ACTS is endorsed by the New York State Department of Health AIDS Institute as meeting all requirements for HIV counseling and testing.

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ACTS
A REALITY-BASED PARADIGM FOR HIV TESTING

HIV/AIDS is the worst epidemic in history and rages on with no cure in sight. Until a vaccine is developed, the most promising prevention and care strategies are based on:

1. **Identifying HIV-positive patients;**
2. **Engaging them in appropriate treatment; and**
3. **Helping them and others at risk to practice behaviors that prevent further infections.**

Unfortunately, the three components of this strategy have not evolved at an equal pace.

While it is true that in the United States monumental advances in treatment have slowed the death toll from HIV/AIDS, the human toll of this complex disease would have been significantly reduced if testing efforts evolved as successfully. Instead, it is estimated that up to 250,000 HIV-positive Americans still don't know they're infected. Unaware of their HIV status, many engage in high-risk behavior that contributes to the 40,000 new cases of HIV infection in the U.S. each year. HIV testing is the first step to treatment and a key step in prevention. The time has come to spur an evolution in HIV testing.

In the early years of the epidemic, concerns about stigma, complex social and legal implications and the gravity of an HIV diagnosis led to the creation of a complex counseling and testing process. This time-intensive, specialized model separated HIV testing from routine care, a development that now creates barriers to successful case finding.

Today new treatments provide those with HIV the promise of longer and healthier futures. At the same time, the number of new infections has not decreased in more than a decade. It is therefore imperative that we challenge ourselves to adopt more than reality-based strategies to implement the new CDC (Centers for Disease Control and Prevention) guidelines calling for routine HIV testing, utilizing streamlined counseling and increased use of rapid testing. To do so, providers must be engaged and empowered to identify and take advantage of every appropriate opportunity to test individuals for HIV and provide brief, persuasive prevention messages.

The Adolescent AIDS Program at Montefiore Medical Center in the Bronx has created the ACTS protocol (Assess, Consent, Test and Support) as a practical way to deliver routine HIV testing to both adolescents and adults in care settings. ACTS is a reality-based, efficient alternative to the historic model of HIV counseling, testing and referral that typically requires up to 45 minutes of intensive counseling. The ACTS materials reduce this process to as little as five to ten minutes, divided into four simple steps that can be utilized in any care setting:

- **Assess patients' need for HIV testing**
- **Consent patients for the test**
- **Test with the most practical procedure, and deliver the results in person or by phone**
- **Support those tested in obtaining the treatment and prevention services they need**

ACTS provides clinicians with the tools to make every interaction with sexually active adults and adolescents a chance to stem the transmission tide. ACTS supplies a provider pocket guide, sample talking points, education materials and a simple training guide. The ACTS system meets all Health Department and CDC requirements for HIV counseling and testing.

IT'S TIME FOR ACTS

According to the CDC, HIV testing should be offered to all patients in communities with HIV prevalence of one percent or more. In lower prevalence communities, testing should be offered after patients have been screened for specific risks, which should include men who have sex with men, intravenous drug users, patients with present or past STDs or hepatitis and people who have sex with partners at high risk for HIV. The difficulty is that not all people at risk are aware of or comfortable discussing their risk, presenting a potential barrier to the provider.

By simplifying the testing process, including the challenge of risk determination, ACTS provides a method by which providers can make routine office visits an opportunity to test for HIV. ACTS takes into account the limited counseling time available in primary care settings, providing a five- to ten-minute process, with the emphasis on determining the individual's HIV status, but including brief motivational prevention messages. The system allows practices to focus their limited time on the needs of people who have tested HIV-positive, usually less than one in 100 patients. Additionally, ACTS suggests referrals for supplemental services in settings that can't provide comprehensive prevention or care.

- The protocol divides the HIV testing process into four brief steps: **Assess, Consent, Test** and **Support**. The manual guides healthcare staff through a simplified process of HIV counseling, testing and referral. *See the Pocket Guide for a summary of these steps.*
- Part I of the manual contains talking points for using the ACTS system with patients. These can be adapted as required by local conditions and your individual style and needs. Part I also includes all the tools you need for testing, including consent forms, New York State reporting forms and patient handouts.
- Part II includes in-depth background information for providers, including a description of HIV testing and an extended discussion about delivering positive results.
- A resource section lists places to go for more information and guidance. Supplement these with local referrals.

We offer ACTS to reinvigorate and simplify the way HIV counseling and testing is offered. Use it, adapt it, and let us know what you think!

ACTS Pocket Card

ACTS

ASSESS
CONSENT
TEST
SUPPORT

A Rapid System for HIV Counseling and Testing

ASSESS

- Explain it is now standard practice to discuss HIV with all patients
  - Explain benefits of testing for patient's health and prevention
  - Describe HIV transmission: sex/needles/perinatal
- Review risk screen or explain that HIV testing is advisable if:
  - You have ever had sex
  - You have ever used IV drugs
- If yes, recommend testing and assess testing readiness

CONSENT

- Review DOH consent form: meaning of positive and negative results, confidential vs. anonymous testing, names reporting, partner notification and domestic violence screening
- Obtain consent

TEST

- Describe/provide HIV test (blood, oral, urine or rapid)
- Make plan to deliver results or have patient wait for rapid results

SUPPORT

Give results and allow time to process

- **HIV-negative:**
  - Clarify if need to retest in three months (window period)
  - HIV testing by itself is not prevention: discuss prevention
- **HIV-positive:**
  - Provide support and link to care and prevention
  - Review HIV reporting, partner notification and domestic/partner violence issues

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FRONT

ACTS Pocket Card

Resources

Provider Helplines

- **AIDS info** (800) 448-0440
- **Warmline HIV Clinician Telephone Consultation Service** (800) 933-3413

Patient Helplines

- **AIDS Hotline** (800) 342-AIDS
- **AIDS Hotline (Spanish)** (800) 344-SIDA
- **NYS Anonymous Test Sites** (800) 962-5065
- **Domestic Violence** (800) 799-SAFE
- **HIV Services in NYC** (800) AIDS-NYC
- **Substance Abuse** (800) 662-HELP

State and Citywide

- **AIDS Drug Assistance Program (ADAP)** (800) 542-AIDS
- **PartNer Assistance Program (PNAP)**
  NYC (888) 792-1711
  NYS (800) 541-2437
- **Legal Action Center** (212) 243-1313
- **NYS Guidelines: HIV C&T, DV Screening and Youth Issues** hivguidelines.org
- **NY/NJ AIDS Education and Training Center** nynjaetc.org

ACTS Information & Youth-Friendly Resources

Adolescent AIDS Program: Health Care & Education
(718) 882-0232 • adolescentaids.org

Youth HIV Testing Sites – NYC & Nationwide
(718) 881-TEST • gettinbusy.org

Local Contacts

NY/NJ AIDS EDUCATION AND TRAINING CENTER

ACTS Assess Consent Test Support

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BACK

Talking Points for Translating ACTS into Action

In the following section, the ACTS steps and suggested implementation hints are on the left. On the right are the suggested talking points.

This section gives you sample talking points and important background information on HIV counseling and testing, including all you will need to screen patients for HIV and provide persuasive motivational prevention messages that meet the Department of Health requirements. You should determine if you will offer HIV testing to all sexually active patients or if all patients will first be screened for risk. If you want more information about any of the following steps, please refer to the backgrounders in Part II or call the Adolescent AIDS Program for technical assistance at 718-882-0232.

ASSESS

TALKING POINTS

1. Explain it is now standard practice to discuss HIV with all patients

I talk about HIV testing with all my patients. It is something that I recommend to everyone who has ever had sex.

2. Explain benefits of testing for patient's health and prevention

In most screening programs, the vast majority of patients will test negative.

It is important for every person to understand his/her status including if they have HIV. If you test HIV-negative, you can learn ways to stay healthy. If you test HIV-positive, you can get good medical care and learn how to keep you and your partner safe.

3. Describe HIV transmission: sex/needles/perinatal

A simple way to discuss transmission is to ask patients if they know how HIV is transmitted and if they have ever been tested for HIV before.

HIV is found in the blood or sexual body fluids (pre-ejaculate, semen, vaginal fluids) of someone with HIV. HIV is commonly spread by:

Unprotected sexual intercourse (vaginal or anal) with someone who is HIV-positive.

Sharing needles or syringes with someone who is HIV-positive.

Optional messages

- HIV can be passed from an HIV-positive woman to her fetus. In the U.S., this rarely occurs due to testing and medicines.
- Breast-feeding by an HIV-positive mother can also pass HIV to her baby.
- HIV is not spread by casual contact: kissing, hugging, etc.
- HIV transmission from oral sex is extremely uncommon, though possible.

4. Review risk screen or explain that HIV testing is advisable if: You have ever had sex. You have ever used IV drugs

Taking a sexual history or discussing a patient's risk behaviors is useful for extensive prevention counseling; however, it is not necessary for HIV testing. Use the ACTS Patient Risk Assessment (PRE) Screen to begin HIV prevention counseling with your patients. Check marks on the right column should be discussed and testing should be offered.

Today's counseling session is short — I am not going to ask you about your sexual or drug-using activities. But if you have ever had sex or injected drugs, I recommend HIV testing. I now do this with all my patients. If you want, we can discuss how you can stay safe after you get your results.

5. As appropriate, recommend testing and assess testing readiness

It is normal for a patient to experience some anxiety about HIV testing. Reassure him or her that you will provide support during and after testing and, if necessary, help identify available social supports. You can explore the patient's reasons for anxiety and, if necessary, defer/refer out for more extensive counseling and testing.

Do you feel ready to have an HIV test today? I will tell you more information before you sign a consent form for this test. Your decision is voluntary. Regardless of your decision about the test, you can continue to receive care here.

If anxious or reluctant:

What are your concerns?

Is there someone you want to talk to about testing?

Consent

1. Review DOH consent form

Reporting laws and consent forms differ by state. See www.statehealthfacts.org.

New York State requires that you give written consent for an HIV test. We will review this consent form together. All HIV testing is voluntary.

2. Explain testing method

The test we are doing is an HIV antibody test. It is not a test for the virus. Instead, it shows if you have any antibodies. Antibodies are a reaction to HIV, the virus that causes AIDS.

3. Meaning of negative and positive results and window period

A negative result means that there is no current evidence that you are infected with HIV, but it may not show a very recent infection.

A positive result means that you are infected with HIV and you can infect others. If you are HIV-positive, you will need more tests and a check-up to learn more about your health and to see if you need to start any medicines.

4. Confidential versus anonymous testing

Competent minors may sign the form without parental permission in New York and New Jersey.

To locate an anonymous site:
NYS call (800) 541-AIDS
NJ call (800) 281-AIDS
Everywhere else call (800) 342-TEST.

You can choose either confidential or anonymous testing. Here we offer confidential HIV testing.

Confidential Testing requires your name, and the test will be part of your medical record so it can be used in your medical care. All information about HIV is confidential, which means that your test results can only be given to people with your written approval or to people who need to know in order to provide you with medical care and services.

Anonymous Testing uses a number instead of your name to identify you. I can refer you to an anonymous test site. If you test positive, you will need to change your results to confidential to receive services and care.

5. Partner notification and domestic violence screening

NY law requires providers to report the names of all known partners. Patients are not required by this law to disclose any partners' names, but are encouraged to do so.

If you test positive, your name is given to the Department of Health. They keep a very confidential list, which is used to count the number of people infected.

If you test positive, we will also talk about the importance of notifying your sex partners, either on your own, with my help, or with the health department; first we will discuss if you are at any risk for domestic violence or being hurt by your partner.

6. Obtain consent and give patient a copy

Please sign here if you consent to have an HIV test today and have had all your questions answered.

TEST

1. Describe/provide HIV test

Each health center should establish a protocol for documenting HIV counseling and testing, procedures for sending specimens, notifying patients of results and providing support and referrals.

Blood: I will test for HIV antibodies in your blood. For this test we will do a finger prick (or we will draw some blood from your arm with a needle).

Oral: This is the OraSure® test. Your mouth is a quick and painless place to test. Like other HIV tests, OraSure checks for antibodies, but not for the HIV virus. I will swab between your gum and cheek and leave it in there for two minutes. It might taste salty. Even though we are testing in your mouth, it is important to understand that HIV is not passed through kissing.

Rapid: We are using a rapid test today. Your results will be ready in 30 minutes. If you test negative, your results are final today. However, if your results on this test are preliminary positive, you will need to take a second test to make sure you are actually infected. A diagnosis of HIV is too important to rely on just one test.

2. Make a plan to deliver conventional test results

Some centers give results over the phone, especially for HIV-negative patients. Positive patients can be urged to come in for their results. Clarify how long your center takes for results.

If an individual is anxious, make sure he or she has a plan for the waiting period, including contact information, if he or she has any questions.

Results are usually available in two to seven days. Let's make an appointment for you to return for your results (or you can call to get your results).

Please give us two contact numbers for you in case we need to reach you.

Some people get nervous while waiting. If you are nervous, you can call me. You might find it supportive to tell someone you trust that you took this test.

3. Or have patient wait for the rapid test results

Some centers offer prevention counseling while the patient is waiting.

Your results will be available in about 20-40 minutes.
I'm available if you have any other questions.

SUPPORT

NEGATIVE RESULTS

1. Give results and allow time to process

Thank you for coming back (calling or waiting) for your HIV test results. I am going tell you the result and then we will discuss what it means. Your HIV test came back negative, which means you do not currently have antibodies to HIV and there is no sign you are infected.

How do you feel about these results?

Is this a relief or is it what you were expecting?

2. Clarify if need to retest in three months (window period)

If you have had unprotected sex (or shared needles) with anyone in the past three months, we recommend that you stay safe and repeat this test in three months. (This is called the window period.) Even though this test is negative, you can get HIV in the future if you do not protect yourself during sex by using condoms and discussing HIV risks with your partner(s). It is a good idea to get an HIV test at least once a year if you have sex or do drugs using needles. You should also get tested for HIV if you ever have an STD. You took an important step by taking an HIV test.

3. Provide prevention strategies and referrals

HIV testing by itself is not prevention. Let's develop a plan to reduce your risk in the future. What are your goals regarding staying HIV negative? What do you plan to do? Will you discuss this with your spouse or sex partner(s)? You should know that many people change their behavior and start having safer sex after an HIV test.

SUPPORT

POSITIVE RESULTS

It can be difficult to give a positive result. Preparation is key, especially for health facilities using rapid testing. Create and review your center's plan for giving positive results, and establish an on-site or outside referral system for care and support. Notify a colleague or social worker that you will be delivering a positive result and that you may need their help. If needed, consult with the center to which you will be referring your patient, as they may be available to help you with delivering the positive result. NYS Health Department requires names reporting and partner notification of HIV-positive individuals.

1. Give results and allow time to process

(conventional)

Allow time for the news to be absorbed. The patient may not be able to concentrate on what you have to say nor be receptive to the support and advice that you can offer.

I am going to give you your HIV test results and then we will discuss what it means. Your test result is positive and shows that you have antibodies to HIV. Today we will take some time to talk about your reactions, how you can get support, and where you can go for healthcare.

(rapid)

All rapid test results must be confirmed by a Western blot test. A blood or oral sample should be taken in this visit and labeled as "confirmation of a rapid test."

Your rapid test result today is preliminary positive. This usually means that you are infected with HIV. To know for sure and because HIV infection is so serious, we will do a second test. The results of the second test will be ready in two to seven days, and you will have to return here for the results. If your result is still positive, it means that you have HIV. Today we will take some time to talk about your reactions and how you can get support while you wait for the results. Feel free to call here while you are waiting for results.

2. Discuss meaning (rapid & conventional)

A positive test means that you have been infected with HIV, the virus that causes AIDS. It does not necessarily mean that you have AIDS now. Other tests are needed to see how HIV has affected your immune system. There are many very effective treatments for HIV that can help you lead a long and healthy life.

3. Provide support

These questions can help guide the patient to process his or her diagnosis. Additionally, it helps identify where patients can seek support or if they will need immediate referral for stabilization.

How do you feel now?

What do you think this news means for you?

Whom could you share this news with?

What will you do today when you leave here?

Do you have any questions for me?

4. Link to care

We can help you to connect with excellent doctors and programs that take care of people infected with HIV. They can help you with your medical care, provide emotional support and help you decide with whom and when to share this information. Carrying this information around alone can be really tough. It helps to share this news with someone you trust. Who do you think you might tell?

With the healthcare provider, you will get a physical exam and blood test, to find out how HIV has affected your health. The two main tests look at *T-cells*, which measure your body's immune system, and *viral load*, which measures the amount of HIV in your blood. These tests will help you and your healthcare provider decide if you should start taking medicines or if you are healthy enough to wait. Either way, you will need to get regular checkups. These days, there are new HIV medicines that are stronger and easier to take.

5. Discuss prevention

(Rapid: Since this first test shows that you might have HIV...)
It is very important that you take steps now to prevent spreading the infection to your sex (or needle-sharing) partners.

We've talked about how HIV is spread through unprotected vaginal or anal sex or by sharing needles. You can reduce the risk of transmitting HIV and prevent yourself from getting other infections — abstaining from sex or using condoms if you are having sex and not sharing needles works. Do you know that the majority of people with HIV reduce their risk behavior when they find out they are infected? What are your thoughts about being able to practice prevention with your partner(s) and telling them about your HIV infection?

6. Review HIV reporting

For rapid tests, defer until results are confirmed.

In NYS, HIV reporting and partner notification are documented on the Medical Provider HIV/AIDS and Partner Contact Report Form.

In New York, there are two other things we must discuss with all people testing HIV-positive. We discussed this briefly earlier. First, the health department collects the names of all people who test HIV-positive. This list is kept safely and is not shared. It is used by the health department to keep track of HIV.

7. Review partner notification options

Partner notification does not have to be completed during this first visit. The key is that it is part of the series of initial assessments with the patient.

Second, the health department encourages everyone with HIV to tell their sex (and needle-sharing) partners so they can be tested for HIV. You can tell them yourself, we can help you, or you can give their names to the health department, which will notify them that they may have been exposed. Telling the health department or me these names is voluntary on your part and there are no penalties if you choose not to tell. Before anyone is notified, you will be asked if you are at risk for domestic or partner violence, and if so, be given referrals. (See extended dialogues in Chapter 2.)

8. Ask for names

Is there anyone you have had sex with in the last 10 years that you would like to be notified by yourself or with me? Can you tell me the name(s)? We can discuss how and when you would tell them.

9. Determine and document notification plan: self, provider-assisted and health department (PNAP/CNAP)

If you feel unable to tell them yourself or with my help, we can also work with the health department to have these individuals notified anonymously. Is there anyone you would like notified this way? Does this include your current or most recent partners?

10. Screen each name for domestic violence

Document on names reporting form.

Is this person someone you are afraid might react violently if told he/she might have been exposed? Are you still at risk of this person hurting you?

Essential Forms for Implementing ACTS

All New York State Department of Health forms can be ordered by calling: **518-474-9866** or online at **www.health.state.ny.us**.

Preparing Your Center for Routine HIV Testing

The following are issues to consider in implementing routine testing (ACTS) at your health center. These are not requirements, but addressing these issues will help HIV testing to be done efficiently and be reimbursable by Medicaid and other insurance.

PERSONNEL

- Which staff currently provides HIV counseling and testing?
- Which staff will be added for testing? Do any need training/certification?

PATIENT FLOW

- On which visits will testing be offered (e.g., well or sick, contraception, STD)?
- Which patients will be offered testing: everyone 13-64 or only those identified as 'at-risk'?
- Will the ACTS PRE Screen be used for risk screening? If used, where (e.g., given to the patient by the front desk, put in all charts, or offered in exam room)?

DOCUMENTATION AND ADMINISTRATION

- What is the procedure for specimen flow and quality assurance?
- What are the reimbursement and billing procedures for HIV counseling and testing services? Are they working?
- How is counseling and testing being documented in patient charts?

RESULTS AND REFERRALS

- What is the procedure for giving test results (with routine and rapid testing)?
- What are the procedures for delivering positive results, ensuring there will be adequate time, preparing knowledgeable personnel and giving referrals?
- What is the system for those not returning for results (phone, letters)?
- Who are your referrals for prevention, health and mental health services?

Chart Documentation Sticker

This chart documentation sticker can either be inserted into all patients' chart before the visit or stored in the exam room with the consent form for easy access.

Name:_____ **Date:**_____

HIV Testing

☐ **Offered**
- ☐ Accepted and signed consent form
- ☐ Declined

☐ **Not offered**
- ☐ Recently tested
- ☐ No identified risk
- ☐ No time/not relevant
- ☐ Other_____

Other Services / Prevention Message
- ☐ Risk reduction/safer sex counseling
- ☐ Recommended partner(s) get tested
- ☐ Took a risk history

Test Results
- ☐ Negative
- ☐ Positive
- ☐ Rapid Preliminary Positive

Results Given

_____
date

ACTS Assess Consent Test Support

Confidential Health Questions

Please answer the questions below. If there are any topics you don't feel comfortable addressing, bring it up during your visit. Answers are confidential in your medical record.

