HIV TESTING IS NOW ROUTINE

OFFER YOUR PATIENTS A TEST

Together we can end the HIV epidemic.
For more information, visit: test-ct.org



WHY HIV TESTING IS IMPORTANT

As of 2019, an estimated 1.2 million people in the United States have HIV, and it is estimated that 13% are unaware of their status.

Nearly 40% of new HIV infections are transmitted by people who don't know they have the virus.

For people with undiagnosed HIV, testing is the first step in maintaining a healthy life and preventing HIV transmission.

Studies show that the sooner people know their HIV status and start HIV treatment after diagnosis, the more they benefit. HIV treatment reduces the amount of HIV in the blood, reduces HIV-related illness, and prevents transmission to others.

People who get tested and learn they don't have HIV can make decisions about sex, drug use, and health care that can help prevent HIV. Taking HIV medicine called Pre-Exposure Prophylaxis (PrEP) is highly effective in preventing HIV.

ACCURACY OF HIV TESTS

HIV tests are very accurate, but no test can detect the virus immediately after infection. There are a variety of point-of-care tests available that can be offered on site that provide patients with same-day results (within 2-20 minutes).

How soon a test can detect HIV depends on the type of test being used. There are three types of HIV tests: antibody tests, antigen/antibody tests, and nucleic acid tests (NAT).

AVAILABLE TESTING OPTIONS

- **Antibody tests look for antibodies to HIV in a person's blood or oral fluid**. Antibody tests can take 23 to 90 days to detect HIV after exposure. Most rapid tests and the only FDA-approved HIV self-test are antibody tests.

  Antigen/antibody tests look for both HIV antibodies and antigens. Antibodies are produced by a person's immune system when they're exposed to a virus like HIV. Antigens are foreign substances that cause a person's immune system to activate. If a person has HIV, an antigen called p24 is produced before antibodies develop. Antigen/antibody tests are recommended for testing done in labs. An antigen/antibody test performed by a lab on blood from a vein can usually detect HIV 18 to 45 days after exposure. There is also a rapid antigen/antibody test available that is done with a finger stick. Antigen/antibody tests done with blood from a finger stick can take 18 to 90 days after exposure.

- **NATs look for the actual virus in the blood.** This test should be considered for people who have had a recent exposure; or a possible exposure with early symptoms of HIV and a negative antibody or antigen/antibody test. A NAT can usually detect HIV 10 to 33 days after exposure.

HIV TESTING IS NOW ROUTINE (continued)

WHAT THE CDC RECOMMENDS

The CDC advises:

- **Routine HIV screening** of adults, adolescents, and pregnant women in health care settings in the United States.
- **Reducing barriers to HIV testing**, including expanding access to testing.
- **Everyone between 13 and 64 get tested for HIV** at least once as part of routine health care.
- **For people with certain risk factors, getting tested at least once a year** (i.e., having sex with a person who is known to have HIV; sharing needles, syringes, or injection drug equipment with others; and/or being diagnosed or treated for a sexually transmitted disease, hepatitis, or tuberculosis).

WHAT CONNECTICUT RECOMMENDS

Routine HIV screening is one of six recommended strategies for ending the HIV epidemic in Connecticut set by the Getting to Zero Commission in 2018.

WHAT CONNECTICUT REQUIRES

Effective January 1, 2023, all persons over the age of 13 shall be offered an HIV test in primary care settings, however, the patient can opt out of being tested.

Effective January 1, 2024, all persons over the age of 13 shall be offered an HIV test in emergency departments unless they are being treated for a life-threatening emergency, opt out of testing, or are unable to opt out of testing.

WHAT TO DO AFTER A POSITIVE/REACTIVE TEST

- **Confirm results with laboratory testing.**
- **Genetic testing is recommended** at the beginning of treatment to screen for potential drug resistance.
- **Consult the Department of Health and Human Services** (DHHS) Treatment Guidelines.
- **Universal Antiretroviral Therapy (ART) is recommended** for all people living with HIV as soon as possible, regardless of their CD4 count.
- **Medical practitioners are not required to provide prevention counseling** in conjunction with routine HIV screening. However, physicians can link newly diagnosed patients to the CT DPH Partner Services Program to assist with partner notification, and connect them with ongoing resources.
- **Report the case to CT DPH**.

WHAT TO DO AFTER A NEGATIVE TEST

Evaluate the appropriateness of and interest in available prevention strategies to remain negative, and provide information and resources (i.e., re-testing for HIV based on the window period, testing for other sexually transmitted diseases [STDs], condom use, and Pre-Exposure Prophylaxis [PrEP]).

The United States Food and Drug Administration has approved antiretroviral medications for use in HIV prevention in sexually active HIV-negative individuals. These medications are highly effective at preventing HIV if exposed.

PrEP SHOULD BE OFFERED TO INDIVIDUALS AT INCREASED RISK FOR HIV INFECTION.

MORE INFORMATION ON PrEP AND A LIST OF PROVIDERS IN CT IS AVAILABLE AT:
https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/PrEP_Services.pdf

DPH Connecticut Department of Public Health