



Implementing
2010 MDH
HIV Screening
Recommendations
for Newly Arrived Refugees

July 8, 2010

MN Dept. of Health Refugee Health Program and HIV/STD Program

Midwest Aids Training and Education Center

Objectives

- Know which refugee populations to test for HIV based on MDH recommendations
- Understand rationale for testing
- Know which HIV screening tests are recommended for Refugee Health Screening
- Specific recommendations for pre and post counseling
- Resources

Agenda

July 8, 2010

- **Background**, Susan Dicker, MS, MPH (5 mins.)
- **Routine HIV Testing**, Alan Lifson, MD, MPH (20 mins.)
- **Q & A** (5 mins.), Sarah Rybicki, MSW, MPH
- **Post Test Counseling: De-Stigmatizing HIV**
Sarah Gordon, MPH (10 mins.)
- **Dr. Joyce Onyekaba**, (5 mins.)
- **Q & A** (10 mins), Rybicki
- Webinar ends (1:00 pm)



2010 MDH Recommended
HIV Screening Protocol
for Refugee Arrivals

Mid-High Prevalence Regions
(Endemic)
-Africa
-Asia

Universal Testing
(all ages)

All Other Regions
(Non-endemic regions)

Test all 13-64 year olds;
If person is positive screen
all family members

Adults and children estimated to be living with HIV, 2008

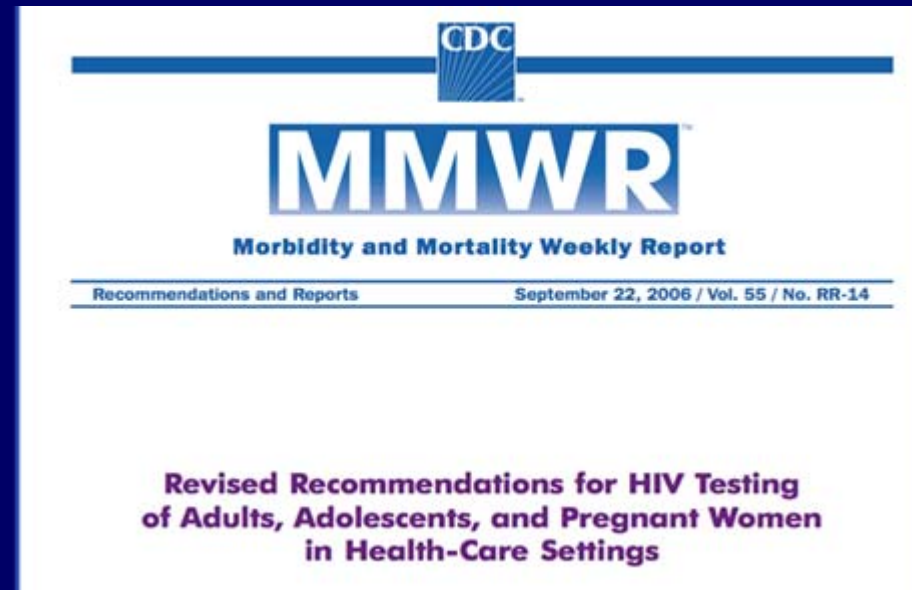


Total: 33.4 million (31.1 – 35.8 million)

Routine HIV Testing: Refugee Populations

- I. Diagnostic tests for HIV infection
- II. What is Screening?
- III. Opt-out screening, Routine testing
- IV. Specific MDH recommendations for refugee populations
- V. Communicating results (negative, indeterminate)

MMWR Sept 22, 2006, Vol 55, RR-14
www.cdc.gov/mmwr/PDF/rr/rr5514.pdf





Diagnosis of HIV Infection

I. Detection/quantitation of HIV

- p24 antigen
- Viral culture
- PCR (qualitative, quantitative), measure of viral load
--detect viral nucleic acid (e.g., RNA)

II. HIV Antibody Tests

- Enzyme immunoassay (screening), followed by Western blot or other confirmatory tests

