



New York State Law requires, at a minimum, a one-time offer of an HIV test to all patients 13 years or older receiving primary care services... but clinically, that is not enough!

### HIV RISK CHANGES, TEST REGULARLY

<p><b>Clinical Indications</b></p> <ul style="list-style-type: none"> <li>➤ Whenever <b>STI screening</b> is done on a patient who is not known to have HIV</li> <li>➤ <b>Pregnancy</b> <ul style="list-style-type: none"> <li>• at the 1<sup>st</sup> prenatal visit</li> <li>• during the 3<sup>rd</sup> trimester</li> </ul> </li> <li>➤ <b>Tuberculosis (TB)</b> <ul style="list-style-type: none"> <li>• TB infection</li> <li>• suspected TB</li> </ul> </li> <li>➤ Suspected <b>Acute HIV (AHI)</b> – persistent flu-like symptoms starting 1-4 weeks following a potential HIV exposure</li> </ul>	<p><b>Routine Screening</b></p> <ul style="list-style-type: none"> <li>➤ <b>Every 3-5 years for all sexually active individuals</b></li> <li>➤ <b>Every year</b> if the patient or their partner: <ul style="list-style-type: none"> <li>• is sexually active &amp; has had condomless anal or vaginal sex with a new partner since the patient’s most recent HIV test</li> <li>• has had <b>any</b> new STI within the last 12 months</li> </ul> </li> <li>➤ <b>Every 3-6 months</b> if the patient or their partner: <ul style="list-style-type: none"> <li>• is a man who is gay, bi-sexual or has sex with men</li> <li>• injects non-prescription drugs/hormones/cosmetic fillers</li> <li>• exchanges sex for money/drugs/housing</li> <li>• has a sex partner living with HIV whose viral load is greater than 200 copies/mL<sup>3</sup> or not known</li> </ul> </li> </ul>
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For patients on PrEP or if acute HIV is suspected, laboratory-based HIV 1/2 Ag/Ab testing is recommended. For more information on HIV testing, PrEP or Acute HIV go to [www.hivguidelines.org/](http://www.hivguidelines.org/)

#### HIV TESTING OPTIONS:

Serum or Plasma-based HIV Antigen/Antibody (HIV Ag/Ab) Tests conducted in a laboratory are the most sensitive HIV screening tests. If phlebotomy is being performed, use a laboratory-based HIV 1/2 Ag/Ab combination test. If phlebotomy is not possible and/or rapid result is beneficial, use a fingerstick to obtain whole blood for rapid test.

Point of Care (POC) Rapid Tests - NYSDOH **does not** recommend any specific POC HIV tests. The *Alere Determine* remains the only FDA approved POC test that detects HIV Ag and Ab. Other POC tests detect HIV 1/2 Ab only. All POC tests have high specificity and sensitivity when used with whole blood.

**Offer Rapid Initiation of ART (RIA) according to the [RIA protocol](#) to all newly diagnosed patients.**

#### OFFICE-BASED HIV TESTING:

1. Perform a POC HIV rapid test according to the manufacturer’s instructions *including* processing time.
2. Following one reactive rapid test, rapid initiation of ART (RIA) may be started according to the [RIA protocol](#)\*.
3. A 2<sup>nd</sup> POC test of different technology/manufacturer may be done to increase confidence in starting RIA.
4. Always confirm reactive POC tests with a laboratory based diagnostic HIV 1/2 Ag/Ab assay with reflex.

\* **Baseline blood work and an HIV 1/2 Ag/Ab assay are drawn prior to the first dose of ART medication.**

#### CDC LABORATORY-BASED HIV DIAGNOSTIC ALGORITHM – what to order, how to interpret

1. Order an HIV 1/2 Ag/Ab combination assay **with reflex**
2. Always include “with reflex” so if indicated, additional recommended tests are conducted on the same specimen.
3. The complete report may include up to 3 separate test results if testing laboratory reports each step separately.
4. Review the algorithm reports to confirm that all reports are received, and no further testing is indicated.

##### Step 1 HIV 1/2 Ag/Ab Screening Assay (serum or plasma sample)

- Nonreactive specimens on a serum- or plasma-based test require no further testing.
- Reactive specimens reflex to Step 2 for a supplemental antibody differentiation immunoassay.

##### Reflex Step 2 HIV-1/2 Ab Differentiation

- If HIV-1 and/or HIV-2 antibodies are detected, the test is considered HIV positive. No further testing is indicated.
- If antibodies are not detected or the result is indeterminate, an HIV-1 RNA test is the next step.

##### Reflex Step 3 HIV-1 RNA Assay

- If HIV-1 RNA is detected, this result is consistent with acute or early HIV-1.
- If HIV-1 RNA is not detected and antibodies were not confirmed by the step 2 differentiation test, the interpretation is HIV negative. Interpret results within the context of the patient’s overall clinical presentation.
- If HIV-1 RNA is not detected and the Ab differentiation result is HIV indeterminate or HIV-2 indeterminate, an HIV- 2 RNA test may be needed. In NYS, call Wadsworth Laboratory at (518) 474-2163 for assistance.