

TB Elimination

Recommendations for Human Immunodeficiency Virus (HIV) Screening in Tuberculosis (TB) Clinics

What are the recommendations for human immunodeficiency virus (HIV) screening in tuberculosis (TB) clinics?

CDC recommends HIV screening for all TB patients after the patient is notified that testing will be performed, unless the patient declines (i.e., opt-out screening). This includes persons with TB disease and persons with latent TB infection. Routine HIV testing is also recommended for persons suspected of having TB disease, persons diagnosed with latent TB infection, and contacts to TB patients. Prevention counseling and separate written consent for HIV testing should no longer be required. These recommendations are aimed at eliminating missed opportunities for HIV screening and reducing significant barriers to HIV testing in health care settings by:

- Using opt-out HIV screening;
- Annually screening persons at high risk for HIV;
- Eliminating the need for separate written consent for HIV testing; and
- Eliminating the need for prevention counseling as part of routine HIV screening.

What is opt-out screening?

Opt-out screening is defined as performing HIV testing after notifying the patient that the test will be performed, and although the patient may decline or defer testing, it is strongly recommended. Assent is inferred unless the patient declines testing.

Why does CDC recommend that TB clinics screen their patients for HIV infection?

HIV infection is the most important known risk factor for progression from latent TB infection to TB disease. Progression to TB disease is often rapid among people infected with HIV and can be deadly. In addition, TB outbreaks can rapidly expand in patient groups infected with HIV.

Targeted HIV testing based on provider assessment of patient risk behaviors fails to identify a substantial number of people who are infected with HIV. This is because many individuals may not perceive themselves to be at risk for HIV or do not disclose their risks. Routine HIV testing also reduces the stigma associated with testing.

When HIV is diagnosed early, appropriately timed interventions can lead to improved health outcomes, including slower progression and reduced mortality. Identifying TB patients, suspects, and contacts infected with HIV allows for optimal TB testing of these groups and provides opportunities to prevent TB in those without disease.

Who should be tested for HIV in TB clinics?

All patients in TB clinics should be tested for HIV. This includes persons with TB disease or latent TB infection; persons suspected of having TB because of signs and symptoms of TB; and persons identified as contacts to someone with infectious TB disease.

(Page 1 of 2)

Can rapid HIV tests be used to screen TB patients and their contacts?

Yes. Rapid HIV tests (<http://www.cdc.gov/hiv/topics/testing/rapid/index.htm>), using fingerprick or oral specimens, can be used. Results are available in about 20 minutes. Although the rapid HIV test kits cost more per test than standard lab assays, they have been shown to be cost-effective and to increase patients' acceptance of HIV testing. Another option is to collect oral swab specimens and use standard lab assays.

What education and training resources on HIV counseling and testing are available?

Resources for education and training on HIV counseling and testing are available from CDC-funded HIV/AIDS programs in each state health department, and from the National Network of STD/HIV Prevention Training Centers (NNPTC) (<http://depts.washington.edu/nnptc/>). Additionally, the Health Resources and Services Administration (HRSA) has regional AIDS Education and Training Centers (AETCs) (<http://www.aidsetc.org/aidsetc?page=ab-00-00>) and other local performance sites that can provide training in HIV counseling and testing to TB staff. Also available is a Contact Investigation and Management Protocol (<http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-manual-section9.pdf>) to facilitate HIV counseling, testing, and referral during TB contact investigations. The protocol was developed by the New York City Bureau of TB Control, in collaboration with the New York City Department of Health HIV Training Institute, with funding from CDC.

For More Information

1. CDC. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR* 2006; 55 (No. RR-14). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
2. CDC. HIV Testing in Health Care Settings. <http://www.cdc.gov/hiv/topics/testing/healthcare/index.htm>
3. CDC. Rapid HIV Testing. <http://www.cdc.gov/hiv/topics/testing/rapid/index.htm>

Resources

- National Network of STD/HIV Prevention Training Centers. <http://depts.washington.edu/nnptc>
- AIDS Education and Training Centers (AETCs). <http://www.aidsetc.org/aidsetc?page=ab-00-00>
- New York City Bureau of Tuberculosis Control. Contact Investigation and Management Protocol. <http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-manual-section9.pdf>

August 2012

<http://www.cdc.gov/tb>

Page 2 of 2