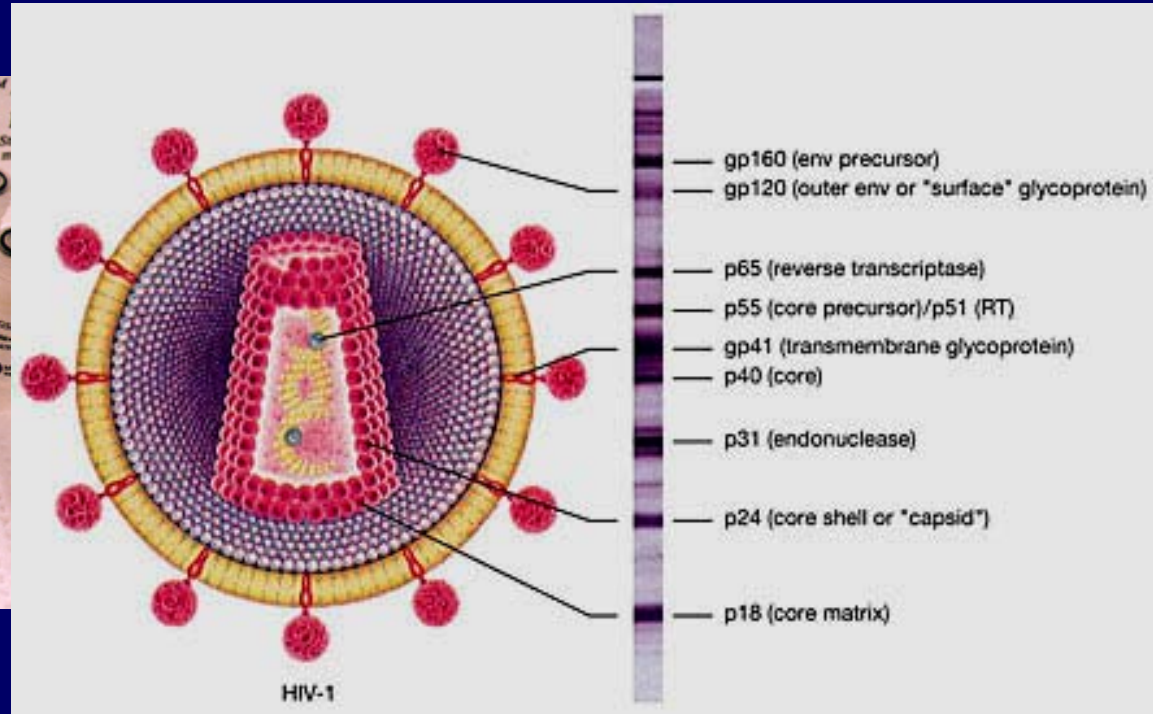
Diagnosis of HIV Infection

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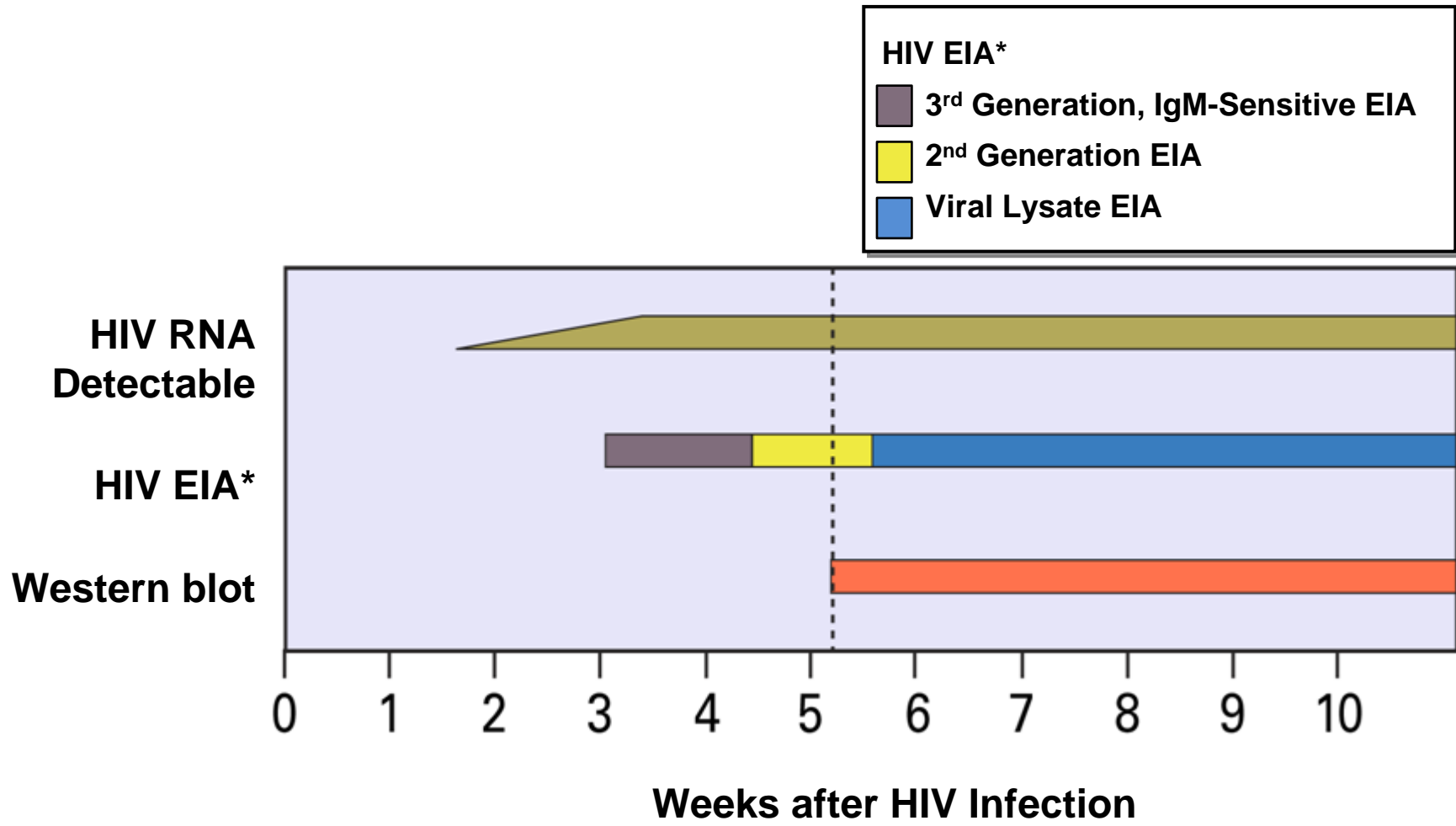
ELISA:
colored wells indicate reactivity



Western blot



Time to HIV detection for various diagnostic tests



Modified from: Branson. Clin Infect Dis 2007;45:S221.

