HIV Testing

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AETC AIDS Education & Training Center Program New England

HIV Testing

This educational packet is a curated compilation of resources on HIV testing.

The contents of this packet are listed below:

- HIV Testing 101 (CDC)
- HIV Overview: HIV Testing (HIVinfo)
- Pruebas de Detección del VIH (HIVinfo)
- HIV Testing in the United States (Kaiser Family Foundation)
- HIV Testing (The Well Project)

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July 2020

HIV TESTING 101

Many HIV tests are now quick, FREE, and painless.

SHOULD I GET TESTED FOR HIV?

- Everyone aged 13 to 64 should get tested for HIV at least once.
- You should get tested at least once a year if you continue to engage in any of the following behaviors:
  - You're a man who has had sex with another man.
  - You've had sex with a partner who has HIV.
  - You've had more than one partner since your last HIV test.
  - You've shared needles, syringes, or other equipment to inject drugs.
  - You've exchanged sex for drugs or money.
  - You have another sexually transmitted disease, hepatitis, or tuberculosis.
  - You've had sex with anyone who has done anything listed above or with someone whose sexual history you don't know.
- Sexually active gay and bisexual men may benefit from testing every 3 to 6 months.
- If you're pregnant or planning to get pregnant, get tested as early as possible to protect yourself and your baby.

WHERE CAN I GET TESTED?

Ask your health care provider for an HIV test, or find a testing site near you by
- visiting **gettested.cdc.gov**, or
- calling **1-800-CDC-INFO (232-4636)**.

Many testing locations are FREE and confidential. You can also buy an HIV self-test at a pharmacy or online. Most HIV tests are covered by health insurance.

WHAT IF MY TEST RESULT IS NEGATIVE?

- You probably don't have HIV, but the accuracy of your result depends on the *window period*. This is the time between when you may have been exposed to HIV and when a test is able to show if you have the virus or not.
- To stay negative, take actions to prevent HIV. Visit **www.cdc.gov/hiv/basics/prevention.html** to learn more.

WHAT IF MY TEST RESULT IS POSITIVE?

- You may be given a follow-up test to confirm the result.
- If you're diagnosed with HIV, start treatment right away. HIV treatment can keep you healthy for many years and reduce your chance of transmitting the virus to others. Learn more at **www.cdc.gov/hiv/basics/livingwithhiv**.

Julio de 2020

INFORMACIÓN BÁSICA SOBRE LAS PRUEBAS DEL VIH

Ahora muchas de las pruebas del VIH son rápidas, GRATUITAS y no duelen.

¿DEBO HACERME LA PRUEBA DEL VIH?

- Todas las personas de 13 a 64 años de edad se deberían hacer la prueba del VIH al menos una vez.
- Usted se la debería hacer al menos una vez al año si:
  - Es hombre y ha tenido relaciones sexuales con otro hombre.
  - Ha tenido relaciones sexuales con una pareja que tiene el VIH.
  - Ha tenido más de una pareja desde que se hizo la última prueba del VIH.
  - Ha compartido agujas, jeringas u otros implementos para la inyección de drogas con otra persona.
  - Ha intercambiado relaciones sexuales por drogas o dinero.
  - Tiene otra enfermedad de transmisión sexual, hepatitis o tuberculosis.
  - Ha tenido relaciones sexuales con alguien que ha hecho alguna de las cosas mencionadas más arriba o cuyos antecedentes sexuales no conoce.

- Para los hombres gais y bisexuales sexualmente activos podría ser beneficioso hacerse la prueba cada 3 a 6 meses.
- Si está embarazada o planea quedar embarazada, hágase la prueba lo más pronto posible para proteger al bebé.

¿DÓNDE PUEDO HACERME LA PRUEBA?

Pídale a su proveedor de atención médica que le haga la prueba del VIH o busque un sitio de pruebas cercano. Para ello:

- visite **gettested.cdc.gov/es**, o
- llame al **1-800-CDC-INFO (232-4636)**.

