Screening for HIV in Health Care Settings
National Black Nurses Association

The National Black Nurses Association (NBNA) fully supports efforts to prevent and treat Human Immunodeficiency disease (HIV) and Acquired Immunodeficiency Syndrome (AIDS) through:

1) routinely screening for HIV as the standard of medical care and
2) initiating or linking patients who test positive to HIV treatment/care and support services as early as possible to reduce morbidity, mortality and prevent HIV perinatal or partner transmission.

HIV Infection in the United States and among Black/African Americans

HIV infection remains a serious health concern worldwide. The Centers for Disease Control and Prevention estimates that more than 1.1 million people are living with HIV in the United States. However, it is estimated that 18.1% of those living with HIV are not aware of their infection. Of all new HIV infections, at least 20,000 per year result from unintentional transmission by persons who not aware they are HIV infected.

Despite ongoing efforts, African Americans continue to experience higher rates of HIV in the U.S., accounting for 12% of the U.S. population, but 47% of HIV diagnoses in 2011. The estimated rate (per 100,000 population) of diagnoses of HIV infection among African American men was nearly 8 times the rate for white men (112.8 vs. 14.5); the rate among African American women was twenty times as high as the rate for white women (40.0 vs. 2.0).

Unless the course of the epidemic changes, an estimated 1 in 16 Black men and 1 in 32 Black women will be diagnosed with HIV at some point in their lifetime. HIV screening and linkage to HIV medical care are critical cornerstones to help reverse the effect of HIV on the African American community.

National Black Nurses Association Position on HIV Screening as Standard Care

The National Black Nurses Association strongly endorses the 2006 Centers for Disease Control and Prevention (CDC) Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant

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Women in Health Care Settings. All NBNA members are urged to routinely implement the HIV screening recommendations below:

- **HIV screening for all patients ages 13-64** as part of routine health care. The patient is informed that testing will be done unless the patient declines, a process known as “opt out” screening.

- **Annual rescreening** (at a minimum) for patients at high risk for HIV infection. These include injection drug users and their sex partners, people who exchange sex for money or drugs, sex partners of HIV-infected people, and anyone who has had or whose sex partners have had more than one sex partner since their most recent HIV test. For people with these risk factors, CDC sexually transmitted disease treatment guidelines recommend screening every 3 to 6 months for HIV.\(^6\)

- **HIV screening of pregnant women** should be routine and remain voluntary on an opt-out basis. Women should be advised that HIV screening is recommended for all pregnant women as a routine part of the prenatal test panel. The patient is informed that testing will be done unless she declines.

These recommendations are supported by many medical organizations including the American College of Physicians (ACP) and American College of Obstetricians and Gynecologists. Recently, the U.S. Preventive Services Task Force (USPSTF) issued a final recommendation statement on screening for HIV:\(^7\)

- Everyone aged 15 to 65 should be screened for HIV infection. Teens younger than 15 and adults older than 65 also should be screened if they are at increased risk for HIV infection.

- All pregnant women, including women in labor who do not know their HIV status, should be screened for HIV infection.

**Linkage to and Initiation of HIV Care and Antiretroviral Treatment**

With advances in HIV testing technology, HIV infection can now be detected as early as two weeks after infection. In addition to this progress, *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*\(^8\) recommendations were recently revised and now recommend antiretroviral treatment (ART) regardless of a patient’s CD4 count. This makes HIV screening a critical step in ensuring that patients benefit from antiretroviral therapy as early in their infection as possible. Initiation of ART not only helps to protect the health of the patient, it helps prevent transmission to partners. This was seen in a recent study that measured the impact of ART initiation on HIV transmission among 1,763 serodiscordant couples. There was a 96% reduction in HIV transmission to uninfected partners resulting from the early initiation of ART.\(^9\) These results strongly suggest that treating HIV-positive persons sooner rather than later provides a preventive benefit for his or her uninfected partner and affords a potentially enormous public health benefit by slowing the spread of HIV infection.

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\(^8\) NIH. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescent [Internet]. 2013 http://www.aidsinfo.nih.gov/contentfiles/hvguidelines/aa_recommendations.pdf

Routine Testing and Linkage to Care: The Clinical Standard

Routine HIV screening allows many people with undiagnosed HIV-infection to be identified who may otherwise have been missed by risk-based testing. Patients diagnosed through routine HIV screening are able to benefit from medical treatment, which has been proven to reduce morbidity and mortality, and to avoid unintentionally transmitting HIV to others. Routine screening and prompt linkage to HIV care by Black nurses and other health care providers will greatly reduce HIV’s disproportionate burden on African Americans, improving health outcomes and reducing racial/ethnic health disparities in the U.S.

CDC-INFO
English, en Español
To find an HIV testing site, text ZIP code to KNOWIT (566948)

- Toll-free, confidential HIV/AIDS information for the public—8 a.m. to 8 p.m. Eastern time, Monday through Friday.
- Sensitive and compassionate service via multiple channels (e.g., phone calls, e-mail, mail, and fax materials).
- Customer service representatives offer referrals to appropriate services, including clinics, hospitals, local hotlines, counseling, and legal services.

Act Against AIDS for Professionals
(campaigns and resources for health care providers)
http://www.actagainstaids/provider/index.html
800-232-4636