Name:

Address:

Today's Date: Date of Birth: Sex: ☐

Ethnicity/Race: ☐ African American ☐ Asian/Pacific Islander ☐
☐ Native American ☐ White ☐

Who do you live with? ☐ Relatives ☐ Spouse/partner
☐ Alone ☐ Foster care

1	Have you been tested for HIV?		
2	If so, did you find out your results?		
3	Have you had sexual intercourse?		
4	How often do you use condoms when you have sex?		
5	Have you had a sexual infection (e.g., chlamydia, herpes)?		
6	Have you had a sexual experience with a male?		
7	Have you had a sexual experience with a female?		
8	Do you consider yourself:		
9	Have you had sex with a man who has had sex with men?		
10	Have you had sex with a person who has HIV/AIDS?		
11	Have you had sex with a person who injects drugs?		
12	Have you injected drugs, hormones or steroids?	☐ No	☐ Yes
13	Have you shared needles with others when injecting drugs?	☐ No	☐ Yes
14	Would you like more information today about sex or HIV?	☐ No	☐ Yes

Purpose

Use the Pre Screen form to assess patients' HIV risk and their need for testing. It does not replace a meaningful, personalized discussion.

Placement

This form can be filled out in the waiting room at routine or sick visits.

If a patient is coming in for another health reason, HIV testing can also be brought up in the office after the initial health issue is addressed.

Notes for Use

Much of the information on the enclosed form is gathered regularly at many clinics. The questions are routine.

Responses are confidential and can be used as indication for HIV testing or the need for further risk reduction counseling or referrals.

Questions are structured to quickly evaluate the answers "at a glance."

Check marks on the right suggest a need for HIV counseling and testing, except for the demographic questions.

Confidential Health Questions

Please answer the questions below. If there are any topics you don't feel comfortable addressing, bring it up during your visit. Answers are confidential in your medical record.

Name:

Patient Information Sticker

Address:

Today's Date: Date of Birth: Sex: ☐ M ☐ F ☐ TG

Ethnicity/Race: ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic/Latino
☐ Native American ☐ White ☐ Other _____

Who do you live with? ☐ Relatives ☐ Spouse/partner ☐ Friend
☐ Alone ☐ Foster care ☐ Homeless

1	Have you been tested for HIV?	☐ No	☐ Yes	
2	If so, did you find out your results?	☐ Yes	☐ No	
3	Have you had sexual intercourse?	☐ No	☐ Yes	
4	How often do you use condoms when you have sex?	☐ Always	☐ Sometimes	☐ Never
5	Have you had a sexual infection (e.g., chlamydia, herpes)?	☐ No	☐ Yes	
6	Have you had a sexual experience with a male?	☐ No	☐ Yes	
7	Have you had a sexual experience with a female?	☐ No	☐ Yes	
8	Do you consider yourself:	☐ Straight	☐ Bisexual	☐ Gay
9	Have you had sex with a man who has had sex with men?	☐ No	☐ Not sure	☐ Yes
10	Have you had sex with a person who has HIV/AIDS?	☐ No	☐ Not sure	☐ Yes
11	Have you had sex with a person who injects drugs?	☐ No	☐ Not Sure	☐ Yes
12	Have you injected drugs, hormones or steroids?	☐ No	☐ Yes	
13	Have you shared needles with others when injecting drugs?	☐ No	☐ Yes	
14	Would you like more information today about sex or HIV?	☐ No	☐ Yes	

Preguntas confidenciales sobre la salud

Por favor responda a las siguientes preguntas. Si hay temas sobre los cuales no se sentiría cómodo(a) hablando, menciónelo en el transcurso de su visita. Las preguntas de su historial médico son confidenciales.

Nombres y Apellidos:

Etiqueta con información del paciente

Dirección:

Fecha de hoy: Fecha de nacimiento: Sexo: ☐ M ☐ F ☐ TS

Raza: ☐ AfroAmericano ☐ Asiático / Isleño del Pacífico ☐ Hispano / Latino
☐ Indígena Americano ☐ Caucásico ☐ Otro _____

¿Con quién vive? ☐ Parientes ☐ Cónyuge / pareja ☐ Amigo(a)
☐ Solo(a) ☐ Guardían/ Foster Care ☐ Sin hogar

1	¿Se ha hecho la prueba del VIH?			No ☐ Sí ☐
2	Si se la hizo, ¿averiguó los resultados?			Sí ☐ No ☐
3	¿Ha tenido relaciones sexuales?			No ☐ Sí ☐
4	¿Con qué frecuencia usa condones cuando tiene relaciones sexuales?	Siempre ☐	Algunas veces ☐	Nunca ☐
5	¿Ha tenido infecciones sexuales (por ejemplo, clamidia, herpes)?			No ☐ Sí ☐
6	¿Ha tenido alguna experiencia sexual con un hombre?			No ☐ Sí ☐
7	¿Ha tenido alguna experiencia sexual con una mujer?			No ☐ Sí ☐
8	Usted se considera:	Heterosexual ☐	Bisexual ☐	Homosexual ☐
9	¿Ha tenido relaciones sexuales con un hombre que ha tenido relaciones sexuales con otros hombres?	No ☐	No estoy seguro(a) ☐	Sí ☐
10	¿Ha tenido relaciones sexuales con una persona seropositiva (con VIH) o que sufra de SIDA?	No ☐	No estoy seguro(a) ☐	Sí ☐
11	¿Ha tenido relaciones sexuales con una persona que se inyecta drogas?	No ☐	No estoy seguro(a) ☐	Sí ☐
12	¿Se ha inyectado drogas, hormonas o esteroides?			No ☐ Sí ☐
13	¿Ha compartido agujas con otras personas cuando se inyecta drogas?			No ☐ Sí ☐
14	¿Le gustaría recibir más información hoy sobre relaciones sexuales o el VIH?			No ☐ Sí ☐

Informed Consent to Perform an HIV Test

New York State Department of Health
AIDS Institute

The decision to have an HIV test is voluntary. In order to have an HIV test in New York State, you must give your consent in writing on the bottom of this form.

Testing for HIV Infection

Testing Methods:

There are a number of tests that can be done to show if you are infected with HIV, the virus that causes AIDS. Your provider or counselor can provide specific information on these tests. These tests involve collecting and testing blood, urine or oral fluid. The most common test for HIV is the HIV antibody test.

Meaning of HIV Test Results:

- A negative result on the HIV antibody test most likely means that you are not infected with HIV, but it may not show recent infection. If you think you have been exposed to HIV, you should take the test again three months after the last possible exposure.
- A positive result on the test means that you are infected with HIV and can infect others.
- Sometimes the HIV antibody test result is not clearly positive or negative, or may be a preliminary result. Your provider or counselor will explain this result, and may ask that you give your consent for further testing.

Confidential or Anonymous HIV Testing:

When you decide to have an HIV antibody test, you may choose either a confidential or an anonymous test.

- If you want your test result to become part of your medical record so it can be used for your medical care, you can have a confidential test done. A confidential test requires that you provide your name.
- If you do not want anyone to know your test results or that you were tested, you can have an anonymous test at an anonymous test site. You will not be asked your name, address or any other identifying information.
- If you receive an HIV positive test result at an anonymous test site approved by the NYS Department of Health, you will have the option of changing your test result to confidential by attaching your name to the test result. This will allow your test result to become part of your medical record.

Benefits to Testing:

There are many benefits to having an HIV test and knowing if you are infected.

If you receive an HIV negative test result:

- Your provider or counselor will tell you how to protect yourself from getting infected with HIV in the future.

If you receive an HIV positive test result:

- Your provider can give you medical care and treatment that can help you stay healthy and can manage your HIV illness.
- Your provider or counselor can tell you how to prevent passing the virus to your sexual or needle sharing partners.
- You can increase your chances of staying healthy by eating a well-balanced, nutritious diet, getting enough sleep, exercising, avoiding alcohol, tobacco, and recreational drugs, reducing stress and having regular check-ups.

If you are a woman who receives an HIV positive test result:

- If you are thinking about having a child, your provider will give you information to help you make informed choices about your health care and pregnancy.
- If you are pregnant, your doctor can provide the care you need and information about services and options available to you. Your provider can tell you about the risks of passing HIV infection to your baby, about medications given during pregnancy that can significantly reduce the risk of passing HIV to your baby, and the medical care available for babies who may be infected with HIV.
- If you have given birth to or breast fed a child since you were infected, your child will need to be tested for HIV and, if infected, may need additional care and treatment. Your provider can give you information about medical care available for children who may be infected with HIV.

Confidentiality of HIV Information:

If you take the HIV antibody test, your test results are confidential. Under New York State law, confidential HIV information can only be given to people you allow to have it by giving your written approval, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. The law also allows your HIV information to be released under limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment.

Reporting Requirements:

Your name will be reported to the health department if you have a confirmed positive HIV antibody test result received through a confidential test, other HIV-related test results, a diagnosis of AIDS, or if you have chosen to attach your name to a positive test result at an anonymous site. The health department will use this information to track the epidemic and to better plan prevention, health care and other services.

Notifying Partners:

If you test HIV positive, your provider will talk with you about the importance and benefits of notifying your partners of their possible exposure to HIV. It is important that your partners know they may have been exposed to HIV so they can find out whether they are infected and benefit from early diagnosis and treatment. Your provider may ask you to provide the names of your partners, and whether it is safe for you if they are notified. If you have been in an abusive relationship with one of these partners, it is important to share information with your provider. For information regarding services related to domestic violence, call 1-800-942-6906.

- Under state law, your provider is required to report to the health department the names of any of your partners (present and past sexual partners, including spouses, and needle sharing partners) whom they know.
- If you have additional partners whom your provider does not know, you may give their names to your provider so they can be notified.
- Several options are available to assist you and your provider in notifying partners. If you or your provider do not have a plan to notify your partners, the Health Department may notify them without revealing your identity. If this notification presents a risk of harm to you, the Health Department may defer the notification for a period of time sufficient to allow you to access domestic violence prevention services.
- If you do not name any partners to your provider or if a need exists to confirm information about your partners, the health department may contact you to request your cooperation in this process.

Confidentiality of HIV Test Results and Related Information:

If you feel your confidentiality has been broken, or for more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065. Any health or social service provider who illegally tells anyone about your HIV information may be punished by a fine of up to $5,000 and a jail term of up to one year. The law also protects you from HIV-related discrimination in housing, employment, health care or other services. For more information, call the New York State Division of Human Rights at 1-800-523-2437.

My questions about the HIV antibody test were answered. I agree to be tested for HIV.

Signature: _____

Date: _____

I provided pre-test counseling in accordance with Article 27-F of the New York State Public Health Law. I answered the above individual's questions about the test and offered him/her an unsigned copy of this form.

Signature:_____Title:_____

Facility/Provider Name:_____

Autorización informada para practicar la prueba de anticuerpos contra el VIH

Departamento de Salud del Estado de Nueva York
Instituto para Estudios del SIDA

La decisión para practicarse una prueba de anticuerpos contra el VIH es voluntaria. Para que se le practique una prueba de anticuerpos contra el VIH en el Estado de Nueva York, usted deberá proporcionar su autorización por escrito al final de este formulario.

Prueba para la infección por VIH

Métodos de la prueba:

Hay diversas pruebas que se pueden realizar para descubrir si usted está infectado(a) con VIH, el virus que causa el SIDA. Su proveedor o consejero, pueden proporcionarle información específica acerca de estas pruebas. Estas pruebas incluyen la colección y análisis de sangre, orina o secreciones orales. La prueba más comúnmente usada, es la detección de anticuerpos contra el VIH.

Significado de los resultados de las pruebas de anticuerpos contra el VIH:

- Un resultado negativo de la prueba para anticuerpos contra el VIH, significa que lo más probable es que usted no está infectado(a) con VIH, pero podría no mostrar una infección reciente. Si usted cree que ha estado expuesto(a) a la infección por VIH, deberá repetir la prueba nuevamente, tres meses después de la última probable exposición.
- Un resultado positivo de la prueba significa que usted está infectado(a) con VIH y que puede infectar a otras personas.
- Ocasionalmente, los resultados de las pruebas para anticuerpos contra el VIH, no son claramente positivos o negativos, o pueden ser resultados preliminares. Su proveedor o consejero le explicará estos resultados y podría solicitar su autorización para pruebas adicionales.

Pruebas para detección de anticuerpos contra el VIH, confidenciales o anónimas:

Cuando usted decide practicarse una prueba de anticuerpos contra el VIH, puede seleccionar entre una prueba confidencial o una prueba anónima.

- Si usted quiere que el resultado de su prueba forme parte de su expediente médico, de manera que pueda usarlo para sus cuidados médicos, usted puede practicarse una prueba confidencial. Para una prueba confidencial es necesario que proporcione su nombre.
- Si usted no desea que nadie conozca el resultado de su prueba o que a usted se le ha practicado dicha prueba, puede optar por una prueba anónima en un lugar en donde se realizan pruebas anónimas. A usted no se le preguntará su nombre, dirección ni ninguna otra información que pueda identificarlo(a).
- Si usted recibe un resultado positivo al VIH de un lugar autorizado por el Departamento de Salud del Estado de Nueva York en donde se practican pruebas anónimas, tendrá la opción de cambiar su información a confidencial, adjuntando su nombre a los resultados de la prueba. Esto permitirá que el resultado se vuelva parte de su expediente médico.

Beneficios de las pruebas:

El practicarse una prueba de anticuerpos contra el VIH y saber si usted está infectado lleva consigo muchos beneficios.

Si usted recibe un resultado negativo de la prueba al VIH:

- Su consejero o proveedor le orientará como puede protegerse así mismo en el futuro contra una infección por VIH.

Si usted recibe un resultado positivo de la prueba al VIH:

- Su proveedor puede proporcionarle tratamiento y cuidados médicos que le ayudarán a permanecer saludable y a controlar su enfermedad causada por el VIH.
- Su consejero o proveedor le informará como prevenir la transmisión del virus a su pareja sexual o a las personas con las que comparte agujas.
- Usted puede aumentar sus oportunidades de permanecer saludable con una dieta balanceada y nutritiva, durmiendo lo suficiente, ejercitándose físicamente, evitando bebidas alcohólicas, tabaco y alucinógenos, reduciendo el estrés y asistiendo periódicamente a sus controles médicos.

Si usted es una mujer y recibe un resultado positivo de la prueba al VIH:

- Si usted está pensando en un embarazo, su proveedor le proporcionará información que le permitirá tomar decisiones informadas acerca del cuidado de su salud y embarazo.
- Si usted está embarazada, su médico puede proporcionarle los cuidados necesarios e información acerca de los servicios y opciones que hay y que están disponibles para usted. Su proveedor le informará de los riesgos de transmitir el VIH a su bebé, de los medicamentos que durante el embarazo pueden reducir significativamente la transmisión del VIH a su bebé y los cuidados médicos para bebés que pueden estar infectados con VIH.
- Si usted ha dado a luz o amamanta a un niño después de resultar infectada, su hijo(a) necesita que se le practiquen las pruebas para detección del VIH y si él(ella) está infectado(a), podría necesitar tratamiento y cuidados adicionales. Su proveedor puede darle información acerca de los cuidados médicos disponibles para niños quienes pueden estar infectados con VIH.

Confidencialidad de los resultados de la prueba al VIH:

Si usted se efectúa la prueba para anticuerpos contra el VIH, los resultados de su prueba son confidenciales. Bajo las leyes del Estado de Nueva York, la información confidencial acerca del VIH únicamente puede ser divulgada a aquellas personas que usted haya autorizado por medio de una autorización escrita, o a aquellas personas que necesiten saber acerca de su estado para poder proporcionarle asistencia médica y servicios, éstos incluyen: proveedores de cuidados de la salud, personas involucradas en la crianza y adopción de niños; padres y tutores quienes acceden a cuidar a los menores; empleados de cárceles, prisiones; agentes judiciales de vigilancia para reos en libertad condicional; trabajadores en unidades de emergencia y otras dependencias de los hospitales; otros lugares reglamentarios o consultorios médicos, quienes están expuestos o en contacto con sangre o secreciones corporales durante el desempeño de sus labores y las organizaciones que analizan los servicios que usted recibe. La ley también permite que se proporcione su información del VIH bajo circunstancias limitadas: órdenes especiales de la corte, oficiales de salud pública cuando lo requiere la ley y a las compañías aseguradoras según sea necesario para el pago de cuidados y tratamientos.

Requisitos para el reporte de un informe:

Su nombre se reportará al departamento de salud cuando los resultados de su prueba para anticuerpos contra el VIH están marcados como confidencial y son positivos; también con otros resultados de pruebas relacionadas al VIH, un diagnóstico de SIDA o si usted decidió adjuntar su nombre a un resultado positivo, realizado en forma anónima. El departamento de salud usará esta información para localizar la epidemia y desarrollar un mejor plan preventivo, cuidados médicos y otros servicios.

Notificar a las parejas:

Si el resultado de su prueba para el VIH es positivo, su proveedor le explicará acerca de la importancia y beneficios de informar a sus parejas de su posible exposición al VIH. Es importante que sus parejas conozcan que han estado expuestos a adquirir el VIH, de manera que ellos averigüen si están infectados o no y los beneficios de un diagnóstico y tratamiento temprano. Su proveedor puede solicitarle que proporcione el nombre de sus parejas y si usted no corre ningún riesgo, informarles. Si usted ha estado en una relación abusiva con alguna de sus parejas, es muy importante que comparta esta información con su proveedor. Llame al número telefónico 1-800-942-6906 para información con respecto a servicios relacionados a violencia doméstica.

- Bajo las leyes del estado, su proveedor tiene que informar al departamento de salud los nombres de cualquiera de sus parejas conocidos por ellos (parejas sexuales actuales y del pasado, inclusive cónyuges y parejas con quien comparte agujas).
- Si usted tiene otras parejas que su proveedor no conoce, usted puede dar sus nombres para que se les notifique.
- Existen varias opciones para ayudarle a usted y a su proveedor en la notificación a sus parejas. Si usted o su proveedor no tienen un plan para informar a sus parejas, el Departamento de Salud puede informarles sin divulgar su identidad. Si esta información representa para usted un riesgo personal, el Departamento de Salud puede diferir la información por un período de tiempo prudencial, que le permita a usted acudir a los servicios de prevención de violencia doméstica.
- Si usted no proporciona los nombres de sus parejas a su proveedor o si hay necesidad de confirmar la información acerca de sus parejas, el Departamento de Salud, establecerá contacto con usted, para solicitar su cooperación en este proceso.

Confidencialidad de información relacionada a los resultados de las pruebas al VIH:

Para obtener más información relacionada a la confidencialidad de los resultados de las pruebas al VIH o si usted cree que su confidencialidad ha sido violada, llame a la línea directa de confidencialidad para personas con VIH, del Departamento de Salud del Estado de Nueva York número 1-800-962-5065. Cualquier proveedor de salud o de servicios sociales, quien en forma ilegal, divulgue a alguien información acerca de su VIH, puede ser sancionado con una multa hasta por $5,000 y encarcelado por un término hasta de un año. La ley también le protege de discriminación relacionada al VIH en viviendas, lugares de trabajo, cuidados de salud y otros servicios. Para obtener más información, llame a la División de Derechos Humanos del Estado de Nueva York al número telefónico 1-800-523-2437.

Todas mis preguntas relacionadas a las pruebas de anticuerpos contra el VIH fueron contestadas. Yo estoy de acuerdo de que me practiquen las pruebas para la detección del VIH.

Firma: _____

Fecha: _____

El abajo firmante, de acuerdo con el Artículo 27-F de la Ley de Salud Pública del Estado de Nueva York, antes de llevar a cabo las pruebas, ha proporcionado asesoría, ha contestado todas las preguntas de la persona arriba mencionada con respecto a las pruebas y le ha ofrecido a él (ella) una copia de este formulario, sin firma.

Firma:_____ Título:_____

Nombre del proveedor/Lugar:_____

New York State Department of Health
AIDS Institute

Informed Consent to Perform Prenatal HIV Testing

The decision to have an HIV test is voluntary and you may withdraw your consent at any time. In order to have an HIV test in New York State, you must give your consent in writing on the bottom of this form.

Testing Methods:

There are a number of tests that can be done to show if you are infected with HIV, the virus that causes AIDS. Your provider or counselor can provide specific information on these tests. These tests involve collecting and testing blood, urine or oral fluid. The most common test for HIV is the HIV antibody test.

Meaning of HIV Test Results:

- A negative result on the HIV antibody test most likely means that you are not infected with HIV, but it may not show recent infection. If you think you have been exposed to HIV, you should take the test again three months after the last possible exposure.
- A positive result on the test means that you are infected with HIV and can infect others.
- Sometimes the HIV antibody test result is not clearly positive or negative, or may be a preliminary result. Your provider or counselor will explain this result, and may ask that you give your consent for further testing.

Confidential or Anonymous HIV Testing:

When you decide to have an HIV antibody test, you may choose either a confidential or an anonymous test.

