

HIV Testing Information for Medical Providers Washington State Regulations & CDC Revised Recommendations

CDC's Revised Recommendations for HIV Testing in Health-Care Settings, released September 22, 2006, has stimulated discussion regarding how the new recommendations compare with current state policy and with the Washington Administrative Code (WAC). The CDC recommendations do not supersede Washington State rules regarding HIV testing and counseling. This fact sheet clarifies the current requirements regarding HIV testing and counseling as codified in the WAC, and compares them to the recommendations of the CDC.

The Washington State Department of Health is very interested in input from health care providers to understand if existing rules present significant barriers to implementation of the CDC recommendations. Please email your comments to Brown McDonald at brown.mcdonald@doh.wa.gov.

Washington State Rules

The Washington Administrative Code (WAC) was revised in June, 2005 to enhance access to HIV testing. The rules require:

- **Informed consent for HIV testing** be obtained. The consent may be included in a general consent for medical care and may be verbal, but must be documented.
- **Pre-test prevention counseling is required only** for persons who are at increased risk for HIV infection and for those who request counseling; such counseling can be accomplished by a referral to a local health department or other appropriate facility such as a community based organization that provides the service.
- **Test results** may be conveyed to patients in person or by telephone, followed by later counseling, if needed.
- **Post-test prevention counseling must be offered.** However, only persons who test positive must be provided such counseling, which may be accomplished by a referral to a local health department or other appropriate facility such as a community based organization that provides the service.

Washington Administrative Code (WAC): 246-100-207, and -209.

CDC HIV Testing Recommendations

The Centers for Disease Control and Prevention (CDC) recommends routine HIV screening for all patients ages 13 to 64 seeking health care for any reason, without regard to patient's known risks for HIV infection; and, recommends annual HIV screening of patients known to be at high risk. (CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, Morbidity and Mortality Weekly Report, September 22, 2006).

CDC Recommendations:

- **Consent** for HIV testing should be inferred from the patient's general consent for medical care; separate HIV-specific consent is not recommended.
- **HIV risk assessment and prevention counseling** are not routinely recommended, but prevention counseling remains strongly encouraged for patients known to be at risk; such counseling can be referred to local health departments.
- **Test results** should be conveyed to patients in the same manner as for other routine diagnostic tests. For example, results may be given to patients by telephone or mail, followed by later counseling, if needed.
- **Post-test prevention counseling** remains critical for patients who test positive. Such counseling may be done through referral to a public health agency or other suitable provider.

The new CDC recommendations can be viewed on-line or downloaded at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.



Medical Provider Information Expanded HIV Testing Summary

HIV Testing

Provide Information about HIV and HIV Testing

This can be written information. Option: DOH Pub 430-021

Assure Consent

Patient must know they are being tested for HIV and agree to this. Agreement can be verbal or written. It must be documented and must be prior to conducting the test.

Provide Brief HIV Risk Assessment, and if appropriate, refer for Pre-Test Counseling

If a patient is at risk for HIV or requests pre-test counseling, provide or refer for pre-test counseling.

Refer patients to the local health department for HIV test counseling:

**Local Health Department
Referral Resources
HIV Counseling and Support**

Negative Results

Provide Result Information

Results may be given over the phone. Discuss 1 to 3-month window period, and if applicable, need for retesting. However, specific efforts need not be made to contact persons with negative results who do not return or telephone for their results.

Refer for Risk Reduction Counseling

For all patients, offer counseling. If patient wants counseling, either provide counseling or refer patient to the local health department.

Positive Results

Provide Result Information

Discuss HIV transmission, ways to protect partners, and disclosure of status to others. Assertive efforts should be made to contact persons with positive results who do not telephone or return for their results.

Provide or Refer for Counseling

For all positive patients, either provide counseling, or ensure patient completes referral for counseling.

Refer patients to local health department for post-test positive counseling and partner elicitation and notification.

Provide Information

- Inform patient that the health department will contact them to offer partner notification services unless you provide those services to the patient yourself.
- Inform patient of reporting requirements and complete case report form for the health department.

Provide Referrals

- Offer appropriate referrals for alcohol, drug, and mental health counseling, including suicide prevention.
- Provide or refer for medical evaluation, including services for other blood-borne pathogens, antiretroviral treatment, and tuberculosis screening.
- Provide referrals to public health department for case management and other support services.

If a person with a positive test result does not return for positive results, contact the local health department. If locating information is accurate, they will contact the patient, inform the patient of the positive results and provide post-test counseling.