




# Tribal HIV/STD Policy Templates



Created by the Indian Health Service,  
with assistance from the Office of Minority Health Resource Center  
and the Northwest Portland Area Indian Health Board

# Enhancing Tribal Sexual Health & HIV/STD Prevention

**Resolution #** \_\_\_\_\_

**WHEREAS**, the \_\_\_\_\_ Tribe (hereinafter referred to as “the Tribe”) has been Federally acknowledged by the Secretary of the Interior of the United States of America on \_\_\_\_\_ (date); and

**WHEREAS**, the \_\_\_\_\_ Tribal Council (hereinafter referred to as “the Council”) is the governing body of the \_\_\_\_\_ Tribe in accordance with its Constitution adopted on \_\_\_\_\_ (date), and conducted by the Bureau of Indian Affairs following Part 81 of the Code of Federal Regulation; and

**WHEREAS**, the health, safety, welfare, and education of the Indian people of the \_\_\_\_\_ Tribe is the responsibility of the \_\_\_\_\_ Tribal Council; and

**WHEREAS**, the health and social services department promotes and advocates for policies to enhance the health status of all Tribal members, especially the health of children and young adults, and thus respectfully submits the following sexual health & HIV/STD prevention policy to be considered by the Tribal Council; and

**WHEREAS**, the United States has the highest rates of sexually transmitted diseases (STDs) in the industrialized world, with an estimated 19 million new cases of STDs occurring each year; and

**WHEREAS**, STDs are a critical public health issue because of the integral role they play in facilitating the transmission of human immunodeficiency virus (HIV); their severe and costly consequences for women and infants; and their tremendous impact on the health of adolescents and young adults; and

**WHEREAS**, in 2008 the Centers for Disease Control and Prevention (CDC) reported that American Indians and Alaska Natives had the second highest rates of chlamydia and gonorrhea, and the third highest rate of HIV among all racial and ethnic groups; and

**WHEREAS**, sexually transmitted infections can cause pain, infertility, cancer, and death, impacting not only individual health, but the wellbeing of our community as a whole; and

**WHEREAS**, there are many benefits to investing in HIV/STD prevention and sexual health programs. The estimated lifetime cost of care and treatment for just one HIV+ person is over \$200,000. By keeping people from becoming infected, HIV/STD Prevention Programs not only save lives, but also reduce the number of people needing expensive medical treatments; and

**WHEREAS**, effectively addressing the high rates of HIV/STDs and unintended teen pregnancy that occur in our community will require us to enact comprehensive sex education programs, strategies to normalize testing and reduce stigma, activities to increase community awareness, and steps to close gaps in HIV/STDs transmission and clinical care.

**THEREFORE BE IT RESOLVED**, that the Council does hereby declare its strong support for local activities to improve HIV/STD and unintended teen pregnancy prevention and community awareness by participating in community-wide sexual health observances, such as National Native HIV/AIDS Awareness Day (March 20th), National STD Awareness Month (April), and National Teen Pregnancy Prevention Month (May); and

**BE IT FURTHER RESOLVED**, that the Tribe supports the inclusion of age-appropriate human sexuality education in all public schools as an integral part of the health curriculum, containing: medically accurate lessons, information about the risks of sexually transmitted diseases, the most effective way to prevent pregnancy and HIV/STD transmission, and information about youth's legal rights and responsibilities related to childbearing and parenting; and

**BE IT FURTHER RESOLVED**, that Council members will help reduce stigma and set an example for others by participating in HIV/STD screening tests, as recommended by their healthcare provider; and

**BE IT FINALLY RESOLVED**, that this policy shall go into effect immediately, and be incorporated into the Tribes Management and Operations Policy Manual.

Respectfully submitted, \_\_\_\_\_ (your name).

# Implementing State HIV/STD Reporting Guidelines

**Resolution #** \_\_\_\_\_

**WHEREAS**, the \_\_\_\_\_ Tribe (hereinafter referred to as “the Tribe”) has been Federally acknowledged by the Secretary of the Interior of the United States of America on \_\_\_\_\_ (date); and

**WHEREAS**, the \_\_\_\_\_ Tribal Council (hereinafter referred to as “the Council”) is the governing body of the \_\_\_\_\_ Tribe in accordance with its Constitution adopted on \_\_\_\_\_ (date), and conducted by the Bureau of Indian Affairs following Part 81 of the Code of Federal Regulation; and

**WHEREAS**, the health, safety, welfare, and education of the Indian people of the \_\_\_\_\_ Tribe is the responsibility of the \_\_\_\_\_ Tribal Council; and

**WHEREAS**, the health and social services department promotes and advocates for policies to enhance the health status of all Tribal members, especially the health of children and young adults, and thus respectfully submits the following HIV/STD reporting policy to be considered by the Tribal Council; and

**WHEREAS**, AI/ANs are often misidentified and undercounted in state disease registries, including HIV/STD registries; and

**WHEREAS**, undercounting HIV/STD cases among AI/ANs leads to less funding and fewer culturally-appropriate resources and services available to our people.

