Universal HIV Screening May Overload System

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WASHINGTON — New recommendations to test routinely for HIV in all patients aged 13-64 years will overburden the U.S. health care system with newly diagnosed patients unless additional funding is provided, experts said at a press briefing by the Centers for Disease Control and Prevention.

The CDC now recommends "opt-out" testing in which HIV screening is incorporated into routine health care unless the patient declines to be tested. That could identify 56,000 of the 250,000 U.S. residents who are unaware of their infection, generating a need for greater than $900 million in additional funding for counseling and treatment services, said Dr. Kevin Fenton, director of the CDC's National Center for HIV, Sexually Transmitted Diseases, and Tuberculosis Prevention.

New health care professionals see the underfunded caring for patients with HIV and AIDS, and fewer today are interested in working in HIV care.

He and others spoke at a briefing during a 2-day summit sponsored by the CDC on ways to expand HIV testing and the potential impact of increased numbers of patients diagnosed with HIV.

Approximately 25% of 1.2 million people thought to be living with HIV in the United States are unaware of their infections, the CDC estimates. Dr. Michael Saag, director of the Center for AIDS Research at the University of Alabama, Birmingham, said he believes that 25% may be a low estimate. Three-quarters of patients diagnosed with HIV at his clinics have very low CD4 counts, indicating that they probably have been infected for 10-12 years.

Treating the infection early greatly improves survival at 8 years and reduces transmission of the virus. "That screams at us that we should be testing earlier, but with that comes an obligation to provide access to care. At our clinic, we're already at capacity," Dr. Saag said.

His institution collects around $360/patient per year in Ryan White Act funding for HIV care, which provides only about $360,000/year of the $2.1 million needed to care for the 1,400 patients served. "It's not sufficient," he said.

Legislation to renew the Ryan White Act has been stalled in Congress for months, he added.

Clinicians who provide HIV care are among the lowest paid health care providers, Dr. Saag's analyses suggest. People entering health care professions see the overworked clinicians and underfunded caring for patients with HIV and AIDS, and fewer today are interested in working in HIV care, he said.

At the Johns Hopkins University clinics in Baltimore, most patients with HIV are unemployed, and 45% are uninsured—demographics that are common to other areas of the country, Dr. John S. Bartlett added. Caring for thousands of newly diagnosed HIV infections "will take clinics committed to taking care of the underserved," said Dr. Bartlett, professor of medicine and chief of infectious diseases at the university.

The burden of new diagnoses should not be a barrier to wider HIV testing, the panel emphasized.

To improve screening rates, more than funding will be needed, added Phill Wilson, founder and executive director of the Black AIDS Institute in Los Angeles. People who are unaware of their HIV infection are more likely to be young minorities, particularly African Americans. The stigma of HIV infection must be addressed by mobilizing the black community, he said.

"In an environment where testing is free, painless, quick, and can save someone's life, why are people reluctant to get tested? The debilitating stigma" of AIDS, Mr. Wilson said.

National investment in HIV-prevention programs correlates with the level of new infections over time, according to an analysis by David R. Holtgrave, Ph.D., chair of the school of public health at Johns Hopkins University. The CDC's current budget of $700 million/year for HIV prevention is about $350 million short of what's needed for comprehensive prevention services, he estimated. ■