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HIV Testing Today

by Heather Boerner

When the U.S. Centers for Disease Control and Prevention (CDC) released its revised recommendations for HIV testing earlier this fall, Dr. Celia Maxwell was ready.

Maxwell, director of the Center for Infectious Disease Management and Research at Howard University Hospital, deployed staff to the emergency room, labor and delivery department, the medical wards, and the outpatient clinics to give free HIV screening to everyone who wanted one.

She says it's time to start thinking of HIV in a different way.

"In this day and age, it's just as important to know your HIV status as it is to know your cholesterol levels to prevent heart disease," says Maxwell. "[A]bout a quarter of a million people are infected and don't know it — and most of those people do access health care. They go for Pap tests, they go to the doctor for hypertension, for diabetes. But they aren't offered an HIV test in the course of these visits."

The CDC's revised recommendations — and health care providers like Maxwell — aim to change that.

Before and After

The first HIV screening recommendations were drafted in the mid-1980s, a few years into the epidemic. Since then, the CDC has recommended regular HIV tests for people at high risk of acquiring the virus, including men who have sex with men and intravenous drug users. Those recommendations also required that people sign consent forms before being tested and that they receive prevention counseling.

The revised recommendations include what some call "sweeping" changes, calling for

- HIV antibody tests for all clients in medical settings, regardless of risk levels, unless they "opt out" of the test by signing a form
- annual screenings for those at high risk for HIV
- the consent for HIV screening included in general consent form for medical care, not included as a separate form
- no prevention counseling requirement

The recommendations also call for all pregnant women to be screened for HIV as part of routine prenatal tests, unless a woman opts out. In areas with higher rates of HIV infection among pregnant women, the CDC recommends that pregnant women be tested again in the third trimester.

Reaction

Many organizations have applauded the recommendations as groundbreaking, but some are concerned about the lack of consent and counseling requirements. Organizations including the American Civil Liberties Union and Gay Men's Health Crisis have aired concerns that the recommendations would make it easy for a health care provider to screen someone for HIV without consent.

Other groups are concerned that such widespread, routine testing would not be cost effective.

And still others charge that the guidelines may also be hard to implement. Many states have laws requiring signed consent and counseling for HIV tests — New York and Washington, for instance.

In order to implement the new CDC recommendations, the laws will have to change, says Matthew Golden, director of the Sexually Transmitted Disease Control Program for Public Health — Seattle & King County, and an associate professor of medicine at the University of Washington. "It's going to take a while," says Golden. "We'll chip away at it and get to a point where every person is tested."

But Doug Owens, professor of medicine at the Stanford University School of Medicine and a senior investigator at the Veterans Affairs Palo Alto Health Care System, says the change is long overdue. His research — most notably a study published in the *New England Journal of Medicine* in 2005 — helped influence the CDC's decision to change the guidelines.

Owens, a longtime HIV researcher, found that expanded HIV screening catches HIV infections earlier and adds a year and a half to the lives of those infected. He also found that screening leads to an important reduction in the spread of the virus within a community, as people who test positive for HIV often reduce or stop high-risk behaviors and those who start anti-retroviral treatment are less infectious. In short, his study and others have found that widespread screening is actually cost-effective, even when the proportion of people in the community with HIV/AIDS is relatively low.

"There's very compelling evidence that the way we've done testing in the past is a failure," says Owens. "There's very good evidence that many people are diagnosed very late in the course of the disease, at just about the time they are going to develop AIDS. That means they've been infected for seven to 10 years."

A Change in Attitude

But implementing the new screening guidelines is about more

than forms and counseling. They are designed, says Golden, to remove the stigma of HIV/AIDS.

"This is a sign that HIV is increasingly being dealt with as any other public health epidemic is dealt with," he says.

For Maxwell, that's the key. Washington D.C. — where she practices medicine — has one of the highest HIV/AIDS infection rates in the country for a jurisdiction its size. She says, for the community she serves, getting rid of stigma is essential to curbing the epidemic.

The CDC recommendations will also likely be used as a model around the world, says Gloria Sangiwa, a senior advocate on HIV testing and counseling at Family Health International, a nonprofit organization that works on health issues around the world. Her primary job is to set up and monitor HIV screening in developing countries. To her, the recommendations are "a bold move."

"It's 25 years after HIV and AIDS have been discovered and its 21 years after the first HIV test was developed that was known to work," she says. "And yet only 10 percent of the people in the world who are infected with the virus know their status."

Changing the way health care providers screen for HIV is a step toward changing those numbers — and creating a better understanding of HIV/AIDS today. "Screening this way normalizes HIV and AIDS," says Sangiwa. "It's not a disease of *those people*. It's a disease all people can get."

Heather Boerner is a freelance health writer in San Francisco.

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