**THEREFORE BE IT RESOLVED**, that the Council does hereby mandate that the Tribe follow recommended HIV/STD Reporting Guidelines issued by the State of \_\_\_\_\_ (your State); and

**BE IT FURTHER RESOLVED**, that this policy be carried out by \_\_\_\_\_ (your Tribe’s clinic), by identifying and training a designated staff person who will be responsible for this activity; and

**BE IT FINALLY RESOLVED**, that this policy shall go into effect \_\_\_\_\_ (date), and will be incorporated into the Tribes Management and Operations Policy Manual and ongoing clinical practice.

Respectfully submitted, \_\_\_\_\_ (your name).

# Implementing Universal HIV Testing

**Resolution #** \_\_\_\_\_

**WHEREAS**, the \_\_\_\_\_ Tribe (hereinafter referred to as “the Tribe”) has been Federally acknowledged by the Secretary of the Interior of the United States of America on \_\_\_\_\_ (date); and

**WHEREAS**, the \_\_\_\_\_ Tribal Council (hereinafter referred to as “the Council”) is the governing body of the \_\_\_\_\_ Tribe in accordance with its Constitution adopted on \_\_\_\_\_ (date), and conducted by the Bureau of Indian Affairs following Part 81 of the Code of Federal Regulation; and

**WHEREAS**, the health, safety, welfare, and education of the Indian people of the \_\_\_\_\_ Tribe is the responsibility of the \_\_\_\_\_ Tribal Council; and

**WHEREAS**, the health and social services department promotes and advocates for policies to enhance the health status of all Tribal members, especially the health of children and young adults, and thus respectfully submits the following universal HIV testing policy to be considered by the Tribal Council; and

**WHEREAS**, American Indians and Alaska Natives rank 3rd in their rate of new HIV/AIDS diagnoses, and one-fifth of HIV infected Americans currently do not know their HIV status; and

**WHEREAS**, early HIV testing is critical for care survival. Due to late testing, American Indians and Alaska Natives have the lowest AIDS survival rate of any group in the U.S., with just 1 in 4 living more than 3 years after their diagnosis. Early testing and treatment can significantly improve life expectancy and the quality of life of people with HIV; and

**WHEREAS**, routine HIV testing is now recommended by the Centers for Disease Control and Prevention.

**THEREFORE BE IT RESOLVED**, that the Council does hereby mandate that the Tribe follow HIV Testing Guidelines issued by Centers for Disease Control and Prevention (CDC) and endorsed by the Indian Health Services; and

**BE IT FURTHER RESOLVED**, that in accordance with CDC guidelines, healthcare workers be given latitude to determine how much pre-and post-counseling is needed for each patient; and

**BE IT FURTHER RESOLVED**, that in accordance with CDC guidelines, health care workers selected to provide HIV testing and counseling at \_\_\_\_\_ (your Tribe’s clinic) receive adequate training to ensure the provision of high quality standardized testing and counseling for patients; and

**BE IT FURTHER RESOLVED**, that in accordance with CDC guidelines, HIV testing be offered to all patients in the appropriate age range using an opt-out consent process, and be included with other lab work and tests as a general protocol; and

**BE IT FURTHER RESOLVED**, that in accordance with CDC guidelines, the \_\_\_\_\_ (your Tribe's clinic) will establish clear and consistent policies for notifying patients of their test results and ensuring return appointments for positive test results; and

**BE IT FINALLY RESOLVED**, that this policy shall go into effect on \_\_\_\_\_ (date), and will be incorporated into the Tribes Management and Operations Policy Manual and ongoing clinical practice.

Respectfully submitted, \_\_\_\_\_ (your name).