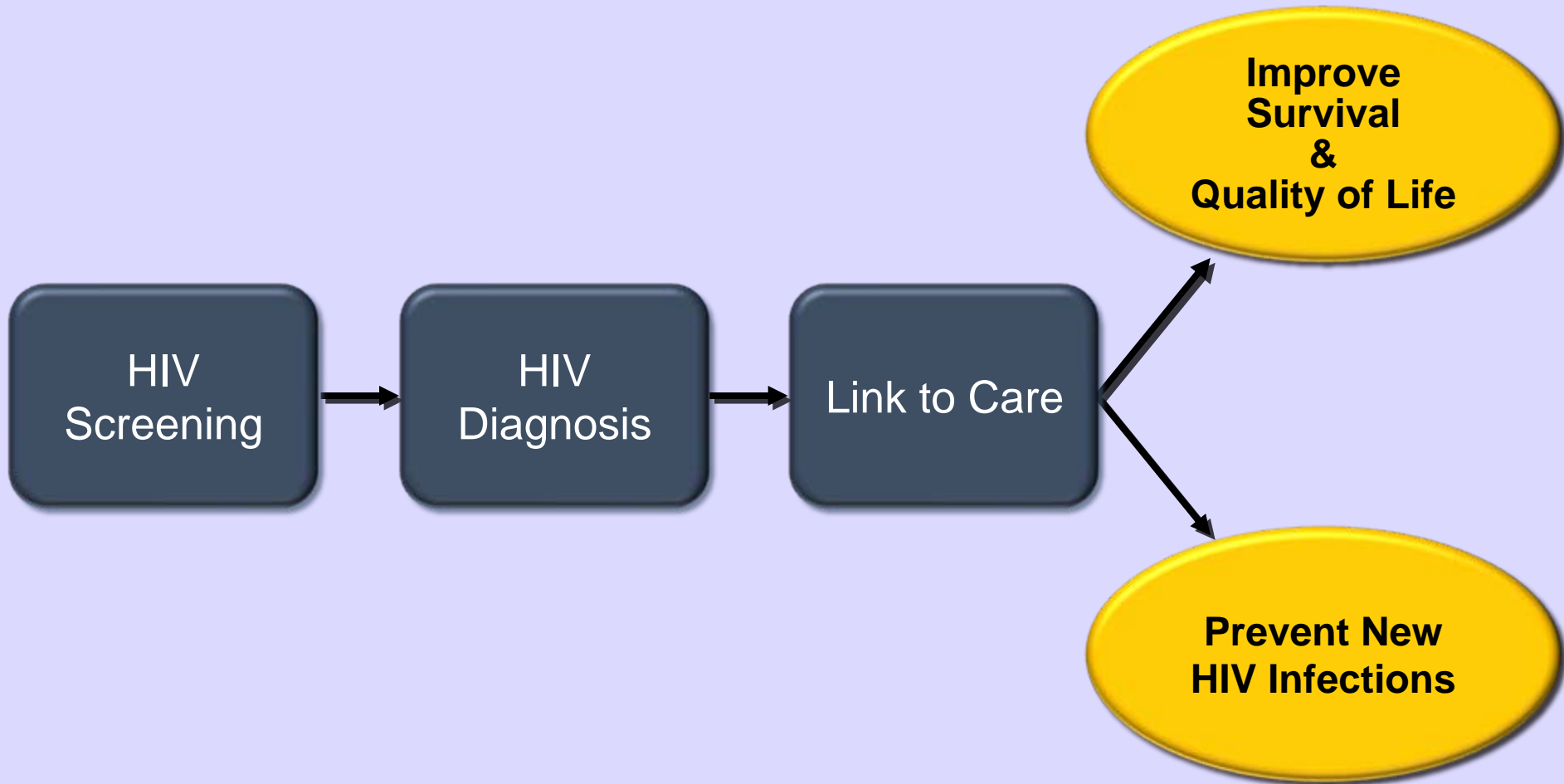
Routine HIV Testing: Diagnostic Testing vs. Screening

Diagnostic testing for clinical purposes. Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.