Las pruebas son GRATIS y confidenciales en muchos sitios de pruebas. También se puede hacer la prueba usted mismo con un kit que se compra en la farmacia o en línea. El seguro médico cubre la mayoría de las pruebas del VIH.

¿QUÉ SIGNIFICA SI EL RESULTADO DE MI PRUEBA ES NEGATIVO?

- Significa que usted probablemente no tenga el VIH. Sin embargo, la precisión del resultado depende del *periodo de ventana*, que es el tiempo entre el momento en que pudo haberse expuesto al VIH y el momento en que la prueba puede mostrar si tiene el virus o no.
- Para seguir siendo VIH negativo, tome medidas para prevenir infectarse. Visite **www.cdc.gov/hiv/spanish/basics/prevention.html** para obtener más información.

¿QUÉ SUCEDE SI EL RESULTADO DE MI PRUEBA ES POSITIVO?

- Es posible que le hagan una prueba de seguimiento para confirmar el resultado.
- Si recibe el diagnóstico de infección por el VIH, comience el tratamiento de inmediato. El tratamiento del VIH puede mantenerlo sano por muchos años y reducir las probabilidades de transmisión del virus a otros. Obtenga más información en **www.cdc.gov/hiv/spanish/basics/livingwithhiv/index.html**

Para obtener más información visite la página **www.cdc.gov/hiv/spanish**

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HIV Overview

hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-testing

HIV Testing

Last Reviewed: September 24, 2020

Key Points

- HIV testing shows whether a person has HIV. HIV stands for human immunodeficiency virus. HIV is the virus that causes AIDS (acquired immunodeficiency syndrome). AIDS is the most advanced stage of HIV infection.
- The Centers for Disease Control and Prevention (CDC) recommends that everyone 13 to 64 years old get tested for HIV at least once as part of routine health care and that people at higher risk for HIV get tested more often.
- Risk factors for HIV include having vaginal or anal sex with someone who is HIV positive or whose HIV status you don't know; having sex with many partners; and injecting drugs and sharing needles, syringes, or other drug equipment with others.
- CDC recommends that all pregnant women get tested for HIV so that they can begin taking HIV medicines if they are HIV positive.

What is HIV testing?

HIV testing shows whether a person has HIV. HIV stands for human immunodeficiency virus. HIV is the virus that causes AIDS (acquired immunodeficiency syndrome). AIDS is the most advanced stage of HIV infection.
HIV testing can detect HIV infection, but it can't tell how long a person has had HIV or if the person has AIDS.

Why is HIV testing important?

Knowing your HIV status can help keep you—and others—safe.

If you are HIV negative:

Testing shows that you don't have HIV. Continue taking steps to avoid getting HIV, such as using condoms during sex and, if you are at high risk of getting HIV, taking medicines to prevent HIV (called pre-exposure prophylaxis or PrEP). For more information, read

the ClinicalInfo fact sheet on HIV prevention.

If you are HIV positive:

Testing shows that you have HIV, but you can still take steps to protect your health. Begin by talking to your health care provider about antiretroviral therapy (ART). People on ART take a combination of HIV medicines every day to treat HIV infection. ART is recommended for everyone who has HIV, and people with HIV should start ART as soon as possible. ART can't cure HIV, but HIV medicines help people with HIV live longer, healthier lives.

A main goal of ART is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partner through sex.

Who should get tested for HIV?

The Centers for Disease Control and Prevention (CDC) recommends that everyone 13 to 64 years old get tested for HIV at least once as part of routine health care. As a general rule, people at higher risk for HIV should get tested each year. Sexually active gay and bisexual men may benefit from getting tested more often, such as every 3 to 6 months.

Factors that increase the risk of HIV include:

- Having vaginal or anal sex with someone who is HIV positive or whose HIV status you don't know
- Injecting drugs and sharing needles, syringes, or other drug equipment with others
- Exchanging sex for money or drugs
- Having a sexually transmitted disease (STD), such as syphilis
- Having hepatitis or tuberculosis (TB)
- Having sex with anyone who has any of the HIV risk factors listed above

Talk to your health care provider about your risk for HIV and how often you should get tested for HIV.

