

Human Immunodeficiency Virus (HIV) Screening

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Universal HIV screening (offering HIV blood testing to all youth, regardless of reported risk factors) is required at least once between 15-18 years of age. HIV blood testing and results are covered under Minnesota's minors' consent statute.

Youth who have risk factors for HIV exposure should be tested at least annually. High-risk categories include having multiple sexual partners, failing to use barrier protection, using injection drugs, and young men who have sex with men (Centers for Disease Control and Prevention, 2015).

Under Minnesota's minor's consent law ([MN Statute § 144.343](#)), youth have the right to testing and treatment for sexually transmitted infections (STIs) without parental knowledge or consent.

Personnel

Physicians, nurse practitioners, physician assistants, nurses, medical assistants or lab technicians may complete lab screening for HIV. A licensed healthcare provider must interpret the results and ensure appropriate follow-up.

Documentation

Document HIV screening lab tests ordered. It is not necessary to note lab test results on the C&TC visit record, but ensure that results are documented elsewhere in the patient's health record. HIV screening and results are confidential under Minnesota's Minor's consent law. If the youth declines the HIV blood test or if their HIV status is already

known, document the reason that the HIV blood test was not done.

Procedure

Offer HIV screening to the young person at least once between 15-18 years. This should be done in the context of a broader, confidential conversation with the adolescent about sexual health and other health issues.

The Centers for Disease Control and Prevention (CDC) recommends opt-out universal HIV screening as routine part of clinical care in all health care settings, ensuring the patient's option to decline HIV testing as well as a provider-patient relationship that supports optimal clinical and preventive care.

Refer to the CDC's [Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings](#) (www.cdc.gov).

The [New CDC Recommendations for HIV Testing in Laboratories](#) offers an algorithm for laboratory testing, which is a two-step process:

1. Fourth generation Alere Determine™ HIV-1/2 Ag/Ab Combo rapid point of care or venipuncture HIV testing detects both HIV-1/2 antibodies and free HIV-1 p24 antigen. This technology is recommended by the CDC for diagnosing HIV in a lab or non-laboratory settings; it can diagnose HIV earlier than previously recommended antibody tests.
2. All reactive specimens undergo additional testing by the lab to confirm reactivity and differentiate HIV-1 from HIV-2. Results are available faster than the previously recommended Western blot (Centers for Disease Control and Prevention, 2014).

Importance of HIV Screening

The age groups with highest incidence (new cases) of HIV in Minnesota are 20-24 year-olds and 25-29 year-olds. Many of these new cases contracted HIV while still in adolescence (Minnesota HIV/AIDS Surveillance System, 2017). Thirty percent of new HIV infections are transmitted by people with undiagnosed HIV (National Center for HIV/AIDS, 2017). Following AAP, CDC, and USPSTF recommendations for universal screening will help identify HIV early, treat it effectively, and prevent its spread.

Professional Recommendations

American Academy of Pediatrics

Screen all youth for HIV once between 15 and 18 years of age, making every effort to preserve patient confidentiality (American Academy of Pediatrics, 2017).

U.S. Preventive Services Task Force

Screen for HIV in adolescents beginning at age 15 and in younger adolescents at increased risk for infection (Moyer, 2013).

Resources

Minnesota Department of Human Services

- [Minnesota Health Care Programs Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

Minnesota Department of Health

- Clinical resources (www.health.state.mn.us):
 - [HIV FAQ](#) for youth, to explain why you offer universal HIV screening in C&TC visits.
 - [Confidential care letter template](#), to communicate clinic's standard practice for confidential care of adolescent patients.
- [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us)

- [HIV/ AIDS \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [HIV Training Opportunities \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Sexually Transmitted Diseases \(STDs\) \(www.health.state.mn.us\)](http://www.health.state.mn.us)

Centers for Disease Control & Prevention (www.cdc.gov)

- [HIV Guidelines and Recommendations](#)
- [HIV Screening. Standard Care.](#) (online CME): implementing universal HIV screening
- [Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations](#)

References

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- CDC. Sexually transmitted diseases treatment guidelines, 2015. MMWR 2015, 64(3), 1-138.
- Minnesota HIV/AIDS Surveillance System. (2017, April 24). STD Annual Data Release 2016. Retrieved from Minnesota Department of Health: www.health.state.mn.us/divs/idepc/diseases/hiv/stats/2016/webinar2016.pdf
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For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email health.childteencheckups@state.mn.us.

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