HIV screening

WHO TO SCREEN
— Adolescents and adults aged 15 to 65 years
— All pregnant persons
— Adolescents younger than 15 years and adults older than 65 years at increased risk

Risk factors
— Male-to-male sexual contact
— Injection drug use
— Having anal intercourse without a condom, having vaginal intercourse without a condom and with more than one partner whose HIV status is unknown
— Exchanging sex for drugs or money (transactional sex)
— Having other STIs or a sex partner with an STI
— Having a sex partner who is living with HIV or is in a high-risk category
— Persons who request testing for STIs, including HIV, are also considered at increased risk

TEST TO USE
Antigen/antibody immunoassay approved by the FDA that detects HIV-1 and HIV-2 antibodies and the HIV-1 p24 antigen

REACTIVE
Supplemental testing to differentiate between HIV-1 and HIV-2 antibodies

NONREACTIVE

REACTIVE
Provide counseling and link to treatment

Nonreactive/indeterminate or if acute HIV infection or recent exposure is suspected or reported, an HIV-1 nucleic acid test is recommended to differentiate acute HIV-1 infection from a false-positive test result.

NEGATIVE

IMPLEMENTATION CONSIDERATIONS

1 Test frequency
At least once as a part of routine care. Repeat screening is reasonable for persons known to be at increased risk of HIV infection.

Pregnant people may be tested twice, once when they first present to care and a second time in the third trimester.

2 Risk assessment
Needed for those outside the universal screening age of 15 to 65 and to determine ongoing risk.

3 Link to treatment
Early initiation of antiretroviral therapy (ART) and other interventions effectively reduce the risk of clinical progression to AIDS.

4 Equivocal results
Consider using a different validated supplemental HIV-1 or HIV-2 test (antibody test and/or NAT) if available. Alternatively, redraw and repeat algorithm in two to four weeks.

5 Case reporting
Report positive case to state or local health department.