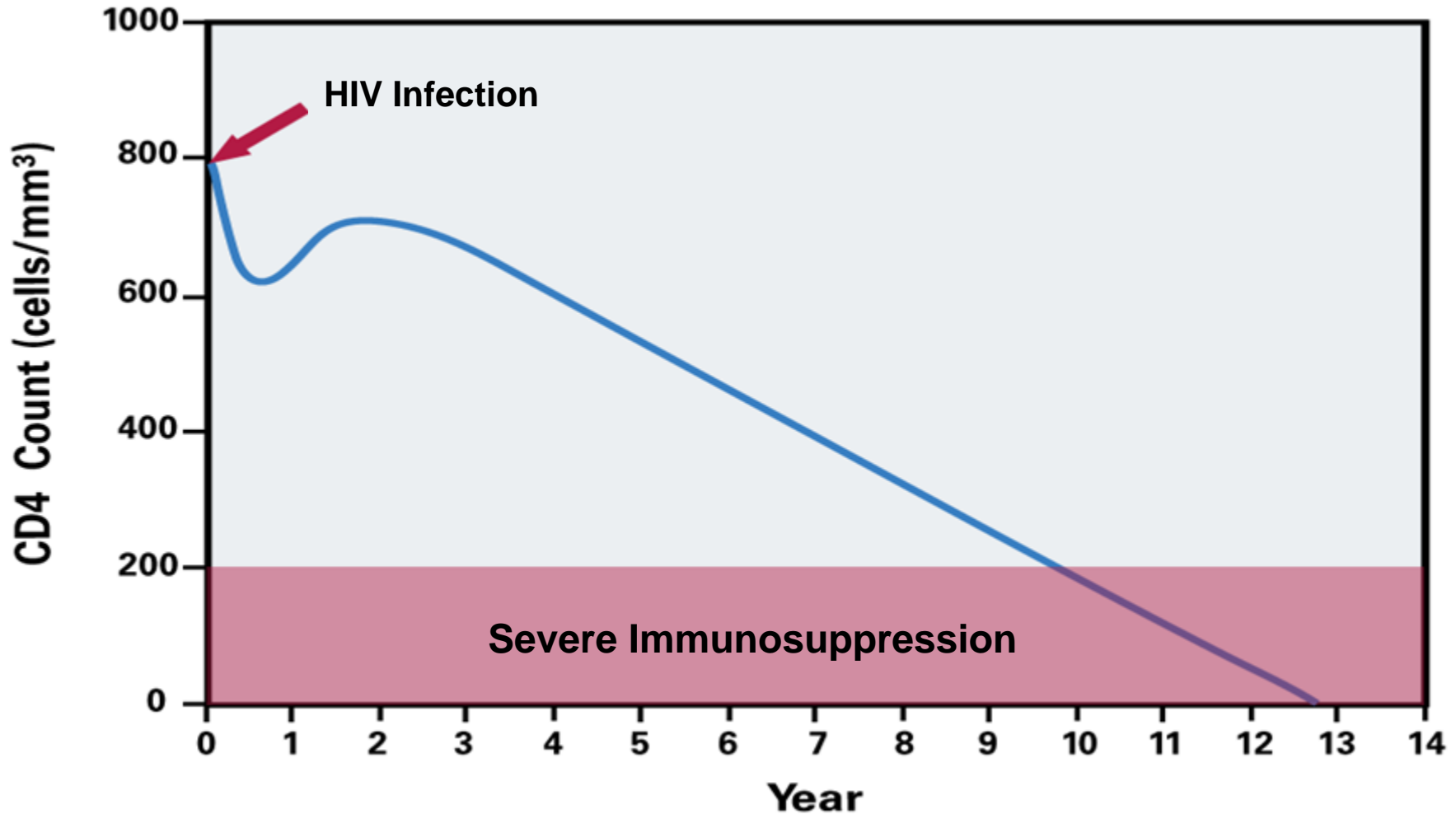
Screening. Performing an HIV test for all persons in a defined population.