Should pregnant women get tested for HIV?

CDC recommends that all pregnant women get tested for HIV so that they can begin taking HIV medicines if they are HIV positive. Women with HIV take HIV medicines during pregnancy and childbirth to reduce the risk of mother-to-child transmission of HIV and to protect their own health. For more information, read the ClinicalInfo fact sheet on Preventing Mother-to-Child Transmission of HIV.

What are the types of HIV tests?

There are three types of tests used to diagnose HIV infection: antibody tests, antigen/antibody tests, and nucleic acid tests (NATs). How soon each test can detect HIV infection differs, because each test has a different window period. The window period is the time between when a person may have been exposed to HIV and when a test can accurately detect HIV infection.

- **Antibody tests** check for HIV antibodies in blood or oral fluid. HIV antibodies are disease-fighting proteins that the body produces in response to HIV infection. Most rapid tests and home use tests are antibody tests.
- **Antigen/antibody tests** can detect both HIV antibodies and HIV antigens (a part of the virus) in blood.
- **NATs** look for HIV in the blood.

A person's initial HIV test will usually be either an antibody test or an antigen/antibody test. NATs are very expensive and not routinely used for HIV screening unless the person had a high-risk exposure or a possible exposure with early symptoms of HIV infection.

When an HIV test is positive, a follow-up test will be conducted. Sometimes people will need to visit a health care provider to take a follow-up test. Other times the follow-up test may be performed in a lab using the same blood sample that was provided for the first test. A positive follow-up test confirms that a person has HIV.

Talk to your health care provider about your HIV risk factors and the best type of HIV test for you.

Is HIV testing confidential?

HIV testing can be confidential or anonymous.
Confidential testing means that your HIV test results will include your name and other identifying information, and the results will be included in your medical record. HIV-positive test results will be reported to local or state health departments to be counted in statistical reports. Health departments remove all personal information (including names and addresses) from HIV test results before sharing the information with CDC. CDC uses this information for reporting purposes and does not share this information with any other organizations, including insurance companies.

Anonymous testing means you don't have to give your name when you take an HIV test. When you take the test, you receive a number. To get your HIV test results, you give the number instead of your name.

Where can I get tested for HIV?

Your health care provider can give you an HIV test. HIV testing is also available at many hospitals, medical clinics, substance use programs, and community health centers. Use this CDC testing locator to find an HIV testing location near you.

You can also buy a home testing kit at a pharmacy or online.

This fact sheet is based on information from the following sources:

- From CDC: HIV Basics: Testing
- From CDC: HIV Testing
- From CDC: Home Tests

Provided in collaboration with NIH's Office of Aids Research.

Pruebas de detección del VIH

hivinfo.nih.gov/es/understanding-hiv/fact-sheets/pruebas-de-deteccion-del-vih

Última revisión: October 6, 2020

Puntos importantes

- La prueba de detección del VIH muestra si una persona tiene ese virus. VIH significa virus de la inmunodeficiencia humana. Este es el virus causante del SIDA (síndrome de inmunodeficiencia adquirida). El SIDA es la fase más avanzada de la infección por el VIH.
- Los Centros para el Control y la Prevención de Enfermedades (CDC) recomiendan que todas las personas entre los 13 y los 64 años de edad se hagan una prueba de detección del VIH por lo menos una vez como parte de la atención de salud de rutina, y que las personas expuestas a mayor riesgo de contraer la infección por ese virus se la hagan con más frecuencia.
- Los factores de riesgo del VIH incluyen tener relaciones sexuales por vía vaginal o anal con una persona seropositiva o cuyo estado de infección por el VIH se desconoce; o con muchas parejas, e inyectarse drogas y compartir agujas, jeringas u otro equipo de administración de drogas con otras personas.
- Los CDC recomiendan que todas las mujeres embarazadas se sometan a estas pruebas con el fin de que puedan comenzar a tomar los medicamentos contra el VIH si son seropositivas.

