



Georgia Department of Public Health

Routine vs. Targeted HIV Testing

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Date: October 28, 2013



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Objectives

- 2012 HIV testing in Georgia
- To discuss Routine HIV testing
- To discuss Targeted HIV testing

Georgia's HIV Prevention Goals

Reduce new HIV infections

- By increasing the provision of routine-opt screenings for HIV in Georgia where there are high concentrations of HIV infection.
- By increasing the number of HIV tests conducted at public supported non-clinical sites in areas with high concentrations of HIV in Georgia.
- By distributing condoms in clinical and non-clinical sites.

Increase Access to Care and Improving Health Outcomes for people living with HIV

- By increasing the provision of linkage to care, treatment, and prevention services for HIV-diagnosed individuals in Georgia.
- By increasing the number of HIV-positive individuals in Georgia's public health districts who are linked to other HIV-related medical and social services.
- By increasing the capacity of public health supported entities to refer all newly diagnosed person to partner services (PS).

Reduce HIV-Related Health Disparities

- By funding a statewide social marketing campaign with tailored messages aimed at reducing HIV infection rates among gay and bisexual men.
- By re-launching the Georgia Taking Control initiative to increase HIV testing and linkage to care for gay and bi-sexual men.
- By funding a statewide social marketing campaign with tailored messages aimed at reducing HIV infection rates among black heterosexuals.

2012 HIV TESTING IN GEORGIA

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2012 HIV Testing Activities in Georgia excluding Fulton and DeKalb

- # of test events – 80,876
- # of newly diagnosed – 303
- # of previously diagnosed tested – 74

Source: CT Database (EvaluationWeb) as of 20 March 2013 (JRR)
Data excludes sites located in Fulton and DeKalb Counties.

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2012 National Performance Standards

Performance Measures	National	Georgia
<i>Positivity rate of newly- identified positives</i>	1.0%	0.4%
<i>% of persons who test positives receive their results</i>	85%	98%
<i>% of persons who receive their HIV-positive results, are linked to medical care, and attend their first appointment</i>	80%	50%
<i>% of persons who receive their HIV positive test results are referred and interviewed for Partner Services</i>	75%	88%

Source: CT Database (EvaluationWeb) as of 20 March 2013 (JRR)
 Data excludes sites located in Fulton and DeKalb Counties.

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2012 Newly Diagnosed Positives

- # of test results returned – 297
- # of who attended their first medical appointment – 150
- # referred and linked to partner services – 267
- # referred and linked to prevention services - 250

Source: CT Database (EvaluationWeb) as of 20 March 2013 (JRR)

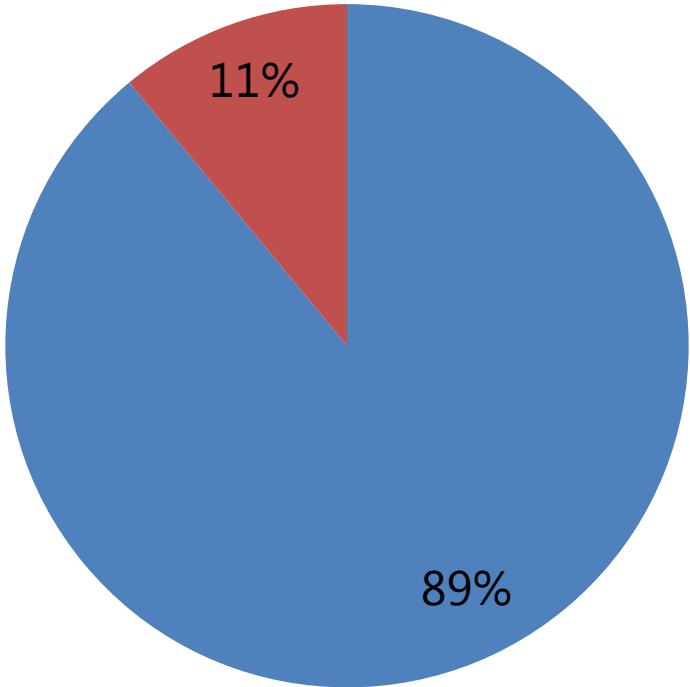
Data excludes sites located in Fulton and DeKalb Counties.

