# CDC's Revised HIV Testing Recommendations in Health-Care Settings vs. Code of Virginia (Effective July 2008)

The 2006 "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare Settings" (http://www.cdc.gov/mmwr/PDF/rr/rrSS14.pdf) from the Centers for Disease Control and Prevention (CDC) simplified the testing process. It included a recommendation that persons at high risk for HIV (clients who use illicit drugs, have a history of STD, have multiple sex partners, or have an HIV+ sex partner) be tested at least annually. The CDC recommendations are intended for all health-care providers, but do not change existing CDC guidelines on HIV counseling, testing and referral in non-clinical settings, such as community-based organizations, outreach settings, or mobile vans. CDC is currently revising guidance for those settings. The following table details CDC recommendations and revisions to the Code of Virginia that are effective July 1, 2008. Please note that current public health practices may vary somewhat from CDC recommendations.

| CDC RECOMMENDATIONS | CODE OF VIRGINIA |
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| *HIV screening (testing) is recommended for patients ages 13-64 in all health-care settings.<br>*Prior to testing, patients should be given an oral or written explanation of the HIV test, an opportunity to ask questions, and an option to decline testing (an "opt-out" screening process). Patients must not be tested without their knowledge. | *HIV screening (testing) may be routinely offered to patients in all health-care settings.<br>*Virginia has adopted the "opt-out" screening process. Virginia statute (§32.1-37.2) requires that, prior to HIV testing, a medical care provider shall inform the patient that the test is planned, provide information, and advise them of their right to decline the test. |
| *Separate written consent for HIV testing is not required; general consent for medical care is considered sufficient.<br>*If a patient declines an HIV test, this decision should be documented in the patient's medical record. | *A specific written consent form is not necessary; general consent for medical care is considered sufficient.<br>.<br>§32.1-37.2 requires that if a patient declines an HIV test, clinicians must document that fact in the patient's medical record. |
| *HIV-positive test results should be conveyed confidentially through personal contact by skilled staff.<br>*HIV-negative test results may be conveyed without direct personal contact between the patient and the provider. Persons known to be at high risk should be offered prevention counseling. | §32.1-37.2 requires that every person who has a confirmed positive test result be given the opportunity for face-to-face disclosure of the test results and appropriate counseling.<br>*Virginia Code no longer requires that the opportunity for face-to-face disclosure of negative test results be provided. |
| *Pregnant women are offered an "opt-out" approach, where HIV testing is routinely conducted unless the woman declines testing.<br>*Repeat screening of pregnant women in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection. Virginia is included in this list. | *Virginia statute (§54.1-2403.01) now reflects "opt-out" screening; all practitioners in Virginia who treat pregnant women shall inform patients that HIV testing is recommended, and that they will receive an HIV test unless declined.<br>*Oral or written information about HIV shall be offered, including how to reduce mother to infant transmission.<br>*If a pregnant patient refuses consent to an HIV test, the refusal must be documented and maintained in the patient's medical record. |
| *Any person whose blood or body fluid is the source of an occupational exposure for a health-care provider should be informed of the incident and tested for HIV infection at the time the exposure occurs. | *Virginia's *Deemed Consent* legislation (§32.1-45.1) outlines HIV testing requirements for health-care providers directly exposed to patients' blood or body fluids, and for patients exposed to health-care providers' blood or body fluids. Similar requirements exist for law-enforcement officers and school board employees who may be involved in exposure prone incidents, and for those persons exposed to law-enforcement and/or school board employees' blood or body fluids.<br>*The individuals listed above are "deemed to have consented" to testing after a confirmed exposure. If the person whose blood is sought for testing is a minor who refuses to provide a specimen, consent shall be obtained from a parent, guardian, or person standing in loco parentis. |
| *Prevention counseling is not required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.<br>*Prevention counseling for at-risk individuals should occur, but does not need to be conducted at the time of testing. | *Counseling must be offered to the patient in conjunction with the disclosure of positive test results. |