Desired Outcome of Routine HIV Screening

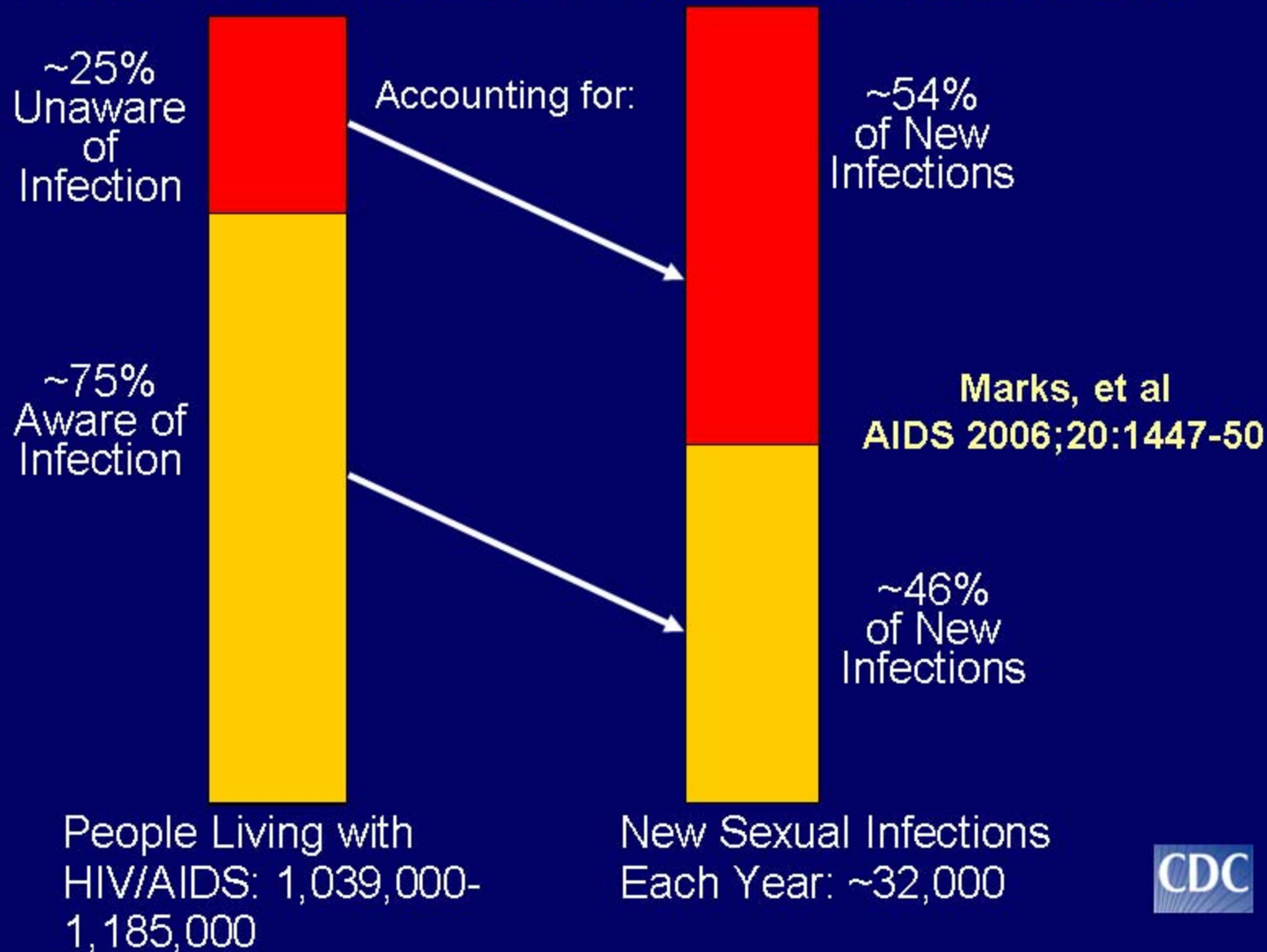


HIV Progression

CD4 Cell Count Decline Over Time



Awareness of Serostatus Among People with HIV and Estimates of Transmission





CDC Recommendations for HIV Testing of Adults and Adolescents in Healthcare Settings

- Routine voluntary HIV screening for all persons 13-64 in health care settings, not based on risk
- Repeat HIV screening of persons with known risk at least annually
- Opt-out screening includes opportunity to ask questions and opportunity to decline
- Include HIV consent with general consent for care; separate signed informed consent for HIV testing not recommended



Routine HIV Testing to De-stigmatize HIV Testing Process

- Assessment of risk behaviors: Many people do not perceive themselves to be at risk or do not disclose risks
- More patients accept HIV testing when it is offered to everyone
- Everyone screened routinely for HIV, regardless of risk behavior



Opt-Out HIV Testing

- Performing an HIV test after notifying the patient that testing will be done
- Testing is voluntary: Patient should have full knowledge and understanding that test will be performed
- Consent may be incorporated into general informed consent (no separate test form)
- Consent inferred unless patient declines
- Informational materials should be made readily available (culture and language appropriate)



Key Elements of Opt-Out Notification

- Bundle information about HIV with information about other diagnostic tests (e.g., TB skin test, parasitic infection, lead for children, etc)
- What is HIV and why is it important to test?
- Meaning of a negative and positive test.
- Testing will be performed unless you decline.
- Questions

Human immunodeficiency virus weakens the immune system and may cause AIDS, which makes you more likely to get some serious infections and cancers. HIV might not make you feel sick at first, and the test is the only way to know if you have HIV. If you have HIV and wait too long for treatment, you could become quite sick. Early treatment can help you live a longer, healthier life.

