

HIV (Human Immunodeficiency Virus) Testing – RD 10

DEFINITION

HIV infection produces a spectrum of diseases progressing from a clinically latent or asymptomatic state to profound immunosuppression; three stages of HIV infection include acute, clinical latency, and acquired immune deficiency syndrome (AIDS). HIV is transmitted via direct contact with blood, blood products or other bodily fluids. HIV testing is recommended for all persons seeking STI evaluation who are not already known to have HIV infection. Testing should be routine during the STI evaluation, regardless of whether the patient reports any specific behavioral risks for HIV. Testing for HIV should be performed at the time of STI diagnosis and treatment if not performed at the initial STI evaluation and screening. CDC recommends that opt-out HIV screening and diagnostic testing be considered for all patients aged 13-64 in healthcare settings. Significant populations of HIV-infected people are undiagnosed. This protocol assists with early diagnosis of HIV infection and reduction of transmission by education and awareness. HIV infection is a reportable condition in the state of North Dakota.

SUBJECTIVE

May include (at least one of the following):

1. Being evaluated/ treated for an STI
2. Entering a new sexual relationship, or new sex partner(s)
3. Individuals whose blood or body fluid was the source of an occupational exposure
4. Injection- drug users or shared needles or injection equipment “works” with others
5. Exchange of sex favors for money, drugs, or housing/food etc.
6. Anonymous sexual partners (internet hookups, sexual assault, etc.)
7. Tattoos or body piercings in unsterile environments
8. Symptoms of HIV infection (fever, malaise, lymphadenopathy, pharyngitis, myalgia, weight loss, anorexia, night sweats, chills, arthralgia, diarrhea, headache, oral lesions on palate, and skin rash or opportunistic infection
9. Inmates of prison or jail systems
10. Healthcare worker or occupational service worker exposed to blood or bodily fluids
11. Transfusion of blood or blood products, artificial insemination, organ transplant recipient before year 1985

OBJECTIVE

May include:

1. Vital signs
2. Height, weight, and BMI
3. Physical exam as indicated

LABORATORY

1. CDC-approved HIV screening tests
2. STI/vaginitis screening as indicated
3. Pregnancy test as indicated

ASSESSMENT

Candidate for HIV screening/testing

PLAN

1. Provide patient-centered HIV counseling including window periods for testing and the meaning of a reactive and non-reactive result
2. Provide test results to patient in the clinic setting
3. Discuss availability of PrEP or PEP as applicable to the client.

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

4. If non-reactive test result:

inform of the possibility of early HIV infection not being detected based on patient risk factors; HIV antibodies are detectable in 95% of individuals within 90 days of infection.

- a. Provide recommendations for follow-up testing
- b. Reinforce safe sex practices/risk reduction

5. If reactive rapid test result:

- a. advise client of the result, the possibility of HIV infection and the need for confirmatory testing.
- b. obtain serum blood specimen and send to State Lab for confirmatory testing.
- c. Schedule client for return appointment to provide results
- d. Reinforce safe sex practices
- e. refer for crisis intervention if indicated for patients in acute psychological distress.

6. If positive confirmatory test result:

- a. Provide client with test results in person
- b. Assist with referral to health care provider/facility experienced in HIV care
- c. Refer for counseling/psychological support as indicated
- d. Review State reporting laws.
- e. Provide resources for further information such as [HIV | CDC](#)
- f. Provide information/referral to community resources such as Ryan White, Social Services, substance abuse program, support groups etc.
- g. Review safer sex practices
- h. Review Reproductive life plan and contraception services available if indicated.

CLIENT EDUCATION

1. If patient declines testing, provide information about anonymous/confidential testing (Home tests are available for those 17 years of age and older).
2. Counsel and reinforce the importance of safer sex practices and have a risk reduction plan.
3. Patients who are considered at high risk for HIV infection may benefit from being screened every three to six months. Those at high risk may include:
 - a. Sex partners of PLWH
 - b. Persons who engage in condom-less anal sex, especially condom-less-receptive anal sex
 - c. Persons who use networking apps to meet their partners, i.e., have anonymous sex partners
 - d. Persons who inject drugs (PWID) and their sex partners
 - e. Persons who are or have partners who exchange in sex work
4. Review reproductive life plan/contraception as indicated

CONSULT / REFER TO PHYSICIAN

1. All patients with positive confirmatory test results.
2. Symptoms that suggest advanced HIV infection should be immediately referred
3. Patients experiencing acute psychological distress may need immediate referral

REFERENCES

1. <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>
2. [Resource Library | HIV/AIDS | CDC](#)