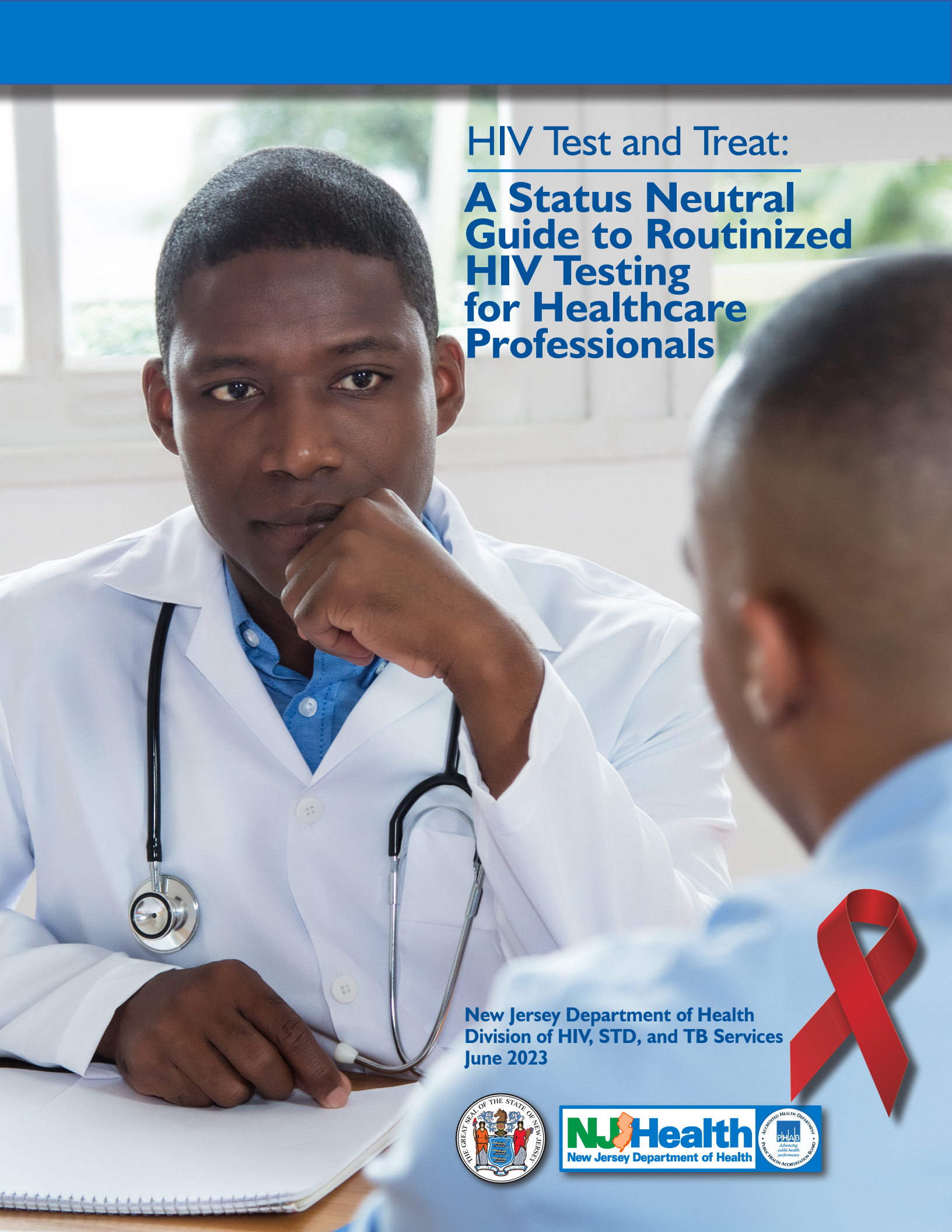

HIV Test and Treat:

A Status Neutral Guide to Routinized HIV Testing for Healthcare Professionals

New Jersey Department of Health
Division of HIV, STD, and TB Services
June 2023

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Executive Summary

In 2019, the U.S. Department of Health and Human Services (HHS) launched the Ending the HIV Epidemic (EHE) initiative in the United States. EHE aims to reduce new HIV infections by 90% by 2030 by scaling up key HIV prevention and treatment strategies with four main pillars: diagnose all people with HIV (PWH) as early as possible; treat PWH rapidly and effectively; prevent new HIV transmissions with proven interventions; and respond quickly to potential HIV outbreaks.[1] The EHE initiative is a comprehensive approach that provides targeted infusion of new resources and support 57 phase one jurisdictions, two of which are in New Jersey - Essex and Hudson counties.