Most people test negative for HIV. This will mean that you don't have HIV. If your test results are positive, you are infected with HIV. If your HIV test result is positive, doctors can help you remain healthy.

The test is simple, and doesn't take much time. You have the right to say "no" to any of the tests you will get today, including HIV.

Do you have questions about any of the tests you will get today?

2010 MDH Recommended HIV Screening Protocol: Refugee Arrivals

IMPLEMENTATION:

Advise all staff involved in screening process of protocol to include HIV (ELISA) test as standard, per patient population



PRE-TEST: Inform patient about labs to be drawn;
Option to opt out;
Include HIV in general consent for medical care



Document: Accept / Decline



Order labs

2010 MDH Recommended HIV Screening Protocol: Refugee Arrivals

IMPLEMENTATION: Advise all staff to include HIV test as standard,

PRE-TEST: Inform patient of labs to be drawn; option to opt out; HIV in general consent for medical care

Document: Accept / Decline

Order labs

Results

NEGATIVE

POSITIVE

Check lab results as far ahead of next scheduled visit, as possible. In the event of a **POSITIVE** result, provider can prepare for visit.

2010 MDH Recommended HIV Screening Protocol: Refugee Arrivals

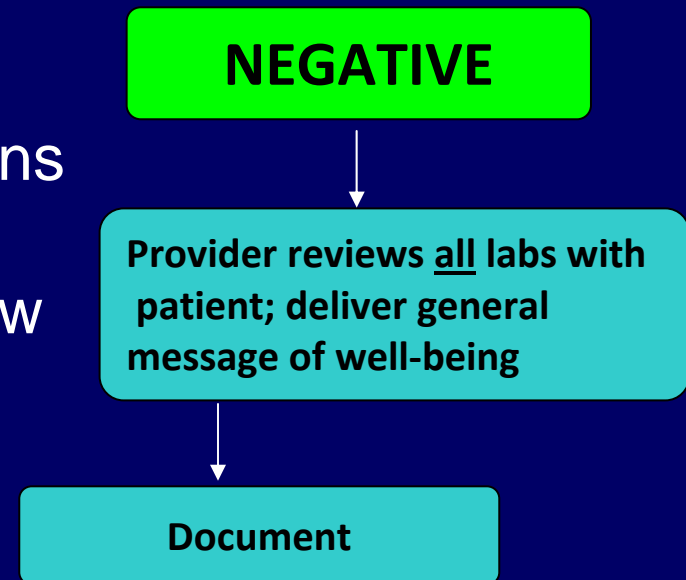
HIV test result is negative

HIV infection has not been detected

Counsel high-risk persons

- Periodic retesting for high risk persons
- If an individual has previous or ongoing high-risk, may be in window period (false negative)

HIV prevention measures





Communicating Indeterminate HIV Test Result

- Explain test results are unclear
 - no clear HIV status (either HIV positive or HIV negative) can be assigned
- Ask about recent exposure to HIV, and discuss importance of follow-up testing



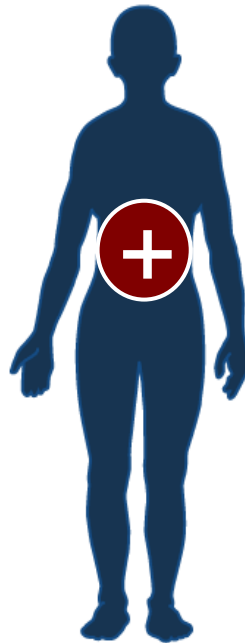
Counseling a Client with Newly Diagnosed HIV

Reporting and Notification

Document HIV
Test Result

Report HIV to
Health
Department

Partner
Notification



HIV-Infected

Connecting to Services

Clinical Care

Support
Services

HIV
Prevention
Services

Reactions to Positive

- Feelings of shame and/or guilt are common
- These feelings can be easily exacerbated unintentionally by a provider with...
 - ... a lackadaisical response
 - ... who rushes through results
 - ... appearing disinterested
- A patient who feels shamed by the testing process is less likely to enter care

Other responses...

