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

All Other Regions (Non-endemic regions)

Universal Testing (all ages)

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
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- Enzyme immunoassay (screening), followed by Western blot or other confirmatory tests
Time to HIV detection for various diagnostic tests

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

- Improve Survival & Quality of Life
- Prevent New HIV Infections

HIV Screening → HIV Diagnosis → Link to Care
HIV Progression
CD4 Cell Count Decline Over Time

HIV Infection

Severe Immunosuppression

CD4 Count (cells/mm³)

Year
Awareness of Serostatus Among People with HIV and Estimates of Transmission

~25% Unaware of Infection

~75% Aware of Infection

People Living with HIV/AIDS: 1,039,000-1,185,000

Accounting for:

~54% of New Infections

Marks, et al AIDS 2006;20:1447-50

~46% of New Infections

New Sexual Infections Each Year: ~32,000

CDC
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?
**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**
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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

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

NEGATIVE

POSITIVE
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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

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
POSITIVE

Provider reports POSITIVE result to:
- MDH surveillance, 651-201-4043
- Refugee Health Program, (RHP), 651-201-5510

RHP:
- Informs provider that MDH Care Links will contact provider

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

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

RHP confirms notification with MDH surveillance

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

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

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.”

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
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

2010 MDH Recommended HIV Screening Protocol: Refugee Arrivals
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