In addition to EHE in Essex and Hudson counties, the New Jersey Department of Health (NJDOH) announced the state Ending the Epidemic plan, which aims to reduce the number of new HIV infections by 75%, promote access to testing so 100% of individuals know their HIV status, and promote Linkage-to-Care (LTC) so 90% of PWH are virally suppressed by 2025.[2]

Testing for HIV is the only way to determine if a person is living with the virus. If individuals do not know their HIV status, HIV transmission cannot be eliminated. The Centers for Disease Control and Prevention (CDC) recommend that every person between the ages of 13 and 64 years old receive an HIV test at least once, regardless of risk.[3] For people with certain risk factors, CDC recommends getting tested at least once a year.[4] Two goals of the NJDOH are to ensure all PWH know their status and to systematically provide status neutral services that support the treatment and prevention of HIV for all New Jerseyans. By establishing routinized HIV testing using the "Test and Treat" (T&T) model, newly diagnosed patients will have access to antiretroviral therapy (ART) rapidly, thus increasing their likelihood of becoming virally suppressed. For high-risk HIV negative patients, routinized testing offers opportunities to access pre-exposure prophylaxis (PrEP) and other prevention services. Additionally, this guidance supports the integration of routine sexually transmitted infections (STI) and hepatitis C (HCV) testing in clinical settings as they share the same modes of transmission.

Testing for HIV is the only way to determine if a person is living with the virus. If individuals do not know their HIV status, HIV transmission cannot be eliminated.

This guidance presents an overview of relevant information for practitioners, including physicians, physician assistants, advanced nurse practitioners, nurse practitioners, and registered nurses who work in traditional clinical settings where T&T may be implemented.

Traditional clinical settings are defined as:

- Primary Care Offices (including pediatrics)
- Obstetrics & Gynecology Offices
- Emergency Departments
- Community Health Clinics

HIV Screening Policy

In 2006, the CDC released updated HIV screening recommendations indicating that patients 13 to 64 years old in all healthcare settings should be tested for HIV at least once; and persons at high risk for acquiring HIV should be screened at least annually.[3] For individuals who are pregnant, HIV screening should be completed in the first and third trimester.[3] Additionally, as of 2019, the United States Preventative Service Task Force (USPSTF) provided a Grade A recommendation for clinicians to screen for HIV in all pregnant persons, adolescents and adults aged 15 to 65 years.[5] For all populations, HIV screening should not require separate written consent, but should be included in general consent for medical care.[6]

Currently, New Jersey does not have statutes requiring informed consent for HIV screening, thus allowing for the implementation of "opt-out" HIV testing in clinical settings to be conducted under general consent. "Opt-out" HIV screening is defined as conducting HIV testing after notifying the patient (via patient brochure, practice literature, or discussion) that it is part of the standard preventative screening tests where they may decline or defer testing.[6,7] Despite the federal guidance and the ability to incorporate opt-out screening, New Jersey has failed to consistently implement routine HIV screening, which increases the number of missed opportunities to detect HIV. Testing is the gateway to care for PWH as it is the first step into the continuum of sustained care that yields positive health outcomes. Additionally, providers can engage high-risk negative patients into preventative care with the encouragement of biomedical interventions such as PrEP and PEP.

Given the Grade A recommendations for routine HIV screening issued by USPSTF in 2006 and 2019, respectively, NJDOH recommends that individuals between the ages of 13 and 64 years be screened annually for HIV during primary care, emergency room, or gynecological visits.

