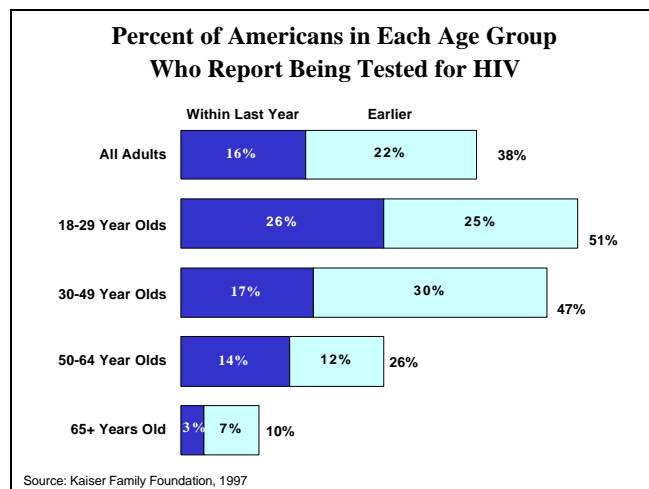


HIV TESTING

In 1985 when a test for HIV first became available, there were no known treatments. Initially, testing was primarily used to screen the blood supply. Very quickly, however, testing also became seen as an important aspect of HIV prevention. In recent years, the discovery of treatments for HIV and associated opportunistic infections has increased further the benefits of early detection with the most effective results occurring among early stage HIV. Today, HIV testing is seen as an integral part of both the nation's prevention and treatment efforts.^{1,2}

Testing Statistics

- Between 650,000 to 900,000 Americans are living with HIV--an estimated one in three do not know they are infected.³
- Although no precise data exist about the number of people who are tested in the U.S. annually, approximately 25 million people are estimated to be tested each year, including 8 million blood donors.²



- One in four (25%) of sexually-experienced 15-17 year olds, report having ever been tested for HIV; 29% for other STDs.⁴
- Most Americans 18 and older (69%) say they have *never* talked with a health care provider about HIV/AIDS.⁵

Testing Sites

- HIV testing is offered at publicly funded HIV testing centers, sexually transmitted disease (STD) clinics, local health departments, community health clinics, and family planning clinics like Planned Parenthood. Many private doctors and hospitals also offer HIV testing services.

- Currently, there are about 10,000 facilities that provide publicly funded HIV testing and counseling in the US. Approximately 2.6 million tests annually are performed at these sites.²
- Information about local HIV counseling and testing sites in the U.S. is available by calling the CDC National AIDS Hotline: 1-800-342-AIDS; Spanish: 1-800-344-SIDA; Hearing-Impaired: 1-800-243-7889 (TTY).
- HIV testing in the U.S. is either confidential or anonymous:

Confidential HIV testing: A person's name is recorded along with test results. Confidential results are made available to medical personnel and, in 32 states, the state health department.

Anonymous HIV testing: No name is associated with test results. As of September 1998, anonymous HIV testing was available in 39 states plus the District of Columbia and Puerto Rico.

Testing Methods

HIV tests measure antibodies, cells produced by the body to fight HIV infection. All positive test results derived from the methods below are confirmed with a second test called a Western blot. HIV tests currently available in the U.S. are:

The **ELISA (Enzyme-Linked ImmunoSorbent Assay)** is the most commonly used test for HIV today. A blood sample is drawn by a health care provider. Depending on the testing site, results are generally available within a few days to two weeks.

Oral HIV tests, alternatives to blood tests, became available at some doctor's office and health clinics in the last couple of years. A tissue sample is taken by a health care provider swabbing the inside of the mouth. *OraSure* is the only Food and Drug Administration (FDA)-approved HIV oral test available.

A **Home HIV test** came onto the market in 1997. *HomeAccess* is currently the only home HIV test approved by the FDA. It may be purchased from most drug stores for about \$40. An individual draws a blood sample by pricking a finger. The sample is sent to a laboratory for testing along with a personal identification number (no name). Results are given over the phone by a trained counselor usually within several days.

