New York State Law requires, at a minimum, a one-time offer of an HIV test to all patients 13 years or older receiving primary care services... but clinically, that is not enough!

**HIV RISK CHANGES, TEST REGULARLY**

<table>
<thead>
<tr>
<th>Clinical Indications</th>
<th>Routine Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whenever <strong>STI screening</strong> is done on a patient who is not known to have HIV</td>
<td><strong>Every 3-5 years for all sexually active individuals</strong></td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td><strong>Every year</strong> if the patient or their partner:</td>
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<tr>
<td>• at the 1st prenatal visit</td>
<td>• is sexually active &amp; has had condomless anal or vaginal sex with a new partner since the patient’s most recent HIV test</td>
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<tr>
<td>• during the 3rd trimester</td>
<td>• has had <strong>any</strong> new STI within the last 12 months</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB)</strong></td>
<td><strong>Every 3-6 months</strong> if the patient or their partner:</td>
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<tr>
<td>• TB infection</td>
<td>• is a man who is gay, bi-sexual or has sex with men</td>
</tr>
<tr>
<td>• suspected TB</td>
<td>• injects non-prescription drugs/hormones/cosmetic fillers</td>
</tr>
<tr>
<td><strong>Suspected Acute HIV (AHI)</strong> – persistent flu-like symptoms starting 1-4 weeks following a potential HIV exposure</td>
<td>• exchanges sex for money/drugs/housing</td>
</tr>
<tr>
<td></td>
<td>• has a sex partner living with HIV whose viral load is greater than 200 copies/mL or not known</td>
</tr>
</tbody>
</table>

For patients on PrEP or if acute HIV is suspected, laboratory-based HIV 1/2 Ag/Ab testing is recommended. For more information on HIV testing, PrEP or Acute HIV go to [www.hivguidelines.org/](http://www.hivguidelines.org/)

**HIV TESTING OPTIONS:**

Serum or Plasma-based HIV Antigen/Antibody (HIV Ag/Ab) Tests conducted in a laboratory are the most sensitive HIV screening tests. If phlebotomy is being performed, use a laboratory-based HIV 1/2 Ag/Ab combination test. If phlebotomy is not possible and/or rapid result is beneficial, use a fingerstick to obtain whole blood for rapid test.

**Point of Care (POC) Rapid Tests** - NYSDOH does not recommend any specific POC HIV tests. The **Alere Determine** remains the only FDA approved POC test that detects HIV Ag and Ab. Other POC tests detect HIV 1/2 Ab only. All POC tests have high specificity and sensitivity when used with whole blood.

**Offer Rapid Initiation of ART (RIA) according to the RIA protocol to all newly diagnosed patients.**

**OFFICE-BASED HIV TESTING:**

1. Perform a POC HIV rapid test according to the manufacturer’s instructions including processing time.
2. Following one reactive rapid test, rapid initiation of ART (RIA) may be started according to the RIA protocol*.
3. A 2nd POC test of different technology/manufacturer may be done to increase confidence in starting RIA.
4. Always confirm reactive POC tests with a laboratory based diagnostic HIV 1/2 Ag/Ab assay with reflex.

* **Baseline blood work and an HIV 1/2 Ag/Ab assay are drawn prior to the first dose of ART medication.**

**CDC LABORATORY-BASED HIV DIAGNOSTIC ALGORITHM** – what to order, how to interpret

1. Order an HIV 1/2 Ag/Ab combination assay with reflex
2. Always include “with reflex” so if indicated, additional recommended tests are conducted on the same specimen.
3. The complete report may include up to 3 separate test results if testing laboratory reports each step separately.
4. Review the algorithm reports to confirm that all reports are received, and no further testing is indicated.

**Step 1 HIV 1/2 Ag/Ab Screening Assay** (serum or plasma sample)

- Nonreactive specimens on a serum- or plasma-based test require no further testing.
- Reactive specimens reflex to Step 2 for a supplemental antibody differentiation immunoassay.

**Reflex Step 2 HIV-1/2 Ab Differentiation**

- If HIV-1 and/or HIV-2 antibodies are detected, the test is considered HIV positive. No further testing is indicated.
- If antibodies are not detected or the result is indeterminate, an HIV-1 RNA test is the next step.

**Reflex Step 3 HIV-1 RNA Assay**

- If HIV-1 RNA is detected, this result is consistent with acute or early HIV-1.
- If HIV-1 RNA is not detected and antibodies were not confirmed by the step 2 differentiation test, the interpretation is HIV negative. Interpret results within the context of the patient's overall clinical presentation.
- If HIV-1 RNA is not detected and the Ab differentiation result is HIV indeterminate or HIV-2 indeterminate, an HIV-2 RNA test may be needed. In NYS, call Wadsworth Laboratory at (518) 474-2163 for assistance.