



## HIGHLIGHTS OF THE 2006 CDC's RECOMMENDATIONS FOR ROUTINE HIV TESTING (What you MUST know)



### IMPORTANT REVISIONS FOR 2006 CDC's RECOMMENDATIONS

- "OPT-OUT" screening – an HIV test will be done unless the patient declines
- NO separate consent needed for HIV testing
- Pretest counseling NOT a requirement

### ROUTINE HIV SCREENING FOR ALL PATIENTS AGE 13-64 YEARS, IN ALL HEALTH-CARE SETTINGS

- Unless prevalence of undiagnosed HIV infection in that setting is documented to be <0.1%

#### *Health-care setting include:*

- Emergency departments
- Urgent care clinics
- Primary care settings
- Inpatient services
- Corrections health-care facilities
- TB clinics
- STD clinics
- Substance use clinics
- Public health clinics
- Community clinics

### ROUTINE HIV SCREENING FOR:

- All patients initiating TB treatment
- All patients seeking treatment for STDs, including all patients at STD clinics, at each visit for a new complaint
- All pregnant women

### REPEAT SCREENING:

At least annually for all persons at high risk for HIV infection:

- Injection – drug users (IDUs)
- Sex partners of IDUs
- Persons who exchange sex for money or drugs
- Sex partners of HIV infected
- Men who have sex with men (MSM)
- Heterosexuals who themselves or their sex partners have had >1 sex partner since last HIV test

Before new sexual relationship

### RATIONALE FOR ROUTINE SCREENING

- Routine voluntary HIV screening should be a normal part of medical practice, as with screening for other health conditions
- Routine HIV screening will identify unrecognized HIV infection so that early treatment can be offered and interventions to reduce transmission can be implemented
- HIV screening is cost-effective, even in low prevalence settings
- Among pregnant women, screening is much more effective than risk-based testing for detecting unsuspected HIV infection

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