Best Practices

New York and Florida's state health departments have successfully implemented routine HIV screening in clinical settings. Florida's HIV T&T guidance states that HIV infection is consistent with all generally accepted criteria that justifies screening on the basis that: HIV infection is a serious health disorder that can be diagnosed prior to the development of symptoms; HIV is identifiable with reliable, inexpensive, and noninvasive screening tests; PWH should live long and healthy lives if they are treated early; and screening costs are reasonable in relation to anticipated benefits. As for New York, public health law and regulation removed the requirement of obtaining written or oral informed consent for an HIV test to allow for integration of routine "opt-out" screening.[9]

HIV Screening In Clinical Settings

Currently, New Jersey does not have statutes requiring informed consent for HIV screening, thus allowing for the implementation of "opt-out" HIV testing in clinical settings to be conducted under general consent.

HIV Screening In Clinical Settings

Best practices from both Florida's and New York's guidance state that HIV testing must be offered at least once as part of routine health care to all patients 13 years and older receiving primary care services. To identify HIV among people who are not regularly engaged in primary care, it is recommended that hospitals offer HIV testing to all persons seeking services in emergency departments. HIV testing is most effective when it is presented as a clinical recommendation of the healthcare provider. If patients whose behaviors indicate an elevated risk for acquiring HIV, they should be offered HIV testing at least annually and as frequently as every three months to promote early detection. However, since many people choose not to disclose their risk behaviors, it is recommended that providers adopt a low threshold for recommending HIV testing.

Starting in 2010, Gilead Sciences launched FOCUS (Frontlines of the Communities in the United States), where partner institutions (i.e., hospitals, community health centers, STI clinics etc.) integrated routine HIV Screening and Linkage to Care (SLTC) by implementing standing physician orders for the test, automating Electronic Medical Record (EMR) reminders to order a test, creating staff fact sheets and checklists for HIV screening, and conducting training with clinical staff.

As EMR and laboratory information systems are now a standard of medical practice, it is essential that EMR modifications are made to support routine HIV screening. Modifications to EMR systems can be utilized by creating an algorithm to determine testing eligibility, prompt staff to offer HIV testing, (i.e., create best practice alerts or "hard stops" in the EMR patient flow), order HIV laboratory tests, record results, conduct continuous quality improvement (CQI), support billing, trigger multiple opportunities to offer the HIV test at the same visit or successive visits, and record events where patients "opt-out" of HIV testing

HIV testing is most effective when it is presented as a clinical recommendation of the healthcare provider.

Implementation

In order to implement routine HIV screening in clinical settings, we recommend adopting the four pillars of the **"TEST"** approach developed by Gilead Sciences through Project Focus:[11]

T Testing integrated into normal clinical flow to promote the normalization and sustainability of HIV testing

E Electronic Medical Record modification (EMR) to prompt testing, automate processes, populate lab orders, and track performance

S Systemic policy change to establish a multi-level, organization-wide commitment to implement routine testing and Linkage to Care

T Training, feedback, and quality improvement to identify best practices and motivate staff.

Clinical settings will increase the frequency and sustainability of routine HIV SLTC when these functions are fully integrated into existing clinic flow. Structuring clinical settings to integrate HIV screening will reinforce provider perceptions that HIV screening is a routine part of care.

The third pillar in this model addresses systemic policy change, especially by changing the perception of HIV screening by key clinical setting leadership. Routine HIV SLTC in clinical settings requires an organization-wide commitment from leadership and clinic staff and involves a continuous process of uncovering barriers and developing solutions to change the perception of HIV testing from a specialized service to a routine one.

Lastly, the fourth pillar emphasizes the continuous cycle of training, feedback, and quality improvement to monitor progress and outcomes. To ensure HIV SLTC is being implemented in a routine manner, systems must be able to track and monitor unique patient visits, eligibility for testing, test offers, tests conducted and status neutral linkage to care. These CQI systems allow for clinical partners to collect monitoring data and incorporate feedback of monitoring systems to ensure a full scale-up and sustainability of routine testing in clinical settings.[11]

Billing

In 2018, the National Alliance of State and Territorial AIDS Directors (NASTAD) developed a thorough coding guide for healthcare professionals for submitting claims for reimbursement for HIV testing and prevention services. Please reference this guide for billing codes (nastad.org/resources/billing-coding-guide-hiv-prevention).

