

What Tuberculosis Clinicians Need to Know About Testing for the Human Immunodeficiency Virus

The CDC recommends that patients starting TB treatment be tested for the human immunodeficiency virus (HIV) and that patients newly diagnosed with HIV be tested for TB. Co-infection with TB and HIV can result in more rapid progression of both diseases and may affect which drugs are used — and when they are used — to treat each disease.

In 1990, the Pennsylvania (Pa.) legislature passed the Confidentiality of HIV-Related Information Act (Act 148), which required that HIV testing be done only after obtaining the informed written consent of the patient. The act also stipulated that patients tested for HIV receive pre-test counseling, notice of the test result and post-test counseling. Act 148 also protected the confidentiality of the test result.

In 2006, CDC issued updated recommendations for HIV testing with the intent to make such testing a routine part of medical care. Specifically, CDC recommended “HIV screening for patients ages 13 to 64 in all healthcare settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).” Separate written consent was not specifically required.

In 2011, the Pa. legislature passed Act 59 of 2011, which amended Act 148 in order to more closely align state law with the 2006 CDC recommendations. The major changes implemented by Act 59 were:

- Written consent is no longer required, but health care providers must document the patient’s informed consent or whether they declined the test.
- Health care providers may offer opt-out testing, where the patient is informed they will be tested unless they decline.
- Pre-test counseling is no longer required, but information about the test must be provided to the patient before administering the test.
- Negative test results no longer have to be communicated to the patient face-to-face.
- Positive test results must be communicated along with an immediate opportunity for face-to-face counseling.

Today, consistent with CDC guidance and state law, the standard in Pennsylvania is to offer voluntary opt-out, routine HIV testing of patients 13-64 years of age in conjunction with testing for sexually transmitted diseases (STDs) hepatitis B virus, hepatitis C virus and tuberculosis.

A common challenge for health care providers is that **how** the HIV test is offered can make a big difference in whether or not the patient accepts. The following tips are provided for use by health care providers when offering the HIV test:

- Normalize it! Introduce the HIV test as you would any other blood test.
- Emphasize that HIV testing is now a routine part of medical care for everyone 13-64 years of age and that the test isn’t being offered because of any risk for or suspicion of disease.
- Explain that for patients diagnosed with or being treated for hepatitis, other STDs or TB, knowing their HIV status can impact their treatment and health outcomes.

Using this information will make HIV testing a routine part of the evaluation for TB.