¿En qué consisten las pruebas de detección del VIH?

La prueba del VIH muestra si una persona tiene ese virus. VIH significa virus de la inmunodeficiencia humana. Este es el virus causante del SIDA (síndrome de inmunodeficiencia adquirida). El SIDA es la fase más avanzada de la infección por el VIH.

Estas pruebas permiten detectar la infección por el VIH pero no pueden determinar por cuánto tiempo la ha tenido la persona o si tiene SIDA.

¿Por qué son importantes las pruebas de detección del VIH?

Estas pruebas son importantes porque cuando una persona sabe cuál es su estado de infección por el VIH puede protegerse y proteger a los demás.

Si usted es seronegativo:

Las pruebas muestran que usted no tiene la infección por el VIH. Siga tomando medidas para evitar esa infección, por ejemplo, use condones durante las relaciones sexuales y, si está expuesto a alto riesgo de contraerla, tome medicamentos para prevenirla (esto se llama profilaxis preexposición o PrEP). Para mayores detalles, lea la hoja informativa sobre la prevención del VIH publicada por *Clinicalinfo*.

Si usted es seropositivo:
La prueba muestra que usted tiene el VIH, pero aún puede tomar medidas para proteger su salud. Comience por hablar con su proveedor de atención médica sobre el tratamiento antirretroviral (TAR). Las personas a quienes se administra el TAR reciben una combinación de medicamentos contra el VIH todos los días para tratar dicha infección. El TAR se recomienda para todas las personas seropositivas, quienes deben iniciarlo lo más pronto posible. Este tratamiento no cura la infección por ese virus, pero los medicamentos para combatirla ayudan a las personas seropositivas a tener una vida más larga y más sana.

La meta principal del TAR es reducir la carga viral de una persona a un nivel indetectable. Una carga viral indetectable significa que la concentración del VIH en la sangre es demasiado baja para detectarla con una prueba realizada con ese fin. Las personas seropositivas que mantienen una carga viral indetectable, en realidad, no presentan ningún riesgo de transmitir el VIH a su pareja seronegativa por medio de las relaciones sexuales.

¿Quién debe someterse a las pruebas de detección del VIH?

Los Centros para el Control y la Prevención de Enfermedades (CDC) recomiendan que todas las personas entre los 13 y los 64 años de edad se hagan la prueba del VIH por lo menos una vez como parte de la atención de salud de rutina. Por regla general, las personas expuestas a mayor riesgo de contraer la infección por el VIH deben hacerse la prueba de detección cada año. Los hombres homosexuales y bisexuales sexualmente activos pueden beneficiarse de una prueba más a menudo, por ejemplo, cada 3 a 6 meses.

Los factores que aumentan el riesgo de contraer la infección por el VIH incluyen los siguientes:

- Tener relaciones sexuales por vía vaginal o anal con alguien que es seropositivo, o cuyo estado de infección por el VIH se desconoce
- Inyectarse drogas y compartir agujas, jeringas u otro equipo de administración de drogas con otras personas
- Intercambiar relaciones sexuales por dinero o por drogas
- Tener una enfermedad de transmisión sexual (ETS) como sífilis
- Tener hepatitis o tuberculosis (TB)

- Tener relaciones sexuales con una persona que tenga cualquiera de los factores de riesgo de infección por el VIH previamente citados

Hable con su proveedor de atención de salud sobre su riesgo de contraer la infección por el VIH y la frecuencia con que debe hacerse la prueba de detección de ese virus.

¿Deben las mujeres embarazadas someterse a pruebas de detección del VIH?

Los CDC también recomiendan que todas las mujeres embarazadas se sometan a la prueba de detección del VIH para que puedan comenzar a tomar medicamentos contra ese virus si son seropositivas. Las mujeres con el VIH toman medicamentos contra ese virus durante el embarazo y el parto para reducir el riesgo de transmisión maternoinfantil del VIH y proteger su propia salud. Para información adicional, lea la hoja informativa de ClinicalInfo sobre la Prevención de la transmisión maternoinfantil del VIH.