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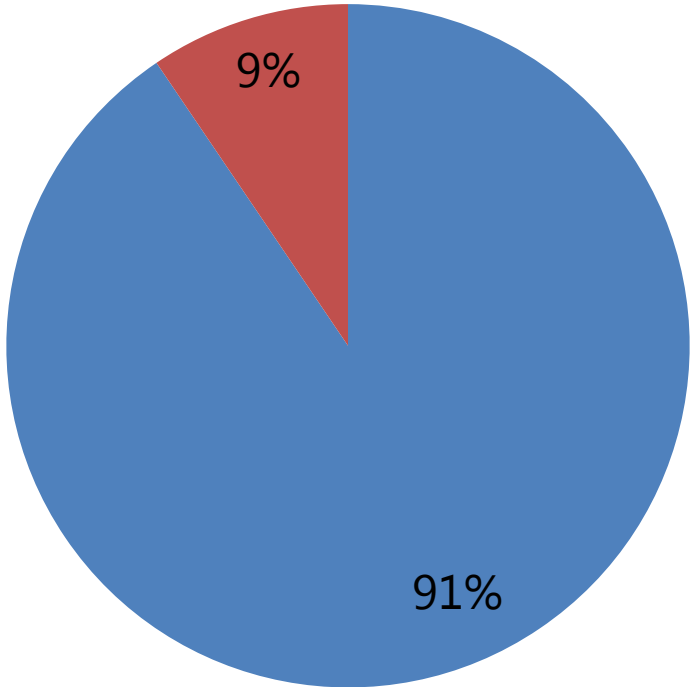
282 Testing Venues Reporting Testing in 2012

■ Healthcare ■ Non-Healthcare

■ Healthcare ■ Non-Healthcare



% of Test vs Testing Setting



% of Positive Test vs Testing Setting *We Protect Lives.*

2012 Testing Demographics

- Healthcare settings 73% among females
- Non-healthcare settings 56% were among males
- 2011 – 70% of PLWHA in Georgia were Black
 - 54% tests in healthcare settings were black
 - 69% tests in non-healthcare settings were black

Source: CT Database (EvaluationWeb) as of 20 March 2013 (JRR)
Data excludes sites located in Fulton and DeKalb Counties.

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ROUTINE HIV TESTING

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What is Routine HIV testing?

- Refers to usual and customary medical care processes and practices that are followed as part of an established protocol or policy
- HIV Routine testing is a CDC recommendation for individuals age 13 to 64
- Individuals are screened as a normal part of care

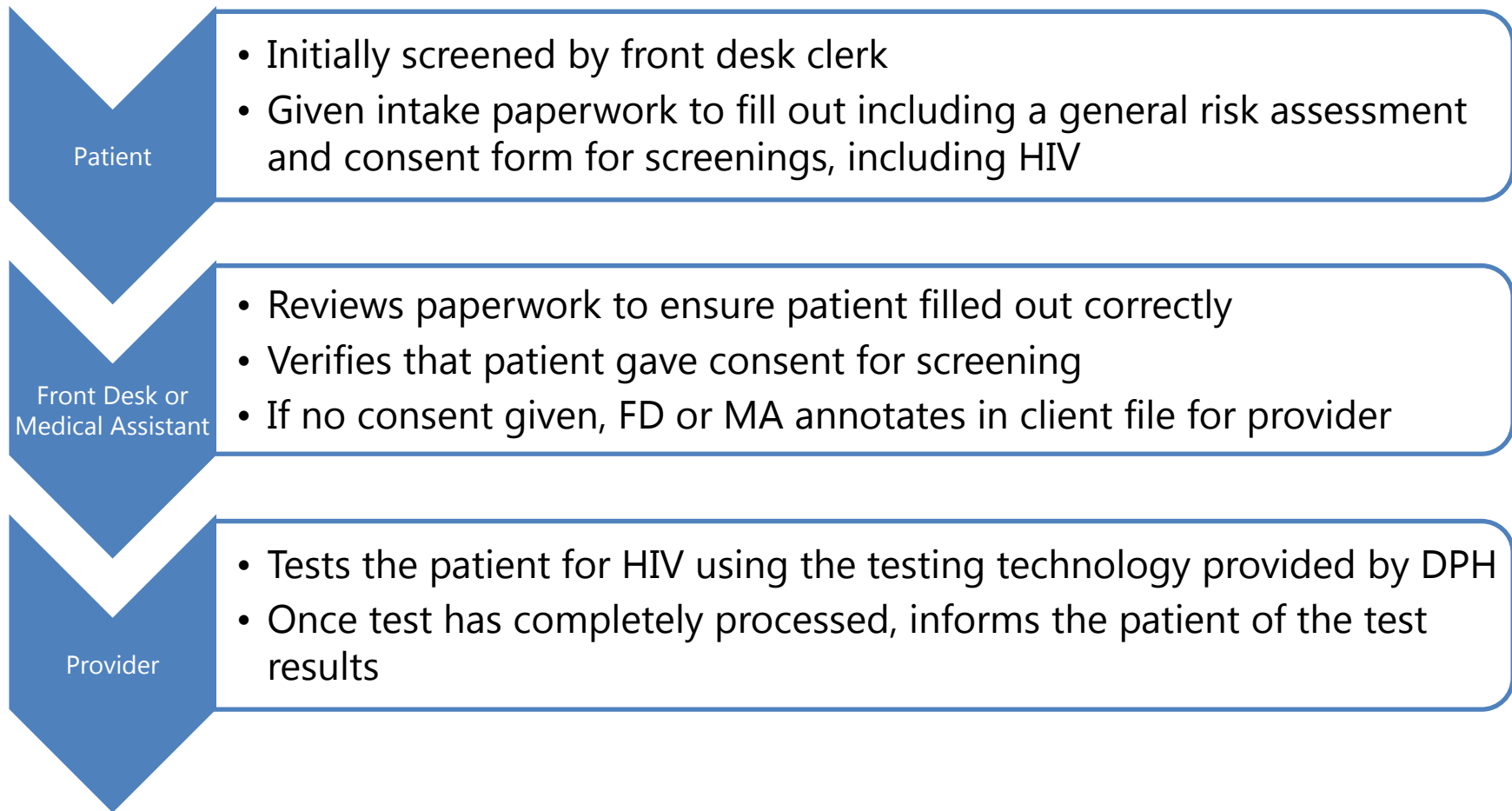
What is Routine HIV testing?