A **Rapid HIV test** that can provide results in as little as 10 minutes is available just in limited test sites. Currently, only one rapid test has been licensed by the FDA for commercial use; others are in development. A blood sample is drawn by a health provider. A "reactive" test (where antibodies have been detected) should be repeated and, if still reactive, requires a confirmatory Western Blot test which may take several days or one or two weeks.

State by State HIV Testing as of September 1998

State	Offers Confidential Testing ⁶	Offers Anonymous Testing ⁷	State Health Department Tracks Confidential Positive Test Results ⁸
Total	50	39	32
Alabama	X		X
Alaska	X	X	
Arizona	X	X	X
Arkansas	X	X	X
California	X	X	
Colorado	X	X	X
Connecticut	X	X	X
Delaware	X	X	
Florida	X	X	X
Georgia	X	X	
Hawaii	X	X	
Idaho	X		X
Illinois	X	X	
Indiana	X	X	X
Iowa	X		X
Kansas	X	X	
Kentucky	X	X	
Louisiana	X	X	X
Maine	X	X	
Maryland	X	X	
Massachusetts	X	X	
Michigan	X	X	X
Minnesota	X	X	X
Mississippi	X		X
Missouri	X	X	X
Montana	X	X	
Nebraska	X	X	X
Nevada	X		X
New Hampshire	X	X	
New Jersey	X	X	X
New Mexico	X	X	X
New York	X	X	
North Carolina	X		X
North Dakota	X		X
Ohio	X	X	X
Oklahoma	X	X	X
Oregon	X	X	X
Pennsylvania	X	X	
Rhode Island	X	X	
South Carolina	X		X
South Dakota	X		X
Tennessee	X		X
Texas	X	X	X
Utah	X	X	X
Vermont	X	X	
Virginia	X	X	X
Washington	X	X	
West Virginia	X	X	X
Wisconsin	X	X	X
Wyoming	X		X

Notes: CT and TX require confidential reporting for pediatric cases only. Oregon has confidential reporting for children less than 6 yrs. old. In 1999, Alaska, New York, and Texas will begin confidential HIV reporting.

Testing Recommendations

Testing is recommended for those who consider themselves at risk for infection based on their personal behavior. Among the factors that increase the risk of becoming infected with HIV are:

- Having sex without knowing *for sure* if your sexual partner(s) does not have HIV;
- Having sex with someone known to have HIV or AIDS;
- Having multiple sex partners;

- Having an STD, like genital herpes or syphilis, or having a sexual partner who does (having STDs makes it easier to get HIV);
- Engaging in other non-sexual risky behaviors such as sharing needles or syringes to inject drugs, or having sexual partner(s) who does.

In addition, the CDC recommends that all women considering getting pregnant be offered HIV counseling and testing. Without treatment, HIV-infected women have about a 1 in 4 chance of transmitting HIV to their baby during pregnancy or delivery. Medical treatment can reduce this to about a 1 in 12 chance.^{9,10}

Policy

The CDC has urged a shift from reporting only AIDS cases to reporting new HIV infections to track the course of the HIV epidemic. There is debate over whether the confidential reporting of names to state health departments will deter individuals from being tested. In response to these concerns, some states are using or considering a system of unique identifiers (a code without a name) instead of names.

Studies examining whether confidential testing deters individuals from being tested provide varying results and are inconclusive. One found that HIV testing did not appear to decrease after the implementation of HIV reporting policies.¹¹ Another, however, found that persons tested anonymously sought testing and medical care earlier in the course of HIV infection than those who tested confidentially.¹² Yet another found that although a state's HIV reporting policy did not seem to deter HIV testing, most did not know the testing policies of their state and said they were more likely to seek future testing if an anonymous testing option were available.¹³

The U.S. government mandates testing of immigrants entering the United States, foreign service personnel, applicants to the armed services, and inmates of federal prisons.

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