HIV Screening In Clinical Settings

As EMR and laboratory information systems are now a standard of medical practice, it is essential that EMR modifications are made to support routine HIV screening.

Status Neutral HIV Care Continuum

Status Neutral Definition

In 2021, the CDC adopted New York City's HIV Status Neutral Prevention and Treatment Cycle as a best practice to ensure everyone has access to quality and comprehensive services and resources regardless of HIV status.[13] This approach recognizes that the provision of HIV services does not start or end with a positive or negative test result. However, it engages patients into the continuum of HIV treatment and prevention services to better assist them in staying healthy. Additionally, the status neutral cycle serves as a stigma and discrimination reduction strategy (see Appendix B for status neutral diagram).[14]

Receiving a NEGATIVE Result

After receiving a negative HIV result, it is strongly encouraged to evaluate the appropriateness of, and patient's interest in, prevention strategies through open discussions of sexual practices and other behaviors that may put the patient at risk for acquiring HIV. A risk reduction plan may include planned re-testing for HIV and other STIs, condom use, PrEP, and referral to harm reduction and syringe access services.

After receiving a negative HIV result, it is strongly encouraged to evaluate the appropriateness of, and patient's interest in, prevention strategies through open discussions of sexual practices and other behaviors that may put the patient at risk for acquiring HIV.

There are currently three PrEP medications that are approved by the United States Food and Drug Administration that are effective for HIV prevention: Truvada, Descovy and Apretude (injectable). PrEP should be considered and is recommended for persons weighing at least 35kg or 77lbs (including adolescents) who are at increased risk for acquiring HIV. Truvada is effective for all persons regardless of sexual orientation or gender identity. Descovy is effective for men who have sex with men (MSM) and transgender women. Lastly, Apretude is effective for cisgender men, transgender women, and cisgender women (note: Apretude is given every other month after initiation injections by a healthcare provider have been given one month apart for two consecutive months. Healthcare providers may prescribe the patient with one month of once-daily starter pills.[15,16]

After the patient and provider determine that PrEP is appropriate and the patient is willing to begin taking PrEP, providers must conduct additional baseline laboratory testing before prescribing PrEP. Additional testing includes: STIs (gonorrhea, chlamydia, and syphilis), Hepatitis B, Hepatitis C, renal function, and, if appropriate, a pregnancy test. It is recommended to limit the prescription to three months and follow up with the patient's labs every three months.[16,17] For more implementation and prescribing guidance, visit hivguidelines.org, a resource provided by the New York State Department of Health.

PrEP has received a Grade A recommendation from the USPSTF and, as a result, qualifying insurance plans are required or encouraged to cover all costs related to PrEP without patient contribution.[18]

Indications for PrEP			
	MSM & Transgender Women	**Heterosexual Men/Women**	**People Who Inject Drugs**
Detecting substantial risk for acquiring HIV infection	• Sexual partner w/ HIV • Recent bacterial STI • >1 sex partner • History of inconsistent or no condom use • Commercial sex work	• Sexual partner w/ HIV • Recent bacterial STI • >1 sex partner • History of inconsistent or no condom use • Commercial sex work • Lives in high prevalence area or network	• HIV-positive injecting partner • Sharing injection equipment • Recent drug treatment (but currently injecting)
Clinically Eligible	• Documented negative HIV test before prescribing PrEP • No signs/symptoms of acute HIV infection • Normal renal function, no contraindicated medications • Documented hepatitis B virus infection and vaccination status		

Figure 2. Indications for PrEP

Receiving a POSITIVE Result

After receiving a patient's confirmatory positive HIV test result, it is essential to start the patient on antiretroviral therapy (ART) medication rapidly. Starting ART immediately after diagnosis improves health outcomes by preventing disease progression and reducing viral load, which may lead to viral suppression. Depending on the type of test conducted, there are different methods to confirm a patient's positive result. If a rapid test is used and is positive, it is recommended that the initial testing clinic have a memorandum of agreement (MOA) with the closest HIV treatment facility to confirm the results. Once a confirmed positive test is obtained, patients can begin rapid ART.

