correct answers to questions.

To receive continuing education credit, you must answer 4 of the first 5 questions correctly.

## To Submit by Mail

1. Complete all information on the response card, including your name, degree, mailing address, telephone number, and e-mail address. PLEASE WRITE LEGIBLY.
2. Select your answers to the questions and check the corresponding boxes on the response card.
3. Return the response card or a photocopy of the card postmarked no later than February 28, 2007. Mail to:  
CME Administrator; NYC Department of Health and Mental Hygiene,  
125 Worth Street, CN-29C, New York, NY 10213-2188

## To Submit Online

Visit [www.nyc.gov/html/doh/html/chi/chi.shtml](http://www.nyc.gov/html/doh/html/chi/chi.shtml) to complete this activity online. Your responses will be graded immediately, and you can print out your certificate.

**Continuing Medical Education**  
**Making HIV Testing A Routine Part of Medical Care**

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THE NEW YORK CITY DEPARTMENT OF  
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**CITY HEALTH INFORMATION**

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**Objectives**

At the conclusion of this CME, participants should be able to:

1. Describe rationale for expanded testing.
2. Describe the differences between conventional and rapid testing.
3. Relate the difference in HIV pre-consent counseling since the June 2005 New York State Law.

**Accreditation**

The DOHMH is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. This continuing medical education activity is designated for a maximum of 1.0 hour in Category One credit toward the AMA/PRA (Physician's Recognition Award). Each physician should claim only those hours of credit that were spent on the educational activity.

Participants are required to submit name, address, and professional degree. This information will be maintained in the Department's CME program database. If you request, the CME Program will verify your participation and whether you passed the exam.

We will not share information with other organizations without your permission, except in certain emergencies when communication with health care providers is deemed by the public health agencies to be essential or when required by law.

Participants who provide e-mail addresses may receive electronic announcements from the Department about future CME activities as well as other public health information

**Participants must submit the accompanying exam by February 28, 2007.**

**CME Activity Faculty:**

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All faculty are affiliated with New York City DOHMH, Bureau of HIV/AIDS Prevention and Control.

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