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## HIV Testing Policies in Florida

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## **HIV Testing Policies in Florida**

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#### ABSTRACT

To combat the HIV/AIDS epidemic, strong policies that promote HIV testing are a primary mechanism for helping public health officials to understand the populations at risk, informing prevention initiatives, and linking infected individuals to the timely care they need. This paper describes HIV testing policies with the goal of improving early diagnosis and treatment of Floridians.

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#### Introduction

As we prepare to enter the fourth decade of the HIV/AIDS epidemic, strong policies to promote HIV testing remain a vital way to help public health officials understand the populations at risk, inform ongoing prevention efforts, and link infected individuals to the timely care they need. Already, an estimated 125,000 Floridians are thought to be HIV positive, the third highest total in the nation. In 2007 alone, 6,071 HIV cases were reported in Florida, including 13 babies born to HIV-positive mothers.

A significant proportion of patients with HIV/AIDS are not diagnosed until well into their disease progression. By the time they seek medical care, their immune systems are already dangerously compromised, rendering medication less effective and driving up the cost of treatment. Earlier identification offers opportunities to decrease the number of new infections in Florida each year, and earlier instigation of antiretroviral therapies offers the promise of decreasing morbidity and mortality.

Florida has sound HIV testing policies in place, but these laws are only as valuable as the extent to which they are implemented. In our work training healthcare professionals throughout the state, we have seen firsthand the confusion and lack of awareness surrounding Florida's HIV testing laws at a time when there is a need for more testing to identify those who do not know they are infected. Earlier HIV testing is also supported by the Centers for Disease Control and Prevention (CDC) recommendations to make HIV testing a routine part of healthcare. Healthcare professionals in all settings need to be aware of state laws regarding HIV testing and how the CDC guidelines fit into their practice.

Florida distinguishes between the private and public health sector, enabling clinicians in the private sector, including private physician practice settings and private hospitals, to follow CDC recommendations to routinely test all patients ages 13-64 and eliminate pre-test and post-test counseling.

*Florida Public Health Review*, 2009; 6:46-47. http://health.usf.edu/publichealth/fphr/index.htm Written informed consent is not required, but the clinician should document verbal consent in the patient's medical record. As part of the informed consent process, all clients must be notified that anonymous testing is available, HIV is a reportable disease, and test results are confidential.

The public sector includes Florida Department of Health (FDOH) facilities and all testing sites that must register with the FDOH. Currently, FDOH policy requires public sites to obtain informed consent in writing and provide pre-test and post-test counseling. The FDOH is reviewing its process to determine if verbal consent with notation in the chart and extensive pre-test and post-test counseling are appropriate for the public sector.

All healthcare providers using rapid HIV testing, tests that produce preliminary results in 20 minutes or less, must inform the patient of the need for a confirmatory test should the initial test prove positive. If the patient has a positive confirmatory test, appropriate referrals to care and services should be made. The local county health department can assist the private sector with referrals and confidential partner notification programs as well as provide services to educate patients about HIV and transmission risks.

The laws regarding the testing of pregnant women in Florida are very specific and apply to clinicians in all settings. Healthcare providers must conduct HIV and STD testing for all pregnant women at the initial prenatal care visit and again at 28 - 32weeks gestation. Prior to any testing, practitioners are required to notify the woman which tests will be conducted and inform her of the right to refuse testing (opt-out testing). If a woman declines testing, a signed objection must be attempted; if she does not sign, the practitioner must document the refusal in the medical record. For pregnant women presenting at the Emergency Department (ED) after 12 weeks gestation with no prenatal care, the ED may satisfy the testing requirement by referring her to the local county health department for the needed testing. The referral must be in writing and a copy should be submitted to the local health department.

Women who appear at delivery or within 30 days postpartum with no record of HIV testing, or no record of testing after 27 weeks gestation, should be tested for HIV. All hospitals should adopt a policy of routine, rapid HIV testing in labor and delivery using an opt-out approach. Candidates for rapid testing include women with no or limited prenatal care, who were not previously offered testing, whose results are unavailable, or who declined testing previously. Rapid testing provides immediate test results so that preventive measures to reduce the risk of mother-tochild transmission can be initiated.. With timely intervention, the risk for HIV transmission from the mother to newborn may be reduced to less than 2%.

Finally, the complete and accurate reporting of all new HIV cases is needed for strong epidemiologic surveillance of HIV/AIDS in Florida. All healthcare providers should report positive test results to their local county health department using the Adult or Pediatric HIV/AIDS Confidential Case Report within two weeks of the diagnosis, as well as fill out an addendum when reporting a case of HIV or AIDS age 13 or older. The birth of an HIV exposed infant is also a reportable event. Practitioners must report all HIV exposed newborns or infants less than 18 months of age born to a HIV positive woman by the next business day. A listing of current county health department epidemiology contacts can be found here: http://www.doh.state.fl.us/disease\_ctrl/epi/topics/cont act.htm.

In the interest of public health for all Floridians, we urge all healthcare providers to familiarize themselves with state testing laws, incorporate HIV testing into their practice whenever possible, and partner with local and state agencies to link newly diagnosed patients to the medical care and social services that they need. Even if agencies are unable to offer HIV testing as a standard of practice, we encourage clinicians to talk candidly to their patients about their risk and make referrals to local testing sites. Test by test, we can all do our part to end this epidemic. Jennifer Syvertsen (jsyvertsen@fmhi.usf.edu), Hilda Leon (hleon@fmhiusf.edu), and Michael Knox (knox@fmhi.usf.edu) are with the Florida/Caribbean AIDS Education and Training Center, University of South Florida, Tampa, FL. Jeffrey Beal (AETCBeal@embarqmail.com) is with the Center and the Florida Department of Health. Marlene Lalota (Marlene\_LaLota@doh.state.fl.us) and Sherry Riley (Sherry\_Riley@doh.state.fl.us) are with the Florida Department of Health. This paper was submitted to the *FPHR* on February 24, 2009, revised and resubmitted, and accepted for publication on April 24, 2009. Copyright 2009 by the *Florida Public Health Review*.