**PATIENT CARE POLICY**

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| Subject: **HIV TESTING and Consent** | Page **Page 1 of 4** | Policy #: |
| Title: **HIV COUNSELING AND TESTING OF PREGNANT PEOPLE** | Revision of: | Effective Date: |
| Removal Date: |

1. **PURPOSE:**

To establish guidelines at (Institution) for HIV testing in accordance with the requirements of the Illinois AIDS Confidentiality Act 410 ILCS 305, the Illinois Perinatal HIV Prevention Act 410 ILCS 335, and the CDC’s Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare settings.

1. **POLICY STATEMENT:**
   1. (Institution) complies with Illinois law requiring informed consent, either written or verbal, from the patient or the patient’s legally authorized representative to perform HIV antibody or HIV antigen/antibody testing. Testing is to be done on an opt-out basis.
   2. The written or verbal informed consent must be obtained prior to testing.
   3. Documentation in the medical record reflects performance of Pre-Test Information and that the patient understands their right to refuse this testing.
   4. Under no circumstances shall a patient who has expressly refused to be tested for HIV be tested except as permitted by law.
   5. HIV/AIDS is a reportable disease. CDC criteria are used for determining the diagnosis. All confirmed HIV diagnoses are reported to the local health authority.
2. **PERSONS AFFECTED:**

Physicians, residents, medical students, advanced practice providers, nursing staff, Diagnostic Testing Center personnel, Pre-Admission Testing Center.

1. **RESPONSIBILITIES:**
   1. Attending physicians are responsible for obtaining consent for HIV testing and providing pre-test information. However the tasks of obtaining consent and providing pre-test information to the patient may be delegated to another health care provider as described in this policy. Pre-test information can be provided in writing, verbally, or by video, electronic, or other means.
   2. The following are responsible for reporting confirmed HIV diagnoses to the local health authority.
      1. For outpatients, physicians
      2. For inpatients and Emergency Department patients, the Infection Control Department
2. **DEFINITIONS:**

**Health Care Provider**: For the context of this policy, physician, advanced practice providers or RN.

1. **POLICY UPDATE SCHEDULE:**

This policy will be reviewed every three years or more often as appropriate.

1. **RELEVANT REFERENCES:**
   1. Illinois AIDS Confidentiality Act, 410 ILCS 305: <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1550&ChapterID=35>
   2. CDC’s Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare Settings: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
   3. Perinatal HIV Prevention Act, 410 ILCS 335: <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2483&ChapterID=35>
   4. 24/7 Illinois Perinatal HIV Hotline (1-800-439-4079): [www.hivpregnancyhotline.org](http://www.hivpregnancyhotline.org)
2. **APPENDICES:**

Appendix A: Procedure for HIV Counseling and Testing of Pregnant People

1. **APPROVAL:**

Responsible Parties:

Reviewers:

Committees:

Approval Parties:

1. **REVIEW HISTORY:**

**APPENDIX A: PROCEDURE FOR HIV COUNSELING AND TESTING OF PREGNANT PEOPLE**

1. **Informed Consent:**

**Verbal or written informed consent for HIV testing will be obtained from the pregnant patient and documented in the medical record.** The health care professional ordering the test or another health care professional involved in the patient's care shall obtain the informed consent.