# Implementing Recommended STD Screening Guidelines

**Resolution #** \_\_\_\_\_

**WHEREAS**, the \_\_\_\_\_ Tribe (hereinafter referred to as “the Tribe”) has been Federally acknowledged by the Secretary of the Interior of the United States of America on \_\_\_\_\_ (date); and

**WHEREAS**, the \_\_\_\_\_ Tribal Council (hereinafter referred to as “the Council”) is the governing body of the \_\_\_\_\_ Tribe in accordance with its Constitution adopted on \_\_\_\_\_ (date), and conducted by the Bureau of Indian Affairs following Part 81 of the Code of Federal Regulation; and

**WHEREAS**, the health, safety, welfare, and education of the Indian people of the \_\_\_\_\_ Tribe is the responsibility of the \_\_\_\_\_ Tribal Council; and

**WHEREAS**, the health and social services department promotes and advocates for policies to enhance the health status of all tribal members, especially the health of children and young adults, and thus respectfully submits the following sexually transmitted disease (STD) testing and treatment policy to be considered by the Tribal Council; and

**WHEREAS**, STDs are very common in the U.S. Chlamydia and gonorrhea rates are highest among young people 15-24 years old, and one out of four sexually active teens will get a STD this year; and

**WHEREAS**, if left untreated, chlamydia and gonorrhea can cause permanent damage to the reproductive organs and can make some women unable to have children. Pelvic inflammatory disease (PID) is the most common preventable cause of infertility; and

**WHEREAS**, having a STD can also increase youths chances of contracting HIV if exposed. Those infected with a STD are 2-5 times more likely to acquire HIV when exposed through sexual contact; and

**WHEREAS**, the Centers for Disease Control and Prevention recommends annual chlamydia screening for sexually active women under the age of 26 and for older women with risk factors such as new or multiple sex partners; a policy that is strongly endorsed by the Indian Health Service.

**THEREFORE BE IT RESOLVED**, that the Council does hereby mandate that the Tribe follow STD Testing Guidelines issued by Centers for Disease Control and Prevention (CDC) and endorsed by the Indian Health Services; and

**BE IT FURTHER RESOLVED**, that in accordance with CDC guidelines, health care workers selected to provide STD testing and counseling at \_\_\_\_\_ (your Tribe's clinic) receive adequate training to ensure the provision of high quality standardized STD testing and treatment for patients; and

**BE IT FINALLY RESOLVED**, that this policy shall go into effect on \_\_\_\_\_ (date), and will be incorporated into the Tribes Management and Operations Policy Manual and ongoing clinical practice.

Respectfully submitted, \_\_\_\_\_ (your name).



# Implementing Expedited Partner Therapy

**Resolution #** \_\_\_\_\_

**WHEREAS**, the \_\_\_\_\_ Tribe (hereinafter referred to as “the Tribe”) has been Federally acknowledged by the Secretary of the Interior of the United States of America on \_\_\_\_\_ (date); and

**WHEREAS**, the \_\_\_\_\_ Tribal Council (hereinafter referred to as “the Council”) is the governing body of the \_\_\_\_\_ Tribe in accordance with its Constitution adopted on \_\_\_\_\_ (date), and conducted by the Bureau of Indian Affairs following Part 81 of the Code of Federal Regulation; and

**WHEREAS**, the health, safety, welfare, and education of the Indian people of the \_\_\_\_\_ Tribe is the responsibility of the \_\_\_\_\_ Tribal Council; and

**WHEREAS**, the health and social services department promotes and advocates for policies to enhance the health status of all tribal members, especially the health of children and young adults, and thus respectfully submits the following sexually transmitted infection (STD) testing and treatment policy to be considered by the Tribal Council; and

**WHEREAS**, STDs are very common in the U.S. Chlamydia and gonorrhea rates are highest among young people 15-24 years old, and one out of four sexually active teens will get a STD this year; and

**WHEREAS**, if left untreated, chlamydia and gonorrhea can cause permanent damage to the reproductive organs and can make some women unable to have children. PID is the most common preventable cause of infertility; and

**WHEREAS**, having a STD can also increase youths chances of contracting HIV if exposed. Those infected with a STD are 2-5 times more likely to acquire HIV when exposed through sexual contact; and

**WHEREAS**, the Centers for Disease Control and Prevention also recommends the use of Expedited Partner Therapy (EPT) to treat the sex partners of patients diagnosed with chlamydia or gonorrhea to reduce reinfection rates; a policy that is strongly endorsed by the Indian Health Service. Reinfection rates for these STDs are quite high and EPT has been shown to reduce reinfection by about 25%.

