## HIV (Human Immunodeficiency Virus) Testing

<table>
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<th>DEFINITION</th>
<th>CDC recommends that opt-out HIV screening and diagnostic testing be considered for all patients age 13-64 in health care settings. Significant populations of HIV–infected people are undiagnosed. This protocol assists with early diagnosis of HIV infection and reduction of transmission by education and awareness. HIV infection is considered to be a reportable condition in the state of North Dakota.</th>
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| SUBJECTIVE | May include (at least one of the following):  
1. All patients being treated for an STI  
2. Patients 13-64 years of age  
3. Patients entering into a new sexual relationship  
4. Patient whose blood or body fluid was the source of an occupational exposure (Such as health care workers, boxers, lab techs, law enforcement personnel, and blood and organ donors)  
5. All injection drug users and their sex partners  
6. People who exchange sex favors for money or drugs (and their partners)  
7. Any patient who has had a new sex partner since their last test  
8. All pregnant patients (Should be done at prenatal visit)  
9. All patients with symptoms of HIV infection or opportunistic infection  
10. All inmates of prison or jail systems and their partners |
| OBJECTIVE | May include:  
1. Signs of being immunocompromised  
2. Evidence of any STIs |
| LABORATORY | CDC approved HIV screening tests |
| ASSESSMENT | Candidate for HIV testing |
| PLAN | 1. HIV screening should be voluntary and performed only with patient knowledge and understanding.  
a. Provide patient centered HIV information.  
b. Patients should be informed about HIV infection and the meaning of reactive, positive, and negative test results.  
c. If the patient declines HIV screening, this should be documented in the chart.  
2. HIV screening results are confidential with the exception by law in the NDCC. (23-07.5-06)  
3. Provide patient with test results in person.  
a. If non-reactive test by rapid test or negative by diagnostic tests:  
i. Inform patient that an early HIV infection may still be present.  
ii. Encourage repeat HIV testing in 3 months if patient has a risk factor.  
iii. Reinforce need for safer sex practices.  
b. If reactive by rapid HIV test:  
i. Advise patient that there is a likelihood of HIV infection and that the test must be confirmed with additional testing.  
ii. Obtain blood specimen for confirmatory testing for HIV infection.  
iii. Test for other STIs  
iv. Obtain pregnancy test, if indicated.  
v. Refer for crisis intervention, if indicated  
vi. Encourage safe sex practices  
c. If positive by diagnostic tests:  
i. Assess need for immediate referral for medical, behavioral, psychological services, PMD, and infection control specialists, etc. |
ii. Offer list of community resources such as: local public health departments, HIV support groups.

iii. Offer CDC information for additional information. (CDC.gov/hiv and 1-800-232-4636) and other resources as appropriate.

iv. Refer prenatal patients for high-risk OB care.

v. Refer non-pregnant patients for immediate consultation with an HIV specialist. (such as infection control provider)

vi. Provide appropriate HIV counseling to all patients with confirmed HIV positive test, and to their partners and contacts.

vii. Test for other STIs

viii. Pregnancy test, if indicated

ix. Encourage safe sex practices

x. Sexual and needle-sharing partners need to be notified of possible exposure to HIV and encourage them to be tested.

xi. Local reporting laws and regulations must be followed.

CLIENT EDUCATION

1. If patient declines testing, provide information about anonymous/confidential testing (Home tests are available for those 17 years of age and older).

2. Educate patient about the limitations of the test.

3. Counsel and reinforce the importance of safer sex practices and have a risk reduction plan.

4. Stress the importance of follow-up and testing of sexual contacts, if HIV positive.

CONSULT/ REFER TO PHYSICIAN

1. Patients with acute opportunistic infections

2. Patients with serious depressive reactions to test results

3. All positive confirmatory tests

References:

