



HEALTH ADVISORY #158

Recommendations for Routine HIV Testing and Available Resources for Healthcare Providers

TO: West Virginia Healthcare Providers, Hospitals, and other Healthcare Facilities

FROM: Catherine Slep, MD, MPH, Commissioner and State Health Officer
West Virginia Department of Health and Human Resources, Bureau for Public Health

DATE: April 29, 2019

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Summary:

- The Bureau for Public Health, in collaboration with local and federal partners, is responding to an **increase in newly diagnosed HIV among persons who inject drugs (PWID)** in West Virginia.
- CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine healthcare. **Clinicians should consider the benefits of more frequent screening (e.g. once every 3 or 6 months) for those at increased risk for HIV infection, including PWID.**
- **HIV testing should be included as part of routine care using an opt-out-approach.** Patients should be informed that an HIV test will be included as part of standard care. **West Virginia law does NOT require written consent for HIV testing.** In many cases, the patient's general medical consent for receipt of medical care may include consent for HIV testing.
- **HIV test results should be maintained with the same level of confidentiality as all protected health information, and no special treatment is needed.** Entering HIV testing results in a note or laboratory section of a medical record does not violate the confidentiality of records clause (§16-3C-3).
- **USCF Clinician's Consultation Center** provides free clinician-to-clinician advice on the treatment of persons with HIV infection, PrEP, PEP, management of hepatitis C and substance use.
- In state, the **Ryan White Program Services** are an additional key resource. HIV+ individuals should be referred to such for evaluation of wrap around service needs even if HIV care occurs elsewhere.

The Bureau for Public Health, in collaboration with local and federal partners, is responding to an increase in newly diagnosed cases of HIV among persons who inject drugs (PWID) in West Virginia. Public health partnerships, expanded HIV testing, early diagnosis and linkage to care, harm reduction services, and initiation of or referral to substance use disorder recovery as applicable are all critical to preventing and addressing HIV in the community. Thanks to new and better treatments, people with HIV who remain in care are now living longer - and with a better quality of life - than ever before.

HIV testing should be included as part of routine care using an opt-out-approach. Increasing HIV testing in West Virginia is critical to identifying infections early and getting people into care and treatment. According to [state law](#), verbal consent is sufficient. This may occur in the context of overall care, for example: *"As a part of routine laboratory screening tests for your health, we are going to test for syphilis, gonorrhea, chlamydia,*

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.

hepatitis, and HIV,” is acceptable. Alternatively, if a patient’s general consent for receipt of medical care includes consent for HIV testing, then prior written consent has been obtained and a test may be ordered. Moreover, HIV test results should be maintained with the same level of confidentiality as all protected health information, and no special treatment is needed. Entering HIV testing results in a note or laboratory section of a medical record does not violate the confidentiality of records clause (§16-3C-3).

The [University of California, San Francisco \(UCSF\) Clinician Consultation Center](#) provides healthcare providers with a national resource including a free hotline to consult with national experts in HIV medicine. You can obtain timely and appropriate responses to clinical questions related to PrEP, PEP, treatment of persons with HIV infection, management of hepatitis C and management of substance use disorder.

UCSF Clinician Consultation Center Hotline Information:

HIV/AIDS Management

(800) 933-3413
9 a.m. – 8 p.m. ET (Monday – Friday)

PEP: Post-Exposure Prophylaxis

Occupational
(888) 448-4911
11 a.m. – 8 p.m. ET (Seven days a week)

Non-Occupational

(888) 448-4911
9 a.m. – 8 p.m. ET (Monday – Friday)
11 a.m. – 8 p.m. ET (Weekends & holidays)

PrEP: Pre-Exposure Prophylaxis

(855) 448-7737 or (855) HIV-PrEP
9 a.m. – 8 p.m. ET (Monday – Friday)

Hepatitis C Management

(844) 437-4636 or (844) HEP-INFO
9 a.m. – 8 p.m. ET (Monday – Friday)

Substance Use Management

(855) 300-3595
9 a.m. – 8 p.m. ET (Monday – Friday)

Perinatal HIV/AIDS

(888) 448-8765
24 hours a day (Seven days a week)
11 a.m. – 8 p.m. ET (Weekends & holidays)
9 a.m. – 8 p.m. ET (Monday – Friday)

If a patient tests positive for HIV:

- Immediately link to HIV care and treatment. The Ryan White HIV/AIDS Program provides a comprehensive system of primary medical care, essential support services, and medications for low-income, uninsured or underinsured people living with HIV (<https://findhivcare.hrsa.gov/>).
- Encourage patient to refer their sex or needle sharing partners for testing and PrEP if HIV negative.
- Contact the Disease Intervention Specialist (DIS) assigned to your area by calling the WV STD/HIV Hotline at 1 (800) 642-8244. DISs are skilled public health professionals trained to identify and locate contacts (e.g. partners) through in-depth case interviews, maintaining patient confidentiality.
- Report positive HIV cases (all stages) to the Bureau for Public Health within one week. For more information on reporting, visit: http://www.dhhr.wv.gov/oeps/std-hiv-hep/disease_reporting/Pages/default.aspx.

To report suspected clusters or outbreaks of HIV, contact the Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE) at (304) 558-5358, ext. 1 or the 24/7 answering service at (304) 925-9946.

Additional Resources:

- CDC HIV Screening. Standard Care: <https://www.cdc.gov/actagainstaids/campaigns/hssc/index.html>
- UCSF Clinician’s Consultation Center: <https://nccc.ucsf.edu>
- CDC Pre-Exposure Prophylaxis (PrEP) Resources for Providers: <https://www.cdc.gov/hiv/risk/prep/index.html>
- Health Resources and Services Administration’s (HRSA) Ryan White HIV/AIDS Program: <https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program>

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.