

IN THIS ISSUE: Late HIV Testing Outcomes and Recommendations for Earlier Diagnosis

**Late HIV Testing Outcomes and
Recommendations for Earlier Diagnosis**

HIV infection and progression to AIDS continues to be a significant public health issues in Washoe County and Nevada, more than 30 years after the epidemic was identified. Advances in treatment have recently allowed for HIV to be categorized as a chronic disease. Ongoing antiretroviral treatment (ART) not only decreases opportunistic infections and HIV related complications, but can also reduce HIV transmission by 96%. However, HIV and AIDS remain stigmatized, thus impacting the number of people who test, are diagnosed and who benefit from ART. Persons living with HIV/AIDS (PLWHA) often have complicated lives that impact their ability to link into and retain HIV care.

An estimated one in eight people in the United States who have HIV do not know they are infected. This segment of PLWHA may not realize their status until they develop complications, years after they were infected. Often, individuals that discover their HIV status late in their infection are designated as an AIDS diagnosis soon after the initial HIV diagnosis.



In Washoe County, between 2009 and 2014, 51 out of 178 HIV cases (29%) progressed to an AIDS diagnosis in less than 12 months. During the same time period, 84% of those

AIDS cases were diagnosed *within a month* of the initial HIV diagnosis. The majority of the patients progressing to an AIDS diagnosis within the first month were diagnosed through the two major regional medical centers in Washoe County. This indicates that people are accessing healthcare due to AIDS related illnesses rather than being tested earlier through other healthcare access points.

HIV testing in a timely manner is needed to reduce complications that arise as an individual's immune system becomes compromised. An estimated 40% of PLWHA in the US are linked and retained care, with Nevada linking and retaining 34% of PLWHA in care. Early diagnosis, linkage and retention into HIV care and initiation of ART increases the likelihood of positive health outcomes, including decreased transmission to others. Recent research demonstrates that linkage and retention into HIV care is critical to successful management of HIV disease (Table 1). Late testing and diagnosis can decrease years of life and quality of life.

Table 1. Linkage and Retention into HIV Care is Critical

PLWHA not diagnosed or retained in care are responsible for 92% of HIV transmissions
PLWHA having >2 missed visits after diagnosis is associated with all-cause mortality with a hazard ratio of 3.20
PLWHA not retained in care are responsible for 61% of HIV transmissions
If 90% of PLWHA are diagnosed and are on ART, HIV incidence could be reduced by 50%

Recommendations for Opt-out Testing in Healthcare Settings

The CDC recommends that health care providers test everyone between the ages of 13 to 64 at least once as part of routine health care. It is further recommended that opt out screening be utilized, meaning HIV testing will be done routinely unless the patient explicitly refuses to take an HIV test (Table 2). The Washoe County Health District (WCHD) encourages providers to routinely provide HIV testing and assessment of sexual and drug risk for all patients.

Table 2. Benefits of Opt-out Testing

Will help more people find out if they have HIV
Will help those infected with HIV find out earlier, when treatment works best
Can further decrease the number of babies born with HIV
Can reduce stigma associated with HIV testing
Will enable those who are infected to take steps to protect the health of their partners

HIV screening is covered by health insurance without co-pay, as provided through the Affordable Care Act. Many options for free and reduced cost testing are also available in Washoe County. To find testing sites, people can text their zip code to KNOWIT (566948) or can contact WCHD. WCHD offers **free** testing opportunities for HIV, syphilis, chlamydia, and gonorrhea weekly.

5 Ps to Sexual History Taking

WCHD highly encourages healthcare providers start a sexual history talking with patients between the ages of 13 to 64 by normalizing the conversation.

“Now I am going to ask you some questions about your sexual health. I ask these questions of all my patients regardless of age or marital status, and they are just as important as other questions about your physical and mental health. Like the rest of this visit, this information is confidential.”

1. Partners
 - ✓ *“Do you have sex with men, women, or both?”*
2. Sexual Practices
3. Past History of STDs
4. Pregnancy Plans
5. Protection for STDs, including HIV

Consider additional questions to identify HIV risk.

- ✓ *“Have you or any of your partners ever injected drugs?”*
- ✓ *“Have you ever been tested for HIV, the virus that causes AIDS?”*

Finish up by reinforcing positive, protective behaviors and opening the door for the patient to share or ask further questions.

- ✓ *“Is there anything else about your sexual practices that I need to know about to ensure your good health care?”*
- ✓ *“Have you been tested for HIV, the virus that causes AIDS?”*

A complete guide and more resources are available at:

http://www.stdhivtraining.org/resource_search.html

For sexual health information in Washoe County, including HIV/STD data, testing, disease investigation, education, and clinician technical assistance, please contact Jennifer Howell at 775-328-6147 or email sexualhealth@washoecounty.us.

REFERENCES

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