- If you want your test result to become part of your medical record so it can be used for your medical care, you can have a confidential test done. A confidential test requires that you provide your name.
- If you do not want anyone to know your test results or that you were tested, you can have an anonymous test at an anonymous test site. You will not be asked your name, address or any other identifying information.
- If you receive an HIV positive test result at an anonymous test site approved by the NYS Department of Health, you will have the option of changing your test result to confidential by attaching your name to the test result. This will allow your test result to become part of your medical record.

Benefits to Testing:

There are many benefits to having an HIV test and knowing if you are infected.

If you receive an HIV negative test result:

- Your provider or counselor will tell you how to protect yourself from getting infected with HIV in the future.

If you receive an HIV positive test result:

- Your provider can give you medical care and treatment that can help you stay healthy and can manage your HIV illness.
- Your provider or counselor can tell you how to prevent passing the virus to your sexual or needle sharing partners.
- You can increase your chances of staying healthy by eating a well-balanced, nutritious diet, getting enough sleep, exercising, avoiding alcohol, tobacco, and recreational drugs, reducing stress and having regular check-ups.

If you receive an HIV positive test result:

- If you are pregnant, your doctor can provide the care you need and information about services and options available to you. Your provider can tell you about the risks of passing HIV infection to your baby, about medications given during pregnancy that can significantly reduce the risk of passing HIV to your baby, and the medical care available for babies who may be infected with HIV.
- If you have given birth to or breast fed a child since you were infected, your child will need to be tested for HIV and, if infected, may need additional care and treatment. Your provider can give you information about medical care available for children who may be infected with HIV.

Confidentiality of HIV Information:

If you take the HIV antibody test, your test results are confidential. Under New York State law, confidential HIV information can only be given to people you allow to have it by giving your written approval, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other

regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. The law also allows your HIV information to be released under limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment.

Reporting Requirements:

Your name will be reported to the health department if you have a confirmed positive HIV antibody test result received through a confidential test, other HIV-related test results, a diagnosis of AIDS, or if you have chosen to attach your name to a positive test result at an anonymous site. The health department will use this information to track the epidemic and to better plan prevention, health care and other services.

Notifying Partners:

If you test HIV positive, your provider will talk with you about the importance and benefits of notifying your partners of their possible exposure to HIV. It is important that your partners know they may have been exposed to HIV so they can find out whether they are infected and benefit from early diagnosis and treatment. Your provider may ask you to provide the names of your partners, and whether it is safe for you if they are notified. If you have been in an abusive relationship with one of these partners, it is important to share information with your provider. For information regarding services related to domestic violence, call 1-800-942-6906.

- Under state law, your provider is required to report to the health department the names of any of your partners (present and past sexual partners, including spouses, and needle sharing partners) whom they know.
- If you have additional partners whom your provider does not know, you may give their names to your provider so they can be notified.
- Several options are available to assist you and your provider in notifying partners. If you or your provider do not have a plan to notify your partners, the Health Department may notify them without revealing your identity. If this notification presents a risk of harm to you, the Health Department may defer the notification for a period of time sufficient to allow you to access domestic violence prevention services.
- If you do not name any partners to your provider or if a need exists to confirm information about your partners, the health department may contact you to request your cooperation in this process.

Confidentiality of HIV Test Results and Related Information:

If you feel your confidentiality has been broken, or for more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065. Any health or social service provider who illegally tells anyone about your HIV information may be punished by a fine of up to $5,000 and a jail term of up to one year. The law also protects you from HIV-related discrimination in housing, employment, health care or other services. For more information, call the New York State Division of Human Rights at 1-800-523-2437.

CONSENT FOR HIV TESTING

My questions about the HIV antibody test were answered. I agree to be tested for HIV.

Signature _____ Date _____

AUTHORIZATION FOR REPEAT HIV TESTING IN THE SPECIAL CONTEXT OF PREGNANCY

I also authorize my health care provider to repeat the HIV test later in this pregnancy. This consent for repeat testing is limited to the course of my current pregnancy. I understand that my health care provider/counselor will discuss testing with me before the retest is performed and will provide me with the test results.

Signature _____ Date _____

I have explained to the patient that HIV testing is routinely performed as a part of the antenatal testing protocol and have informed her that she has the right to refuse the test. I provided pre-test counseling in accordance with Article 27-F of the New York State Public Health Law. I answered the above individual's questions about the test and offered her an unsigned copy of this form.

Signature & Title _____ Date _____

Facility/Provider Name _____

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New York State Department of Health
AIDS Institute

Informed Consent to Perform an Expedited HIV Test in the Delivery Setting

(Please note: Either this form or the standard HIV form can be used to consent to an expedited test.)

HIV testing is voluntary and requires your consent in writing. The purpose of expedited HIV testing is to show if you are infected with HIV, the virus that causes AIDS. **If you are HIV-infected, expedited HIV testing will allow you to receive immediate medication during labor and delivery to reduce the risk of transmitting HIV to your newborn, and will allow your baby to receive the same medication immediately after birth.**

Before you consent to be tested for HIV, speak to your health care provider about:

How HIV can be passed from person to person and mother to baby;

The medication that has been shown in many cases to prevent the transmission of HIV from mother to baby;

The New York State law that requires all newborns to be tested for HIV after birth (without the parents' consent); and,

The meaning of preliminary HIV test results and how a positive HIV test will be confirmed.

If you agree with the following statements and want to consent to expedited HIV testing, please sign on the other side of this form.

I have been counseled about the benefits of having an expedited HIV test and I understand that HIV infection can be passed from mother to baby.

I understand that:

- The human immunodeficiency virus (HIV) is the virus that causes AIDS.
- One of the ways that HIV is spread is by sexual intercourse, so all pregnant women are potentially at risk for HIV infection.
- HIV can be passed from a mother to her baby during pregnancy, at delivery, and through breastfeeding.
- If I have HIV, it is a serious illness that can affect my health and the health of my baby.
- HIV antibody test results are confidential and the law protects me from discrimination related to HIV.

If I am found to be HIV-infected, treatment is available to reduce the risk that my baby will be infected:

- If I have not yet delivered my baby, I may receive medication as soon as possible which may greatly reduce the chance of my passing the virus to my baby.
- My baby may receive medication which reduces the risk of his/her becoming HIV-infected.
- If medication to reduce the risk of transmission of HIV is given to me during labor and delivery, or to my newborn immediately after birth, the chance that my baby will be HIV-infected is significantly reduced.
- If treatment is started, my health care provider will discuss any consequences of taking the medication with me.

New York State has a Newborn Screening Program:

- If I do not consent to expedited testing now, my baby will be tested for HIV without consent immediately after birth.
- All babies born in New York State are also routinely tested for HIV as a part of the Newborn Screening Program; the test results are reported to their mothers.

The test I am consenting to take will provide me and my health care provider with results within 12 hours:

- If I have the expedited HIV test, I will be given the results no later than 12 hours after my blood is drawn.
- If the expedited HIV test result is negative, no further testing will be done at this time.
- If my expedited HIV test result is negative, it most likely means that I am not infected with HIV, but it may not show recent infection.
- A positive preliminary HIV test result means that there is a possibility that I am HIV-infected and that my baby may have been exposed to HIV. A second test, to confirm a preliminary positive HIV test result, will be done.
- I understand that if my preliminary test result is positive, I still may not have HIV infection (false positive tests can occur) but that it may be best to start treatment to help prevent the transmission of infection to my baby while I wait for the confirmatory test result.
- If my preliminary HIV test result is positive, my health care provider will advise me not to begin breastfeeding until the confirmatory test is done.

All preliminary positive test results will be confirmed:

- If the confirmatory HIV test result is negative, both my baby and I will immediately be taken off medication if it was started to help prevent transmission of HIV from me to my baby.
- If the confirmatory test is positive, any medication that was begun to help prevent transmission of HIV from me to my baby will be continued.
- If my confirmatory test is positive, further testing will be needed to determine whether or not my baby has HIV infection.
- If the confirmatory test is positive, I will be referred to a physician for my own ongoing medical care and I will be referred to a health care provider who will take care of my baby's medical needs.

Confidentiality of HIV Information:

If you take the HIV antibody test, your test results are confidential. Under New York State law, confidential HIV information can only be given to people you allow to have it by giving your written approval, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. The law also allows your HIV information to be released under certain limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment.

Reporting Requirements:

Your name will be reported to the Health Department if you have a confirmed positive HIV antibody test result received through a confidential test, other HIV-related test results, a diagnosis of AIDS, or if you have chosen to attach your name to a positive test result at an anonymous site. The Health Department will use this information to track the epidemic and to better plan prevention, health care and other services.

Notifying Partners:

If you test HIV positive, your provider will talk with you about the importance and benefits of notifying your partners of their possible exposure to HIV. It is important that your partners know they may have been exposed to HIV so they can find out whether they are infected and benefit from early diagnosis and treatment. Your provider may ask you to provide the names of your partners, and whether it is safe for you if they are notified. If you have been in an abusive relationship with one of these partners, it is important to share information with your provider. For information regarding services related to domestic violence, call 1-800-942-6906.

- Under state law, your provider is required to report to the Health Department the names of any of your partners (present and past sexual partners, including spouses, and needle sharing partners) whom they know.
- If you have additional partners whom your provider does not know, you may give their names to your provider so they can be notified.
- Several options are available to assist you and your provider in notifying partners. If you or your provider do not have a plan to notify your partners, the Health Department may notify them without revealing your identity. If this notification presents a risk to you, the Health Department may defer the notification for a period of time sufficient to allow you to access domestic violence prevention services.
- If you do not name any partners to your provider or if a need exists to confirm information about your partners, the Health Department may contact you to request your cooperation in this process.

Confidentiality of HIV Test Results and Related Information:

If you feel your confidentiality has been broken, or for more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065. Any health or social service provider who illegally tells anyone about your HIV information may be punished by a fine of up to $5,000 and a jail term of up to one year. The law also protects you from HIV-related discrimination in housing, employment, health care or other services. For more information, call the New York State Division of Human Rights at 1-800-523-2437.

My questions about the HIV antibody test were answered. I agree to be tested for HIV.

Signature: _____ Date: _____

I provided pre-test counseling in accordance with Article 27-F of the New York State Public Health Law. I answered the above individual's questions about the test and offered her an unsigned copy of this form.

Signature: _____ Title: _____

Facility/Provider Name: _____

DOH-4158 (4/04) p2 of 2

Sample Only

To order copies, call

518-474-9866

CONFIDENTIAL

Medical Provider HIV/AIDS and Partner/Contact Re

Health and social service providers obtaining HIV information in the course of their work and persons
are prohibited from releasing the information, except as specifically permitted by law. Illegal procurem
punishable by a fine of up to $5,000 per occurrence. Willful violations are punishable by imprisonmen

Public Health Law, Article 21, Title III (Section 2130) requires the reporting of the names of HIV infected pa

Instructions: Refer to back of this page for instructions on completing this forr

I. Patient Information (Please type or print)

a. Name _____ **DOB** ____/____/_____
Last First MI

Address _____ **Patient Record #** _____
Street Apt. #

City _____ **State** _____ **Zip** _____ **DIN for Inmate**, if applicable _____

Telephone Number (_____) _____ **Date of this admission or visit** _____/_____/_____ (mm/dd/yyyy)

b. Race/Ethnicity (check one)

- ☐ White, not Hispanic
- ☐ Black, not Hispanic
- ☐ Hispanic
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Other _____ (specify)
- ☐ Unknown

c. Risk (check all that apply) (See I.c. in instructions)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9

d. Date of HIV diagnosis _____/_____/_____ (mm/dd/yyyy)

Date of AIDS diagnosis _____/_____/_____ (mm/dd/yyyy)

e. Type of Report ☐ Initial HIV Diagnosis
☐ Initial HIV Illness Diagnosis
☐ Initial AIDS Diagnosis

f. Has this patient been informed of his/her HIV positive status?
☐ Yes, Date _____/_____/_____ (mm/dd/yyyy) ☐ No

II. Information on Person Completing the Form

Name _____ **Title** _____ **Telephone Number** (_____) _____
Last First MI

Facility Name _____ **Date this form completed** _____/_____/_____ (mm/dd/yyyy)

Facility Address _____
Street City State Zip Code

III. Partner/Contact Information: For newly diagnosed cases, report the names of all contacts known to the provider, including spouses within the last 10 years, and any other contacts the patient names. PartNer Assistance Program/Contact Notification Assistance Program (PNAP/CNAP) may contact providers for additional information.

(Check one or both, if applicable) ☐ Provider requests PNAP/CNAP assistance. ☐ No partner/contacts named at this time.

Name _____ **Gender** ☐ Male ☐ Female
Last First MI

Address _____ **Age** _____
Street Apt. #

City _____ **State** _____ **Zip** _____

Spouse of Patient ☐ Yes ☐ No

Domestic Violence Screen Done? ☐ Yes ☐ No

If yes, Risk of Domestic Violence Identified? ☐ Yes ☐ No

Partner Assistance Status (see reverse):____ Date notified____/____/____

Phone # ( ) _____ ***High Priority** ☐ (see instructions)

Name _____ **Gender** ☐ Male ☐ Female
Last First MI

Address _____ **Age** _____
Street Apt. #

City _____ **State** _____ **Zip** _____

Spouse of Patient ☐ Yes ☐ No

Domestic Violence Screen Done? ☐ Yes ☐ No

If yes, Risk of Domestic Violence Identified? ☐ Yes ☐ No

Partner Assistance Status (see reverse):____ Date notified____/____/____

Phone # ( ) _____ ***High Priority** ☐ (see instructions)

For additional partners, complete and attach an Additional Partner/Contact Report Form (DOH-4189A).
Only the patient name and date of birth (DOB) and the additional partner information are necessary on the DOH-4189A if attached to this form.

The Medical Provider should sign and date the form certifying the information is correct to the best of his/her knowledge.
Providers located in New York City call (212) 442-3388 to arrange pickup of completed **YELLOW** copy of forms.
All other providers send YELLOW copy to: Division of Epidemiology P.O. Box 2073 ESP Station Albany, NY 12220-0073

To the best of my knowledge, the above information is correct. _____ _____
Medical Provider Signature Date

Please print Medical Provider's Name _____

WHITE - MEDICAL PROVIDER **YELLOW - DEPARTMENT OF HEALTH**

Instructions for Completing the Medical Provider HIV/AIDS and Partner/Contact Report Form

I. Patient Information

a. Indicate the patient's name, address, phone number (including area code), date of birth (DOB) and gender. Enter the patient's medical record or chart number at your facility. If the patient is incarcerated in a New York State correctional facility, indicate the Department Identification Number (DIN). Indicate the date of this admission or visit in mm/dd/yyyy format.

b. Check the box indicating the patient's Race/Ethnicity as s/he self-identifies.

c. **Risk:** Check each box that indicates the patient's risk(s).

1-Sex w/male	2-Sex w/female	3-IDU	4-Sex Partner IDU	5-Sex Partner HIV
6-Received blood products		7-Perinatal Exposure	8-Other Risk	9-Unknown

d. Enter the dates of HIV diagnosis and AIDS diagnosis (if applicable) in mm/dd/yyyy format.

e. Check the boxes which indicates the patient's diagnosis (as defined below): Check all that apply.
- **Initial HIV Diagnosis**: First report of HIV antibody positive test results.
- **Initial HIV Illness Diagnosis**: *HIV illness not meeting the AIDS definition and/or as indicated by* the first report of <500 CD4 positive T-Lymphocyte/ul, detectable viral load test or repeat positive HIV antibody test.
- **Initial AIDS Diagnosis**: Initial diagnosis of AIDS as defined by the Centers for Disease Control and Prevention, including <200 CD4 positive T-Lymphocytes/ul.

f. Check the box which indicates if the patient has been informed of his/her HIV status. If yes, indicate the date the patient was informed.

II. Information on Person Completing the Form

Indicate the name, title and telephone number of the person completing this form. Enter the facility name and address for which this form is being completed and the date of its completion.

III. Partner/Contact Information

To request PNAP/CNAP assistance, check the box. Indicate the name, gender, age, phone number and address for each partner known to the physician or whom the patient names, **using one box for each partner**. Priority is placed on notifying partners of newly diagnosed cases of HIV.

Check the Yes or No box for the following:
- Is the partner a current or past spouse (within the past 10 years)? (Ten year time period pursuant to Federal Law)
- Has a domestic violence screen been completed for the patient related to each partner?
- Is there a risk for domestic violence if the partner is notified?

Place one Partner Assistance Status category on the Partner Assistance Status line for <u>each</u> partner.

1. The provider or patient requests state/local public health officer assistance with notification.
2. The partner was notified by the provider (indicate the date of notification in MM/DD/Year format).
3. The notification is in process by a) provider, b) patient or c) provider and patient.
4. a) Provider confirms that patient has notified his or her partner. The provider has either had an in-person communication with or has received written communication from the partner (indicate the date of notification in MM/DD/Year format).
   b) Patient reports to provider that he/she has notified his or her partners. The provider has not confirmed this information with the partner (indicate the date of notification in MM/DD/YYYY format).
5. The plan for notification has not yet been determined by the provider.
6. a) Provider confirms that partner already knows his or her own HIV positive status. The provider has either had an in-person communication with or received written communication from the partner.
   b) Patient reports the partner already knows his or her own HIV positive status. The provider has not confirmed this information with the partner.
7. There is a risk of domestic violence if the partner listed is notified.
8. There are other mitigating circumstances. These mitigating circumstances should be described on a separate sheet and attached to the form..
9. Already referred to PNAP or CNAP.
10. Provider or index attempted to notify but unable to locate.
11. Notification attempted; partner declined.

***High Priority** status can be checked to indicate that PNAP or CNAP is needed as soon as possible.

Examples or reasons for listing a case as a high priority could include:
- pregnant contact
- continuing sexual activity
- recent exposure
- other special circumstances

If there are additional partners, complete and attach an Additional Partner/Contact Report Form (DOH-4189A). Only the patient name and date of birth (DOB) and the additional partner information are necessary on the DOH-4189A if attached to this form.

Blank Forms May Be Ordered by Calling (518) 474-4284

The Medical Provider should sign and date the form certifying the information is correct to the best of his/her knowledge.

Providers located in New York City call (212) 442-3388 to arrange pickup of completed **YELLOW** copy of form.

All other providers send **YELLOW** copy to:

Division of Epidemiology P.O. Box 2073 ESP Station Albany, NY 12220-0073

DOH-4189 (Revised 10/01) Reverse

Note: PNAP/CNAP staff may contact providers for additional information.

Authorization for Release of Confidential HIV* Related Information

New York State Department of Health AIDS Institute

Confidential HIV related information is any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, confidential HIV related information can only be given to people you allow to have it by signing a written release, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. State law also allows your HIV information to be released under limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment. Under State law, anyone who illegally discloses HIV related information may be punished by a fine of up to $5,000 and a jail term of up to one year. However, some re-disclosures of such information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time by indicating your change in writing. Upon your request, the facility or provider asking for this release must provide you with a copy of this form as signed by you or left unsigned.

The law protects you from HIV related discrimination in housing, employment, health care and other services. For more information call the New York State Division of Human Rights Office of AIDS Discrimination Issues at **1 (800) 523-2437** or (212) 480-2493 or the New York City Commission of Human Rights at **(212) 306-5070**. These agencies are responsible for protecting your rights.

*Human Immunodeficiency Virus that causes AIDS.

Name and address of facility/provider obtaining release:
Name of person whose HIV related information will be released:
Name(s) and address(es) of person(s) signing this form (if other than above): Relationship to person whose HIV information will be released:
Name(s) and address(es) of person(s) who will be given HIV related information:
Reason for release of HIV related information:
Time during which release is authorized: From: To:

The Facility/Provider obtaining this release must complete the following:

Exceptions, if any, to the right to revoke consent for disclosure: (for example cannot revoke if disclosure has already been made.)
Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits:

(Note: Federal privacy regulations may restrict some consequences.)

My questions about this form have been answered. I know that I do not have to allow release of HIV related information, and that I can change my mind at any time and revoke my authorization by writing the facility/provider obtaining this release.

_____ _____

Date Signature

HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBOD

CONSENT FORM (SEROLOGY)

This is not a test for AIDS. This is a test for antibodies to the virus named HIV. A counselor has told me what a negative or positive test result means. On my return visit, a counselor will explain my test results to me.

I understand that knowing my HIV result is important to my health. I understand that if I test confidentially at this clinic, I will sign my name, address and phone number on this form. This is the best way for me to enter into treatment and to learn of other available services. It is also a way for someone to reach me if I cannot return for my test results.

An anonymous test means that I do not use my real name or address, but it also means that no one will be able to reach me if I cannot return for my results. In addition, no one can reach me if I am in need of other services.

However I choose to test, I will get a code number. This number will be on the consent form, lab slip and specimen tube. The lab slip and specimen tube will be sent to the State laboratory where the test will be done. My code number, not my name, will be on the lab slip and the specimen tube. All records are kept under lock and key.

Should I test positive this information will be reported to the New Jersey Department of Health and Senior Services as required by law. Any other release of this information will require my written consent or a court order or subpoena. I have read or someone has read this form to me. All of my questions have been answered. If I want to test confidentially, I will sign my name, address and phone number. If I want to test anonymously, I will sign John/Jane Doe.

