



Implementing HIV Testing in Nonclinical Settings

**Division of HIV, STD and TB Services (DHSTS)
HIV Testing Coordinator Annual Meeting
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A Guide for HIV Testing Providers

Issued by CDC on March 2, 2016

- ▶ The rationale for developing this Implementation Guide was to update key programmatic issues for HIV testing in nonclinical settings that have not been addressed since the release of Revised Guidelines for HIV Counseling, Testing, and Referral in 2001.
 - ▶ Additionally, scientific and programmatic advances in HIV care, treatment, and prevention warranted revisiting and updating previous recommendations.
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Addressing HIV diagnosis as the first step in the HIV care continuum

Emphasizing the use of novel strategies for targeting and recruitment of high-risk populations, including partners of people living with HIV

Discussing advances in HIV testing technologies

Separating prevention counseling from the HIV test event and streamlining the protocol for HIV testing

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Highlighting couple and partner HIV testing and counseling, or “Testing Together,” as an opportunity to ensure mutual disclosure of HIV status and improve prevention outcomes

Emphasizing the importance of linking high-risk HIV-negative clients with prevention services, including preexposure prophylaxis (PrEP) and non-occupational postexposure prophylaxis (nPEP)

Focusing on partnerships between nonclinical and clinical sites to enhance linkage for persons living with HIV to access care and treatment within 30 days after diagnosis

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HIV testing in nonclinical settings should be simple, accessible, and straightforward. Minimize client barriers and focus on delivering HIV test results and on supporting clients to access follow-up HIV care, treatment, and prevention services as indicated.

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To reach populations at high risk for HIV infection, sites should employ strategic targeting and recruitment efforts, establish targets for key program indicators, and monitor service delivery to ensure targeted testing is achieving program goals.

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CDC no longer supports extensive pretest and posttest counseling as part of the HIV testing event. Instead, CDC supports a streamlined model of HIV testing that includes delivering key information, conducting the HIV test, completing brief risk screening, providing test results, and delivering referrals tailored to the client's specific risk.

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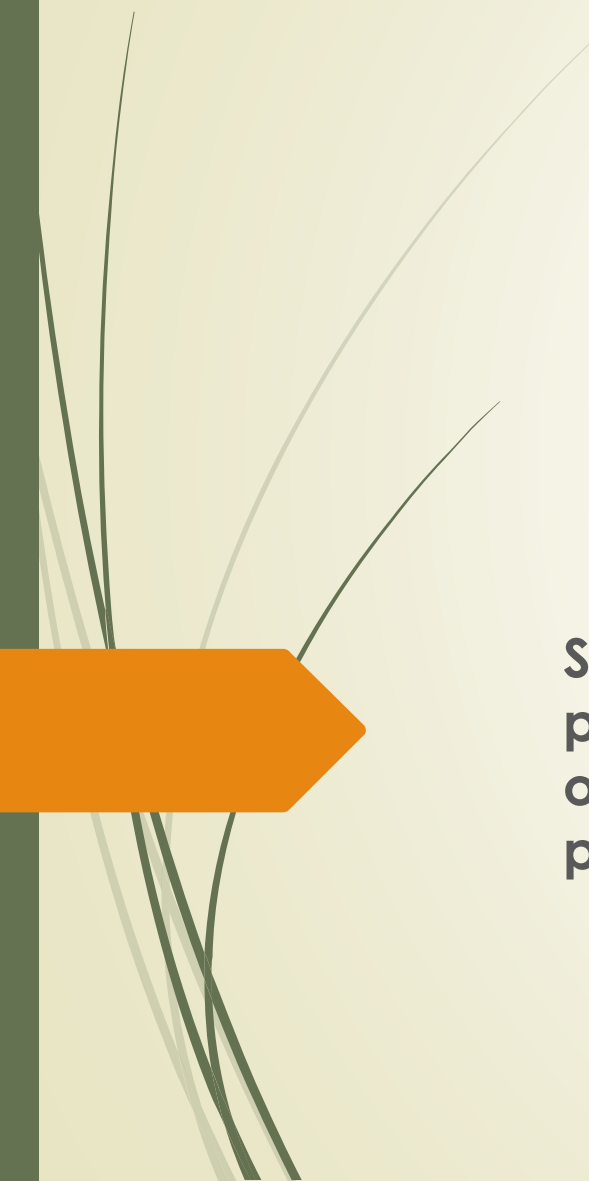