**THEREFORE BE IT RESOLVED**, that in accordance with CDC guidelines, the \_\_\_\_\_ (your Tribe's clinic) will establish clear and consistent policies for providing Expedited Partner Therapy (EPT) to the sex partners of patients diagnosed with chlamydia or gonorrhea (when appropriate per issued guidance), by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner; and

**BE IT FINALLY RESOLVED**, that this policy shall go into effect on \_\_\_\_\_ (date), and will be incorporated into the Tribes Management and Operations Policy Manual and ongoing clinical practice.

Respectfully submitted, \_\_\_\_\_ (your name).

# Template for Clinic HIV/STD Policies and Procedures

## HIV/STD Testing Service Policies and Procedures for \_\_\_\_\_ (name of I/T/U clinic)

### I. **PURPOSE** (1-2 short paragraphs)

### II. **BACKGROUND** (1 page)

HIV is . . . STDs are. . .

### III. **DEFINITIONS** (include these . . . and more)

HIV:

AIDS:

STDs:

Rapid HIV Test:

Confidentiality:

HIPPA:

Screening:

Expedited Partner Therapy (EPT):

### IV. **POLICY**

(Include: Who is certified to perform HIV and STD screening via blood and for the Rapid HIV test, description of patient consent if needed, who should be tested for HIV/STDs, what appointment types this testing is performed at, confidentiality, when to test for HIV with the rapid test or with a blood test, and any other important policies necessary when testing patients at your clinic)

### V. **PROCEDURES**

A. Informed consent

B. Confidentiality

C. Occupational exposure

D. Indeterminate results

E. Communicating results

i. Non-reactive (negative) Rapid HIV Test results

ii. Reactive (positive) Rapid HIV Test results

F. Partner notification and referral services

### VI. **REFERENCES**

(References that assisted the policy and procedure development or review processes)

### VII. **APPENDIX**

(Any process, flow, or hierarchy charts needed for one or more of the procedures)

Created (month/year) or Last reviewed (month/year)

# Clinic-based HIV/AIDS Testing

## I. PURPOSE

- To provide guidelines for Standard and Rapid HIV testing and counseling in the \_\_\_\_\_ (your clinic name) Service Unit patient/employee population.
- To provide early detection, facilitating early intervention and treatment of HIV infection
- To prevent infection of clients with behaviors putting them at risk for HIV, to prevent transmission of HIV by infected clients to other individuals and to meet exposure treatment guidelines.
- To assist in determining and establishing local sero-prevalence data.

## II. BACKGROUND

Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) remain leading causes of illness and death in the United States. Treatment has improved survival rates dramatically, especially since the introduction of highly active antiretroviral therapy (HAART) in 1995. Early diagnosis and treatment are key factors affecting survival rates of HIV infected persons. Unfortunately, many people are still being diagnosed late in the course of their infection. A disproportionate number of those diagnosed later are members of minority populations. Perinatal transmission has decreased as a result of routine screening of pregnant women and the use of antiretroviral prophylaxis. As a result of this, the Centers of Disease Control and Prevention (CDC) released revised HIV Testing recommendations for adults, adolescents and pregnant women in health care settings in September 2006 (MMWR 2006 55(RR14);1-17). These new guidelines shift HIV testing away from risk-based testing with separate written consent to routine testing for HIV without the need for separate written consent. A summary of those recommendations is included below.

### **For patients in all health-care settings**

- HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required; informed consent can be obtained verbally from the patient.
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

### **For pregnant women**

- HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.
- HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Separate written consent for HIV testing should not be required; informed consent can be obtained verbally from the patient.
- Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women.

CDC anticipates this will increase rates of HIV testing and decrease high risk behaviors in persons infected with HIV by providing them knowledge of their serostatus. CDC data support HIV screening as cost effective.

This policy was developed in consultation with a regional IHS attorney to ensure compliance with \_\_\_\_\_ state law regarding HIV testing.

(Check with your state to ensure compliance. You may or may not need to consult a regional lawyer.)

Certain CDC recommendations (e.g. universal screening) are based on the yield of screening (justified if the yield is at least 1 per 1,000 persons screened) of HIV in the local population, however, the sero-prevalence of HIV in the AI/AN population for the \_\_\_\_\_ service unit has not yet been established and remains unknown.

This policy addresses screening and counseling for HIV. Diagnostic testing should be considered for patients presenting with symptoms compatible with acute or chronic HIV infection, AIDS, or AIDS related co-morbidities.