_____ (Signature of Witness)

_____ (Signature of Client)

_____ (Code Number)

_____ (Street Address)

_____ (Date)

_____ (City and State)

_____ (Phone Number)

CT-14
DEC 01

Patient Handouts

Whatever brings the patient into the office, this is your best opportunity to offer routine screening, counseling and testing. Although many patients desperately need information about sexual health, STDs and HIV testing, you cannot rely on them to ask; instead, facilitate the discussion yourself.

Clear and informative educational materials with symptom-based descriptions in the waiting room or exam room help make patients more receptive to counseling and testing messages. They also encourage patients to seek diagnosis and treatment, should they have particular infections.

Handouts include:

Additional patient education materials are available from the New York Department of Health by calling: **518-474-9866** or online at **www.health.state.ny.us.**

FOUR STEPS to getting an HIV test: A.C.T.S.

A — Ask about testing.

Most of the time, you will be able to get tested on the same day you ask.

C — Consent to the test.

Signing a consent form means you understand what an HIV test is and you agree to have the test done. This step protects your privacy.

T — Take the Test.

An HIV test is quick and simple to do. Depending on what type of test your health center offers, you will need to give blood or keep a swab in your mouth for two minutes.

S — Stay or come back for results.

If you don't find out your results, you can't take control and learn how to keep yourself healthy. Usually your results are ready in a week but with a new rapid test, you can find out in 30 minutes.

Will anyone else know the results?

All HIV testing is **confidential**.

This means that you and your doctor are the only people who know you took the test. Positive tests are reported to the health department which keeps a confidential list.

Anonymous testing (where your name is not used) is available.

To locate an anonymous testing site, call **1-800-541-AIDS**.

What should I do if I test negative?

A negative test means that you are not infected with HIV.

- Learn how to **prevent HIV** and stay negative.
- Ask your doctor if you need to re-test.

What should I do if I test positive?

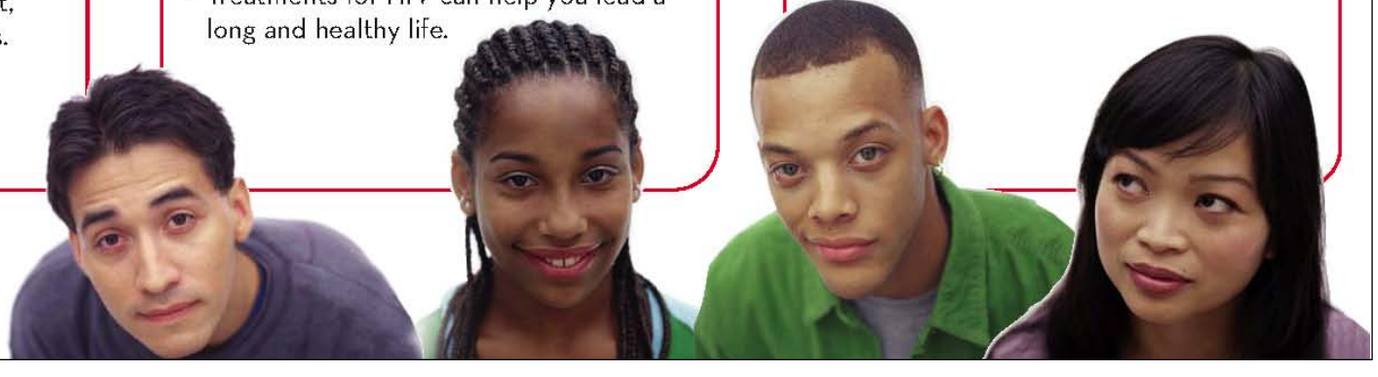
A positive test means that you are infected with HIV.

If you are HIV-positive:

- Treatments for HIV can help you lead a long and healthy life.
- There are services and support available.
- You and your doctor will come up with a treatment plan. You will take tests that will measure the health of your body's immune system and the amount of virus in your blood. This will help your doctor decide when you will need to start medications.
- You will need to take steps to make sure you don't pass HIV to others (practicing safer sex and telling your sex partners).

How to prevent HIV

1. Choose not to have sex (abstain).
2. Be sexually faithful to one person (after getting tested together).
3. Use a condom each and every time you have vaginal or anal sex.
4. Do not share needles and works.
5. Get tested for HIV and other STDs, and ask your partners to do the same!



An HIV test...

- Tells you if you have been infected with HIV.
- Comes in several different types: blood, oral and a new rapid test. All are equally accurate.
- Tests for antibodies your body makes to fight off HIV infection.
- Is confidential and private.
- Is available to young people without parental permission.

What is HIV?

HIV is a virus that harms the body's immune system, making it unable to fight off infections. HIV is the virus that causes AIDS. HIV lives in blood and body fluids like semen, vaginal fluids and breast milk.

You can get HIV from:

- Having sex without using condoms.
- Sharing needles.

You cannot get HIV from:

- Casual contact (like hugging).

The CDC now recommends that HIV testing should be a routine part of everyone's medical care.

With advances in testing and treatment, it has never been easier to get tested. Some people don't get tested because it makes them embarrassed, nervous or they don't think it could happen to them. Also, others wait until their doctor recommends it.

In this day and age, anyone who has ever had sex should get tested.

An HIV test gives you power!

If you're HIV-positive, there are treatments you can take to stay healthy.

If you are HIV-negative, finding out can be a relief plus you can learn how to stay negative.

Get Tested! ACT Today!

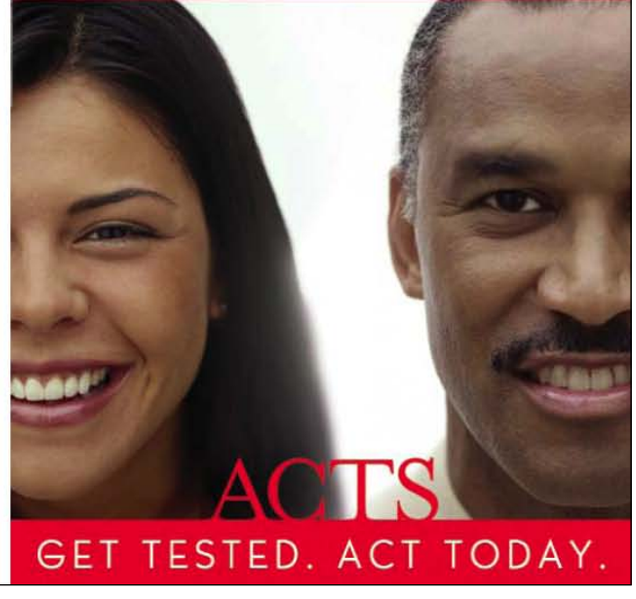
Talk to your doctor or call **1-800-342-AIDS**.

For ordering or information contact:

ACTS

Adolescent AIDS Program
Montefiore Medical Center
111 East 210 Street, Bronx, NY 10467
718-882-0232 • **www.adolescentaids.org**

HIV TESTING IS FOR EVERYONE



Spanish Version Available July 2004

Spanish Version Available July 2004

STDs At-A-Glance

Sexually transmitted diseases (STDs) are on the rise. In the United States, an estimated 15 million new cases of STDs — including HIV — occur each year, at least one-quarter of them among teenagers. Early diagnosis and treatment reduce the spread of STDs and safeguard your health. If left untreated, STDs can leave you unable to have children, damage your liver and make it easier to get infected with HIV.

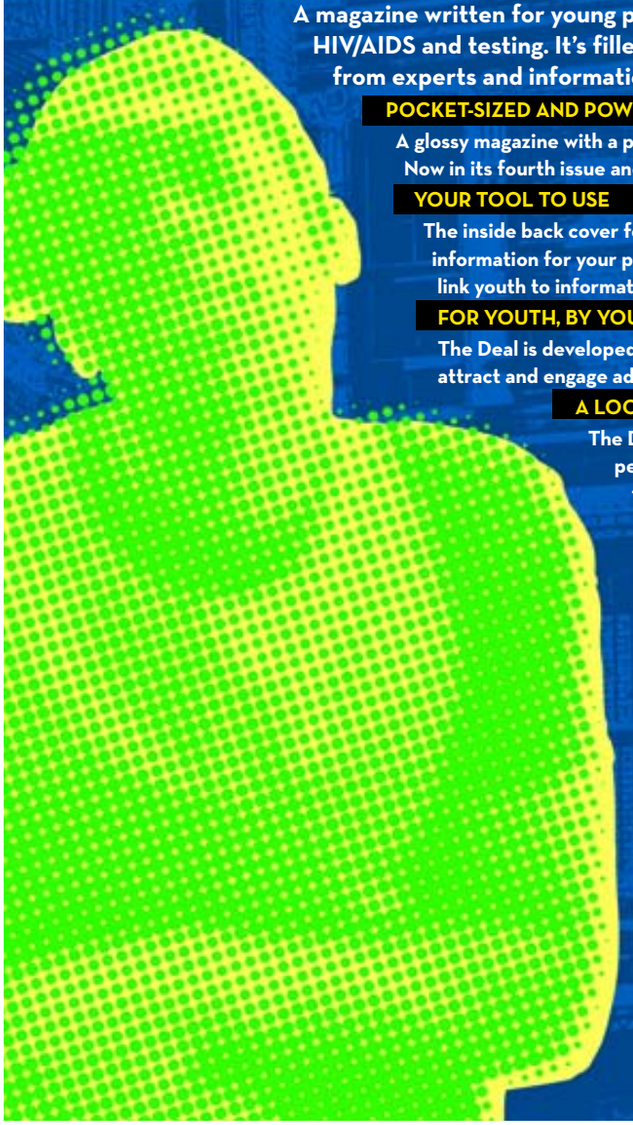
Check out the following information to learn important facts about how to stay safe, how to tell if you or a partner has an STD and how to get treatment if you do. **Knowledge gives you the power to take control of your health.** For more information about testing for HIV and other STDs, go to adolescentaids.org.

Symptoms	What It Could Be	Tests	Treatment	Protecting Yourself
Sores or growths on your penis, vagina or anus	Herpes (Herpes Simplex virus)	Physical examination, swab of sores	Sometimes antiviral medicines are used to make symptoms better. Can return. Never "cured."	**Use condoms every time you have vaginal, anal *and* oral sex.** Herpes and HPV can be transmitted by touching the infected area. If you see a sore around your partner's genitals or anus that is not covered by a condom or dam, avoid having sex. Avoid having sex if you have sores that have not healed.
	Syphilis	Physical examination, swab of sores, blood test	Antibiotic shot	
	Human papilloma virus (HPV) or genital warts	Physical examination, pap smear	Creams that you apply. Some warts can be removed in the office with freezing or other procedures.	
Discharge or bleeding from the vagina or penis and/or burning or pain with urination	Gonorrhea	Swab of the discharge or urine sample	Antibiotic shot or antibiotics by mouth	**Use condoms every time you have vaginal, anal *and* oral sex.** Use condoms and/or dams for oral sex to prevent getting gonorrhea of the throat. Be certain that you and your partner get tested regularly and both get treated if one of you has an infection. Do not have sex until you and your partner have been treated.
	Chlamydia	Swab of the discharge or urine sample	Antibiotics by mouth	
	Trichomonas	Swab of the discharge	Antibiotics by mouth	
	Candida (yeast infection) — not an STD	Swab of the discharge	Creams that you apply or antibiotics by mouth	
	Bacterial vaginosis (BV) — not an STD	Swab of the discharge	Antibiotics by mouth	
	Urinary tract infection — not an STD	Urine sample	Antibiotics by mouth	
Genital itching	Pubic lice or crabs	Physical examination	Prescription shampoos	**Condoms do not necessarily protect you from crabs.** Be aware if your partner is "scratching down there."

Symptoms	What It Could Be	Tests	Treatment	Protecting Yourself
Abdominal pain	Giardia (usually with diarrhea) Pelvic inflammatory disease (PID) in women usually caused by gonorrhea or chlamydia (can also have pain with sex, vaginal discharge, fever, pain with walking)	Stool samples Physical examination, often requires a pelvic examination, swab of any discharge, pelvic ultrasound and blood tests	Antibiotics by mouth Depending on how bad it is, hospitalization may be needed. Antibiotics by intravenous (if hospitalized) or by mouth.	**Use condoms every time you have vaginal, anal *and* oral sex.** If you are having pain with sex, see a healthcare provider. Do not have sex until you (and your partner) have been treated.
Fever	HIV or human immunodeficiency virus (Right after being infected you can have flu-like symptoms: fever, sore throat, swollen glands, painful muscles and rash. After being infected for a long time you may have frequent infections and fevers.) Hepatitis A, B or C (fever, yellowing of the skin, diarrhea)	Blood test, urine test or oral fluid test Blood test	There is no treatment for HIV, but there are medications that help people stay healthy. Hepatitis A usually gets better on its own. Although many people with hepatitis B and C do not need treatment, there are medications for hepatitis B and C. Sometimes after many years people require liver transplants.	**Use condoms every time you have vaginal, anal *and* oral sex.** Make sure that you (and your partner) get tested. Talk with your partner(s) about their sexual history and if they have used intravenous drugs and shared needles. **Ask your doctor about vaccinations** for hepatitis A and B. Otherwise, avoid all types of hepatitis by using a condom every time you choose to have sex and using sterilized needles if you shoot drugs or get tattoos or body piercing.
No symptoms **Many STDS have no symptoms at all.**	ANY of the infections listed in this table	Physical examination, swabs, urine tests, blood tests	Depends on the infection	If you choose to have sex (or have ever had sex), be sure to **keep yourself healthy by getting regular check-ups and STD testing, even if you are feeling well.** If you have an infection, remember that most infections can be treated. Be sure to use condoms every time you have sex, even if you get checked out. Be sure that your partner gets checked, too.

THE DEAL

ISSUE FOUR



A magazine written for young people about living, loving, thriving, sex, relationships, HIV/AIDS and testing. It's filled with talk from real teens, soundbites with sound advice from experts and information on ways to protect their health and their futures.

POCKET-SIZED AND POWERFUL

A glossy magazine with a prevention message that reaches young people at high risk for HIV/AIDS. Now in its fourth issue and with over 500,000 copies previously distributed.

YOUR TOOL TO USE

The inside back cover features a blank space where you can customize the magazine with contact information for your program. The Deal also offers contact numbers and web site addresses that link youth to information and HIV resources around the country.

FOR YOUTH, BY YOUTH

The Deal is developed with and for young people, using cutting-edge language and images that attract and engage adolescents.

A LOOK INSIDE...

The Deal provides young people with clear and accessible information through personal stories, like "Fresh from the Front Lines," an advice column where teens "Ask Dr. Donna," and a quiz on "What's Real," helping teens separate fact from fiction about dating, sex, STD/HIV prevention and transmission.

TO ORDER THE DEAL:

Name _____

Organization _____

Street Address _____

City _____ State _____

Zip _____

Telephone _____ Email _____

YOUR ORDER:

Quantity _____ boxes (350 copies)

SHIPPING:

To be added to your invoice OR include your own FedEx, UPS or other account number here _____

Name of shipping company _____

For questions or orders contact Adolescent AIDS Program at:
P. (718) 882-0232, **F.** (718) 882-0432, **E.** TheDeal@adolescentaids.org

adolescentaids.org

Part II – ACTS Backgrounders

Chapter 1 – HIV Counseling: Delivering Results

INCREASING THE NUMBER OF PEOPLE WHO LEARN THEIR RESULTS

Options for delivering results include giving the results in person and, under certain circumstances, giving results by phone. Delivering negative results by phone is gaining acceptance, given that almost one-half of patients who receive conventional testing don't return for their results and that no significant adverse consequences have been reported with home-based testing, which offers results by phone. Many patients prefer to receive results by a telephone call rather than at an additional office visit. This option should not be overlooked since it will increase the number of people who will learn their HIV status, reducing the spread of HIV and accelerating entry into care.

As a result, more and more health centers (including AAP) are beginning to ask patients for a telephone, cell phone and/or pager number where they can be reached confidentially. By utilizing the telephone, you will be able to quickly and efficiently tell the vast majority of those who test that they are HIV-negative, minimizing the disruption to their lives and to your busy schedule.

With phone results, you can tell the HIV-positive patient that you would like him or her to come in to discuss the test results. If the patient insists that this means he or she is HIV-positive, you should reiterate the need to come in to discuss these results. Telling a patient he or she has HIV is never easy, but keep in mind that other serious medical diagnoses are currently delivered by phone.

Other methods that have proven successful at increasing the number of people that return for their results are:

- Rapid HIV testing
- Telephone reminders of appointments
- Open schedule or walk-ins
- Incentives like bus or subway passes or movie tickets
- Link to return visit for STD screening, pregnancy testing or other referrals

DELIVERING A POSITIVE RESULT: PROVIDER CONCERNS

Delivering a positive HIV test result is stressful for providers.The cumulative effort can be emotionally draining, particularly if there is a long-standing relationship with the patient. Plan carefully how to tell a patient that he or she is positive, and have a list of resources and referrals at hand. Rapid tests require additional planning because there is little or no preparation time. Your interdisciplinary team or colleagues at other agencies are other great resources; they can offer advice, support and perspective. Additionally, ACTS lets you focus resources on those who test positive, as opposed to splitting the effort between people who test positive and negative. The ACTS Talking Points (page 11) provide you with counseling messages and important information about delivering positive results.

A STEP-WISE APPROACH FOR DELIVERING A POSITIVE RESULT

1. **Provide Results**. Providers should give results directly without engaging in casual conversation, and wait for the patient to respond. A forthright approach is best:

   - "Today we are going to discuss your test results and what they mean. Your test results show that you are HIV-positive, which means that you most likely have HIV infection."

2. **Encourage and Validate Response**. A common response to another person's distress is to try to comfort him or her. However, providers should also allow the patient time to react; this may require sitting in silence while the patient absorbs the information. If the patient does not react directly, giving him or her permission to express feelings is often helpful:

- "You must be having a lot of feelings right now. It might be helpful to sort them out. Which one feels most intense?"

Common reactions include denial, panic, crying, anger, fear, guilt, self-blame and even relief. After the patient has expressed immediate reactions, acknowledge his or her feelings, and then help interpret the test results. A common though often unexpressed concern is fear of dying. Understanding that HIV infection is a chronic infection, not a death sentence, may help motivate development of appropriate self-care and health utilization skills. For example, a provider might say:

- "HIV infection is a chronic illness that requires medical care and support. Many people with HIV live active, productive lives for many years. HIV is not a death sentence. New treatments can help your body fight HIV and resist infections. Over time, HIV slowly weakens the body's ability to fight infection but medicines can help. That is why it is really important to get a lot of support and learn how to take care of yourself. You need to learn how to reduce stress, prevent reinfection with HIV or infecting others, and get proper medical care. We need to take this one step at a time."

3. **Establish Counseling Goals.** In addition to helping the patient label and express his or her feelings about being HIV-positive, goals of post-test counseling with HIV-positive patients include:

   (1) Ensuring he or she understands that HIV infection is a treatable, chronic illness
   (2) Helping identify and mobilize a personal support system
   (3) Reinforcing risk-reduction messages and skills, including the need for partner notification
   (4) Assessing immediate mental health needs and suicide potential
   (5) Developing short- and long-term plans for continued care and follow-up

4. **Identify Support System**. Patients need to identify and mobilize their support system. This includes:

   (1) Identifying persons in their lives who provide ongoing emotional and financial support and with whom they can safely share their HIV test results
   (2) Discussing potential reactions to their HIV status, including discrimination and rejection
   (3) Developing a plan for informing appropriate persons. If a supportive person has participated in the post-test session, he or she can assist with notifying key persons in the patient's support system.

5. **Inform Key Persons**. Many people express concerns about confidentiality and feel overwhelmed by the prospect of having to inform their family and notify partners. Providers can offer to help by scheduling a meeting with the patient and his or her family, and by encouraging and assisting with partner notification through role-play or a face-to-face meeting.

6. **Reinforce Risk Reduction Behaviors**. Providers should reinforce the need for risk reduction and review strategies, such as discussions and disclosure with sexual partners, abstinence or sexual monogamy, using condoms and dental dams, cleaning and not sharing needles, avoiding alcohol and drugs before or during sex and negotiating risk reduction with partners.

7. **Develop Response Plan**. In addition to addressing needs for immediate support, providers should help the individual develop an immediate and long-term plan for managing emotional and health-related needs. This includes coping with test results, managing fears and feelings and asking for help when the individual needs it.

Providers may prompt discussion by asking several basic questions:

- "What do you think you need to do next?"
- "What will you do when you leave here today?"
- "Let's talk about some other options."
- "Is there someone you might be able to talk with?"
- "What can you do if you are alone and feel scared or overwhelmed?"

