

FEBRUARY 2013 • PHYSICIANS

HIV and AIDS

2013—30 Year Anniversary

Still a big concern

HIV was first discovered in 1983. By 1984 we knew that it caused AIDS. Since then, over half a million Americans have died of HIV.¹ Today, 1.1 million are living with the infection, and almost one-fifth of them don't even know it.¹

In 2010 alone,

- Almost 48,300 more Americans were diagnosed with HIV.¹
- The U.S. government spent more than \$513 million on HIV education, prevention, research, and surveillance.¹

These numbers don't even begin to reflect the pain and misery caused by HIV nor the cost of treating those with the disease. So it's no surprise that HIV is still a huge public concern 30 years after being discovered.

Multi-pronged strategy to fight HIV

To be successful in the fight against HIV, we need to do more than one thing. Here are some things you might want to incorporate into your practice:

- Screen your patients for alcohol and drug abuse and high-risk sexual behaviors. These contribute to the spread of HIV and other sexually transmitted infections.
- Teach patients how to practice safe sex. Mentioning just one thing in each patient visit may help.
- Screen your patients for HIV and other sexually transmitted infections.



Who gets HIV infection?

Anyone can get HIV. Men, women, children, and babies get HIV. African Americans, whites, Hispanics, Asians, and people of other ethnic backgrounds get it. People with HIV live all across the country. Some are rich and famous, and some are poor and unknown.

Of those diagnosed in 2010,¹

- 64% were men who had sex with another man.
- 27% were heterosexual men and women.
- 8% were people who injected drugs.
- <1% were babies who got HIV from their mothers during pregnancy, birth, or breastfeeding.
- 46% were African American.
- 29% were white.
- 20% were Hispanic.

Current HIV screening recommendations

Current screening recommendations do *not* limit screening to people in high-risk categories.

Organization	Recommendation
AAFP	Currently being updated
AAP	Prevalence >0.1%: offer screening to adolescents at least once by 16-18 y Prevalence <0.1%: screen all sexually active adolescents and those with risk factors
ACOG	Routine, opt-out ¹ screening of all women 19-64 y; screen younger and older women with risk factors
ACP	Routine, voluntary, opt-out ¹ screening for all adults 13-64 y
CDC	Routine, voluntary, opt-out ¹ screening for all adults 13-64 y
IDS	Routine screening of all sexually active adults
USPSTF	Routine screening of all pregnant women and all adolescents and adults at increased risk

AAFP indicates American Academy of Family Physicians; AAP, American Academy of Pediatrics; ACOG, American Congress of Obstetricians and Gynecologists; ACP, American College of Physicians; CDC, Centers for Disease Control and Prevention; IDS, Infectious Diseases Society of America; and USPSTF, United States Preventive Services Task Force.

¹Opt-out screening means patient should be screened unless he/she specifically declines to be tested.

HIV testing options

There are 4 basic options for HIV screening:

1. The doctor orders the test and tells the patient where to go to have the sample collected. The sample is sent to a laboratory. The laboratory tests the sample and confirms any positive results. The laboratory sends the result back to the doctor.
2. A rapid test is done at the doctor's office or at a clinic. If it's positive, a sample has to be sent to a laboratory for confirmation. The final result is returned to the doctor or clinic.
3. The patient collects a blood sample at home (finger stick) and sends it to a laboratory. The laboratory tests the sample, confirming positive results. The patient calls a toll-free number to get his/her results.
4. The patient buys an over-the-counter test kit. The patient collects an oral fluid sample, runs the test, and reads the test results in the privacy of his/her home. Positive results **MUST** be confirmed with another test performed at a medical facility.

USPSTF considers new testing recommendations²

The U.S. Preventive Services Task Force drafted new recommendations for review in November 2012. A decision may be out soon.

The proposed version recommends clinicians

- Screen all adolescents and adults 15-65 years
- Screen younger and older people if at high risk
- Screen all pregnant women including those whose HIV status is unknown at time of labor.

Why are the USPSTF recommendations important?

The USPSTF recommendations determine when HIV screening is covered under the Affordable Care Act. According to the Act, insurance companies have to provide USPSTF recommended services without cost-sharing.³ This means the insurance company pays the full cost. The patient doesn't have to pay anything.

Reducing the risk of HIV in people at high risk

In July 2012, the FDA approved the first drug for HIV prevention.⁴ It is intended for HIV-negative people who are at high risk of getting infected. Such people include those who have an HIV-positive sex partner. The drug is intended for use as part of a comprehensive HIV prevention plan. It is not a substitute for safe sex practices.

The drug is a fixed dose combination of emtricitabine/tenofovir disoproxil fumarate. It is a nucleoside reverse transcriptase inhibitor (NRTI) previously approved for treating HIV. Clinical trials in 2 different patient populations showed a 42% and 75% reduced risk of infection compared with placebo.⁴

Patients take the drug daily and are instructed to continue to use a condom during sex. They also have to get an HIV test every 3 months while taking the drug. This helps prevent development of drug-resistant HIV in case they do get infected.

References

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4. FDA approves first drug for reducing the risk of sexually acquired HIV infection. U.S. Food and Drug Administration website. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm312210.htm>. Accessed February 11, 2013.