Feds Aim to Bolster HIV Screening, Treatment

National strategy takes tiered approach to prevention, but some criticize lack of funding.

BY DOUG BRUNK

The federal government this summer has taken a two-pronged approach to reinvigorating its efforts in addressing HIV/AIDS.

In June, the Centers for Disease Control and Prevention launched an initiative aimed at helping physicians make HIV testing a routine part of medical care. The initiative, known as "HIV Screening. Standard Care." aims to increase the use of opt-out screening strategies over risk-based screening, which previously has been the more common practice.

In an interview, Dr. Jonathan Mermin, director of the CDC's division of HIV/AIDS prevention, Atlanta, said the goal of the new initiative is to increase implementation of the CDC's 2006 HIV screening guidelines, which recommend that all patients aged 13-64 years be tested for HIV at least once in their lives—regardless of perceived risk of infection—and that individuals at high risk be tested at least annually (MMWR 2006;55[RR-14]:1-17).

"In the end, HIV testing is one of the most important interventions we have, both for HIV care and HIV prevention," Dr. Mermin said.

"The need for HIV screening is an ongoing issue," said Dr. Amir Qaseem, senior medical associate at the American College of Physicians, which recently published a guidance statement for HIV screening (Ann. Intern. Med. 2009; 150:125-31). "It's a major public health problem worldwide, even within the United States, where almost 1 million people are living with HIV. Almost 25% of these people are unaware of their HIV infection."

He acknowledged certain challenges to providing routine screening in primary care, including addressing multiple issues in a limited amount of time during the office visit.

"Risk-based screening has been an unsuccessful strategy and has failed to identify a substantial number of patients with HIV," Dr. Qaseem said. "Routine HIV screening is easier to implement in busy practice settings."

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DR. MERMIN

Yet few physicians do it. A 2009 Web-based survey from the public relations firm Porter Novelli found that only 17% of primary care physicians routinely screen their patients for HIV.

And in a study from 2007, investigators from the bureau of HIV/AIDS prevention and control in the New York City Department of Health and Mental Hygiene reviewed published and unpublished literature on HIV testing barriers.

They divided studies into three categories: prenatal, emergency department, and other medical settings (AIDS 2007;21:1617-24). Several barriers were identified in all three settings: lack of knowledge/training, lack of patient acceptance, pretest counseling requirements, competing priorities, and inadequate reimbursement.

"Some providers [feel] awkward raising issues about HIV testing or sexuality with their patients, because they think someone who's 55 years old may not be at risk," Dr. Mermin said. "But in fact, people of all ages are at risk for HIV infection. Some of that is because it's a chronic disease and people can live with HIV for many years without showing symptoms. Some of it is that the majority of Americans are sexually active throughout their life, and can acquire HIV regardless of age."

Laws and regulations in some states pose another challenge to adoption of routine HIV screening. In a recent study, researchers led by Dr. John G. Bartlett of Johns Hopkins University, Baltimore, reported that at the time of the CDC's 2006 HIV screening guidelines, 20 states had laws or regulations that required separate written consent for HIV testing of nonpregnant adults (JAMA 2008;300:945-51).

"Legislation or regulations to remove these barriers have been enacted in 11 states (Arizona, California, Illinois, Indiana, Iowa, Louisiana, Maine, Maryland, New Hampshire, New Mexico, and North Carolina)," the researchers wrote. Since publication of that article, Connecticut, Hawaii, Rhode Island, and Wisconsin have changed laws to remove these barriers, according to Dr. Bernard M. Branson of the CDC, one of the study's authors. Similar legislation has been introduced but not enacted in Massachusetts, Michigan, Nebraska, and New York.

Routine HIV screening is supported in the government's National HIV/AIDS Strategy for the United States—the summer's other major federal HIV/AIDS effort. Released in July, the national strategy is a 45-page blueprint with three main goals: reducing the number of people who become infected with HIV, increasing access to care and optimizing health outcomes for people living with HIV, and reducing HIV health-related disparities.