8. **Referral and Follow-up**. After scheduling a follow-up medical appointment, providers should give the patient a list of contact persons, including phone numbers for a 24-hour on-call or crisis line. Providers should develop a specific plan for addressing traumatic reactions following receipt of test results. The patient should be encouraged to call the provider with specific concerns before the next appointment. If the patient feels suicidal or extremely anxious, he or she should immediately call the on-call or crisis hotline or emergency mental health services. (Note, studies have shown no significant increase in suicides following receipt of an HIV-positive diagnosis.) In addition, if a patient reports being a survivor of a sexual assault, be aware that the patient may be experiencing a dual crisis of coping with the assault and HIV infection. Determine whether the patient has spoken to a rape counselor and if a referral is needed.

Before the session ends, providers should assess the patient's level of emotional stability. If additional emotional support is needed, the provider should make an immediate referral for mental health services.

SPECIAL COUNSELING MESSAGES FOR THE HIV RAPID TESTS

With rapid testing comes the possibility of delivering a positive result in 20 minutes. Pre-test counseling messages in rapid testing need to anticipate this possibility and providers should have ready access to appropriate support and referral sources.

Assessing testing readiness. It is important to include a readiness assessment when offering rapid testing. This is done by (1) explaining the two-step process for rapid testing — screening and confirmatory testing — and then (2) asking the individual how he/she feels about getting the result today and (3) if he/she has any immediate support available if the result might be positive. Patients who exhibit high anxiety can either be referred or further counseled.

Delivering negative results. Delivering negative rapid test results is a straightforward process and similar to conventional HIV testing. The individual should be told that he/she is not infected. A second test is not needed unless there has been an exposure in the last three months. Emphasize that the window period is the same for conventional and rapid tests — if he/she was infected with HIV yesterday, the test would not be able to detect the infection. The final message is that HIV testing is not protection and one is still vulnerable to HIV infection unless he/she engages in safer behaviors. A personal risk reduction plan is key to staying uninfected.

Delivering positive results. When delivering a preliminary positive rapid test result the most important steps are ensuring that the patients:

1) get the emotional support they need
2) get confirmatory testing
3) will return for their results

Support needs and available support systems for the waiting period should be assessed, as these patients are being told there is a strong likelihood that they are HIV-positive. Each health center should have protocols in place about how patients will be contacted if they do not return for confirmatory results.

Chapter 2 – HIV Testing Procedures

THE TEST YOU USE CAN WORK WITH ACTS

There are several HIV testing technologies designed for health centers and other facilities offering counseling and testing. The latest development is rapid testing, in which preliminary results are available in 20 minutes. All testing options work by detecting antibodies to HIV, which can be found in blood, oral fluid and urine. Any positive tests are verified using a second, confirmatory test (usually a Western blot). As a provider, you can determine which of the testing technologies are appropriate for your setting and when to offer them. Adolescents and many adults appear to prefer oral testing to a blood draw. The rapid test is the most preferred because it gives quick results and does not require a second appointment to deliver HIV-negative results.[1]

The two tests currently used for detecting HIV antibodies are the:

- EIA (Enzyme Immuno Assay), the highly sensitive screening test
- Western blot (WB), the highly specific confirmatory test

An EIA followed by a Western blot is used for most HIV tests offered in the U.S. (EIA is the more current term for ELISA but they are the same test).

The EIA tests for both HIV-1 and HIV-2 while the WB tests just for HIV-1 unless otherwise specified. Providers need to know if their patients or patient populations are at risk for HIV-2 (particularly patients from West Africa or whose partners are West African).

The **EIA test (Enzyme Immunoassay)** is the screening test for HIV antibodies. EIA is a highly sensitive test with a very low rate of false negatives. This test can be done in a laboratory or in a health facility or community setting as a point-of-care rapid test. Results sent to a lab can be determined within hours, but because most testing sites send the sample to an outside lab, results may take several days to two weeks. With a point-of-care rapid test, results from the EIA are available in 20-40 minutes. All positive rapid EIAs must be confirmed using a Western blot test of a sample that is sent to a laboratory. An EIA costs $12 to $15 to perform.

The Western blot (WB) Test is the main confirmatory test for HIV antibodies. It is a highly specific test, meaning it has a very low rate of false positives. Currently, this test is only performed in a laboratory. The true positive rate with the combined EIA and WB test is 99.9%.

Results from the Western blot can be negative, positive or indeterminate. An indeterminate result can (but not always) indicate that a person had begun to seroconvert (develop antibodies to HIV) when the test was given. The laboratory will usually provide instructions on repeat testing either immediately or at a later visit. When HIV antibody tests were first developed, it took up to six months for someone to develop enough antibodies to be detected. Today, 95% of HIV infections can be detected using the EIA/WB tests after one month and 99.9% are detectable after three months.

The **window period** is the length of time after infection before a person has produced enough HIV antibodies to be detected by current diagnostic tests. Before the antibodies appear, the test will read negative even if the patient has high HIV virus levels. Make sure to test at least four weeks after exposure. It is possible that someone who tests negative four weeks after an exposure may be infected but his/her body has not had sufficient time to develop antibodies. Therefore, to rule out HIV infection, it is important to re-test three months after the exposure. Of note, a PCR/DNA test for the virus can be useful in detecting HIV infection in the window period or in detecting acute infection. An individual who tests negative three months after an exposure does not require further testing unless he/she has had repeated exposures or if the antibody test results are incompatible with the patient's clinical history.

The Fluids that Can be Tested for HIV Antibodies

HIV antibodies can be detected using an EIA and WB in the following fluids:

Whole Blood, Plasma and Serum – Whole blood containing plasma, red and white blood cells or plasma-only samples can be used with both conventional tests and the rapid OraQuick® and Recombigen™ tests.

Oral Mucosal Transudate – The OraSure test and rapid OraQuick test can detect HIV antibodies in oral fluid released by cells in the gums. Although commonly called the "saliva test," the fluid is not technically saliva.

Many people prefer **oral testing** because no blood draw is required. OraSure and OraQuick are FDA-approved fluid collection devices for oral fluid HIV testing. A sample of the oral mucosal transudate is collected on a swab that is rubbed against the person's gums and left in the mouth along the gums for two minutes. The person being tested will usually describe a salty taste in his/her mouth. With the OraSure test, the sample is then sent to a lab with results available generally after two days.

The accuracy of the OraSure EIA test is similar to that of the EIA blood test (99.5% sensitivity and specificity). The lab uses the Western blot for confirming positive results. The product is available through OraSure Technologies at www.orasure.com and the conventional purchasing cost is approximately $22 to $25 per test, including shipping and results. The OraQuick rapid test is described in further detail in the Rapid Test section.

Urine – The FDA has approved a urine EIA and WB test system (called Calypte), but it is not available in all states. (It is not approved for use in New York State.)

Like the oral test, the **urine test** has the advantage of not requiring blood draws, but it does require a private space to obtain a urine specimen. The accuracy of the test is 98.7% to 99.0%, slightly lower than that of blood and oral tests. The patient's wait time is usually less than a week. The lab can also test the urine specimen for gonorrhea and chlamydia. The test is available through Calypte Biomedical Corporation at www.calypte.com.

There is also a **home blood collection kit** called Home Access®. To use this kit, an individual pricks his/her own finger with a lancet, places a droplet of blood on filter paper and mails the kit to a commercial laboratory for testing. Pre-test counseling and post-test counseling for negative results are delivered via a prerecorded phone message. A trained counselor will provide positive post-test counseling over the phone. Results are generally available after three to seven days. Home Access was approved for use in New York State in 1996 and is available in larger drug stores for about $50.

Rapid Tests

In 2003, a rapid blood test, called OraQuick, was approved by the U.S. Food & Drug Administration for point-of-care use. OraQuick was originally licensed for blood from a finger prick or taken from a vein. In 2004, OraQuick was approved for detecting HIV antibodies in oral fluid. It provides results that are 99.6% accurate and available in 20 minutes. At present, there is not a rapid confirmatory test. Patients who test HIV-positive will need a conventional confirmatory test with blood or oral fluid. They will have to come back several days to a week later to receive the results. OraQuick is a point-of-care and waived test. Point-of-care test are simple tests that do not require samples to be sent out to a full-service laboratory, and non-technical workers at clinical or community sites can be trained to do the test. The cost of the test kit is about $12 to $15, about the same as for the conventional test. See www.orasure.com for more information and availability.

Since almost one-half of all patients don't return for their results with conventional testing[2], rapid testing offers the chance to greatly improve the number of people who learn their HIV status.

The point-of-care rapid test means that clinical sites and providers perform the actual test instead of a laboratory. Providers and staff must be trained and a system must be established for ongoing monitoring. If using rapid testing, your facility needs to have medical, counseling and prevention referrals ready for immediate use. Providers should prepare patients to receive results in 30 minutes, which may be unexpectedly positive. A very important part of counseling patients who have a positive or 'reactive' rapid HIV test result is making sure they understand that the test result is preliminary. A second test must be done to confirm these results, although it is very likely that the test represents a true positive. Samples sent for confirmation of a reactive positive should be labeled as such so that a Western blot only will be performed. Supportive counseling and linkages to care can be initiated.

People who test negative on the rapid test are uninfected, but if they have had a recent risk exposure, they should be advised about the need for re-testing.

Other highly accurate rapid tests previously available only outside the United States now can be found within the country's borders. Presently in the U.S., Reveal™ and Recombigen are available as complex rapid HIV antibody tests. Samples must be sent out to a full-service laboratory, which is why these tests are used mostly in hospital settings. When additional rapid tests reach the broader U.S. market, it should be possible to combine two of them so that the second rapid test immediately confirms positive results from the first.

Guidelines from New York State Department of Health for Facilities Offering Rapid HIV Testing[3]

www.hivguidelines.org

What are New York State (NYS) application procedures and requirements for health facilities and physicians seeking to perform rapid HIV antibody testing? The Federal Clinical Laboratory Improvement Amendments (CLIA) of 1988 require all facilities performing laboratory tests to obtain a federal CLIA number. CLIA is administered in New York State through the Department of Health. All facilities, with the exception of privately owned and operated physician office laboratories, must obtain a CLIA number through enrollment with the Clinical Laboratory Evaluation Program (CLEP). Clinics that are affiliated with hospitals that already have a CLIA number should contact their hospital laboratory departments to inquire about facility permits, training and monitoring. (For information on requirements and application procedures, facilities may contact CLEP at (518) 485-5378 or visit the Web site at http://www.wadsworth.org/labcert/clep and click on the "Permit Application Materials" link.)

Physicians in private practice should contact the Department's Physician Office Laboratory Evaluation Program (POLEP) at (518) 485-5352 for information on application procedures and requirements.

Health facilities have two options for performing rapid HIV testing:

Option 1 – Limited Testing Site. This option applies to facilities without clinical laboratories and to facilities with clinical laboratories that wish to provide rapid testing at point of care independently of the laboratory. These facilities may register with Department of Health's Clinical Laboratory Evaluation Program (CLEP) using the "Limited Testing Site Registration Application." This registration requires submission of a $100 fee. The Department requires designation of a licensed healthcare practitioner who will function as director and provide technical and clinical oversight of testing provided under a Limited Testing Site Registration. In addition, the facility must train users and develop a quality assurance protocol.

A facility already registered with CLEP as a Limited Testing Site must notify CLEP of its intent to add the OraQuick test by completing a "Limited Testing Site Notification to Add or Delete Analytes" form. The facility must provide a list of all locations where testing will be offered.

Option 2 – Testing Under the Supervision of the Facility's Clinical Laboratory. Health Facilities with clinical laboratories that already hold a permit in HIV testing may add the OraQuick test once they have validated the method. In addition, the laboratory must develop and implement a protocol for quality assurance, training and competency assessment of the users and submit the required "Notification to Add or Delete Analyte" form to CLEP.

Health facility laboratories that do not hold a permit in HIV testing must apply for the category. Laboratories holding the Diagnostic Immunology category may begin testing for HIV once they have passed two HIV proficiency tests. An on-site survey will be performed as soon as possible after proficiency testing is completed. Health facility laboratories without the Diagnostic Immunology category must meet proficiency testing requirements and have an on-site survey before testing will be approved.

What are the program requirements for use of rapid testing under the HIV Primary Care Medicaid Program? Facilities must train all users of the test, develop or revise HIV counseling and testing protocols using AIDS Institute guidelines and have in place a quality improvement plan that includes rapid testing. All non-clinical staff providing HIV counseling must complete an HIV test counselor training program approved by the Department of Health.

How will Medicaid reimburse for HIV counseling and testing when a rapid HIV test is used? Effective May 1, 2003, health facilities enrolled in the HIV Primary Care Medicaid Program may bill an HIV pre-test counseling visit on the same day as an HIV post-test counseling visit when rapid testing technology is used. No additional reimbursement will be available to Article 28 facilities to cover the costs of the rapid HIV test kit or test kit controls.

Physicians enrolled in the HIV Enhanced Fees for Physicians Program (HIV EFP) will receive billing instructions for HIV counseling and rapid testing at a later date. Reimbursement will be available to physicians enrolled in HIV EFP to cover the costs of the rapid HIV test kit. To be eligible for this reimbursement, the HIV EFP physician must submit an application to the DOH Physician Office Laboratory Evaluation Program (POLEP). Contact POLEP at (518) 485-5352 for further information. Contact John Schnurr at (518) 473-8427 for information on enrollment in HIV-EFP.

Birth facilities currently receive a Medicaid payment of $96 for every expedited HIV test conducted in the labor and delivery setting when the mother's HIV status is unknown or undocumented at the time she presents for delivery. This payment covers the cost of counseling the mother ($44) and conducting the HIV test ($52). The payment amount will not change with the introduction of rapid testing in the labor and delivery setting.

Can facilities receive Medicaid reimbursement for HIV counseling and testing offered at part-time and satellite clinics? Yes. As noted above, the facility must have a CLIA number and register the site with the DOH Clinical Laboratory Evaluation Program (CLEP).

Facilities seeking to add HIV counseling and testing at existing part-time and satellite clinics should send a request in writing on the facility's letterhead to the following address:

New York State Department of Health AIDS Institute
Bureau of HIV Ambulatory Care Services
Empire State Plaza, 459 Corning Tower
Albany, New York 12237
Telephone: (518) 473-8427
Fax: (518) 473-8905
Email: jjs09@health.state.ny.us

For information on satellite or part-time clinics, contact the New York State Department of Health, Bureau of Health Facility Planning at (518) 402-0911.

NEW YORK STATE DEPARTMENT OF HEALTH REGULATIONS EXPLAINED

Enacted in 1988, the New York State HIV Confidentiality Law defined the requirements of providers in obtaining written informed consent, providing post-test counseling and referrals, and the conditions under which HIV-related information could be disclosed. ACTS has been designed to meet these New York State Department of Health requirements. For those who want to know more about NYS Public Health Law, we have prepared the following section.

Article 27-F: Maintaining the Confidentiality of HIV Information

All personal information concerning HIV testing is carefully protected; this includes the taking of the test and the results. People who are HIV-positive may be subject to discrimination in accessing health insurance, in the workplace or in their daily lives. People who test negative may be concerned that the very fact they sought out an HIV test will lead people to believe they are involved in stigmatized activities. Within your health center, there should be protocols and procedures in place to ensure the confidentiality of all HIV testing and treatment information including the documentation of an internal and external "Need to Know" list. In accordance with Article 27-F, providers may not disclose HIV-related information without the proper consent of the patient documented on the AIDS Institute Authorization for Release of Confidential HIV-Related Information form.

Confidential and Anonymous Testing

Most testing through private physicians, clinics and hospitals is **confidential**, rather than anonymous. The person being tested provides his or her name to testing personnel and information about the test results is kept confidential. Confidential test results are recorded in a patient's medical file. Health insurers and government agencies can gain access to this information.

Anonymous HIV tests are offered at health department-sponsored Alternative Test Sites and other locations. Individuals being tested never provide their name to testing personnel and are given a random code number that is used to track their results. However, in order to access care, those who test positive anonymously will need to convert their results to confidential and use their name.

Capacity to Consent

In New York, no one can be denied an HIV test based solely on age. Minors have the right to consent – or refuse – HIV testing without parental involvement, so long as they demonstrate a capacity to do so. Capacity to consent is the ability to understand the nature and consequences of a proposed health service. When appropriate, to assess a patient's ability to consent, the following questions are useful:

- Do you know what a positive result means?
- What would you do if you tested positive?
- Who would you tell? How would they react?
- If negative, what will you do? Will you ever have to have another HIV test?
- Do you know anyone living with HIV?
- If so, have you seen them harmed in any way because they are positive?

If the individual's capacity is in doubt, then the tester should either determine if there is another person legally authorized to consent on his/her behalf or defer testing.

Additional information about capacity to consent can be found at (212) 344-3005 or www.nyclu.org (the New York Civil Liberties Union Reproductive Rights Project).

In other states, minors may consent to HIV testing under statutes covering communicable diseases, pregnancy or other health concerns. Contact your local health department for more detail on your state's provisions. Of course, it is a good idea to ensure the minors have a supportive parent or adult to call on. For care, most will need to involve their parents or guardians eventually.

HIV Reporting

Forty-nine states now have provisions for reporting positive HIV test results to health departments because it allows for more accurate tracking of new infections. This information helps ensure that care and support services are in place for people living with HIV/AIDS and that prevention funding is being targeted to the communities most affected. Reporting is done either by name or by individual code. Names reporting means that the healthcare professional providing the test is required to confidentially report HIV-positive test results, with the person's name, to the health department. For information on a particular state's requirements, contact the state health department or visit www.statehealthfacts.org on the Internet.

New York

Since 2000, positive HIV test results in New York must be reported to the Department of Health. This information is carefully kept private and protected by the health department. Confidentiality breaches are illegal. Since 1982, when the state began collecting the names of people with AIDS, the centralized reporting system has never been compromised.

In New York, names of individuals given an initial diagnosis of HIV infection, HIV-related illness and/or AIDS are documented on the *Medical Provider HIV/AIDS and Partner/Contact Report Form*. This is a two-page form. The top copy is kept in the patient's medical record and the bottom copy is sent to the Department of Health. The bottom copy is designed to ensure confidentiality even when mailed by removing all references to HIV and AIDS from the form. In New York City, health centers should call the Office of AIDS Surveillance at (212) 442-3388 to arrange for pick-up of the names report form, while health centers elsewhere in New York should mail the form. Providers report the initial HIV diagnosis as well as a diagnosis of AIDS on this form. Laboratories will report positive HIV antibody test results, viral load tests and low CD4 test results. If an individual does not return for his/her confirmatory results, the form should still be submitted to the Department of Health within 21 days of receipt of the lab results. The Department of Health staff will try to locate the individual who has not received his/her results.

Partner Notification

Public health experts employ voluntary partner notification – contact tracing – to contain the spread of many diseases, notably syphilis and tuberculosis. Personnel offering HIV testing and counseling should discuss with infected patients the importance of notifying sex and needle-sharing partners. Patients have several options for assistance in notifying partners, which include self-notification by the patient, provider-assisted notification or notification through local health departments' partner notification assistance programs. The health department programs do not reveal individuals' identities. The patient can choose the option that works best for each partner or can decline assistance.

In New York**,** providers are required to document the name of known partners, including past or current spouses (going back 10 years) and/or any other partners' names documented in the medical record, as well as names that are volunteered by the patient. On the same form, providers should document the status of the partner notification and domestic violence screening efforts. Because physicians are obligated to report known partners, it is important to explain this to the individual before testing, and to reiterate this after testing. Physicians have the discretion but not the legal duty in special circumstances to make non-consented notifications. The Legal Action Center at (212) 243-1313 or www.lac.org is a good resource for questions about complicated partner notification cases (especially cases of non-consented notification).

Partner notification is documented on the same *Medical Provider HIV/AIDS and Partner/Contact Report Form*. This form is due within 21 days of the positive lab report. Partner notification is a process and does not have to be completed during this first visit with a patient or even within the 21 days. The key is that it is part of the series of initial assessments with the patient. The Health Department requirement is that partner notification is discussed within 60 days of the laboratory report.

In New York there are two health department programs to assist with Partner Notification:

- In New York City (CNAP): 888-792-1711
- For the rest of the state (PNAP): 800-541-2437

Domestic/Intimate Partner Violence Screening

Each reported partner name must be assessed for risk of domestic violence. Notification cannot occur without a domestic violence screen being completed. Whenever the domestic/partner violence screening process indicates risk, partner notification should be deferred until the risk is addressed. Referrals should be made available to the individual as appropriate.

The following domestic violence hotlines are available for referrals and consultations:

New York State

- 800-942-6906 (English)
- 800-942-6908 (Spanish)

New York City

- 800-621-HOPE (English and Spanish)
- 212-714-1141 (NYC Gay and Lesbian Anti-Violence Project Hotline)

Additionally, the Centers for Disease Control and Prevention issued guidelines on HIV Partner Counseling and Referral Services in 1998. These are available on the Internet at www.cdc.gov/hiv/pubs/pcrs.htm.

Any conversations about partner notification following a positive test result should be conducted only after determining that the patient is stable. Domestic violence screening is a sensitive part of partner notification counseling. Providers should carefully explore the issue. With adolescents, they should extend the discussion beyond sexual and needle-sharing partners to other major figures in the patient's life, such as parents and other family members.