- Withdrawn
- Flat affect
- Desire to flee
- Desire to process
- Lightheaded
- Nausea
- Denial
- Request for another test

Counseling a Client with Newly Diagnosed HIV

- Provide result by direct personal contact
- Disclose result confidentially
- Ensure client understands test result
- Provide basic information about HIV & AIDS
- Explain effective treatments available for HIV
- Discuss reducing risk of HIV transmission to others

2010 MDH Recommended HIV Screening Protocol: Refugee Arrivals

POSITIVE

Provider reports POSITIVE result to:

- MDH surveillance, 651- 201-4043
- Refugee Health Program, (RHP), 651-201-5510

Report as soon as possible to optimize planning, use of resources and support for provider and patient

RHP confirms notification with MDH surveillance

RHP:

- Informs provider that MDH Care Links will contact provider
- Services offered by MDH Care Link:
 - what's next
 - available resources
 - option to be present at appointment with patient when giving results
 - 'results' script

Provider can opt to have MDH Care Link present at appointment or not

POSITIVE

Giving results:

- Framing the issue
- How to inform patient the health dept (Care Link) will be contacting them

Giving results:

Critical scripting!

“If you like I can invite a person from the health dept to join us to help you understand what to do next, or you can meet them after this appointment.”

YES, invite

NO, later

Introduce Care Link

Reinforce SUPPORTIVE scripting to introduce and explain role of health department

- Screen and /or review labs of all family members
- Referrals
 - MDH Surveillance
 - MDH RHP
 - ID provider
 - Primary Care
 - Prenatal Care, if pregnant
- Document

2010 MDH Recommended HIV Screening Protocol: Refugee Arrivals

De-Stigmatizing HIV Testing

Dr. Joyce Onyekaba
Crown Medical Clinic

Rob Carlson, PA
Center for International Health

Dr. Deborah Mielke
Dr. Kelly Jewett
Dr. Samuel Boadu
Open Cities Clinic

Culturally Appropriate Care

- Different cultures have different concerns
- Extent to which a person's homeland has or has not addressed AIDS epidemic can impact their perspective
 - Examples:
 - Anecdotally, newer Ethiopian refugees and immigrants have less stigmatized attitude toward testing than community here (push in Africa to get tested/ more normalized than here)
- Language barrier
- Provider/clinic attitude

2010 MDH Recommended HIV Screening Protocol: Refugee Arrivals

Checklist:

- Inform staff / lab of HIV screening protocol
- Review all lab results
- Screen and /or review labs of all family members
- Referrals
 - MDH Surveillance
 - MDH RHP / Care Links
 - ID provider
 - Primary Care
 - Prenatal Care, if pregnant
- Document

Reporting and Surveillance

Step 1:

Use reporting form on the MDH website:

www.health.state.mn.us/divs/idepc/dtopics/reportable/forms/hivform.pdf

or call:

Luisa Pessoa-Brandao, 651-201-4032, or
Don Stiepan, 651-201-4043

Step 2:

Contact Refugee Health Program:

Susan Dicker, 651-201-5510

Resources

- **MATEC**

Sarah Rybicki, 612-626-3609
<http://mnmatec.umn.edu/>
rybic001@umn.edu

- **HIV Perinatal Care
Coordination**

Peggy Thornton, RN, ACRN
651-220-6444
612-964-8525 (c) preferred number
peggy.thornton@childrenshc.org

- **Rural Aids Action Network (RAAN)**

320-631-0404
staff@raan.org
www.raan.org/index.html

- **CDC**

www.cdc.gov/immigrantrefugeehealth/index.html

- **MDH**

www.health.state.mn.us/refugee

www.health.state.mn.us/hiv

More About Midwest AIDS Training and Education Center (MATEC)

- Affiliated with University of MN
- Supports MN Health Professionals with HIV/AIDS clinical care and testing topics:
 - educational programming
 - technical assistance
 - on-site group and individual training
 - intensive individualized programs
- No-cost resource to health care providers, administrators, policy makers and others in MN
- Dedicated to increasing the number of Minnesotans living with HIV who receive high quality HIV medical care