Guidelines for the Testing, Management, and Treatment of HIV/AIDS

MVP Health Care®, as part of a continuing Quality Improvement Program, has adopted the New York State Department of Health’s (NYSDOH) AIDS Institute’s recommendations for the prevention and management of HIV infection in adults, children, adolescents and the prevention of HIV transmission during the perinatal period. The guidelines were developed by NYSDOH in conjunction with the Johns Hopkins University School of Medicine, Division of Infectious Diseases. In addition, MVP reviews and utilizes guidelines from the Centers for Disease Control (CDC).

This document contains an overview of testing, management, and treatment of HIV from different professional and regulatory organizations such as the New York State Department of Health’s (NYSDOH, and the American Congress of Obstetricians and Gynecologists (ACOG). There may be differences in recommendations regarding HIV testing among the organizations. Providers in New York State must follow the New York State requirements at a minimum.

Statistics – Morbidity & Mortality

- According to the Centers for Disease Control and Prevention (CDC), more than one million people are estimated to be living with HIV in the United States. 39,782 people were diagnosed with HIV in 2016.¹
- Almost one in six of the individuals infected with HIV do not know they have the disease.¹
- Despite effective treatments available, only 62% receive some HIV care.¹

Summary of the Guidelines

The guideline, Primary Care Approach to the HIV-Infected Patient, can be found at the following web address: http://www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient/. Additional AIDS guidelines relating to adults, children, adolescents and the prevention of HIV transmission during the perinatal period can be found at the following web address: www.hivguidelines.org/Content.aspx. Regulatory requirements for testing, reporting, linkage to care and confidentiality of HIV information in New York State can be found at: https://www.health.ny.gov/diseases/aids/providers/testing/index.htm. Guidelines for testing in pregnancy can be found at: https://www.health.ny.gov/diseases/aids/providers/testing/index.htm.

The New York State Department of Health Primary Care Approach Guideline (available: http://www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient/)

The guideline addresses and includes recommendations for the following topics:

- History and Ongoing Assessments


The New York State Department of Health HIV Testing Guideline:

The HIV Testing guideline addresses the screening and diagnostic methods for accurate diagnosis of HIV. There is a section devoted to HIV/AIDS Laws and Regulations regarding HIV Testing. This includes the most current information for Public Health Law and associated amendments.

The New York State HIV Testing Law requires health care providers, including but not limited to physicians, physician assistants, nurse practitioners and nurse midwives who are providing primary care services, to offer HIV testing to all persons age 13 and older (or younger with risk factors). This must be done at least once and must be done more often if there is evidence of risk activity. See the Frequently Asked Questions document on the DOH Web site. https://www.health.ny.gov/diseases/aids/providers/testing/#publichealthlaw

New York State Public Health Law related to HIV testing has evolved over the years to keep pace with changes in the epidemic and clinical practice. Key provisions were passed in 2010, 2014, 2015 and 2016. A Notice of Adoption of updated law and regulation pertaining to HIV/AIDS Testing, Reporting and Confidentiality of HIV Related Information was published in the State Register on May 17th, 2017.

Effective March 28, 2017, Chapter 461 of the Laws of 2016 allows disclosure of confidential HIV-related information to qualified researchers for medical research purposes upon the approval of a research protocol under applicable State or federal law. Key provisions of these regulation amendments implementing the legislation include:

• Removing the reference to expiration of an individual’s informed consent.
• Adding a provision authorizing local and state health departments to share HIV surveillance information with health care providers, including entities engaged in care coordination, for purposes of patient linkage and retention in care.
• Clarifying language pertaining to reporting by blood and tissue banks.
• Inserting updates to the list of reportable HIV-related test results that need to be reported. These updates are consistent with CDC and Association of Public Health Laboratories guidance related to the diagnosis of HIV infection. Additionally, reporting of results for NYS residents and NYS-located clinicians is explicitly required. This change was designed to address known gaps in reporting.
• Including language specifically stating that reports must include the requesting provider and facility. The requirement is expected to improve the quality of provider data and lead to more complete data. This should improve accuracy of the Department’s surveillance data and, consequently, the National HIV/AIDS Strategy retention and care measures.
• Removing the requirement that the information on HIV provider reporting forms associated with newly diagnosed cases of HIV infection be reported within 60 days.
• Adding individuals who were previously diagnosed as HIV positive, and who are at elevated risk of transmitting HIV to others, to the contact notification prioritization process.