Extended Dialogue for Domestic and Partner Violence Screening:

Before we discuss partner notification further, I need to ask you some routine questions about the risk of violence from each partner. If telling your status to a sex or needle-sharing partner would put you at risk for violence or harm, we can wait to do this until you have contacted domestic violence prevention services and feel safe. It is voluntary for you to tell us any names, but it could help them a lot.

- What response would you anticipate from your partner if he/she were notified of a possible exposure to HIV?

[If the patient identifies concerns, a series of follow-up questions should be asked, such as:]

- Have you ever felt afraid of your partner?
- Has your partner ever pushed, grabbed, slapped, choked or kicked you?
- Has your partner ever threatened your children, family members or someone close to you?
- Based on what you have told me, do you think that notification of this partner will have a severe negative effect on your physical health and safety or that of your children or someone close to you?

[If patient is not at risk for domestic or partner violence and is able to proceed:]

- Will you notify your partners or would you like assistance? Are there any partners' names you would like to provide at this time?

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[1] Branson B. Implementing rapid HIV testing in the United States. Presented at the CDC consultation on rapid HIV testing, Atlanta, Georgia, 2002. http://www.cdc.gov/hiv/pubs/rt.htm

[2] Peralta L, Constantine N, B. Griffins-Deeds B, et al. Evaluation of youth preferences for rapid and innovative human immunodeficiency virus antibody tests. *Archives of Pediatric and Adolescent Medicine* 2001; 155:838-43.

[3] New York State Department of Health. Guidelines for facilities offering rapid HIV testing. 2003 (revised). http://www.health.state.ny.us/nysdoh/hivaids/rapid/faqs.htm

Chapter 3 – Working with Special Populations

ADOLESCENTS

Worldwide, half of all new HIV infections occur among youth ages 13-25. Adolescence is a time of significant physical, emotional and cognitive change that includes exploring new roles and experiences. During this time, youth must make the cognitive transition from concrete thought toward abstraction. As their intellectual abilities are developing, youth will often learn through trial and error. As such, adolescence is a period of life often characterized by experimentation and some level of risk-taking behavior. Such risk-taking behaviors may include sexual activity and substance use, which can have negative consequences on health or well being, particularly if they lead to exposure to HIV.

Sexual intercourse is the leading cause of HIV transmission in adolescents. The abuse of alcohol and other substances contributes greatly to HIV risk. This is why many providers include questions about drug and alcohol use during sexual activity when taking a risk assessment with an adolescent patient. Many young people at highest risk for HIV infection – male or female – are those who are engaging in sexual relationships with older male partners. The power differentials in these relationships make it especially difficult to practice safer sex. Providers should counsel all sexually active adolescents about the need for HIV testing and offer voluntary testing with informed consent.

Principles of HIV Counseling and Testing with Adolescents

- **HIV counseling and testing should be voluntary and should include specific informed consent.**
- **All sexually active adolescents should be offered HIV testing; however, testing should not be coercive.**
- **Providers should help the youth to identify a supportive adult to be involved in the testing process and to provide ongoing assistance and support.**
- **Information on HIV testing prevention and follow-up care should be presented in clear, culturally, linguistically and developmentally appropriate language.**
- **Adolescents should be informed clearly that they should continue to receive ongoing care, whether or not they choose to be tested. Some adolescents may need several sessions to talk about their concerns before making a decision about testing.**
- **Special care should be taken to protect confidentiality in residential programs, institutional settings, detention facilities and foster care.**
- **HIV counseling and testing should be made available and accessible to adolescents. This includes offering testing during evening hours, providing testing in settings in which adolescents routinely receive care and offering anonymous as well as confidential testing (with strong linkages to follow-up care if testing is anonymous).**
- **Providers who recommend HIV testing should assist and follow-up actively after making the referral (if counseling and testing are not on-site).**
- **Providers should develop a practical, achievable risk-reduction plan with adolescents who are HIV-negative; although risk reduction is also a goal for HIV-positive youth, the primary goal of post-test counseling is emotional stabilization, medical referral and psychosocial follow-up.**
- **All pregnant adolescents with HIV should receive information about the benefits and potential risks of antiretroviral use during pregnancy to reduce perinatal transmission of HIV. This information should include age-appropriate discussion, inclusion of family members in decision-making and adequate time to discuss concerns.**[1]

Setting the Stage: Working with Parents

Teenagers may very well not disclose their HIV risks if parents are present in the room. Staff should make every effort to ask these questions privately. Many providers ask parents to leave the examination room during part of the patient's examination, telling them that this is standard for youth older than 13. If parents are present, ensure that both youth and their parents hear the confidentiality explanation. After that, see the adolescent alone. At the end of the visit, you may wish to consult with the patient to see if he/she is comfortable bringing the parent back into the room.

The involvement of supportive parents and other sympathetic adults can be quite helpful in the post-test follow-through. Note that adolescents in many states, but not all, can provide their own consent for HIV testing but not for ongoing care.

Risk Assessments with Adolescents

Healthcare providers experienced with adolescent patients often find that the traditional history-taking format used with adult patients or with parents of pediatric patients may be less useful with adolescents. Varying developmental capacity as well as varying experience with healthcare providers contributes to this experience. A tried and true approach for effectively assessing both medical and psychosocial issues of adolescents is to structure one's questions around home, education and other activities.

This approach fits in with an adolescent's more functional, and less abstract, view of the world and provides a basis for the provider to learn about potential problems, both medical and psychosocial, that the adolescent may be experiencing. It also helps the provider get a holistic sense of the adolescent patient. Moreover, these types of questions are less threatening for an adolescent, especially if the adolescent is meeting the provider for the first time. An excellent assessment tool developed at the Children's Hospital of Los Angeles, known as the HEADS questionnaire, takes this approach and assists the interviewer to reach more sensitive areas, such as sexuality and substance use, which are essential for HIV risk assessment. The tool is presented and has been further adapted to assist providers in HIV risk assessment.[1, 2]

HEADS
Adolescent Risk
Assessment Tool

H-HOME

Where do you live?

Whom do you live with?

How much time do you spend at home?

What do you and your family argue about?

Can you go to your parents with problems?

Have you ever run away from home?

E-EDUCATION

What grade are you in?

What grades are you getting? Have they changed?

Have you ever failed any classes or been kept back a grade?

Do you ever cut classes?

Have you ever been teased or attacked at school?

Do you work after school or on weekends?

What are your career/vocational goals?

A-ACTIVITIES

What do you do for fun?

What activities do you do during and after school?

Are you active in sports? Do you exercise?

Who do you do fun things with?

Who are your friends?

Whom do you go to with problems?

What do you do on weekends? Evenings?

D-DRUGS

Do you drink coffee or tea?

Do you smoke cigarettes? Have you ever smoked one?

Have you ever tried alcohol? When? What kind and how often?

Do any of your friends drink or use drugs?

What drugs have you tried? Have you ever injected steroids or drugs? When? How often do you use them?

How do you get money to pay for drugs?

Are drugs used or available in places where you hang out?

S-SEXUAL ACTIVITY/IDENTITY

Do you feel you are ready for sex?

Have you chosen to remain abstinent?

Have you ever had sex?

How many sexual partners have you had?

How old were you when you first had sex? How old was your partner?

Have you ever had sex with men? Women? Both?

Do you think you might be lesbian, gay or bisexual?

Do you think you need to have sex to find out if you're lesbian, gay or bisexual?

Do you want to become pregnant? Have you ever been pregnant?

Have you ever had an infection as a result of having sex?

Do you use condoms and/or another form of contraception for STD and HIV prevention?

Have you ever had sex unwillingly?

Have you ever tried sex for money, drugs, clothes or a place to stay?

Have you ever been tested for HIV? Do you think it would be a good idea to be tested?

S-SUICIDE/DEPRESSION

How do you feel today, on a scale of 0 – 10 (0 = very sad, 10 = very happy)?

Have you ever felt less than a 5? How long did that feeling last? What made you feel that way?

Does thinking you may be lesbian, gay or bisexual make you feel that way?

Did you ever think about hurting yourself or that life isn't worth living, or hope that when you go to sleep you won't wake up?

Adapted with permission, from Goldering JM, Cohen EH: Getting into an adolescent's H.E.A.D.S. *Contemporary Pediatrics 1998;* 5:7, and Ryan C, Futterman D. Lesbian and Gay Youth: Care and Counseling. Columbia University Press. 1998.

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING YOUTH

Young men who have sex with men (YMSM), whether they identify as gay or not, are among those at highest risk for HIV in the U.S. Findings from the CDC-sponsored Young Men's Survey indicate that the HIV epidemic among young men ages 15-22 years having same-sex experiences has reversed the downward trend noted in the late 1980's and early 1990's.[3] Within the New York City cohort, 12% tested HIV-positive; the rate increased to 16% in the 19-22 age group. The rates were highest for black and Latino youth. Notably, 80% of the subjects testing HIV-positive were unaware of their HIV-positive status. Predictors of high-risk sexual behaviors by YMSM include high levels of anxiety and depression, regular alcohol or drug use, inability to communicate with partners about risk reduction and having a steady partner. Some YMSM barter sex and/or recurrently have relations with older men. Additionally, adolescent girls who consider themselves lesbians, bisexuals or "questioning" often have sexual relations with "gay" boys as well as other girls.

For youth, it is important to note that behavior is not always equal to sexual orientation. Not all adolescents who engage in same-sex behavior currently or even later identify as gay or lesbian. In multiple studies of lesbian and gay youth, heterosexual behavior was common (reported by up to 80% of females and half of males). HIV risk for gay youth often stems from the risk of managing a "stigmatized" identity. Living in a world of prejudice and often without support, gay youth can experience higher levels of stress from the secrecy of concealing an important part of their identity. As there are few sites available for age-appropriate social activities, gay youth are often left with only adult bar scenes, which are frequently highly sexualized places, or adult partners. A lack of youth-oriented prevention messages that are inclusive of gay youth, as well as a frequent hopelessness in being able to avoid HIV infection, further add to vulnerability.

While the health center may not be an ideal setting for a broad discussion of sexual orientation, the opportunity to build a trusting relationship should be initiated.[4] This is beyond the scope of ACTS, which focuses on HIV testing. However, if you have the time to advise gay, bisexual or questioning patients, it is important to discuss sexual development and identity, "coming out" or

talking openly about one's sexual orientation, depression and suicide, victimization and abuse, and prevention and treatment of drug addiction and STDs. Be aware that some young men that have sexual relationships with men do not consider themselves gay. They may have romantic relationships with women and because they do not consider themselves gay they may not consider themselves at risk for HIV. In a nonjudgmental manner, help them to construct an achievable plan to reduce the risks to their mental and physical health. Referrals to gay-friendly counseling and social services are extremely valuable.

OLDER PATIENTS

Contrary to common opinion, older Americans are seriously affected by the HIV epidemic. **One in seven persons diagnosed with AIDS is over 50, and a recent national survey found that 10% of Americans with HIV belong to this age group.**[4] These figures may be an underestimation of the reality since they cover only those known to have HIV, not the untested population.

Older people with HIV are preponderantly male, and many acquired HIV long ago through sex with other men and/or IV drug use. A significant number of older people with HIV as well as their uninfected peers have unaddressed serious prevention needs. Many older people have sex and/or use IV drugs; moreover, the death of a partner and the end of a long-term relationship can send older women and men alike into the world quite unprepared for HIV. Neither they nor their doctors consider middle-aged and elderly citizens at risk; therefore, the elderly dismiss condoms as a no-longer-needed contraceptive device and their physicians sacrifice an opportunity to discuss prevention measures with an at-risk group.

Early diagnosis is critical to prevention efforts and treatment in elderly patients. The signs and symptoms of early HIV disease resemble those of aging, but HIV progresses more rapidly in older individuals. Antiretroviral treatment is also less successful because the ability to restore one's CD4 cell population declines with age.

HIV-positive patients over 50 face multiple challenges: They and their doctors have less knowledge of a disease that can strike them more severely than it does younger people. At the same time, their social networks are gradually shrinking while their health insurance increasingly lacks sufficient benefits. Moreover, there are few HIV programs that have the know-how to work with older individuals, either for prevention or treatment.

RECENT EXPOSURES AND POST-EXPOSURE PROPHYLAXIS (PEP)

Some patients may come in soon after an episode in which they did not use a condom or it broke. Or, maybe they schedule a visit immediately after having shared needles. It is too soon to test for HIV at this point, but there is a way to greatly reduce the chances of getting HIV when the risk is real. Postexposure prophylaxis – PEP – is a program of antiviral medications, often twice daily. PEP is usually prescribed for a period of four weeks. Ideally, these drugs are begun immediately after a suspected exposure; the longer the delay, the less effective it will be. Generally, a baseline HIV test is taken before PEP is prescribed.

Patients have to take the entire course of medication to achieve real protection. Yet, PEP programs often report poor adherence to dosing schedules and marked amounts of noncompletion. Various factors make it difficult for patients to finish the program, including the various side effects that can accompany use, and the combined cost (usually between $600 and $1,000), which usually is not reimbursable.

It is difficult to gauge the efficacy of PEP after sexual exposure since the other partner's HIV status is often unknown. The CDC has estimated that Retrovir® (AZT) alone reduces transmission by 81% after documented accidental exposure to HIV in healthcare settings. At San Francisco General Hospital, host to the longest observational study of sexual PEP in the U.S., 700 of 891 patients remained in the program for 12 weeks of follow-up. Researchers detected six HIV infections, including two in persons with high-risk sexual encounters after PEP began.[5]

PEP for non-occupational exposure is now available in many cities. These programs include promotion of safer sexual practices to avoid HIV exposure in the first place.

PEP Treatment Guidelines

PEP is for isolated instances when there is an appreciable chance of contracting HIV. It is certainly no substitute for safe sex and needle practices, and it is not recommended when there are recurrent high-risk exposures. The CDC does not encourage PEP on the grounds that it is unproven and may lead to greater risk-taking. There is also a concern that incomplete courses of PEP will increase the possibility of a drug-resistant HIV infection. Current CDC guidelines on PEP can be found on the Internet:

Occupational exposure:
www.cdc.gov/mmwr/PDF/rr/rr5011.pdf

Non-occupational exposure:
www.cdc.gov/epo/mmwr/preview/mmwrhtml/00054952.htm

Also, the PEPline is available 24 hours a day to help guide clinicians in determining the proper protocol and treatments when someone presents with a very high risk of infection and could benefit from PEP. The number to call is 1-888-HIV-4911.

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Chapter 4 – Prevention Essentials

HIV PREVENTION AND THE ACTS COUNSELING SYSTEM

HIV testing provides an important opportunity to counsel patients about behavior changes that can protect them and the people they care about. The ACTS system includes brief, persuasive motivational prevention messages complemented by patient materials that can be handed out. If you want to include more comprehensive risk reduction messages into HIV testing, the ACTS Patient Risk Evaluation (PRE) Screen is a useful starting point. The major points of risk reduction are outlined below. You may try to include these concepts in your ACTS counseling or refer patients to an agency that offers a range of prevention services.

The Principles of Risk Reduction

The most effective methods for preventing HIV infection are those that protect against exposure to HIV. Preventive behaviors include sexual abstinence, sex only with an uninfected partner, consistent and correct condom use, abstinence from injection-drug use, and consistent use of sterile equipment when using injection drugs. The principles of motivational interviewing are to help the patient determine what type of positive behavior he/she wants to have and then to affirm the normative nature of his/her desired behavior. For example, the patient may state that his/her goal is to always engage in safer sex. Additionally, HIV positive patients can be told that two-thirds of patients reduce their risk behavior after finding out they are HIV-positive. The barriers they face in adopting safer behaviors should also be explored.

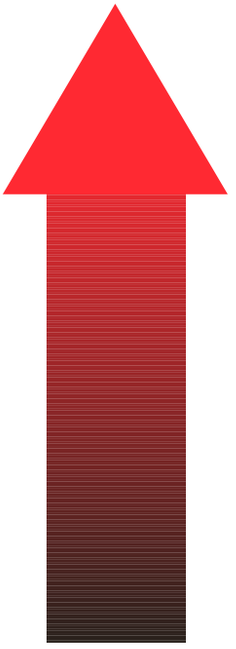
The method of prevention an individual does or does not practice involves a complicated set of choices and beliefs. It can be helpful to think of all risk-taking behaviors as existing on a continuum. When offering prevention counseling, the aim should be to provide skills and motivation to move from higher to lower risk levels on the risk continuum. In general, anything that acts as a barrier to exchange of bodily fluids (latex condoms, dental dams, intact skin) or decreases damage to a barrier (lubricant, STD treatment) will lower risk. Help patients see that some behaviors are riskier than others. It is not likely that all will be able to completely eliminate risk of HIV infection from their lives. There are many options available to them to make each choice

safer. Some of these options, such as correct and consistent condom use, are very effective at preventing HIV. Others are much less effective; for example, withdrawal when having sex without condoms. Remain open and nonjudgmental to create a safe space for discussion. Help the individual strategize ways to reduce his/her risk by asking concrete questions, planning specific responses, and conducting role-plays to build self-efficacy and confidence.

Transmission Quick Facts

- Receptive anal intercourse is the riskiest sexual act. It is five times riskier than receptive vaginal intercourse, and 50 times riskier than receptive oral sex.
- Penetrative anal or vaginal intercourse is 10 times riskier than penetrative oral sex.
- Oral sex is not without risk for both partners and is particularly so in the presence of sexually transmitted infections (STIs).

The HIV Risk Continuum



High Risk

Sharing needles is *very* likely to transmit HIV

Unprotected receptive anal intercourse

Unprotected receptive vaginal intercourse

Unprotected penetrative anal intercourse

Unprotected penetrative vaginal intercourse

Anal intercourse with condoms

Vaginal intercourse with condoms

Oral sex on a man

Oral sex on a woman

Low Risk

Oral sex with a condom or a dental dam

TAKING A SEXUAL/DRUG USE HISTORY

Assessing Adolescents

When working with younger people, you can tailor your assessment questions. Many young people are exploring their sexuality and may be having same-sex relationships, but do not consider themselves gay or lesbian. You can build rapport by not assuming all are heterosexual.

Generally, for teens, begin with a gender-neutral approach and then focus on behavior. Additionally, with adolescents, safer sex messages should include an assessment of sexual readiness and address some of their underlying needs and motives for sexual exploration.

Help them explore ways to be intimate without putting themselves at risk, including abstinence, and how to protect themselves from pregnancy, STDs and HIV when they do have sex. Tailor your discussions to the adolescent's cognitive development. The influence of peer groups should also be acknowledged.

Taking a history gives an opportunity for the provider and patient to share key information and begin to build rapport and trust. Providers who have the time to take a sexual history can do so using the ACTS PRE screen. The history also can be taken in the exam room without any forms. Either way, have your patient answer questions, such as some of those listed below, that will foster a discussion on risk reduction. Remind your patient that his/her answers are confidential and the information he/she shares will not be disclosed except in serious situations involving sexual abuse and/or suicidal feelings. Certain answers will indicate a need for further discussion and possibly referrals.

- Have you had sexual relations with males, females or both?
- Do you consider yourself straight/gay/bisexual?
- How many sexual partners have you had?
- What age were you when you had your first sexual encounter?
- Have you had oral, vaginal or anal sex?
- The last time you had sex, did you use a condom?
- How often do you use condoms? (Always/Sometimes/Never)
- In what settings are you more or less likely to use condoms?
- Have you ever had or suspected you had a sexually transmitted disease?
- Have you ever drunk alcohol or smoked marijuana before having sex?
- Have you used other drugs: crack/cocaine/injecting drugs?
- Have you or any of your partners ever shared needles or syringes with someone else?
- Have any of your partners ever tested positive for HIV?

REALITY-BASED PREVENTION COUNSELING

The desire for sexual intimacy is a central aspect of the human personality. Sexual activities range from enjoying romantic/sexual books, movies and music to hand holding, deep kissing, petting, oral sex and anal and vaginal intercourse.

Most people do not have consistent sexual activity throughout their lives. They go through high and low periods depending on their past and present relationships and other circumstances. Finding or losing a great love makes a big difference in sexual desires. A great vacation might be a good time for sex, but losing a job and home can diminish romantic inclinations.

Abstinence protects from sexual exposure to HIV, other STDs and pregnancy, but abstinence may not be forever. Someone who is currently abstinent will need to learn about safer sex to avoid what could be termed "abstinence failure."

A Reality-Based Look at ABC

ABC – "abstinence, be faithful, or use condoms" – is the current catchphrase of HIV prevention. Depending on your perspective, you might emphasize the first two or the third. Each of these three prevention strategies has recognized limitations. None provides absolute protection, which is why ABC is not enough. We need other types of behavioral modification and new products such as microbicides and vaccines.

Abstinence – It has become routine to assert that abstinence is the perfect form of protection. Yet this is far from perfect. Abstinence is poorly defined. (Abstinence until marriage, or just delayed sexual debut for teenagers? What kinds of sexual activity are included?) It also is hard to define and quantify "abstinence failure," and the failure rate has received scant attention. People who depend on abstinence to protect themselves may have sex for which they are unprepared and unprotected.