1. **HIV Counseling and Testing of Pregnant people:**
   1. Pregnant people presenting to the Emergency Department, OB Triage, Antepartum or Labor and Delivery, should have documentation of two HIV tests performed during the current pregnancy. One of those results must be in the 3rd trimester, after 27 weeks of pregnancy.
   2. If there is no documentation of the HIV result after 27 weeks of pregnancy, the provider must provide counseling and inform the pregnant patient in accordance with the AIDS Confidentiality Act and include, at a minimum, the following information:
      1. For the health of the pregnant person, the voluntary nature of the testing, the benefits of HIV testing, including the prevention of transmission, and the requirement that the HIV testing be performed unless the patient refuses and the methods by which they can refuse;
      2. The benefit of HIV testing for the patient and the newborn infant, including interventions to prevent HIV transmission;
      3. The side effects of interventions to prevent HIV transmission;
      4. The statutory confidentiality provisions that relate to HIV and AIDS testing;
      5. The requirement for mandatory testing of the newborn if the birth parent’s HIV status in the third trimester after 27 weeks, is unknown at the time of delivery;
      6. An explanation of the test including its purpose, limitations, and the meaning of its results;
      7. An explanation of the procedures to be followed;
      8. The availability of supplemental or confirmatory testing, if appropriate.  Counseling may be provided in writing, verbally, or by video, electronic, or other means.  The patient must be offered an opportunity to ask questions about testing and to decline testing for them self.
   3. The counseling and testing or refusal of testing shall be documented in the patient’s labor and delivery medical record. A pregnant person may refuse HIV testing verbally or in writing.
      1. As soon as possible, within medical standards after the infant's birth, the delivering parent's HIV test result, if available, shall be noted in the newborn infant's medical record. It shall also be noted in the newborn infant's medical record if the delivering parent's third trimester HIV test result is not available because they were not tested in the third trimester or declined testing.
      2. In addition to the counseling information outlined above, when disclosing a positive result of a rapid HIV test to a pregnant person, every health care professional or facility shall provide the patient with post-delivery follow-up referrals to physicians or facilities with experience in providing services to people with HIV. The 24/7 Illinois Perinatal HIV Hotline can be called at 1-800-439-4079 for assistance.
   4. For delivering patients and newborns, the HIV test must be a test with rapid turn-around-time (within 60 minutes).
2. **HIV testing of the Newborn:**
   1. An infant born to a patient with undocumented HIV status or a patient with an initial negative HIV test during the current pregnancy who did not undergo repeat HIV testing in the third trimester (after 27 weeks) must have a mandatory rapid HIV test as soon as medically possible.
   2. The delivering patient’s or guardian’s consent is not required to test the newborn, but consent is presumed, provided the counseling as outlined above has taken place.
3. **Test Results/RePORTING/Confidentiality:**
   1. Results and Retesting: Results will be reported as reactive or non-reactive.
      1. All reactive HIV screening tests require supplemental tests to confirm or rule out HIV infection. These tests vary depending on the type of test used for the initial screen.
      2. A non-reactive result indicates no evidence of infection but may not be definitive. If clinical symptoms or risk factors are present, the patient will be advised that they should be retested.
         1. Non-reactive results for individuals with prior exposure may be due to antigen and antibody levels that are below the limit of detection in the assay.
         2. If patient has symptoms of acute HIV infection, an HIV RNA quantitative (viral load) should be sent to the laboratory.
   2. Reporting:All reactive rapid HIV tests on pregnant people and newborns must be reported to the 24/7 Illinois Perinatal HIV Hotline (1-800-439-4079) within 12 hours but no more than 24 hours of the reactive test to ensure medical consultation and linkage to case management, as required by Illinois law.
   3. Delivery of Results**: Confirmed positive HIV test results must be given by personal contact, preferably in person. Extreme care is taken to ensure that the patient’s confidentiality is protected. Visitors should be asked to step out prior to discussion of HIV testing results. Patients should be asked whether they would like anyone to be present for the discussion of HIV results.**
   4. Post-test Information**:** Post-test information is provided for patients with HIV positive and negative results. Persons who test HIV positive must be counseled and referred for appropriate HIV care. The 24/7 Illinois Perinatal HIV Hotline can be called at 1-800-439-4079 for linkage to care assistance. Any health care professional making a referral to another health care professional shall document consent from the test subject or the test subject's legally authorized representative.
   5. Discharge Prior to Test Results: If a patient is to be discharged before HIV test results are available, the patient must be informed that HIV test results are pending and it is the patient’s responsibility to return for a scheduled appointment to receive test results. **Please assure that patient’s contact and emergency contact information are accurate. The hospital will make every attempt to contact the patient with a reactive result.**