• Removing the requirement that data on the partners of HIV cases be destroyed after three years, and stating that the Department will establish a policy for “record retention and schedule for disposition.”

• Eliminating the upper age limit of 64 for the offering of HIV testing.

• Allowing the disclosure of HIV related information to qualified researchers in compliance with State and federal law.

Pregnancy and HIV (available: http://www.hivguidelines.org/pregnancy-and-hiv/)

This guideline provides specific HIV guidance and recommendations for preconception care, HIV testing during pregnancy and at delivery, reducing HIV transmission during pregnancy, labor and delivery, and postpartum care, acute HIV infection in pregnancy, diagnosis of HIV infection in exposed infants, and care of the HIV-exposed infant of indeterminate status.

The New York State Department of Health HIV Testing during Pregnancy and Delivery Guideline was updated in 2/2017.

• Universal HIV Screening for Pregnant Women
  o NYSDOH Regulation:
    Clinicians in prenatal care settings regulated by the NYSDOH must provide HIV-related information and recommend HIV testing for all women during pregnancy, including women presenting in labor if their status is not documented. The recommendation is clinicians should provide HIV-related information and recommend voluntary testing as a standard of care for all pregnant women.

  • Recommendation:
    o Clinicians should provide HIV-related information and recommend voluntary testing as a standard of care for all pregnant women.

Centers for Disease Control (CDC) MMWR Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings (available: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm)

The major revisions from previously published guidelines are as follows:

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; general consent for medical care should be considered sufficient to encompass consent for HIV testing. Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings. New York State Department of Health requires counseling about the testing to be done and documented. (Providers in New York State must follow the New York State requirements at a minimum.)

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; general consent for medical care should be considered sufficient to encompass consent for HIV testing.

Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women.


All pregnant women should be screened for HIV infection as early as possible during each pregnancy using the opt-out approach where allowed.

Repeat HIV testing in the third trimester is recommended for women in areas with high HIV incidence or prevalence and women known to be at risk of acquiring HIV infection.

Women who were not tested earlier in pregnancy or whose HIV status is otherwise undocumented should be offered rapid screening on labor and delivery using the opt-out approach where allowed.

If a rapid HIV test result in labor is reactive, antiretroviral prophylaxis should be immediately initiated while waiting for supplemental test results.

If the diagnosis of HIV infection is established, the woman should be linked into ongoing care with a specialist in HIV care for co-management.

CDC, NYS DOH and ACOG all agree on guidelines for testing in pregnancy. All pregnant women should be tested as early as possible during the pregnancy, preferably at the first visit. Testing should be routinely recommended during the third trimester (preferably between 34 and 36 weeks) and those with specific risk factors should be strongly encouraged to be tested at this time. Women presenting in labor without prior testing during the current pregnancy or known HIV positive status should have expedited testing with consent. If maternal testing is declined the newborn must have expedited testing performed. Maternal consent is not required for newborn testing.

Test Follow-up

For a patient who tests negative, the result must be provided to them and counseling regarding risk factors and pre- and post-exposure prophylaxis. This does not have to be done in person and the counseling may use written materials (see FAQ 27).

For a patient who tests positive, the ordering provider must provide or arrange for a follow up visit for HIV care, with the patient’s consent, and should document that the visit was arranged in the medical record. Patient counseling should also be provided (see FAQ 27).

This guideline is not intended to replace the role of the physician’s clinical judgment in the
management of medical services, it is an educational guideline provided to assist in the
delivery of good medical care. All treatment decisions are ultimately based on the physician’s
clinical assessment and judgment. Where medication recommendations are made, please
refer to each health plan’s formulary for coverage considerations.

MVP updates the Guidelines for the Testing, Management, and Treatment of HIV/AIDS
annually. The review process is also initiated when new scientific evidence or national
standards are published. Practitioners are alerted via the web site, and by written notices
from the plan via fax or newsletter. A print copy of the clinical guideline can be requested by
calling the MVP Quality Improvement Department at (800) 777-4793 extension 1-2247.

Additional References
NYS DOH Frequently Asked Questions regarding the HIV Testing Law. Available:
http://www.health.ny.gov/diseases/aids/providers/testing/law/faqs.htm