The T&T model will adopt the AIDS Education and Training Center (AETC) definition of rapid ART, which refers to starting HIV treatment as soon as possible after HIV diagnosis, also known as "treatment upon diagnosis." Facilitation of rapid ART can be made available through an insurance program, providing patient with samples and/or medication vouchers. During this same time, providers should obtain baseline labs to determine a long-term ART regimen; however, providers should NOT wait to begin a treatment regimen. Baseline labs include: absolute

Status Neutral HIV Care Continuum

There are currently three PrEP medications that are approved by the United States Food and Drug Administration that are effective for HIV prevention: Truvada, Descovy and Apretude (injectable).

Status Neutral HIV Care Continuum

CD4 count, viral load, hepatitis panel (A, B and C), comprehensive metabolic panel, STIs, and pregnancy test, if applicable. Once providers receive the baseline labs, they can adjust the regimen accordingly. For more information on prescribing ART, visit hivguidelines.org.

U=U and TasP

The scientific finding of "Undetectable = Untransmittable" or "U=U" has been promoted as a health equity initiative by the Prevention Access Campaign since 2016 and has been endorsed by the CDC and many other health departments, including the New Jersey Department of Health. U=U asserts that individuals who keep their viral load below the level of assay detection (typically HIV RNA <20 copies/mL) cannot transmit HIV through sex. The U=U campaign is supported by the Treatment as Prevention (TasP) strategy, which refers to taking HIV medication as prescribed and remaining in care to achieve an undetectable viral load. For HIV treatment to provide maximum benefit, it is essential that ART is taken as prescribed with the goal of achieving viral suppression. Although viral suppression is the goal for PWH, it is critical that providers explain the importance of consistent ART adherence to suppress viral load and support positive health outcomes.

For HIV treatment to provide maximum benefit, it is essential that ART is taken as prescribed with the goal of achieving viral suppression.

In addition to rapid ART initiation and adhering to medication, clinical settings are encouraged to engage with community-based organizations (CBOs) to improve (LTC) and to connect newly diagnosed patients with any needed social services. Establishing partnerships between clinical and nonclinical agencies creates a comprehensive network of referrals and services for PWH to engage and remain in HIV care and treatment. For a list of State-funded agencies in your area, visit NJDOH's Division of HIV, STD, and TB Services (DHSTS) website, at https://www.nj.gov/health/hivstdtb/, or email us at ehe@doh.nj.gov.

Integration of Tests

HIV often co-occurs with multiple other infectious diseases. The risk behaviors that lead to HIV acquisition are similar to other infections, namely STIs and viral hepatitis (HCV/HBV). These infectious diseases are central to HIV-related syndemics. The same structural and social factors, such as poverty, racism, stigma, and discrimination, drive comorbidity among HIV, STIs, and HCV/HBV. These infections share the same modes of transmission, and it is common for co-infections to occur. The integration of HIV/HBV/HCV/STI testing in clinical settings will encourage patients to know their full status and receive the treatment and services that are needed.

Testing is an essential strategy within the federal EHE and state Ending the Epidemic initiatives. Routinizing the T&T model in traditional healthcare settings will confront missed opportunities, standardize testing, and eliminate stigma associated with testing for HIV and STIs/HCV/HBV; it can also connect patients with status neutral services earlier.

NJDOH and the DHSTS offer technical assistance and capacity building trainings for healthcare providers to increase their ability to incorporate routine HIV screening in traditional healthcare settings. NJDOH can also facilitate the partnership of clinical settings and CBOs to establish a network of clinical and social services for patients (see Appendix C for list of NJDOH-DHSTS HIV funded agencies).

For more information or to request trainings, contact ehe@doh.nj.gov.

Collaboration is Key to End the Epidemic

NJDOH and the DHSTS offer technical assistance and capacity building trainings for healthcare providers to increase their ability to incorporate routine HIV screening in traditional healthcare settings.

