

HIV TESTING AT HMC

1. The policy has changed – effective 01/01/07

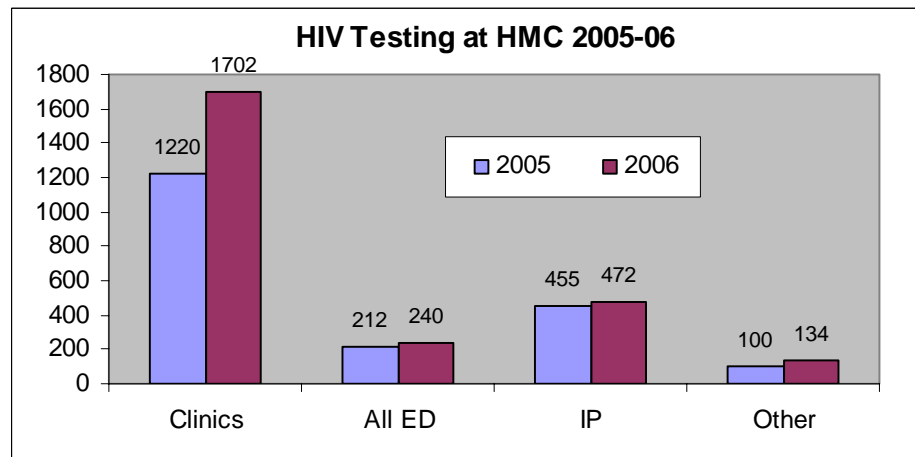
No separate or written consent form required	Informed consent must be documented
No pre-test counseling required	Information (printed or verbal) must be offered. Patients requesting counseling can be referred to STD clinic
Negative results can be given by phone.	Positive results should be given in person
Encourage every patient to know their HIV status.	Screen everyone – where feasible. Annually test sexually active MSM.
Renewed emphasis on partner notification.	Health Dept can directly contact all HIV+ patients after consultation with primary provider.
Rapid testing will be available in certain circumstances.	Check the policy and/or contact the HIV Test Counseling Coordinator

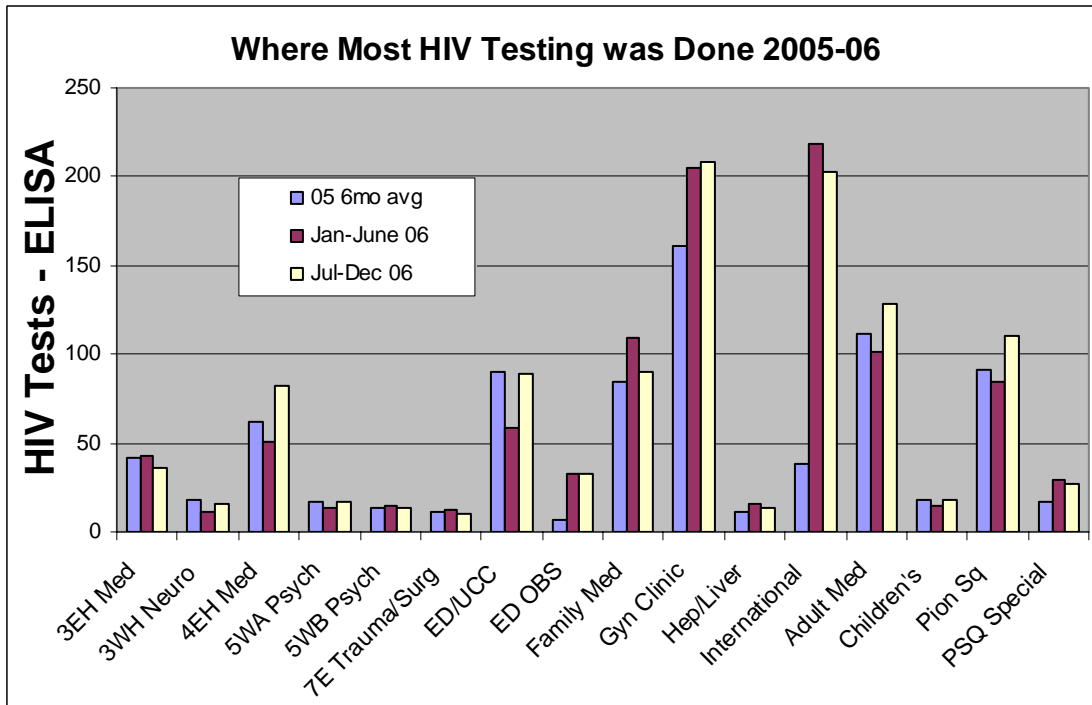
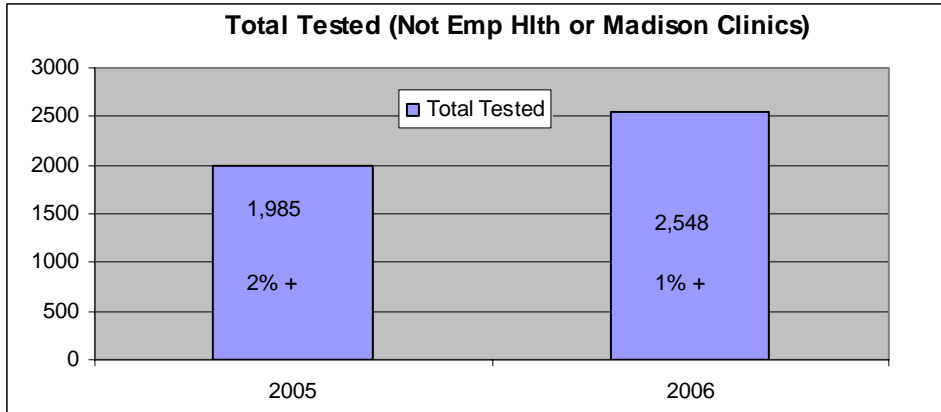
2. AIDS in King County

- King County has an estimated 8,600 HIV infected residents, including approximately 3,225 with AIDS. Over 4,000 have died since 1981.
- An estimated 800-2,200 HIV infected residents of King County do not know they are infected. These individuals may account for transmitting up to 54% of the 350-400 new infections each year in King County.

3. Testing at Harborview

- In 2006, 2,548 patients were tested for HIV at HMC – 28% more than tested in 2005. (This does not include Madison Clinic or Employee Health source patients.)
- Of patients whose status was previously negative or unknown, 2% tested positive in 2005 and 1% in 2006.
- In 2006, 67% of HIV tests were ordered for clinic patients, 19% inpatient, 9% ED/UCC (including ED Inpatient and OBS), and 5% other.





4. The value of testing

- Effective treatment is available.
- “After people become aware they are HIV-positive, the prevalence of high-risk sexual behavior is reduced substantially” *Marks G, et al JAIDS 200539-446*
- Many HIV infected persons access health care but are not tested for HIV until symptomatic.
- Late HIV testing is common. Among 4,127 persons reported with AIDS 45% first tested positive within 12 months of their AIDS diagnosis (MMWR June 27, 2003)
- (Nationally) late testers are more likely to be
 Younger Heterosexual Less educated African American or Hispanic

- “The cost-effectiveness of routine HIV screening in health care settings, even in relatively low-prevalence populations, is similar to that of commonly accepted interventions, and such program should be expanded. *Sanders G, et al. NEJM 2005:352-570.*
- “In all but the lowest-risk populations, routine, voluntary screening for HIV once every 3 to 5 years is justified on both clinical and cost-effective grounds. One-time screening in the general population may also be cost-effective: *Paltiel AD, et al. NEJM 2005:352-586*