The most widely recommended intervention pairing HIV prevention counseling and HIV testing, Project RESPECT, was originally conceived as involving traditional HIV tests that required clients to return for their test results several days after testing. The HIV testing environment has changed to POC. While CDC no longer supports the RESPECT intervention or the HIV prevention counseling protocol that is based on the RESPECT model, it will remain optional for DHSTS grantees. It's use will be at the discretion of the HIV Testing Coordinator at each project.

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Sites should consider offering HIV testing services for couples or partnered relationships to (a) attract high-risk clients who are not otherwise testing and (b) identify HIV-discordant couples and previously undiagnosed HIV-positive clients.

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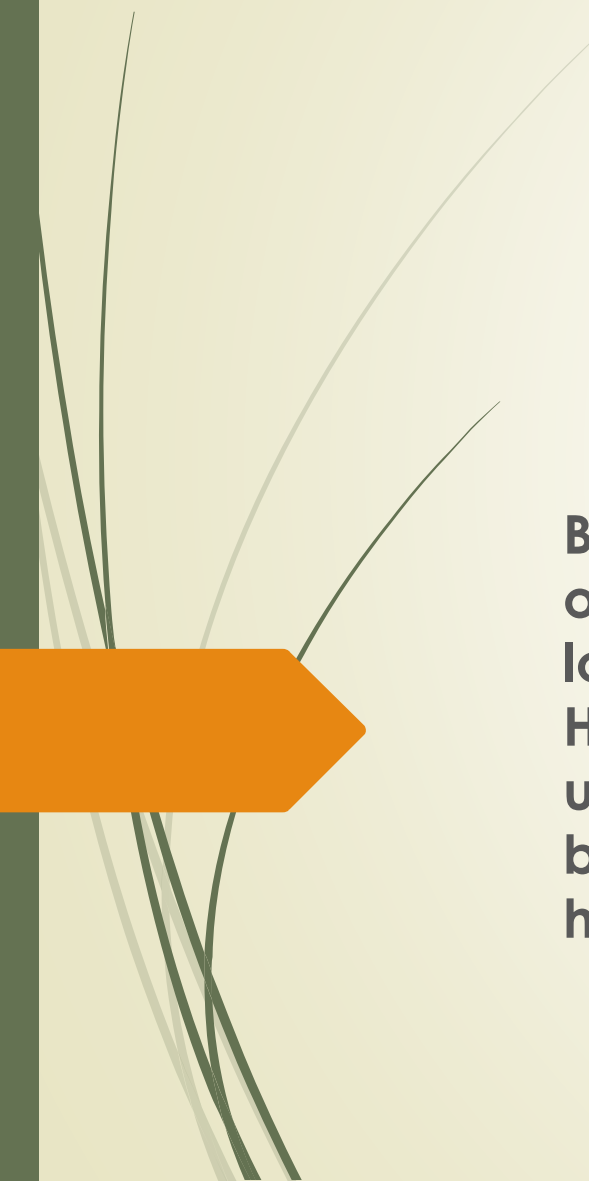


To facilitate referral and linkage, agencies should establish partnerships with organizations that offer essential follow-up services, including clinics that offer HIV care and treatment, PrEP, and nPEP. Agencies should develop and implement protocols to help clients navigate the health care system and access these essential services as needed.

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Being national Guidance, you will notice a broad range of testing options covered, because testing varies from state to state based on local laws and regulations. This new Guidance results in no changes to HIV testing technology, protocols and quality assurance procedures used in New Jersey. These aspects of HIV Testing remain as they have been under RWJ's authority. Please direct any questions that you may have to the actual testing procedure and QA to RWJ staff.