HIV Screening: An Important Tool for Healthy Utahns

Medical providers and public health professionals have the tools to end the HIV epidemic in Utah. Individuals with HIV who receive antiretroviral therapy (ART) and achieve and maintain an undetectable viral load cannot sexually transmit HIV to others. Appropriate screening is crucial to eliminate new HIV infections. In 2017, there were 2,988 people living with HIV in Utah, and approximately 120 new HIV infections are identified in Utah every year.

Development of the Utah HIV Screening Guidelines

In 2019, the Utah Department of Health recognized the need for state-specific HIV screening guidelines and organized an HIV Screening Guidelines Workgroup. The Workgroup consisted of HIV experts from local health departments, the University of Utah School of Medicine, University of Utah Health hospitals and clinics, and Intermountain Healthcare. The Workgroup utilized national HIV screening guidelines and recommendations from the American College of Obstetrics and Gynecology, Centers for Disease Control and Prevention (CDC), National Institutes of Health, U.S. Preventive Services Task Force, and World Health Organization to develop the Utah-specific guidelines. These guidelines will help improve the healthcare Utahns receive, especially for those who are at high risk for HIV infection.

Utah HIV Testing Strategy

- Include HIV screening as a standard of care and reduce sexual health stigma in Utah.
- Utilize FDA approved, 4th generation testing technologies recommended by the CDC and Association of Public Health Laboratories (APHL).
- Identify acute and early HIV infection as soon as possible to reduce the risk of HIV transmission from person-to-person.
- Initiate antiretroviral treatment (ART) for all individuals the same day they test positive for HIV.

Other Considerations

Taking a Sexual History


Sexually Transmitted Infection (STI) screening

The same behaviors and circumstances that put an individual at risk for HIV can also put them at risk for acquiring a sexually transmitted infection (STI). Additionally, people who have STIs are more likely to acquire HIV due to biological and behavioral factors when compared to people who do not have STIs. It is imperative HIV and STI screening be conducted simultaneously. It is also important to conduct site-specific testing to account for all anatomical sites that may have been exposed to an STI. The CDC STI screening guidelines may be found at www.cdc.gov/std/tg2015/specialpops.htm.
Pre-exposure Prophylaxis (PrEP)
Pre-exposure prophylaxis, or PrEP, is a pill taken daily to decrease an HIV-negative individual’s chances of acquiring HIV. When taken as directed, PrEP reduces the risk of HIV transmission from sex by more than 99% and by more than 72% from injection drug use. Guidance for PrEP may be found at www.cdc.gov/hiv/basics/prep.html.

Indications for PrEP:
- Men who have sex with men and:
  - Have an HIV-positive partner
  - Have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown and also:
    - Have anal sex without a condom, or
    - Recently had a sexually transmitted infection
- Heterosexuals who:
  - Have an HIV-positive partner
  - Have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown, and also:
    - Don’t always use a condom for sex with people who inject drugs, or
    - Women who have sex with men who have sex with other men and don’t always use a condom
- Persons who inject drugs and:
  - Share needles or equipment to inject drugs
  - Are at risk for getting HIV from sex

Non-occupational Post-exposure Prophylaxis (nPEP)
Non-occupational post-exposure prophylaxis (nPEP) is a highly effective HIV prevention tool for individuals believed to have been exposed to HIV due to sexual, injection drug use, or other non-occupational means. nPEP must be administered within 72 hours of a potential exposure. It can decrease the odds of HIV transmission by 81%. nPEP is prescribed as a 28-day course of a 3-drug antiretroviral regimen.

nPEP should only be given to those believed to be at substantial risk for HIV acquisition, including:
- Receptive and insertive anal intercourse*
- Receptive and insertive vaginal intercourse*
- Needle sharing*

*Risk increases if exposure is from a known HIV-positive individual.
References


5. CDC. 2015 Sexually Transmitted Disease Treatment Guidelines.


## Who Should be Screened for HIV in Utah

<table>
<thead>
<tr>
<th>Population</th>
<th>Guideline</th>
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<tbody>
<tr>
<td><strong>Adults &amp; Adolescents</strong></td>
<td>● Screen once per lifetime:</td>
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<tr>
<td></td>
<td>o Aged 15-64, or earlier, depending on sexual debut and other risk factors</td>
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<td></td>
<td>o Routinely conduct sexual history, repeating testing as risk determines</td>
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<tr>
<td></td>
<td>● Screen people seeking STI treatment</td>
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<td>● Screen people initiating TB treatment</td>
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<td><strong>Increased Behavioral Risk Factors</strong></td>
<td>● Screen annually:</td>
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<tr>
<td></td>
<td>o Gay, bisexual, and men who have sex with men</td>
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<tr>
<td></td>
<td>o Women who have sex with men who have sex with other men</td>
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<tr>
<td></td>
<td>o Sex partners of HIV-infected persons</td>
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<td></td>
<td>o Persons who use drugs and their sex partners</td>
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<td></td>
<td>o Persons exchanging sex for money or drugs</td>
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<td>o Heterosexual persons with more than one partner since their last HIV test</td>
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<td><strong>Pregnant Women</strong></td>
<td>● Routine prenatal screening panel; this should be opt-out</td>
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<td>● Repeat 3rd trimester for women who are at higher risk for HIV</td>
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<td></td>
<td>● Screen in labor/postpartum/newborn if HIV status is unknown</td>
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<td><strong>Incarcerated</strong></td>
<td>● All adults and adolescents upon admission into a correctional facility, unless tested within the last three months</td>
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