

Human Immunodeficiency Virus (HIV) Screening

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

C&TC Requirements

General

Screen all youth, regardless of reported sexual activity, for Human Immunodeficiency Virus (HIV) at least once between 15 and 18 years of age, making every effort to preserve the confidentiality of the adolescent.

Note: Adolescents at high risk for HIV infection should be screened at least once 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 Stat. § 144.343, 2015), 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 lab tests ordered. It is not necessary to list lab test results on the C&TC visit record, but they should be documented elsewhere in the patient's health record. HIV testing results are confidential under Minnesota's Minor's consent law. If testing is not done because their HIV status is already known, or the youth declines testing, document and code for a [screening exception \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

For documentation examples, refer to the [C&TC Provider Documentation Forms \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Procedure

HIV screening is required to be offered by the provider. 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 that "opt-out HIV screening be a part of routine clinical care in all health-care settings while also preserving the patient's option to decline HIV testing and ensuring a provider-patient relationship conducive to optimal clinical and preventive care."

Follow the CDC's [Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings \(www.cdc.gov\)](http://www.cdc.gov).

The [New CDC Recommendations for HIV Testing in Laboratories](http://www.cdc.gov) 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

In Minnesota, the age groups with highest incidence (new cases) of HIV are 20-24 year-olds and 25-29 year-olds. It is likely 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 who are living 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 youth for HIV in accordance with USPSTF recommendations once between 15 and 18 years of age. The clinician should make every effort to preserve 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

- [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [HIV Training Opportunities \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Human Immunodeficiency Virus \(HIV\)/Acquired Immunodeficiency Syndrome \(AIDS\) \(www.health.state.mn.us\)](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: training on incorporating HIV universal screening into clinical practice.
- [Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations](#)

References

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- Centers for Disease Control and Prevention. (2015, June 5). 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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