A recent study of virginity pledges taken by high school students found that when the pledgers did have sex, they were two-thirds less likely to use contraception.[1] Virginity pledging did have some effect in delaying initial sexual intercourse – by about 18 months. This effect appeared only in 16- and 17-year-olds with no prior sexual history. Pledging had no observable effect on older students in the study, and among younger

students the results varied substantially by ethnic group. There also was no significant effect when a large portion of students in the school took the pledges. Delaying intercourse appeared only when those pledging constituted a small, highly motivated minority whose social identity was shaped by their sexual abstinence. Worthy of note is that the 16- and 17-year-old age group is on the cusp of sexual debut, as is the case in nearly every country. Median age of first sexual intercourse in the U.S. is 17, and more than three-quarters of Americans are no longer virgins by the time they are 20.[2] Even among teens strongly committed to abstinence, sexual activity hardly differed from the norm.

Be faithful – Being faithful is more complex than it seems. The Adolescent AIDS Program found that half its HIV-positive female patients had only one sex partner. Median age for marriage in the U.S. is about 26. Compare that to the median age of first sexual intercourse (17). One in three first marriages end in separation or divorce within 10 years. The Census Bureau[3] now projects that for people aged 25 in 1996, half of all first marriages will ultimately end in divorce, with about an 85% remarriage rate. Note that the effect of religion is modest, though significant: 10 years after marriage nearly half the women who assign no importance to religion have broken up with their spouses, compared to 30% of those with either some or strong religious values. Statistics on unfaithfulness within marriage are subject to great controversy – for men they range from about 24% to about 60% and 14% to 40% for women. Outside of marriage, relations are also unstable – 62% of cohabiting adults break up within 10 years. Extramarital sexual activity, separation and divorce, and widowhood can leave many adult years without a faithful marriage.

Condoms – Consistent, correct use of condoms during vaginal sex should result in a pregnancy rate of 2% per year, but the actual result is closer to 14% per year.[4] One would expect that condom failure rates would be lower for HIV since it is harder to become infected than to become pregnant. Condom failure has been more extensively studied than abstinence and monogamy failure. A European study of heterosexual couples in which one partner was HIV-positive found there was no HIV

seroconversion among the 124 couples claiming to always use condoms with anal or vaginal sex. Of the 121 similar couples that used condoms more erratically, there were 12 cases of HIV seroconversion over the two-year study period.[5]

As with abstinence, condoms theoretically may be highly protective against HIV, other STDs and pregnancy, but one has to rigorously follow the method. After years of safer sex promotion, many still find condoms a difficult regimen to follow: a 2002 survey of 10,000 New Yorkers found that approximately 40% of city residents with three or more sex partners in the past year had not used a condom the last time they had sex.[6] For men who had sex with men, the corresponding figure was 55%, compared to about 60% for all men. (The percent of residents reporting any condom lapse over the entire year clearly would be much larger.) A four-city study of gay bathhouses found that one-third of respondents had had unprotected anal intercourse with a non-primary partner in the past year. Those already HIV-positive were more likely to skip the condoms in public settings.[7]

Beyond ABC – There is a whole alphabet soup of currently available protection strategies. We could go on to D for "use a diaphragm" to protect the upper, most sensitive parts of your reproductive tract. Z could be for zeal in honoring your sense of self. O is for oral sex, P is for post-exposure prophylaxis, and S is for selecting partners by HIV status, to name a few common practices. And, of course, V could stand for voluntary HIV testing and counseling. Each person can, in fact, create his or her own personalized prevention alphabet.

Condoms

"A major determinant of condom use is the belief that they work, a message that providers are in a crucial position to give."

Many people know that they should be using condoms, but don't. There are many reasons people have a hard time using condoms: they alter sensation, "it doesn't feel as good," "they spoil the mood," "they don't fit," "they don't work" and "they break," to name a few. Providers need to help people identify what specific barriers are making it difficult to use condoms and how these barriers can be surmounted.

Condoms do work.[8] Condoms are very effective at preventing the transmission of HIV. Studies of serodiscordant couples found that condoms are highly effective at preventing HIV (1% or less infection rate). In one study, no one who correctly or consistently used condoms became infected but those who failed to use condoms consistently had a 900% increased risk of infection. Natural or lambskin condoms are not effective and should not be used. The most common causes of breakage are condom age, user error, fingernail tears, exposure to sunlight, reusing condoms or unrolling the condom before putting it on. Walk your patient through the steps for putting on a condom and provide a water-based lubricant.

Some find that condoms prevent premature ejaculation. Others complain that condoms may make it harder to climax and make sex less enjoyable. For patients concerned that condoms don't fit or that they can't feel anything, encourage them to go "condom shopping." There are many kinds of condoms – thick and thin, textured and plain, colored and flavored, latex and polyurethane. Have patients find the one that works best. Also, mention that it is almost always true that one size fits all. Very few people need larger sized condoms; if the condom is too large, it can be more likely to slip. If the patient is allergic to latex, recommend and show the polyurethane condom, Avanti. Thin polyurethane condoms may feel the most natural since they transfer heat better.

Condoms should only be put on once the penis is erect; some people find that this interrupts sex. Men can lose their erections while fumbling with condoms, while their partner may also feel interrupted or distracted. Recommend that patients eroticize condoms: Make putting them on part of foreplay. The partner can practice putting on a condom with their mouth. Also, the polyurethane female condom can be inserted up to six hours before intercourse. The female

condom enables women to make the decision to use protection. It can be put in place before the man's penis is erect and left in place after sex. Practicing before first use is advisable. It is inserted similarly to a tampon with no applicator.

CONDOM NEGOTIATION	IMPLEMENTATION HINTS AND SUGGESTED TALKING POINTS
1. Normalize anxieties about discussing condoms	Many people find it difficult and awkward to bring up condoms with a partner, especially if condoms have not been used in the past.
2. Offer tips for condom negotiation	**Tips for Condom Negotiation** • Don't wait until the heat of the moment • Be prepared to state your concerns, and don't back down • If you haven't used condoms in the past, state what made you change your mind (for example, friend, magazine or doctor's visit) • Offer to get tested for HIV together
3. Role play discussing condom use with a partner	**Role Plays** If your partner asks: *You don't love me enough not to use a condom?* You can say: *It is because I love you and I love myself that I want to keep us both safe.* Or: If your partner says: *You want to use a condom because you've been messing around with other people.* You can say: *We have both had partners before each other and I want to be sure that neither of us brings anything into the relationship.*

PROPER CONDOM USE	IMPLEMENTATION HINTS AND SUGGESTED TALKING POINTS

1. Demonstrate steps for putting on a condom and supply condoms

Steps for Putting On a Condom

1. The penis must be erect.
2. Feel for the air pocket. (This is to tell if the package is damaged.)
3. Open the package carefully.
4. Make the little hat. (This is to ensure it is not inside out.)
5. Squeeze the tip, leaving room for ejaculated fluids.
6. Unroll the condom down the penis shaft and smooth out air bubbles.
7. Hold onto the condom at the base of penis and pull out while still hard.

2. Review Dos and Don'ts for proper use

With proper use, condoms rarely break.

Do

- Use only latex or polyurethane condoms to protect yourself from HIV.
- Use a condom only ONCE.
- Check the expiration date on every condom.
- Condoms work best with lubrication. Either buy lubricated condoms or apply a water-based lubricant like KY Jelly®, Astroglide® or Probe®.
- Use non-lubricated condoms for oral sex. (Also, consider flavored ones!) Condoms and saran wrap can also be used for cunnilingus if dental dams are not available.

Don't

- Don't keep condoms in your wallet, glove compartment, etc. Air, heat and age all damage latex.
- Don't use oil-based lubricants (e.g., Crisco®, Vaseline®, lotions and food products like whipped cream or chocolate syrup). They will weaken condoms, which could then rip.
- Don't open the condom packet with your teeth, as this can create tears.
- Don't use nononxynl-9. It irritates the vagina, cervix and anus, making HIV transmission *more* possible.

Safer Sex Beyond Condoms

Let's be frank. Condoms are not something most people would choose if they didn't need them. They call to mind unromantic issues at supposedly romantic times, they are interruptive, and some find them unnatural. While condoms are the most effective way to prevent sexual transmission of HIV, there are other ways to reduce risk. These are not necessarily simple. They require strong communication skills, sexual know-how and discipline.

Monogamy and its variations: A sexually exclusive relationship between partners of the same HIV status would result in no new HIV transmission. Another option is "condom monogamy," in which committed partners do not use condoms within the relationship but always use them with casual sex partners. HIV testing is recommended. Condoms should be used for at least the first three months to allow time for a recent infection to show up when tested. This time would also allow an appraisal of the reliability and honesty in the relationship.

The challenge is to remain aware that feelings and relationships can change. Problems can arise if tensions, boredom or other interests evolve. Half of all marriages fail, as do a higher percentage of long-term relationships. One or both members of a couple frequently start cheating before the split and agreements about outside condom use can break down. Long-term, monogamous commitment is truly a labor of love. It requires great attention to keeping the relationship growing and fresh and a great investment in emotional honesty.

Partner selection: Even in temporary relationships, sex with a member of the same HIV status is safer. This is sometimes possible, especially if the person is reliable and honest about his or her health status. But the risk of superinfection with HIV and exposure to other infections make this especially risky for HIV-positive individuals.

Promptly treating STDs: Inflammation from STDs greatly increases vulnerability to HIV. STDs increase the amount of HIV and immune cells present. Many STDs are asymptomatic. Herpes lesions – which may be unnoticeable – are suspected of having a major role in facilitating HIV transmission.

Intravenous Drugs and HIV Protection

Local syringe exchange programs can be located by calling (800) 541-AIDS or online at www.health.state.ny.us.

Disease transmission through shared syringes is very high. Injection drug users (IDUs) are not only at risk for contracting HIV, but also for blood-borne pathogens such as hepatitis B and C, which are far more virulent than HIV and thus easier to transmit. Another concern is the possibility of co-infection with both HIV and viral hepatitis. The best way for an IDU to avoid contracting HIV is to stop using/shooting drugs. Referrals to drug treatment programs can be helpful for users who are ready to quit. However, if recreational drugs or steroids are used, sterile needles substantially reduce the risk of HIV. If new needles are unavailable, injection drug users are advised to avoid sharing needles or other injection drug equipment. In the event that sharing is the only option, needles should be thoroughly cleaned with bleach and water. Providers can help by telling patients how to obtain sterile syringes through exchange programs and pharmacies. They can also show patients how to use bleach to decontaminate injection equipment.

Some HIV-negative injection drug users have attempted to protect themselves from HIV by sharing exclusively with one or a small group of HIV-negative individuals. This may limit the overall threat from HIV and other diseases, but does not remove it. “Needle monogamy” has many of the same problems as sexual monogamy.

New York City’s syringe exchange programs have reduced new HIV infections five-fold in IV drug users, and total HIV rates in New York heroin users have gone down 75% since the early nineties. Government-sponsored program evaluations have found that syringe exchange programs do not increase drug use or the number of injection drug users. Instead, syringe exchanges are a link to drug treatment and to HIV and other healthcare services.

Since 2000, New York State has allowed persons 18 years and older to purchase and possess 10 or fewer syringes without a prescription and without being liable for arrest. Nineteen other states already had no restrictions on syringe sales, but nearly all states have drug paraphernalia laws that criminalize possessing these syringes for the purpose of using recreational drugs.

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Chapter 5 – The ACTS Imperative: Breaking Through Barriers to Bring About Change

STRATEGIES AND STATISTICS THAT SHAPED ACTS

The Adolescent AIDS Program developed ACTS – Assess, Consent, Test and Support – initially to facilitate broader HIV testing of adolescents in communities with high HIV prevalence (1% or greater). **But ACTS is a realistic approach for people of any age to replace the current intensive model of HIV counseling, testing and referral (CTR).** ACTS distills critical components of current CTR to make the process more routine in today's challenging healthcare environment.

Standard HIV testing and counseling procedures require up to 45 minutes with a specially trained counselor. Patients have to come once to give blood and attend pre-test counseling. Then, patients return a second time to receive results and more counseling during a post-test session.

ACTS is designed to fill the urgent need for expanding rapid testing and counseling in neighborhoods with relatively high HIV prevalence as well as those with a lower prevalence. It recognizes that most medical facilities have limited resources to engage in a lengthy CTR process. ACTS gives clinicians the tools to make every interaction with sexually active adults and adolescents a chance to quickly yet sensitively check for HIV and provide motivational prevention messages. ACTS supplies a useful summary card, charting and educational materials, simple training, and referral advice. With ACTS, five to ten minutes of informal discussion constitutes the total counseling time required of clinic staff.

Many providers do not realize that their patients may be at risk for HIV. A recent survey conducted by Montefiore Medical Center's Adolescent AIDS Program of nine Bronx health centers found that HIV tests were administered only a third as often as screening for other STDs in adults and adolescents (10% versus 30% of patients).[1] At the same time, 1% of these centers' 95,000 patients were known to be HIV-positive. This is a worrisome development. The

Centers for Disease Control and Prevention define a high-prevalence community as one with an HIV rate of 1% or greater and recommends making HIV testing a routine part of office visits in those communities.

Healthcare providers are generally reluctant to advise their patients on sexual matters. Past surveys have indicated that only about 20% of patients, including those with high-risk behaviors, received HIV information from their doctors. A similar percentage held for adolescent patients, even though they said that they preferred to discuss HIV with their physicians and friends rather than with their teachers or family members.[2] Another Adolescent AIDS Program survey of Bronx practitioners found that healthcare personnel felt that they had neither the time nor the training to provide HIV testing and counseling, nor did they consider it a priority.[3]

The ACTS protocol, which divides testing and counseling into four straightforward steps, makes this important process accessible. The first, ("**A**ssess"), is to determine a patient's need for HIV testing and explain why such testing is advisable. The second step ("**C**onsent") explains testing procedures to the patient and obtains his or her consent for giving the test. Patients have to understand the benefits of testing, limits to confidentiality and the use that will be made of the results if they are HIV-positive. The third step ("**T**est") is performing the test. The fourth ("**S**upport") is delivering and interpreting test results and linking people to care and support.

Relatively few people (0.1% to 5%) will test positive at most health centers, but the process following a positive HIV test is crucial. Individuals who test positive require more extensive counseling and referrals to healthcare and prevention services to prevent the spread of HIV and any decline in their health. Among other immediate issues is notification of sex and drug syringe partners of their exposure to the virus. To further contain transmission and illness, partners should come in quickly for ACTS testing, counseling and referral.

Generalized HIV testing should encourage more patients to seek treatment for HIV and other STDs. Additionally, more widespread testing would help to better

define the true scope of the HIV epidemic and raise community awareness of both the extent of the problem and the need for testing and prevention. Whether patients are HIV-positive or -negative, testing can reinforce development of personal HIV/STD prevention strategies through the offering of brief motivational prevention messages or more in-depth counseling.

Expanding HIV Testing

With 40,000 new HIV infections per year and 16,000 HIV-related deaths, the number of infected Americans – currently 850,000 to 950,000 – increases each year. Half the new infections occur in young people 13 to 24, with two-thirds of these infections acquired sexually. Among the young, women are disproportionately affected. They comprise 56% of reported HIV cases among 13- to 19-year-olds and 40% among 20- to 24-year-olds, compared with 30% of reported cases in older age groups.

Pockets of very high transmission remain. In 2000, the CDC reported an HIV infection rate of 4% per year in a sample of 15- to 22 year-old black men who have sex with men. The same survey later noted an annual infection rate of 14.4% in a corresponding group of 23- to 29-year-olds.[4]

Most HIV transmission each year comes from those who do not yet know they are infected, according to the Centers for Disease Control and Prevention.[5] Those 230,000 Americans, representing a quarter of the total HIV-positive population, are the source of two-thirds of the new infections. About 40% carry HIV for many years before they are identified — when they are already sick with AIDS or pre-AIDS conditions. Most of those who do come in for testing and receive their positive results immediately modify their sexual behavior. A number of studies found that individuals with newly diagnosed HIV decreased unprotected sexual acts by about 70%.

Advancing HIV Prevention: New Strategies for a Changing Epidemic, CDC 2003[6]

Diagnosing and counseling more people with HIV could reduce transmission and increase timely treatment. The CDC now recommends expanding HIV testing and counseling according to these guidelines:

High-Prevalence Settings (populations with an HIV prevalence that is at least 1% or is elevated compared to the surrounding community)

- Routinely recommend HIV testing to all patients
- Assess risk behaviors of all patients, and refer high-risk patients to prevention counseling

Low-Prevalence Settings (populations with an HIV prevalence that is less than 1% or is reduced compared to the surrounding community)

- Offer HIV testing to all those who request it
- Recommend HIV testing to those with clinical signs and symptoms suggestive of HIV
- Recommend HIV testing to high-risk patients
  - Persons who self-report high-risk behaviors
  - Persons diagnosed with STDs or blood-borne infections indicative of high-risk behaviors

Client Populations at Increased Risk for HIV

- Routinely recommend HIV testing to all patients regardless of HIV prevalence
- Examples of such settings include adolescent health centers with high STD rates, STD centers, addiction treatment programs, correctional facilities and homeless shelters

Pregnant Women

- Routinely recommend HIV testing to all pregnant women
- Assess risk behaviors of all patients, and refer high-risk patients to prevention counseling

Persons with Sexually Transmitted Diseases, Men Who Have Sex with Men and Intravenous Drug Users

- Routinely recommend testing to all patients
- Assess risk behaviors of all patients, and refer those with high-risk behavior for prevention counseling

Replacing Stigma with Medicine

Expanded HIV testing brings with it a number of benefits. First and foremost, it links more persons with HIV to the healthcare system. Early monitoring and timely treatment safeguard patients' health and increase the chances that therapy will successfully control their HIV. There is also mounting evidence that people with lower HIV viral loads are less likely to pass on the virus.

HIV testing can serve as an introduction to HIV prevention for those who test positive as well as for those who test negative. Counseling will allow people to review their past sexual behavior and make more conscious, safer choices for themselves and their partners in avoiding the spread of HIV and other sexually transmitted infections.

Making HIV testing a regular part of medical exams and STD screening will help eliminate the stigma that exists when testing efforts focus on a specially screened population. Individuals can be helped to view HIV as a manageable medical condition rather than a death sentence. Reducing stigma and fear increases patients' willingness to accept HIV testing and return for test results. The new treatments for HIV facilitate this process, as does the new rapid test technology. Rapid HIV testing means that patients can receive their results in as little as 20 minutes, eliminating the need to return for a second appointment.

Incorporating HIV Counseling and Testing into Preventive Healthcare

HIV testing should be a part of routine medical exams and STD screening. This means that the paradigm for offering HIV testing should change to facilitate screening in both preventive and acute-care settings. The following visits have all been successful at incorporating HIV counseling and testing:

- Initial or annual health assessments
- Gynecological or genitourinary exams
- Any visits in which an STD is identified or treated
- Acute-care visits

In short, any visit in which a patient comes to see you.

The majority of patients can be screened for HIV in a short amount of time and then re-tested every year as appropriate. There will be some patients that will require more intensive counseling and linkages to support services. Some patients will lack a stable support system or have other more urgent health or mental health needs that will take precedence. As a primary care provider your judgment is crucial in identifying who could be tested quickly and who should be referred for more intensive counseling.

ACTS: It's About Comprehension, Communication, Consciousness and Choice

Beyond testing, opposing factors in the cultural climate continue to make HIV prevention increasingly difficult. On the one hand, the mass media presents an image of sex without consequence. On the other hand, national policy increasingly favors abstinence programs over comprehensive sex education. Neither option in this "just-say-yes" or "just-say-no" dichotomy leaves adolescents or adults with a sense of the complex emotional and health ramifications of sexual relations and drug use. The ultimate goal of ACTS is to facilitate communication, consciousness, comprehension and choice. ACTS promotes a more practical form of counseling and testing. In this way, it advances *communication* between patients and healthcare providers about sex- and drug-related risk for HIV. The testing experience should improve people's *consciousness* of how their behavior may expose them or others to HIV. It should increase their *comprehension* of the range of consequences human sexual and lifestyle practices bring, so that they can *choose* viable strategies to reduce their risk and protect their health.

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Not Enough Time, Not Enough Experience, Not Aware of Risk

Why healthcare providers don't routinely test youth for HIV

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Presented at the 14th International AIDS Conference in Barcelona, Spain 2002

Background

Healthcare providers are in a unique position to identify undiagnosed HIV+ youth and link them to care. Yet, the majority do not routinely offer HIV counseling and testing to sexually active youth despite recommendations to do so by public health officials and medical leaders.

CDC

American Academy of Pediatrics

50% +

In the US, at least 50% of new HIV cases occur in youth under 25 years old...20,000 new HIV+ youth annually.

2/3 Via Sex

The majority of HIV+ youth contracted the virus sexually.

Status: Unknown

At least 1/3 of all HIV+ people have not been tested...a rate that may be higher for teens. A US survey of gay youth noted that 11% were HIV+ and that 80% of those infected did not know their status.

