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Rationale

- Update 2001 *Revised Guidelines for HIV Counseling, Testing, and Referral*

- Address scientific and programmatic advances in HIV care, treatment, and prevention
  - National HIV/AIDS strategy (NHAS) 2020
  - High-impact prevention (HIP)
  - Prevention with positives (PWP) guidelines (2014)
  - Pre-exposure prophylaxis (PrEP) guidelines (2014)
  - AWARE study (2013) and implications for Project RESPECT
**Purpose**

- Provide practical considerations for CDC-funded HIV testing providers working in nonclinical testing sites
  - Guidance may also be useful for HIV testing providers that are not funded by CDC
- Familiarize providers with key programmatic issues and updates that impact HIV testing service delivery
  - Outline actions that an HIV testing provider should take when a client comes for testing
  - Provide instructional program support and orientation for new and existing HIV testing providers
Framing the Guide

- Informed by evidence and best practices
- References key literature
- Complements 2012 *Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Settings: A Guide for Program Managers* (and accompanying evaluation guide)
- Provides program implementation guidance
Target Audience

- HIV testing providers who work in nonclinical settings
  - Includes CDC grantees and other HIV testing partners
- Nonclinical settings are sites where medical, diagnostic, and/or treatment services are not *routinely* provided, but where select diagnostic services, such as HIV testing, are
  - Reside within the community; easily accessible and comfortable to populations who might not access medical services regularly
  - Provide same-day rapid HIV testing
  - Offer other HIV prevention services
  - Conduct outreach to high-risk populations
- Increasingly, agencies are beginning to offer clinical services within nonclinical settings
Consistent with Previous Guidelines

- Foundations of HIV testing in nonclinical settings remain:
  - Voluntary
  - Informed consent
  - Confidential
  - Client-centered, culturally competent services
  - Refer and link based on results
KEY UPDATES
Targeting and Recruitment

- Use strategic targeting and recruitment efforts to reach populations at high-risk for HIV infection and identify new cases
  - Street-based and venue-based outreach
  - Internet outreach
  - Internal referrals
  - External referrals
  - Social networking
  - Social marketing

- Regularly monitor HIV testing services – if not meeting program objectives, change recruitment strategy
HIV Testing Technologies

- Advances in HIV testing technologies and algorithms
  - Laboratory-based testing
  - Point-of-care testing
  - Home-based self testing

- Use testing technologies that are the most sensitive, cost-effective, and feasible
  - Identify HIV infection as early as possible after exposure
  - Use testing technologies and specimens that allow for early detection
Streamlined HIV Testing Protocol for Individuals

- Prevention counseling is separated from the HIV testing event
- HIV testing sessions for individuals should be brief, information-based, and tailored to clients’ needs
  - CDC no longer supports extensive pretest and posttest counseling as part of an individual HIV testing encounter
  - Based largely on AWARE study (2013) and Dear Prevention Partner letter (2014)
- Steps for conducting HIV tests with individuals will vary slightly based on type of tests and algorithm being used
  - Three scenarios:
    - 10-20 minute rapid tests
    - 1 minute “instant” tests
    - Laboratory-based nonrapid tests

Metsch, 2013
HIV *Rapid* Testing with Individuals

- **STEP 1:** Introduce and Orient Client to the Session
- **STEP 2:** Prepare for and Conduct Rapid HIV Test (10-20 minute read time)
- **STEP 3:** Conduct Brief Risk Screening
- **STEP 4:** Provide Initial Results and Follow Protocol for Confirmatory Testing
- **STEP 5:** Develop Care, Treatment, and Prevention Plan Based on Results
- **STEP 6:** Link with Follow-Up Services
HIV Testing for Couples and Partners

- Another name for *Testing Together*
- Two or more persons who are in—or are planning to be in—a sexual relationship are counseled, tested, and notified of their results together
- Testing for couples and partners to attract high-risk clients who are not otherwise testing, and identify discordant couples and previously undiagnosed HIV-positive clients
HIV Testing for Couples and Partners (2)

- **Rationale for Testing Together:**
  - HIV transmission occurs primarily as a result of sex between main partners in some high-risk groups
  - Couples account for a substantial proportion of new HIV infections
  - Disclosure of HIV-positive status is difficult
  - Misperceptions about risk

- **Benefits of Testing Together**
  - Address couple’s joint risk concerns and sexual agreements
  - Ensure mutual disclosure of HIV status
  - Identify new testers and diagnose new HIV infections
Testing Together Session ~30 minutes

STEP 1: Introduce Testing Together and Obtain Concurrence

STEP 2: Prepare for and Conduct Rapid HIV Test

STEP 3: Explore Couple’s Relationship

STEP 4: Discuss Joint Risk Concerns and Reasons for Testing Together

STEP 5: Discuss the Couple’s Agreement

STEP 6: Provide Results

STEP 7: Develop Care, Treatment, and Prevention Plan Based on Results

STEP 8: Link with Follow-Up Services
<table>
<thead>
<tr>
<th><strong>Individual HIV testing</strong></th>
<th><strong>Testing Together</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients learn their individual HIV status alone.</td>
<td>Clients learn their own HIV status as well as that of their partner(s).</td>
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<tr>
<td>Clients must disclose to their partner on their own, or use Partner Services.</td>
<td>Counselor-facilitated mutual disclosure among partners is immediate and 100%.</td>
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<tr>
<td>Clients deal with issues of tension and blame on their own.</td>
<td>Provider is there to help ease tension and diffuse blame.</td>
</tr>
<tr>
<td>Individual risk screening is based on past risk behavior.</td>
<td>Couple’s joint risk concerns are discussed with a focus on the present and the future.</td>
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<tr>
<td>Focus is on health education.</td>
<td>Skill building is focused on couple’s communication and sexual agreements.</td>
</tr>
<tr>
<td>Referrals and linkage are based only on client’s HIV status and needs.</td>
<td>Referrals and linkage are tailored to the results and needs of both partners.</td>
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</table>
Referral, Linkage, and Navigation Services

- Establish and strengthen partnerships with organizations offering essential follow-up services, including clinics that offer HIV care and treatment, preexposure prophylaxis (PrEP) and nonoccupational postexposure prophylaxis (nPEP)
  - Link high-risk HIV-negative clients with prevention services, including nPEP and PrEP
  - Link persons living with HIV to care and treatment within 30 days of diagnosis
Tools for Supporting HIV Testing Providers

- For both individual and couples testing:
  - Protocols
    - Rapid (10-20 minute) HIV tests
    - Instant (1 minute) HIV tests
    - Nonrapid (laboratory) HIV tests
  - Provider Card
  - Scripts
Training and Technical Assistance

- Webinars for grantees will be scheduled in March and April
- Training curriculum being updated and will be launched in mid-late 2016
- Technical assistance can be requested via Capacity Building Branch
  - Capacity Building Branch: http://www.cdc.gov/hiv/dhap/cbb/
  - The Capacity Building Assistance (CBA) Provider Network (CPN) website and directory: http://www.cbapproviders.org/home.aspx
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