

HIV TESTING UPDATE

It has been called a revolutionary measure by the CDC to change recommendations concerning HIV testing. Until recently, the CDC recommended more of “target testing” in regards to high risk populations. Now it is recommended that all persons between the ages of 13 to 64 be tested for HIV. The CDC now calls for less targeting and more testing. The CDC also recommends that high risk populations continue to be tested yearly. At this time, it is unknown how often ‘low or no risk’ populations should be tested because of lack of sufficient information. More on this will come later as effectiveness of the new measure becomes known.

High risk populations are considered individuals who use needles or men who have intercourse with men, and their partners. It is a policy change that is driven by prevention. One of the biggest reasons for this is that in the United States, the highest populations that are transmitting the disease are between heterosexual partners. The United States wants to lead the world on timely diagnosis and early prevention. Until this policy change, HIV is often diagnosed in advanced stages, usually in the course of medical care for complications to the disease. Then it is a game of catch up with chasing after whomever the person may have shared needles and/or intercourse. There are 40,000 new infections diagnosed yearly in the United States alone. The effectiveness of HIV testing, counseling and treatment has spurred the CDC into action. With an increase in testing there will come an increase in diagnosis, earlier treatment, more lives saved.

This also means more false positives. There is an expected 1 false positive per 200,000 tests. Research has shown that treatment of HIV has been very successful in the United States. The over-all life expectancy of individuals in the United States has increased by 13 years with the retroviral therapy. Since therapy began, and up to records kept until 2003, 3 million years of life have been saved by therapy. Testing every person should be considered routine. This is an “opt-out” policy, meaning that every person could be recommended a HIV test, and if they decline they must sign a form stating that they decline against recommendations. This means patients no longer need to sign a consent form to get the HIV test. As you many know, this is a 180 turn around from recent years policy. Nevertheless, HIV testing should be considered routine and not mandatory. Mandatory testing may lead to some patients avoiding needed care for other conditions. This may seem like a word-play and try to make a good spin to the recommendation, but the bottom line is declining to be tested is a choice provided to the individual.