### **III. DEFINITIONS**

**HIV:** Human Immunodeficiency Virus is a retrovirus that is the causative agent of HIV disease and AIDS.

**AIDS:** Acquired Immunodeficiency Syndrome is the advanced stage of HIV disease characterized by profound immunosuppression associated with opportunistic infections, secondary neoplasms, and neurological manifestations.

**HIV Disease:** A chronic and progressive condition that exists after infection with the virus that manifests with mild symptoms in early stages and eventually leads to more severe manifestations known as AIDS in late stages of the disease.

**HIV Antibody Test:** The laboratory procedure that detects antibodies to HIV, the virus that causes AIDS. Antibodies appear about 6 weeks after initial infection. A positive antibody test indicates infection with the HIV virus. Other laboratory procedures or symptoms determine the stage of HIV infection. Some Enzyme immunoassay (EIA) tests confirm both HIV-1 and HIV-2 and Western blot test procedures confirms HIV-1 variant of the virus. The FDA has recently approved two EIAs that screen for a rare third variant known as type O. The EIA antibody test is the conventional procedure performed in the laboratory, and the Western blot, indirect immunofluorescence assay, or qualitative RNA tests are confirmatory procedures, which are performed when a reactive result is shown from the EIA test. A negative test means that no antibodies were detected at the time of testing. A negative test does not guarantee the absence of HIV if a person was exposed very recently (within a month or two of being tested) and has not yet developed antibodies.

**Rapid HIV Test:** A screening test that produces near immediate results, most in 20 minutes or less. Rapid tests use blood from a vein, finger stick or oral fluid to look for the presence of antibodies to HIV. As is true for all screening tests, a reactive rapid HIV test result must be confirmed with a follow-up confirmatory test before a final diagnosis of infection can be made. These rapid tests have similar accuracy (sensitivity and specificity) as conventional EIA screening tests. The terms 'nonreactive' and 'reactive' will be used for screening test results. Avoid inadvertently using the terms 'negative' or 'positive' to describe a rapid or standard screening test result.

**Confidential Testing:** Means that test results are charted in the patient's record and kept confidential according to law, rules, and regulations. Positive HIV results are reported to the State Health Department in the manner required by the state, with strict confidentiality requirements enforced by law. HIV testing at \_\_\_\_\_ Service Unit is confidential. Breaches in confidentiality are not tolerated and will be dealt with according to privacy laws.

**Anonymous Testing:** Testing carried out with no name identified. The client is identified by a code, and only he/she receives the results. The closest anonymous testing site is: \_\_\_\_\_ (ex. County Health Department).

**Diagnostic testing:** Involves performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.

**Screening:** Involves HIV testing for all persons in a defined population.

**Targeted testing:** HIV testing for population groups at higher risk of HIV infection based on behaviors or demographics. In many settings, targeted testing has not proven to be as effective as a more universal screening approach.

**Informed consent:** Involves communication between a provider and patient regarding HIV, the risks and benefits of testing, how and when test results will be provided. Information may be communicated orally or in writing. The patient should be given the opportunity to have any questions answered. The informed patient can then choose whether to undergo HIV testing or decline to do so.

Depending on state and local law, informed consent can be provided verbally or in writing, either within or separate from general consent processes. Informed consent procedures and forms should be reviewed and approved by the appropriate health department prior to use. Protocols should clearly describe procedures for obtaining informed consent for HIV - counseling, testing, and referral.

**Opt-out screening:** Involves performing HIV screening after notifying the patient that 1) the test will be performed and 2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.

**HIV prevention counseling:** An interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV, and developing a plan to take specific steps to reduce risks.

#### IV. POLICY

- A. Any I/T/U medical staff provider can order the HIV test.
- B. HIV testing should be viewed as a routine public health screening. HIV testing should be offered to all patients 13-64 years of age regardless of risk in the clinic or inpatient setting.
- C. Patients need to be informed that they are being tested for HIV, and given the opportunity to ask questions or decline. Declination of testing should be documented in the medical record.
- D. A written consent form is not needed.
- E. Prevention counseling is encouraged, but not required, in conjunction with HIV screening in healthcare settings. Individual and community based counseling is separate from testing.