The strategy emphasizes reduction of new HIV infections by intensifying prevention efforts in communities where HIV is most prevalent, expanding targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches, and educating all Americans about the threat of HIV and how to prevent it.

"This has been a long time coming," said Dr. Donna Sweet, professor of internal medicine at the University of Kansas–Wichita. "It reflects, I think, what we all think needs to be done. It really is about reducing new HIV infections, improving care for the people living with HIV/AIDS, and perhaps even most importantly, narrowing the health disparities, because this epidemic has moved into corners of our country where there are very little resources and a lack of education.

"It's important to address the disparities in what's going on so that all Americans, regardless of color or sexual orientation, truly are considered important," Dr. Sweet continued.

"We need to work to maintain their health, both by helping stop the spread of infections in our minority communities as well as making sure people in all communities have access to the best of care," she said.

The strategy sets certain benchmarks to be reached by 2015, including lowering the annual number of new infections by 25%, reducing the HIV transmission rate by 30%, and increasing the percentage of persons living with HIV who know their serostatus from 79% to 90%.

"What the strategy is doing is asking the nation to use a tiered approach to HIV prevention so that certain interventions should be offered to everyone in the nation," Dr. Mermin said. "Some interventions should be applied only to people at very high risk of acquiring HIV, such as intensive behavioral counseling or intensive case management that would take a lot more clinical or social resources. They should be reserved for people at the most risk. Some interventions should be offered to people with HIV, to help them reduce the chance that they are going to transmit HIV and to help them live longer, healthier lives."

Not all HIV/AIDS leaders support the new national strategy. In a prepared statement, Dr. Michael Weinstein, president of the Los Angeles–based AIDS Healthcare Foundation called it a "real disappointment" and criticized it for lack of funding. He pointed out that as of July 9, 2,291 people in 12 states were on wait lists to receive medications through the nation's AIDS Drug Assistance Programs (ADAP).

Almost 25% of the nearly 1 million Americans with HIV 'are unaware of their HIV infection.'

DR. QASEEM

"The vast majority of people in the United States who know that they have HIV are accessing care," Dr. Mermin pointed out.

"We can increase that number over time. The Department of Health and Human Services is making efforts to address the ADAP waiting list. In the long run it's important that people with HIV do access high-quality care and prevention services. But just knowing that someone has HIV—even if it will be a few months before they can access care—is critical. People with HIV who know that they have the infection reduce their risk behavior by over 60%. So I think it's a mistake to say that there's no reason to screen for HIV anymore," he said.

One challenge that worries Dr. Sweet is recruiting young physicians to the field of HIV/AIDS medicine.

"We're going to have an increasing problem finding doctors to take care of HIV/AIDS, simply because the people who have been doing this for 30 years are starting to age out," she said. "It's tough to get young people into this, because it's in a group of people that are oftentimes socioeconomically disenfranchised, and they have a difficult time finding doctors anyway." ■

HIV Testing: Start the Conversation

Dr. Mermin suggested the following approach to starting the conversation on HIV testing with a patient: "The CDC recommends that all patients are offered an HIV test. Would you like to know your HIV status?"

That approach, known as opt-out offering of HIV testing, "is very successful," Dr. Mermin said.

"Very few people will ask not to be tested under those circumstances. It takes the onus away from the provider to assess people's risk, and it takes the burden and awkwardness from the patient of having to raise the question of wanting an HIV test. Many patients don't know that they are at risk," he told this newspaper.

The CDC testing initiative, which is supported by the American College of Physicians, the National Medical Association, the Society for General Internal Medicine, the HIV Medicine Association, and the American Academy of HIV Medicine, provides free a resource kit for physicians to use in primary care settings, including an annotated guide to CDC recommendations and the rationale for screening as well as patient materials such as brochures and posters.

To access the material, visit www.cdc.gov/hivstandardcare.