# HIV TESTING PROVIDER FAQS

## 20 COMMON QUESTIONS AND ANSWERS PROVIDERS MAY HAVE

**Routine HIV Testing is new, so as a provider you may have questions if your specialty is not HIV or Infectious Disease. Being well informed can help you provide better patient care.**

### 1 HOW DO I OFFER AN HIV TEST TO ALL MY PATIENTS?

Use all clinical opportunities to offer an HIV test. These include the patient's first visit, every time you order a blood test, and every time you do a Pap or STD test.

Offer the test as part of routine care. For example, "I'm ordering some blood tests today, and I see you have not had an HIV test in the past. I normally order an HIV test for all my patients and would like to add it to your blood tests today."

### 2 HOW DO I INCORPORATE HIV TESTING INTO MY PRACTICE?

Choose the testing modality that best fits your practice and workflow. You can choose either of the following or a hybrid of both depending on the patient's needs:

- Rapid or Point-of-Care Testing can be offered to patients not needing blood work and preliminary results are provided the same day, in 20 minutes or less.
- HIV testing can be added to routine bloodwork and treated like any other condition you are testing for.
- Pathways can be built into electronic medical records to prompt routine HIV testing.

### 3 WHAT DO I NEED TO KNOW WHEN TESTING YOUTH?

CDC recommends routinely testing people starting at age 13, and in Connecticut, you can test people 13 and older without parental permission. That being said, encouraging youth to talk to their parents is recommended if they are able.

### 4 WHAT ABOUT PRE-TEST AND POST-TEST COUNSELING?

Pre-test and post-test counseling is now recognized as a barrier to testing. However, a referral to a counselor can be made if the patient needs more support.

### 5 DO PATIENTS HAVE TO PROVIDE WRITTEN CONSENT FOR HIV TESTING?

In clinical settings, separate written informed consent is not needed provided HIV is covered under the General Consent to Treat. See 19a-582 for current state law.

### 6 IF HIV TESTING IS ROUTINE, CAN THE TEST JUST BE RUN WITHOUT DISCUSSION?

Yes. However, patients have the right to opt out of HIV testing, so it needs to be communicated in some way. That can be person-to-person, through mailings, on posters in the office, or on general consent forms.

### 7 HOW OFTEN SHOULD I TEST MY PATIENTS FOR HIV?

Test all patients who have not been tested before or do not have documentation of a test in the patient record.

People with known risk factors may need more frequent testing. If patients are engaging in activities that pose risk, such as injection drug use, commercial sex work, sex with multiple partners, or sex with a partner who has untreated HIV, test every 3 months.

### 8 WHAT SHOULD I SAY IF A PATIENT ASKS WHY THEY ARE BEING TESTED?

HIV testing is a routine part of health care for all patients now.

Knowing one's HIV status is important for good health.

### 9 WHY TEST PATIENTS WITH NO RISK FACTORS?

Patients don't always know if they are at risk, and they rarely tell their health care providers even if they do know. Nearly 40% of new HIV infections are transmitted by people who do not know they have HIV.

Testing based on risk factors hasn't worked. One in five patients diagnosed with HIV has AIDS and 60% are diagnosed after they should already be on treatment. Testing all pregnant women, most of whom are at very low risk, has virtually eliminated mother-to-child transmission.

HIV testing is simple, inexpensive, and acceptable to most patients. Treatment is recommended for all patients with HIV, but testing must be done to identify those in need.

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# HIV TESTING PROVIDER FAQS (continued)

## 10 WHAT IF THE PATIENT DOESN'T WANT AN HIV TEST?

As with every medical intervention, the patient has the right to opt out of testing.

## 11 I'M NOT FAMILIAR WITH HIV CARE. WHAT DO I DO IF THE TEST IS POSITIVE/REACTIVE?

You can refer the patient directly to a medical provider for HIV care services. The following link will connect you with services across Connecticut: https://ryanwhitecarefinder.e2ct.org.

## 12 ARE THERE PROGRAMS TO ASSIST WITH PATIENT FOLLOW-UP?

The Connecticut Department of Public Health (DPH) has a Partner Services Program and Disease Intervention Specialists that can assist with partner notification. For more information, visit: https://portal.ct.gov/DPH/Infectious-Diseases/STD/Partner-Services-Information.

## 13 WHAT DO I DO IF A PATIENT TESTS NEGATIVE?

Discuss and determine if they need to be retested based on the last possible exposure (3 months from that event). If so, schedule an appointment.

Determine if the patient is eligible for or interested in Pre-Exposure Prophylaxis (PrEP), and either offer PrEP or a referral for PrEP Services.

Provide the patient with prevention information and materials (condoms, etc.).

## 14 SHOULD ALL PEOPLE TESTING NEGATIVE BE OFFERED PrEP?

PrEP is not for everyone, but everyone should be given the information to decide if it is right for them.

## 15 WHAT MAKES A PATIENT A GOOD CANDIDATE FOR PrEP?

If a patient has repeated exposures through condomless sex, sharing equipment for drug use, sex with a partner whose HIV is not managed, or sex with multiple anonymous partners, PrEP may be right for them.

## 16 WHAT DO I DO IF A PATIENT TESTS POSITIVE/REACTIVE?

Provide support and assure the patient that HIV is manageable.

Encourage patients to inform sexual or needle-sharing partners of their HIV positive test result. Let the patient know there is a Partner Services Program that can assist them with partner notification.

Treat the patient or refer them for treatment ASAP.

Offer a referral to Partner Services.

Report the HIV positive/reactive case to the DPH HIV Surveillance Program in accordance with Provider Reporting Guidelines: https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/Provider-Reporting.

Fax the Confidential Case Report Form to DPH using the confidential fax number (860) 509-8237

If you still have questions call the DPH HIV Surveillance Program at (860) 509-7900

## 17 HOW DO I PROVIDE A PATIENT WITH A NEGATIVE RESULT?

Negative results can be given in person or through a patient portal.

## 18 HOW DO I PROVIDE A PATIENT WITH A POSITIVE RESULT?

A positive/reactive result should be given directly to the patient either in person or on the phone prior to it being released into a patient portal.

Support the patient and reassure them that they will be connected to a provider who will help them manage their HIV.

## 19 WHAT INFORMATION AM I REQUIRED TO REPORT AND WHO DO I CONTACT AT DPH?

All positive/reactive HIV tests are reportable to the State Health Department (19a-2a and 19a-36-2a). https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/Provider-Reporting.

All CD4 and viral load tests are also reportable if you are treating the patient.

## 20 WHAT PROGRAMS EXIST TO HELP WITH PAYING FOR HIV TESTING AND/OR TREATMENT?

In some instances, insurance including Medicaid and Medicare will pay for testing and treatment, but verification is needed. The Connecticut AIDS Drug Assistance Program (CADAP) can help pay for HIV Treatment for individuals with a household income under 500% of the federal poverty level.

https://ct.mrxenroll.magellanrx.com/

There are also patient assistance programs for Pre-Exposure Prophylaxis for those who qualify. https://www.cdc.gov/hiv/basics/prep/paying-for-prep/index.html



DPH Connecticut Department of Public Health