- F. Persons at high risk for infection should be screened at least annually.
- G. Pregnant women should be tested as soon as possible in pregnancy, ideally immediately after Hcg+ test as part of a bundled screening panel.
- H. The confidentiality of individuals tested for HIV shall be maintained at all times.
- I. All HIV testing will be voluntary.
- J. Informed consent can be obtained verbally from the patient and needs to be properly documented OR state laws regarding consent should be followed.
- K. HIV testing will be included as a routine component of prenatal care and will be part of the standard battery of prenatal laboratory tests given to all prenatal clients. Providers will provide information about HIV and the meanings of a positive or negative HIV test results. Patients should also be informed that testing is planned unless the patient declines the test. Testing will be performed routinely unless the client specifically requests not to be tested. (Opt-out format)
- L. Perinatal HIV transmission is considered a sentinel event. The CDC recommends the following:
  - Opt-out, rapid testing during labor for all women whose HIV status is unknown and initiation of antiretroviral therapy if a rapid result is reactive, without waiting for confirmatory testing.
  - Opt-out, rapid postpartum screening for all women whose HIV status is unknown at the time of delivery to allow for initiation of antiretroviral therapy in the newborn as soon as possible after birth if the rapid test result is reactive, without waiting for confirmatory testing.
  - Rapid testing of the newborn as soon as possible after delivery if the mother's HIV status is unknown. Antiretroviral therapy should be initiated as soon possible after a reactive rapid HIV test result in the newborn because antiretroviral therapy is most effective for preventing infection in the infant when initiated within 12 hours of delivery.



M. Criteria for use of the Rapid HIV Test:

1. Determine serologic status of the source in healthcare worker exposures.
2. Test pregnant women who present in labor and have not been tested. When the mother's HIV status is unknown prior to the onset of labor and rapid HIV testing is not done during labor, the CDC recommends rapid testing of the mother or infant immediately post-partum, so that antiretroviral prophylaxis can be offered to HIV-exposed infants.
3. Ill patients requiring hospitalization and where rapid tests are needed for urgent medical decisions. For hospitalized patients not needing such urgent results, the conventional HIV test may be preferred, as it may be more sensitive in this setting.
4. Survivors of sexual assault when significant exposure has occurred, such as direct contact of the vagina, anus, or mouth with the semen or blood of the perpetrator, with or without physical injury, tissue damage or the presence of blood at the site of the assault. Recommendation is to perform an HIV test with regard to appropriate timing given the lack of relevance of immediate testing – unless it is to establish prior HIV infection of victim.

## V. PROCEDURES

A. Informed Consent:

1. Separate written consent for HIV testing should not be required. Unless mandated by state law or regulation.

*(Check with state directly by phone, as regulations often change. Or check with HIV state law compendium at: [www.ucsf.edu/hivcntr](http://www.ucsf.edu/hivcntr))*

2. Verbal consent may be obtained from the patient prior to testing and documented in the medical record as “consent for HIV test.” The requirement for documentation of verbal consent is included to comply with State law. If and when state law changes are consistent with CDC recommendations, this requirement will be adjusted accordingly.

3. A patient should be given the opportunity to “opt-out” or decline HIV testing.

*(Opt-out suggests documentation when patient declines. This provision is also contingent on state law or regulation.)*

4. Consent of the parent or guardian is not required for testing minors under 18, but over 12 (ARS #36-661). Unless permission is given by the patient to disclose test results to parents or guardians, results will be communicated to the patient only.
- B. Partner notification and referral services should not be initiated until the reactive rapid HIV test result has been confirmed.
- C. Confidentiality:
1. An array of state and federal laws exist providing protection of confidentiality and HIV testing. As well, CDC recommendations for HIV surveillance also address confidentiality.
  2. The laboratory specimen (usually blood) will be collected, labeled and processed in a manner to minimize the number of personnel who have access to this information. Laboratory policy will outline procedures to provide this protection and confidentiality.
  3. If the confirmatory test results are positive, the medical staff provider will contact the patient and arrange for follow-up medical care. The laboratory application specialist or designee will enter all confirmatory HIV test results, positive or negative, into the RPMS Laboratory Package.
  4. Consent of the parent or guardian is not required for testing minors over age 12 (ARS #36-661). Other disclosures may be made per the signed release of information form (by patient) to third parties consistent with IHS policy and state law. Usually, insurance companies are not entitled to receive test results.
- D. Occupational Exposure
- In the case of potential parenteral or mucosal exposure of an employee to possible HIV infected body fluids, the Blood borne Pathogen Exposure policy will be followed.
- E. Indeterminate Results
- If a confirmatory test is indeterminate, an HIV viral load or qualitative RNA test should be performed. If the patient is pregnant and in the second or third trimester, and has an indeterminate result, contact the Perinatal Hotline at 1-888-448-8765 for further guidance. Questions regarding non-pregnant patients with indeterminate results should be referred to the Positive Care Team or to the HIV Warmline at 1-800-933-3413.