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Appendix A: Additional Resources

HIV Clinical Guidelines - hivguidelines.org/

CDC PrEP Guidelines - www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

ART Guidelines - https://www.hivguidelines.org/antiretroviral-therapy/

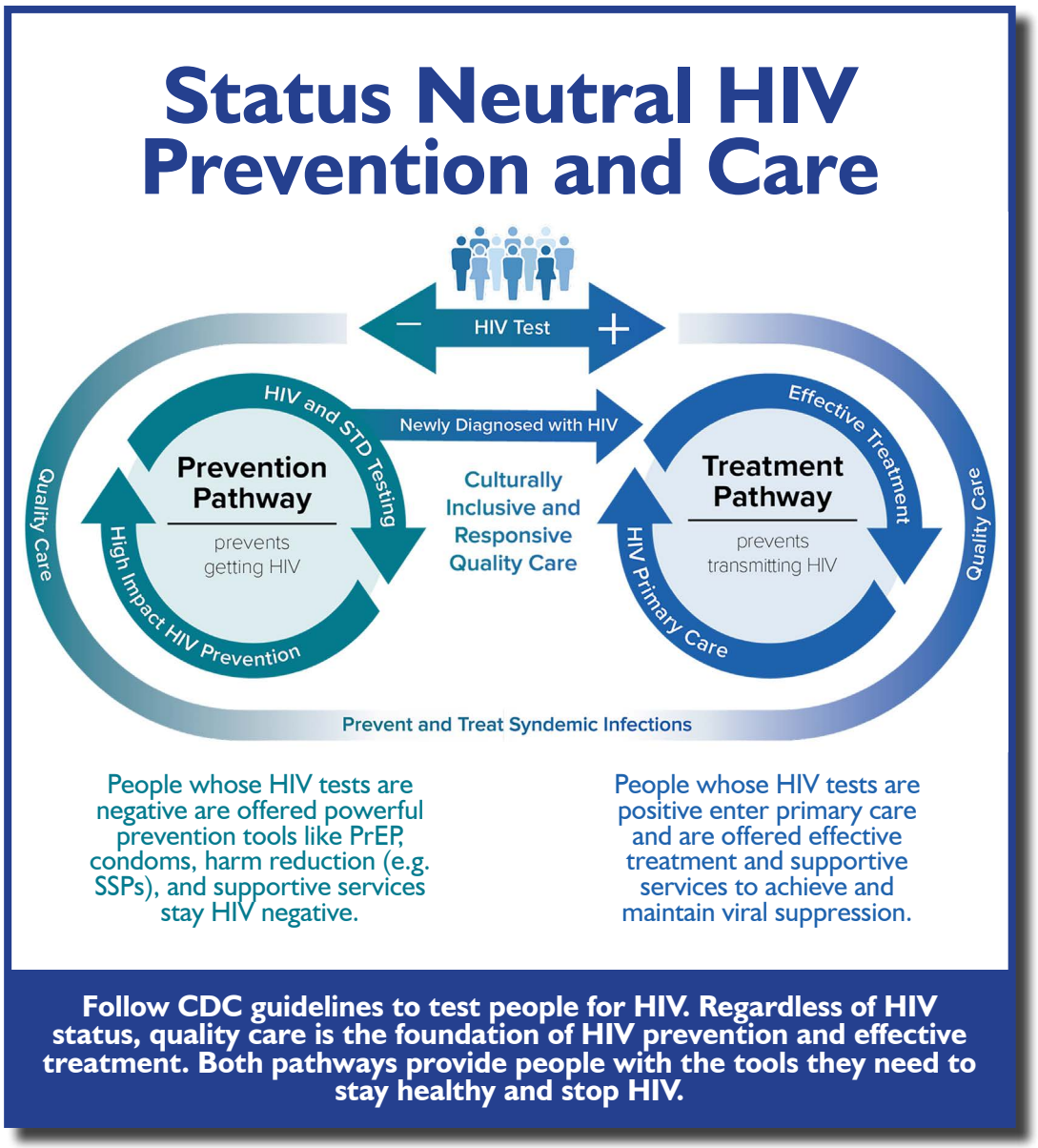
NASTAD Billing Codes - nastad.org/sites/default/files/2021-12/PDF_BillingCodingGuide_v5.pdf

NJ HIV Training & Capacity Development Program - www.njtacd.org/home

New Jersey Ending the Epidemic Plan - www.nj.gov/health/hivstdtb/hiv-aids/Ending%20the%20HIV%20Epidemic%20in%20New%20Jersey%20Plan.pdf