- As with any screening, individuals must have the option of declining a test. An option to decline should be included on a consent form
- Providers must have client/patient informed consent to test; however, it is not required that a provider “verbally” offer HIV testing to patients

Why Routine Test?

- Routine testing maximizes the number of individuals who are aware of their HIV status by reaching them in settings where they are accessing healthcare
- Routine testing is one of the primary ways to remove the stigma of taking an HIV test
- Allows individuals who test positive to be engaged in care and prevention services at the site of diagnosis

Example process of Routine HIV testing?



Things to consider

Determining clinic flow for routine testing??

- Which staff will be involved in the process?
- What does my site's consent for testing look like?
- How will linkage be completed and tracked?
- Which staff are responsible for completing the HIV C&T Form? HIV case report form?
- Which staff are responsible for giving results?
Are staff properly equipped to give reactive results?

Data Collection/Reporting

- How many patients did the clinic see?
- How many patients opted-out of routine testing?
- How many patients tested positive?
- How many patients were linked to care?

TARGETED HIV TESTING

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What is Targeted HIV Testing?

- Targeted Testing is any screening process that is geared to meet a particular population
- Populations identified for targeted testing fall are considered high risk for exposure to HIV.
- Targeted testing can be done in two primary approaches –
 - Provider initiated testing – healthcare professionals identify certain patient risks and offers HIV testing.
 - Patient/Client initiated testing – individuals who feel they may be at risk or have been exposed to HIV seek out testing.

Why Targeted Testing??

- Maximizes use of testing resources
- Allows sites to focus their activities on higher risk populations
- Yields a higher positivity rate than routine or standard testing

Examples of Targeted Testing

- MSM Testing Initiative
- Social Networks Strategy
- Couples Voluntary Counseling and Testing (MSM)
- Couples HIV Counseling and Testing (Heterosexual)

Agency Testing Scenarios

- AID Everyone
- Patch 'Em Up Community Health Center

Individual Testing Scenarios

- Rhonda
- Terri

Linkage to Care

- In the event of a reactive result, clinics should have protocols in place for linking a patient to care
- Those protocols may include linking an individual to an EPI/CDS or to the Ryan White clinic

Common Mistakes in Routine and Targeted HIV Testing

- Patient consent not given to test
- Rapid test technology not being administered according the manufacturer specifications
- Results of the rapid test misinterpreted
- Patient not informed of test results
- Case report form not completed

Questions???

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For more information:

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THANK YOU!!!

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