

# IDCR-O-GRAM

## HIV Testing Policies: A Comparison of New and Old CDC Recommendations

Testing	Consent	Pre-test Counseling
<p><b>Old Policy</b> Voluntary testing provided as a routine part of medical care. Targeted testing encouraged on the basis of risk screening.</p>	<p><b>Old Policy</b> Specific consent for HIV testing required.</p>	<p><b>Old Policy</b> Prevention counseling required.</p>
<p><b>New Policy</b> Screening conducted after notifying the patient that an HIV test will be performed unless the patient declines (opt-out screening) is recommended in all health care settings. Persons at high risk for HIV should be screened at least annually.</p>	<p><b>New Policy</b> General informed consent for medical care should be considered sufficient to encompass informed consent for HIV testing.</p>	<p><b>New Policy</b> Prevention counseling should not be required in the health care setting, but should be strongly encouraged for persons at risk for HIV (e.g., persons at STD clinics).</p>
<p><b>Rationale</b> Screening for HIV has been proven to be effective in identifying new cases of HIV among pregnant women, while targeting testing among all health care patients has been relatively unsuccessful. Many people do not perceive themselves to be at risk for HIV or do not disclose their risks, thereby making targeted testing ineffective.</p>	<p><b>Rationale</b> Testing should only be undertaken with the patient's knowledge and understanding that HIV testing is planned. Studies indicate that patients are more likely to consent to HIV testing if it is treated the same as screening for any other disease, without special procedures such as written permission from the patient.</p>	<p><b>Rationale</b> Health care providers often cite timely and expensive pre-test counseling as a barrier to HIV testing. Patients should be informed of what HIV infection is, the meanings of positive and negative test results, and should be offered an opportunity to ask questions.</p>