

Position Statement on Screening and Testing for HIV Infection

Approved by the Board of Trustees, December 2016

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Issue:

HIV remains a major health issue. People who are diagnosed and treated early can live long, healthy lives. People who are aware of their HIV infection and on adequate antiretroviral medications are significantly less likely to transmit the virus. Testing alone even before or without treatment has been shown to help people modify risk behavior and decrease transmission of the virus.

POSITION:

The APA concurs with the following CDC recommendations (1):

- 1. Clinicians should screen adolescents and adults ages 13 to 64 years for HIV infection, understanding that some jurisdictions may have specific testing requirements to consider, e.g., age range, and opt-out vs opt-in testing. Younger adolescents and older adults who are at increased risk should also be screened. It is also recommended to screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown.**
- 2. People at high risk for HIV infection should be tested at least annually for HIV.**

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BACKGROUND:

The risk/benefit ratio of HIV infection screening has radically shifted with our expanded understanding of the course of HIV infection and the development of antiretroviral treatments that delay the onset of HIV-related illness, influence its course, and prolong life. The advantage of detecting HIV infection before the onset of clinical symptoms is now dramatically clear. These advantages include the prevention of HIV transmission from mother to child, the possibility of suppressing viral replication and decreasing the likelihood of mutations, and the opportunity to offer treatment to infected people before the immune system has been severely damaged. The development of rapid HIV testing is of major significance as it provides results during a single session. Identification of asymptomatic HIV-positive patients by rapid testing benefits the individual's and the public's health. Positive patients can be referred for treatment and taught about practices that will help reduce the risk of infecting others earlier. Although discrimination and stigma remain significant problems, federal and state statutes that offer protection are now in place, and the general population is better informed about the disease and the epidemic. All these factors have increased the benefits of HIV antibody testing relative to its risks. Consistent with these developments, the latest recommendations of the U. S. Preventative Services Task Force/CDC (2) and the National HIV/AIDS Strategy for the United States: Updated to 2020 (3) advise routine HIV infection screening.

Although the APA does not endorse laws or regulations requiring the names of HIV-seropositive individuals to be reported to public health officials, it is important to know that all states require name reporting for AIDS cases, and most require name reporting for HIV positive antibody test **results**. In some states anonymous testing, which does not require personal identification, is available. Otherwise, HIV testing is confidential and follows the usual privacy rules for medical information unless state law specifies otherwise. Some states have mandatory testing of newborns, which may be the first time a mother learns of her HIV status.

REFERENCES:

- (1) CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MWR*, 2006; 55(RR14);1-17
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
- (2) US Preventative Services Task Force final recommendation statement, Human Immunodeficiency Virus (HIV) infection: screening, April 2013.
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening#consider>
- (3) National HIV/AIDS strategy for the United States: update to 2020, July 2015.
<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>