AETC Immediate ART Initiation Guide for Clinicians - aidsetc.org/sites/

Appendix B: Status Neutral HIV Prevention and Care



Appendix C: NJDOH-DHSTS Funded HIV Agencies

ATLANTIC COUNTY

Atlanticare Health Services
1925 Pacific Avenue
Atlantic City, NJ 08401
www.atlanticare.org

South Jersey AIDS Alliance
19 Gordon's Alley
Atlantic City, NJ 08401
www.southjerseyaidsalliance.org

BERGEN COUNTY

Buddies of New Jersey
149 Hudson Street
Hackensack, NJ 07601
www.njbuddies.org

BURLINGTON COUNTY

Burlington County Health Department
15 Pioneer Blvd.
Westampton, NJ 08060
www.co.burlington.nj.us/1331/HIVAIDS

CAMDEN COUNTY

Camden AHEC
514 Cooper Street
Camden, NJ 08102
www.camden-ahec.org

Cooper Health System
One Cooper Plaza
Camden, NJ 08103
www.cooperhealth.org

Appendix C: NJDOH-DHSTS Funded HIV Agencies

Kennedy University Hospital, Inc.
1099 White Horse Road
Voorhees, NJ 08043
www.kennedyhealth.org

New Jersey Association on Correction
Camden County Scattered Site Housing Project
311 Market Street
Camden, NJ 08102
njaconline.org/what-we-do/health/camden-county-scattered-site-housing-project/

CUMBERLAND COUNTY

CompleteCare Health Network
14 North Pearl Street
Bridgeton, NJ 08302
www.completecarenj.org

ESSEX COUNTY

African American Office of Gay Concerns
877 Broad Street, Suite 211
Newark, NJ 07102
www.aaogc.org

AIDS Resource Foundation for Children
77 Academy Street
Newark, NJ 07102
www.aidsresource.org

Catholic Charities of the Archdiocese of Newark
590 North 7th Street
Newark, NJ 07107
www.ccannj.org

Appendix C: NJDOH-DHSTS Funded HIV Agencies

Community Health Law Project
185 Valley Street
South Orange, NJ 07079
www.chlp.org

East Orange Health Department
143 New Street
East Orange, NJ 07017
www.eastorange-nj.gov/178/HIV-Testing

Hyacinth AIDS Foundation
194 Clinton Avenue, Lower Level
Newark, NJ 07108
www.hyacinth.org/

Isaiah House
238 North Munn Avenue
East Orange, NJ 07017
www.isaiahhouse.org

Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, NJ 07112
www.rwjbh.org/newark-beth-israel-medical-center

Newark City Health Department
920 Broad Street, Room 200
Newark, NJ 07102
www.newarknj.gov/departments/healthcommunitywellness

North Jersey AIDS Alliance (North Jersey Community Research Institute)
393 Central Avenue
Newark, NJ 07103
www.njcri.org

Appendix C: NJDOH-DHSTS Funded HIV Agencies

Planned Parenthood of Metropolitan NJ
238 Mulberry Street
Newark, NJ 07102
www.plannedparenthood.org/ppmnj

Rutgers Division of Adolescent and Young Adult Medicine (DAYAM)
185 South Orange Avenue
Newark, NJ 07103
njms.rutgers.edu/departments/pediatrics/divisions/dayam/index.php

Rutgers Infectious Disease Practice
185 South Orange Avenue
Newark, 07101
njms.rutgers.edu/departments/medicine/infectious_diseases/cc_rwp.php

Saint Michael's Clinic
111 Central Avenue
Newark, NJ 07102
www.smmcnj.org

HUDSON COUNTY

Hudson Pride Center
176 Palisades Avenue, 3rd fl.
Jersey City, NJ 07306
hudsonpride.org

Hyacinth AIDS Foundation
48 Fairview Avenue
Jersey City, NJ 07304
www.hyacinth.org/

Appendix C: NJDOH-DHSTS Funded HIV Agencies

Hyacinth AIDS Foundation
Living Out Loud
653-655 Newark Avenue, 2nd fl.
Jersey City, NJ 07306
www.hyacinth.org/