## F. Communicating Non-Reactive (Negative) Rapid HIV Test Results

Providers communicating negative HIV test results should do the following:

1. If HIV negative, the results go into the chart/computer after testing.
2. If prevention counseling is warranted or scheduled, review the protective behaviors that have helped the patient avoid infection with HIV and reinforce the client's plan to remain uninfected. CDC guidelines do not require counseling for implementation of more universal screening. Also, if test is non-reactive, CDC recommends post-test information for those at higher risk.
3. Ensure that the client/employee is aware that, as is true of any antibody test, the negative HIV test result may be unreliable when exposure has been very recent. Specifically, the client/employee needs to be informed that after a person is infected with HIV, it takes time before antibodies develop that can be detected by the test.
4. A negative antibody test result, whether it is from a rapid HIV test or an EIA, does not require a confirmatory test. However, a person may have been tested too soon, called the "window period", before antibodies developed. The average time between infection and the development of detectable antibodies is 25 days.

## G. Communicating Reactive Rapid HIV Test Results

One of the more challenging issues posed by the introduction of rapid HIV tests is providing "reactive" (preliminary positive) rapid HIV test results to patients without the benefit of a same-day confirmatory positive test. Currently, confirmatory positive test results are usually not available for 1 to 2 weeks.

1. If the rapid HIV test is reactive, the test result is entered into the chart/computer as "preliminary positive rapid HIV test result." The laboratory will also initiate confirmatory testing procedure as part of a reflex protocol. The test result is then called to the attending provider/counselor as a critical value. The provider/counselor will explain to the patient, privately and confidentially, the meaning of the reactive screening test result and communicate the possibility of HIV infection and need to take precautions regarding transmission until confirmatory results are available.
2. If a lab is sent out, make sure the remote lab is aware the initial reactive test was done via a rapid testing technology. This is to ensure it is confirmed via Western Blot, IFA, or RNA and not done as a second EIA.

3. The phrase the provider/counselor chooses when providing the test results should be simple. For example:
  - Your first screening test came back reactive.
  - There is a possibility you are HIV infected, but we won't know for sure until we get the results from your confirmatory test.
  - We need to verify this result with a follow-up test.
4. Do not initiate partner notification or provide medical referrals, but advise the patient/employee to adopt behaviors to prevent HIV transmission until the reactive rapid test result has been confirmed by an approved confirmatory test.
5. Discuss whether and how to disclose the results of the reactive rapid test to partners and other persons important to the patient (before the test result is confirmed), give options for support, and make psychological referrals.
6. Verify locating information, so that it will be possible to contact the patient if he or she does not return for the result of the confirmatory test.
7. If the confirmatory test result is positive, help with partner notification and make medical referrals, after discussing these with the patient and obtaining the patient's cooperation.
8. When rapid test results are reactive, antiretroviral interventions can be offered to the mother intra-partum and to her infant based on the preliminary positive results. Confirmatory testing will be done if the initial rapid test is reactive.
9. Partner notification and referral services - Refer to F.c. above

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

Title: Chief Executive Officer, \_\_\_\_\_ Service Unit

# Clinic-Based Policies and Standing Orders For HIV/STD Screening and Epidemiologic Treatment

## I. PURPOSE

American Indian and Alaska Native (AI/AN) people are predisposed to high rates of STDs and increased risk for HIV/AIDS. In 2008, AI/ANs were nearly 5 times more likely than Whites to be diagnosed with chlamydia (CT) and over 3½ times more likely to be diagnosed with gonorrhea (GC). Although Human Immunodeficiency Virus (HIV) cases have historically been low in the AI/AN population, rates continue to increase in urban and rural communities, and in male and female populations. Early diagnosis, treatment and partner management is important for controlling CT/GC and HIV. Because of this, \_\_\_\_\_ (I/T/U clinic) is adopting a policy of screening for CT/GC and HIV for all patients presenting for clinical services between the ages of \_\_\_\_\_ and \_\_\_\_\_, along with treating the case contacts of these STDs.

## II. POLICY

To screen all patients who present for care within \_\_\_\_\_ (I/T/U clinic) for CT, GC and HIV.

