Philadelphia Department of Public Health



Division of Disease Control

THOMAS A. FARLEY, MD, MPH Health Commissioner CAROLINE C. JOHNSON, MD Acting Deputy Health Commissioner & Director, Division of Disease Control

Health Advisory Opt-Out HIV Testing February 7, 2017

Today, February 7, is National Black HIV/ AIDS Awareness Day. In Philadelphia, HIV disproportionately affects communities of color, particularly Black communities. We take today as an opportunity to remind you that routinized opt-out testing and linkage to highly effective HIV treatment and prevention is at the core of reducing HIV in Black communities and empowering Philadelphians to live longer, healthier lives.

In 2015, the rates of new HIV diagnoses were highest among Non-Hispanic Blacks in Philadelphia (61.7 per 100,000). The overall number of reported HIV cases among Non-Hispanic Blacks is along twice that of Non-Hispanic Whites and Hispanics combined. The Centers for Disease Control and Prevention (CDC) recently estimates the lifetime risk for HIV acquisition to be 1 in 20 for Black men and 1 in 48 for Black women, this risk sharply increases considerably to 1 in 2 for Black men who have sex with men. Locally, in Philadelphia, 2.9% of all Black men and 1.1% of Black women in Philadelphia are living with HIV.

SUMMARY POINTS

- All patients between the ages of 13-64 who present to a healthcare setting should receive routine optout HIV testing.
- Use blood-based HIV -1/2 antigen/antibody combination immunoassay to screen for HIV infection.
- Refer patients with antibody or antigen positive for immediate initiation of antiretroviral therapy.
- PrEP, a once daily medication, is over 90% effective when taken consistently in preventing HIV
- Report acute cases of HIV infection to PDPH at 215-685-4781

The Philadelphia Department of Public Health (PDPH) and the CDC recommend that all patients in a healthcare setting- including hospital emergency departments, urgent-care clinics, inpatient services, Sexual Transmitted Disease (STD) clinics, substance abuse treatment clinics, other public health clinics, community clinics, correctional health-care facilities, and primary care settings- between the ages of 13-64 receive routine opt-out HIV testing. Persons at high risk for continued HIV exposure should be screened for HIV at least annually. Persons likely to be at high risk for continued HIV exposure include people who inject drugs and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and MSM or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.³

Clinicians should use blood-based HIV-1/2 antigen/antibody combination immunoassay (4th generation) to screen for HIV infection. If antibody or antigen positive, clinicians should refer patients for immediate initiation of antiretroviral therapy (ART). For additional information or support, contact the AIDS Activities Coordinating Office (AACO) Client Services Unit at 215-985-2437.

HIV prevention options are now more robust than ever. In addition to consistent and correct condom use, which protects against HIV and STDs, HIV pre-exposure prophylaxis (PrEP) is a bio-behavioral once daily medication (emtricitabine 300mg/ tenofovir disoproxil fumarate 200mg) that is highly effective, over 90% when taken consistently, in preventing HIV acquisition.

All cases of HIV infection in Philadelphia residents and patients seen at Philadelphia care/testing sites should be reported to the Philadelphia Department of Public Health (PDPH). Most cases are reported to PDPH from clinical laboratories. Clinicians should report acute cases of HIV infection to PDPH at 215-685-4781. Additional reporting information is available at: https://hip.phila.gov/ReportDisease/HowToReport.

For more information on CDC recommendations for routinized opt-out HIV screening in health care settings, please visit: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

¹ 2015 HIV/ AIDS in Philadelphia Surveillance Report. September 2016.

Hess, et al. Estimating the Lifetime Risk of a Diagnosis of HIV Infection in the United States. Oral Abstract. CROI 2017, Boston, MA.

³ US Centers for Disease Control, Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. September, 2006.