Appealing to Youth

In 1996, the AAP launched the first of its annual teen-focused HIV testing campaigns. Materials utilize the imagery and language of urban youth to promote testing among sexually active teens.

The second phase of this effort involves a provider-focused campaign.

Methods / Participants

A qualitative study using in-depth telephone interviews ascertained current practices, obstacles and facilitators to offering HIV testing to youth in a variety of public and private healthcare settings in the Bronx, NY an area with some of the highest HIV rates in the US.

Who Participated

55 adolescent healthcare providers and administrators participated in the survey:

Teen Patient Volume

The number of youth that providers who participated in the survey cared for ranged from 100 to more than 1000 in the prior year.

Sites Represented

43 different care sites participated in the survey:

- Hospital-Affiliated and Community Clinics
- Emergency Department
- School-Based Clinics
- Foster Care Agencies
- Private Medical Practices
- STD Testing Site and Mobile Outreach Van
- Substance Abuse Center

Results

Most providers only recommend HIV testing if adolescents self-report a high risk behavior or if they present with an STD. However...

- Providers do not routinely ask youth about their sexual activity, nor do they screen all sexually active youth for STDs.
- Among their asymptomatic patients, providers are much more likely to screen young women for STDs than young men.
- Providers rely on personal judgments, verbal cues and indirect visual cues (tattoos, body piercings) to determine HIV risk factors.
- Providers report that the presence of parents often makes it difficult to engage youth in an honest HIV risk assessment.
- Providers generally believe that youth are at low-risk for HIV infection.

Many providers believe that the process of HIV testing involves undue time and resource burdens.

- Providers believe there are complex HIV counseling, informed consent and other mandated requirements that elevate HIV testing beyond "routine" healthcare.
- Providers are challenged by time constraints in their clinics that prevent them from administering HIV counseling and testing.
- Providers perceive themselves as inadequately trained to provide HIV counseling.
- Providers feel they lack the staff to provide quality HIV counseling and testing.

Both providers and youth can benefit from more education and materials about adolescent HIV testing.

- Providers need evidence that HIV testing is a "standard of care" for adolescents.
- Providers need information about how they can better and more simply administer HIV counseling and testing.
- Teens need more educational information about HIV testing and risk reduction.
- Teens most at-risk for HIV infection need greater youth-focused outreach initiatives.

Few providers operate "adolescent-friendly" clinics.

- Providers recognize that few clinics tailor services to adolescents by offering teen-friendly hours, "safe" and accessible locations and HIV testing that is free, painless and confidential.

Conclusions

Despite concern in key public health communities about the growing incidence of HIV among youth, many providers continue to miss crucial opportunities to identify young HIV+ patients.

Two factors that inhibit routine HIV testing of sexually active teens include:

- **The need for an effective educational program to inform providers that HIV counseling and testing is now a standard of care for all sexually active youth;**
- **The need for a simpler HIV counseling and testing protocol that puts the procedure on par with other diagnostic tests.**

If these two needs were met, the gap between those who are unaware that they are infected with HIV and those who have been identified and linked to care could be greatly reduced.

Next Steps: ACTS

The Adolescent AIDS Program (AAP), Children's Hospital at Montefiore, has designed a new, reality-based HIV testing paradigm: Assess, Consent, Test and Support (ACTS). This revolutionary new protocol offers healthcare providers a practical and rapid way to deliver HIV testing.

ACTS is a training and resource initiative guided by our knowledge of the HIV epidemic and the findings from this research. For more information contact:

Adolescent AIDS Program
Children's Hospital at Montefiore
Bronx, New York
718-882-0232
www.AdolescentAIDS.org

In Their Own Words: quotes from research participants

"I have heard that the HIV population has grown among teens but I haven't seen any information about it."

"Provide us with statistics--the percent of kids who test positive, are sexually active, teen pregnancy rates. Get a speaker to train clinic staff."

"If I suspect they are sexually active, I'll do a physical and STD tests. I'll present the evidence of what happens later."

"We are better at screening girls than boys. It's my bias not to test for STDs if a boy is asymptomatic."

"Having an STD is a wake up call and they want to be tested for everything."

"Usually if you are tactful and don't sound judgmental, it is not a problem getting an adolescent to be HIV tested."

"They first have to fill out a registration form and get it signed by their mother. Some will come in then and say they aren't sexually active, but the next time you see them they are more honest."

"We try to keep things confidential but we haven't yet figured out how to contact them without notifying their parents."

"Teens need information about HIV so they can ask questions. That's difficult in the waiting room because there are all ages of patients, plus families are there."

"In our school clinic, kids are more truthful because they don't come with their parents."

"I ask how many partners they've had. I don't go into detail. I guess I should ask about types of sex and sexual orientation."

"I'm not sure if routine HIV testing is recommended or not for adolescents"

"If HIV tests were more mainstream, that would help raise consciousness in the public. Regularize HIV instead of leaving it so ostracized."

"The counseling in and of itself makes it more complicated. It is too time-consuming."

"There is a mentality that you need special training to do HIV counseling and testing."

"Most teens say, 'Oh test me, its good to know.' These kids are not afraid."

Funded in part by HRSA/HAB and the New York-Virgin Islands AIDS Education and Training Center (H4A HA0004).

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Advancing HIV Prevention: New Strategies for a Changing Epidemic — United States, 2003

In several U.S. cities, recent outbreaks of primary and secondary syphilis among men who have sex with men (MSM) (*1*) and increases in newly diagnosed human immunodeficiency virus (HIV) infections among MSM and among heterosexuals have created concern that HIV incidence might be increasing. In addition, declines in HIV morbidity and mortality during the late 1990s attributable to combination antiretroviral therapy appear to have ended. Until now, CDC has mainly targeted its prevention efforts at persons at risk for becoming infected with HIV by providing funding to state and local health departments and nongovernmental community-based organizations (CBOs) for programs aimed at reducing sexual and drug-using risk behavior. Some recent programs have focused on prevention efforts for persons living with HIV (*2*). Funding HIV-prevention programs for communities heavily affected by HIV has promoted community support for prevention activities. At the same time, these communities recognize the need for new strategies for combating the epidemic. In addition, the recent approval of a simple rapid HIV test in the United States creates an opportunity to overcome some of the traditional barriers to early diagnosis and treatment of infected persons. Therefore, CDC, in partnership with other U.S. Department of Health and Human Services agencies and other government agencies and nongovernment agencies will launch a new initiative in 2003, Advancing HIV Prevention: New Strategies for a Changing Epidemic.

Trends in HIV/AIDS Morbidity and Mortality

The first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in June 1981, and the number of cases and deaths among persons with AIDS increased rapidly during the 1980s. During 1981–2001, an estimated 1.3–1.4 million persons in the United States were infected with HIV (*3*), and 816,149 cases of AIDS and 467,910 deaths were reported to CDC (*4*). During the late 1990s, after the introduction of combination antiretroviral therapy, the numbers of new AIDS cases and deaths among adults and adolescents declined substantially. From 1995 to 1998, the annual number of incident AIDS cases declined 38% from 69,242 to 42,832, and deaths from AIDS declined 63% from 51,670 to 18,823. The annual number of incident AIDS cases and deaths have remained stable since 1998, at approximately 40,000 and 16,000, respectively (*4*). The number of children in whom AIDS attributed to perinatal HIV transmission was diagnosed peaked in 1992 at 954 and declined 89% to 101 in 2001 (*4*).

Since the early 1990s, an estimated 40,000 new HIV infections have occurred annually in the United States. During 1999–2001, in the 25 states that had HIV reporting since 1994, the number of persons who had HIV infection newly diagnosed increased 14% among MSM and 10% among heterosexuals. The number of persons in the United States living

INSIDE

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with HIV continues to increase, and of an estimated 850,000–950,000 persons living with HIV, an estimated 180,000–280,000 (25%) persons are unaware of their serostatus (*3*).

HIV Testing

Many HIV-infected persons do not get tested until late in their infection, and many persons who are tested do not return to learn their test results. In 2000, of an estimated two million CDC-funded tests for HIV, approximately 18,000 tests represented new HIV diagnoses. During 2000, of persons with positive tests for HIV, 31% did not return to learn their test results (CDC, unpublished data, 2000). Of 573 HIV-infected young MSM who were studied in six U.S. cities, 77% were unaware that they were infected (*5*). During 1994–1999, of 104,780 persons in whom HIV was diagnosed, AIDS was diagnosed in 43,089 (41%) persons within 1 year after their positive HIV test (*6*).

Reasons for HIV testing vary. In a study of 7,236 persons in whom HIV was newly diagnosed, the reason given most frequently (42%) for seeking the test was illness. Only 10% of HIV-infected men and 17% of HIV-infected women reported that they were tested primarily because the test was offered or recommended by a health-care facility or provider (CDC, unpublished data, 2002).

Many persons who learn that they are HIV infected adopt behaviors that might reduce the risk for transmitting HIV (*7*). In a study of 1,363 HIV-infected men and women, among the 69% who were sexually active during the preceding 12 months, 78%–96% used a condom at most recent anal or vaginal intercourse with a known HIV-negative partner, and 52%–86% reported condom use with a partner of unknown serostatus (CDC, unpublished data, 2002).

The development of new tests for HIV creates new prospects for expanding HIV testing to identify and treat HIV-infected persons earlier. The OraQuick® HIV rapid test (OraSure Technologies, Inc., Bethlehem, Pennsylvania) was approved by the Food and Drug Administration in November 2002 and categorized as a waived test under the Clinical Laboratory Improvement Amendments in January 2003. This simple, rapid test provides HIV results in 20 minutes, can be stored at room temperature, requires no special equipment, and can be performed outside clinical settings. Although the use of the OraQuick® test facilitates receipt of test results, HIV-positive test results will require confirmation by Western Blot or immunofluorescence assays.

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Editorial Note: The new initiative, Advancing HIV Prevention: New Strategies for a Changing Epidemic, is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services. The HIV initiative emphasizes the use of proven public health approaches to reducing the incidence and spread of disease. As with other sexually transmitted diseases (STDs) or any other public health problem, principles commonly applied to prevent disease and its spread will be used, including appropriate routine screening, identification of new cases, partner notification, and increased availability of sustained treatment and prevention services for those infected.

Stable HIV-associated morbidity and mortality, concerns about possible increases in HIV incidence, and the recent availability of a simple, rapid HIV test combined with strong prevention collaborations among communities heavily affected by HIV support the need to reassess and refocus some of CDC's HIV-prevention activities. An emphasis on greater access to testing and on providing prevention and care services for persons infected with HIV can reduce new infections and lead to reductions in HIV-associated morbidity and mortality (*2,8*). In addition, simplifying prenatal and other testing procedures can lead to more effective use of resources that CDC provides to prevent perinatal and other HIV transmission.

The initiative consists of four key strategies:

- **Make HIV testing a routine part of medical care.** CDC will work with professional medical associations and other partners to ensure that all health-care providers include HIV testing, when indicated, as part of routine medical care on the same voluntary basis as other diagnostic and screening tests. Previously, CDC has recommended that patients be offered HIV testing in high HIV-prevalence acute care hospitals (*9*) and in clinical settings serving populations at increased risk (e.g., clinics that treat persons with STDs). This initiative adds to those recommendations to include offering HIV testing to all patients in all high HIV-prevalence clinical settings and to those with risks for HIV in low HIV-prevalence clinical settings (*10*). Because prevention counseling, although recommended for all persons at risk for HIV, should not be a barrier to testing, CDC will promote adoption of simplified HIV-testing procedures in medical settings that do not require prevention counseling before testing. In 2003, CDC will support state and local health departments in conducting demonstration projects offering HIV testing to all patients in high HIV-prevalence health-care settings and referral into care, treatment, and prevention services, and will assess the outcomes of these projects.
- **Implement new models for diagnosing HIV infections outside medical settings.** In 2003, CDC will fund new demonstration projects using OraQuick® to increase access to early diagnosis and referral for treatment and prevention services in high-HIV prevalence settings, including correctional facilities. In addition, CBOs will pilot new models, particularly in nonmedical settings, for diagnosis and referring persons for treatment and prevention services. Also, because 8%–39% of partners tested in studies of partner counseling and referral services (PCRS) were found to have previously undiagnosed HIV infection (*11*), CDC will increase emphasis on PCRS. In 2004, CDC will implement these new models through health departments and CBOs.
- **Prevent new infections by working with persons diagnosed with HIV and their partners.** Although many persons with HIV modify their behavior to reduce their risk for transmitting HIV after learning they are infected, some persons might require ongoing prevention services to change their risk behavior or to maintain the change. In 2003, CDC, in collaboration with the Health Resources and Services Administration (HRSA), the National Institutes of Health, and the HIV Medical Association of the Infectious Diseases Society of America, will publish *Recommendations for Incorporating HIV Prevention into the Medical Care of Persons with HIV Infection.* CDC will work with professional associations to disseminate the new guidelines to primary care providers and infectious disease specialists and to assess their integration into medical practice. CDC will work closely with HRSA and other partners to reach persons in whom HIV infection has been diagnosed but who are not in ongoing medical or preventive care. CDC also will conduct demonstration projects through state and local health departments to provide prevention case management for persons living with HIV to reduce HIV transmission. Finally, CDC will increase emphasis on partner notification and also will support new models of partner notification, including offering rapid HIV testing to partners and using peers to conduct partner prevention counseling and referral. In 2004, acting through health departments and CBOs, CDC will implement these prevention services for persons living with HIV. CDC also will require grantees to employ standardized procedures for prevention interventions and evaluation activities.
- **Further decrease perinatal HIV transmission.** CDC will promote recommendations for routine HIV testing of all pregnant women, and, as a safety net, for the routine screening of any infant whose mother was not screened. CDC will work with prevention partners, including the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family

Physicians, and the American College of Nurse-Midwives, to disseminate the recommendations and support their implementation. CDC also will develop guidance for using rapid tests during labor and delivery, or post partum if the mother was not screened prenatally, and provide training for health departments and providers in conducting prenatal testing. In 2003, CDC will expand its activities to monitor the integration of routine prenatal testing into medical practice.

Reporting of HIV infections to public health authorities is now required in 49 states. In 2002, CDC initiated a pilot system to monitor HIV incidence. To track the impact of the new initiative, beginning in 2003, CDC is expanding this surveillance system by implementing a national behavioral surveillance system. In addition, CDC will monitor the implementation of these new activities through several systems, including new performance indicators for state and local health departments and CBOs.

Stable HIV morbidity and mortality, increased numbers of syphilis and HIV cases, and growing concern about increasing HIV incidence in some communities require new strategies to control the spread of HIV in the United States. Through Advancing HIV Prevention: New Strategies for a Changing Epidemic, every HIV-infected person should have the opportunity to be tested and have access to state-of-the-art medical care and to the prevention services needed to prevent HIV transmission.

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Part III – Resources

Assess

Revised Guidelines for HIV Testing, Counseling, and Prevention
www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm

Guidelines for Post Exposure Prophylaxis
(Occupational and Non-occupational)
http://aidsinfo.nih.gov/guidelines

Ryan C and Futterman D. Lesbian and Gay Youth: Care and Counseling. Columbia University Press, New York: 1998.

www.adolescentaids.org

Consent

STD/HIV Risk Assessment: A Quick Reference Guide
www.aids etc.org/pdf/tools/std_pocket_mpaetc.pdf

Partner Notification

- NYSDOH HIV Partner Assistance Programs
  Within New York City: 1-888-792-1711
  Everywhere else in New York: 1-800-541-2343
- American Psychiatric Association Position Statement on Confidentiality, Disclosure and Protection of Others
  www.apa.org/aids

Domestic Violence

- NYSDOH Guidelines For Domestic Violence Screening And HIV Testing
  www.health.state.ny.us/nysdoh/rfa/hiv/guide.htm

Test

FDA Licensed/Approved HIV, HTLV and Hepatitis Tests

www.fda.gov/cber/products/testkits.htm

Test Manufacturers

- EIA – Blood and Oral
  www.abbott.com
  Customer Service: 1-800-323-9100
  www.orasure.com
  Customer Service: 1-800-869-3538
- Home
  www.HomeAccess.com
  Customer Service: 1-800-448-8378
- Rapid
  www.orasure.com
  Customer Service: 1-800-869-3538
- Urine
  www.calypte.com
  Customer Service: 1-877-225-9783

Finding a Test Site

CDC National HIV Testing Resources and Hotline: 1-800-342-2437
(English); 1-800-344-7432 (Spanish); 1-800-243-7889 (TTY)
www.hivtest.org

Youth-Friendly HIV Testing Sites

Adolescent AIDS Program: www.adolescentaids.org
New York City: 718-881-TEST; Nationally: 1-866-EXAM-HIV

Know HIV / AIDS

1-866-344-KNOW
www.knowhivaids.org

New York State Anonymous Test Sites

- Albany: 1-800-962-5065
- Buffalo: 1-800-962-5064
- Nassau County: 1-800-462-6785
- Rochester & Syracuse: 1-800-562-9423
- New York City: 1-800-448-8255
- New Rochelle: 1-800-828-0064

SUPPORT

Prevention

- CDC Prevention Information Network: www.cdcnpin.org
- Center for AIDS Prevention Studies: www.caps.ucsf.edu
- Harm Reduction Coalition: www.harmreduction.org

Treatment and Care

- Health Resources and Services Administration: www.hab.hrsa.gov
- AIDS Education and Training Centers: www.aids-etc.org
- National Alliance of Sate and Territorial AIDS Directors – *directory of state HIV Programs:* www.nastad.org
- AIDS Treatment Data Network: www.natad.org
- HIV/AIDS Treatment Directory (*amfAR Global Link*): www.amfar.org/td
- HIV/AIDS Treatment Information Services: www.aidsinfo.nih.gov
- Johns Hopkins AIDS Service: www.hopkins-aids.edu
- National Association of People with AIDS: www.napwa.org
- National AIDS Treatment Advocacy Project: www.natap.org
- National Guidelines: www.HIVATIS.org
- Project Inform: www.projinf.org

Research and Clinical Trials

- Adolescent Medicine Trials Network: www.atnonline.org
- ClinicalTrials.gov
- Pediatric AIDS Clinical Trial Group: http://pactg.s-3.com
- Statistical Center for HIV/AIDS Research and Prevention: www.sharp.org
- Terry Beirn Community Program for Clinical Research on AIDS: www.cpcra.org

Support/Mental Health

- American Counseling Association: www.counseling.org
- American Psychological Association: www.apa.org
- American Psychiatric Association: www.psych.org/aids
- National Association of Social Workers: www.socialworkers.org/practice/hiv_aids/spectrum.asp

More information about HIV Testing

Adolescent AIDS Program:
www.adolescentaids.org

AIDS Education and Training Centers:
www.aids-etc.org

Food and Drug Administration (FDA):
www.fda.gov/oashi/aids/test.html

Gay Men's Health Crisis:
www.gmhc.org

HIV Insite:
http://hivinsite.ucsf.edu

Know HIV/AIDS:
www.knowhivaids.org

National Association of People with AIDS (NAPWA):
www.nhtd.org

HOTLINES

Organization	Hotline Number
AIDS Hotline for Teens	1-800-234-8336
AIDS Hotline for Teens	1-800-440-8336
AIDS Hotline in Spanish	1-800-344-7432
AIDS Treatment Data Network	1-800-734-7104
AL-ANON	1-888-425-2666
American Liver Foundation	1-888-443-7222
Americans with Disabilities Act Information and Assistance	1-800-514-0301
CDC AIDS Treatment Information Service	1-800-448-0440
Center for Mental Health Services	1-800-789-2647
Center for Substance Abuse Treatment	1-800-662-4357
Clinical Trial Information	1-800-243-7644
Cocaine Anonymous	1-800-347-8998
Domestic Violence Hotline	1-800-799-7233
FDA MedWatch	1-800-332-1088
Gay & Lesbian National Hotline	1-888-843-4564
Gay & Lesbian Youth Hotline	1-800-347-8336
Gay Men's Health Crisis	1-800-243-7692
Helping Individual Prostitutes Survive	1-800-676-4477
Hepatitis Foundation	1-800-891-0707
Hospice Helpline	1-800-658-8898
Medicare Hotline	1-800-633-4227
Narcotics Abuse	1-800-234-0420
National Child Abuse Hotline	1-800-422-4453
National Prevention Information Network	1-800-458-5231
National Resource Center on Homelessness and Mental Illness	1-800-444-7415
National STD/AIDS Hotline	1-800-342-2437
Overdose Prevention	1-866-786-7637
Pediatric and Family HIV Resource Center	1-800-362-0071
PEPline: Post-Exposure Prophylaxis Hotline	1-888-933-3413
Project Inform National HIV Treatment Hotline	1-800-822-7422
Sexual Assault Hotline	1-800-656-4673
Social Security Administration	1-800-772-1213
Suicide Hotline	1-800-784-2433
VA Health Benefits Service Center	1-877-222-8387
Vaccine Adverse Event Reporting System	1-800-822-7967
Warmline: HIV Clinician Telephone Consultation Service	1-800-933-3413
Women Alive (Women & HIV)	1-800-554-4876