Hyacinth AIDS Foundation
440 60th Street, Suite 201
West New York, NJ 07093
www.hyacinth.org/

Jersey City Health Department
280 Grove Street,
Jersey City, NJ 07302
www.jerseycitynj.gov/cityhall/health

Jersey City Medical Center
242 Barrow Street, Suite CU
Jersey City, NJ 07302
rwjbh.org/jerseycitymedicalcenter

MERCER COUNTY

Henry J. Austin Health Center
321 Warren Street
Trenton, NJ 08618
www.henryjaustin.org

Hyacinth AIDS Foundation
849 W. State Street
Trenton, NJ 08618
www.hyacinth.org/

Appendix C: NJDOH-DHSTS Funded HIV Agencies

New Jersey Association on Correction
Correctional AIDS Project
1701 S. Broad Street
Hamilton, NJ 08610
njaconline.org/what-we-do/health/correctional-aids-project-monmouth-county/

MIDDLESEX COUNTY

Eric B. Chandler Health Center
277 George Street
New Brunswick, NJ 08901
rwjms.rutgers.edu/eric-b-chandler-health-center/english/about-us

Hackensack Meridian Health
Early Intervention Program
530 New Brunswick Avenue
Perth Amboy, NJ 08861
www.hackensackmeridianhealth.org/en/Locations/HMH-Early-Intervention-Program-Perth-Amboy

Hyacinth AIDS Foundation
317 George Street, Suite 203
New Brunswick, NJ 08901
www.hyacinth.org/

Robert Wood Johnson AIDS Program
1 Robert Wood Johnson Place
New Brunswick, NJ 08901
rwjms.rutgers.edu/departments/pediatrics/divisions/division-of-allergy-immunology-and-infectious-diseases/aids-program/aids-program-overview

Appendix C: NJDOH-DHSTS Funded HIV Agencies

MONMOUTH COUNTY

The Center in Asbury Park
806 Third Avenue, Asbury Park, NJ 07712
www.thecenterinap.org/

Monmouth Medical Center
300 2nd Avenue
Long Branch, NJ 07740
www.rwjbh.org/monmouth-medical-center/

New Jersey Association on Correction
Winifred Canright House
615 First Avenue
Asbury Park, NJ 07712
njaconline.org/what-we-do/health/winifred-canright-house-monmouth-county/

Visiting Nurse Association of Central Jersey
Prevention Resource Network
816 Sunset Avenue
Asbury Park, NJ 07712
www.prnvnacj.org/

MORRIS COUNTY

Atlantic Health System
100 Madison Avenue
Morristown, NJ 07960
www.atlantichealth.org/

New Jersey AIDS Services
3 Executive Drive
Morris Plains, NJ 07950
www.edgenj.org

Appendix C: NJDOH-DHSTS Funded HIV Agencies

Planned Parenthood of Northern, Central and Southern NJ
450 Market Street
Perth Amboy, NJ 08861
www.ppgnnj.org

Zufall Health Center
18 W Blackwell Street
Dover, NJ 07801
www.zufallhealth.org

PASSAIC COUNTY

Coalition on AIDS in Passaic County (CAPCO)
100 Hamilton Plaza, Suite 1406
Paterson, NJ 07505
capcoresource.com

Hyacinth AIDS Foundation
100 Hamilton Plaza, 14th fl.
Paterson, NJ 07505
www.hyacinth.org/

Saint Joseph's Hospital and Medical Center
703 Main Street
Paterson, NJ 07503
www.stjosephshealth.org

UNION COUNTY

Hyacinth AIDS Foundation
107 Park Ave, 3rd Fl.
Plainfield, NJ 07060
www.hyacinth.org/

Proceed
1126 Dickinson Street
Elizabeth, NJ 07201
www.proceedinc.com

Appendix C: NJDOH-DHSTS Funded HIV Agencies

Neighborhood Health Services Corporation
1700 Myrtle Avenue
Plainfield, NJ 07063
www.nhscnj.org/

Trinitas Regional Medical Center
225 Williamson Street
Elizabeth, NJ 07202
www.rwjbh.org/trinitas-regional-medical-center/treatment-care/hiv-aids/

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