*(Look at your local data and develop a screening plan that would work best for you. See the HIV and STD Testing Recommendations on pages 19 - 22 of the AI/AN Tribal HIV/STD Advocacy Kit for more information about CDC and IHS recommendations.)*

To provide treatment when a diagnosis is considered likely on clinical, laboratory, or epidemiologic grounds, but before the result of confirmatory laboratory tests are known, commonly known as “epidemiologic treatment.”

## III. PROCEDURE

### A. Screening for STDs

1. Patient between the ages of \_\_\_\_\_ and \_\_\_\_\_ presents for care at any clinical site within \_\_\_\_\_ (I/T/U clinic), including Ambulatory Care, Inpatient, Emergency Department, PHN, Infection Control, or Employee Health.
2. Nurse (RN), Licensed Practical Nurse (LPN), Nurse Assistant (NA), Licensed Independent Practitioner (“Provider”) or Community Health Aide (CHA) assesses patient.
  - a. Use RPMS to determine if screening has been done in the past # months for CT/GC and # years for HIV. If screening has been done, please note on PCC or EHR.
  - b. If HIV/STD screening has not been done, offer testing for CT/GC and/or HIV.
  - c. Obtain verbal consent for HIV testing and note “consent given” on PCC or in EHR.

- d. Offer information on STDs to patient.
  - e. Place order according to laboratory procedures for:
    - i. HIV
    - ii. Urine for GC and CT
  - f. Note “STD testing done” on PCC or POV in EHR.
  - g. Advise patient to follow up between 3 days and two weeks to review lab test results.
  - h. Add local steps for obtaining and reporting results, tracking patients, and providing follow-up.
- 3. Obtain a sexual history and contact information for sexual partners at the time of visit for all symptomatic patients, to aid contacting the partners of positives.
  - 4. If it is determined that the patient is a contact of a patient with chlamydia or gonorrhea, please refer to Epidemiologic Treatment recommendations below.

## **B. Epidemiologic Treatment for STDs**

- 1. Patient presents as a known contact of chlamydia or gonorrhea.
- 2. Nurse (RN), Licensed Practical Nurse (LPN), Nurse Assistant (NA), Licensed Independent Practitioner (“Provider”) or Community Health Aide (CHA) assesses patient.
- 3. Patient will be offered appropriate counseling and treatment at the time of visit using the treatment guidelines defined below for the specific STD organism(s).
  - a. Offer STD education and information.
  - b. Offer STD screening according to procedure outlined above in section A.
  - c. For female patients, offer pregnancy testing.
  - d. Obtain a sexual history and information on sexual contacts.
  - e. Appointment for follow up testing should be set in three months. Earlier testing and/or additional treatments may be necessary depending upon testing results.
  - f. Patient should be notified that they may be contacted by a PHN or a disease investigator performing case follow-up and investigation.
  - g. State STD reporting form will be completed and sent to infection control officer. (This will be different for each state and site)
  - h. PHN Department will be notified of any names of sexual contacts on a separate referral form for each contact. (Each process is different and site dependent)
- 4. Prior to ordering or administering medication, assess for medication adverse reactions and allergies in RPMS and by patient interview.
- 5. Advise patient to abstain from sexual activity for one week after epidemiologic treatment.

6. Chlamydia – Site dependent, on formulary
  - a. Consult with provider if patient is allergic to azithromycin.
  - b. If not allergic, order Azithromycin 1 gram, orally, single dose on PCC and send to pharmacy after provider signature.
  - c. Pharmacist performs directly observed therapy of Azithromycin.
7. Gonorrhea
  - a. Consult with provider if patient is allergic to penicillin and/or cephalosporins.
  - b. All persons with uncomplicated GC infection should be treated promptly with the following:
    - i. Ceftriaxone 125mg IM in a single dose or
    - ii. Cefixime 400mg orally in a single dose
    - iii. Quinolones or tetracyclines should not be used to treat GC infection due to increasing rates of resistance
  - c. Monitor patient for 20 minutes after medication administration for signs or symptoms of adverse reactions.
  - d. Offer over the counter pain medication for comfort measures (see below).
8. Comfort Measures
  - a. Acetaminophen for Adult (>12years) dose: 650 mg P.O. every 4-6 hours as needed.
  - b. Ibuprofen for Adult (>12 years) dose: 400 mg. P.O. every 6-8 hours as needed.

Effective Date: \_\_\_\_\_

Consultation Services Available: Add your own state's Health Department STD/HIV program.

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