¿Cuáles son los tipos de pruebas de detección del VIH?

Se emplean tres tipos de pruebas para diagnosticar la infección por el VIH, a saber, pruebas de anticuerpos, pruebas de antígenos y anticuerpos y pruebas de ácido nucleico (NAT por sus siglas en inglés). La respuesta a la pregunta "¿qué tan pronto permite detectar cada prueba la infección por el VIH?" varía porque cada una tiene un período silente distinto. El período silente es el tiempo transcurrido entre el momento de la posible exposición de una persona al VIH y el momento en que una prueba permite detectar con exactitud la infección por ese virus.

- **Las pruebas de anticuerpos** examinan si hay anticuerpos contra el VIH en la sangre o en las secreciones bucales. Los anticuerpos son proteínas que combaten la enfermedad, que el cuerpo produce en respuesta a la infección por el VIH. La mayoría de las pruebas rápidas y las pruebas domiciliarias son pruebas de anticuerpos.
- **Las pruebas de antígenos y anticuerpos**, como su nombre lo indica, pueden detectar antígenos (una parte del virus) y anticuerpos contra el VIH en la sangre.
- **Las pruebas de ácido nucleico** examinan la presencia del VIH en la sangre.

La prueba inicial de detección del VIH de una persona será, por lo general, una prueba de anticuerpos o una de antígenos y anticuerpos. Las NAT son muy costosas y no se emplean regularmente para detectar la infección por el VIH a menos que la persona haya tenido una exposición de alto riesgo o una posible exposición con síntomas iniciales de dicha infección.

Cuando el resultado de una prueba de detección del VIH es positivo, se realizará una

prueba de seguimiento. Algunas veces, las personas necesitarán una consulta con un proveedor de atención de salud para hacerse la prueba de seguimiento. Otras, esta última prueba puede realizarse en el laboratorio con la misma muestra de sangre suministrada para la primera. Un resultado positivo de una prueba de seguimiento confirma que la persona tiene el VIH.

Hable con su proveedor de atención de salud sobre sus factores de riesgo de contraer la infección por el VIH y la mejor prueba de detección en su caso.

¿Es confidencial la prueba de detección del VIH?

La prueba del VIH puede ser confidencial o anónima.

Una **prueba confidencial** significa que los resultados de su prueba de detección del VIH incluirán su nombre y otros datos de identificación y se incluirán en su expediente médico. Los resultados positivos de la prueba de detección del VIH se notificarán a los departamentos locales o estatales de salud para incluirlos en los informes estadísticos. Los departamentos de salud retiran toda la información personal (incluso el nombre y la dirección) de los resultados de las pruebas de detección del VIH antes de compartir la información con los CDC. Los CDC usan esta información para sus informes pero no la comparten con ninguna otra organización, ni siquiera con las compañías de seguros.

Una **prueba anónimo** significa que usted no tiene que dar su nombre al someterse a la prueba de detección del VIH. Al hacerse la prueba, recibe un número. Para obtener los resultados, da el número en lugar de su nombre.

¿Dónde puedo hacerme la prueba del VIH?

Su proveedor de atención de salud puede hacerle una prueba del VIH. Esas pruebas también se realizan en muchos hospitales, clínicas, programas de tratamiento para el abuso de sustancias y centros de salud comunitarios. Use este localizador de pruebas de los CDC para buscar un lugar cercano a usted donde se realicen esas pruebas.

También puede comprar en una farmacia o en línea un estuche de pruebas domiciliarias.

La hoja informativa precedente se basa en la correspondiente en inglés.

Proporcionado en colaboración con la Oficina de Investigación del SIDA de los NIH

HIV Testing in the United States

kff.org/hivaids/fact-sheet/hiv-testing-in-the-united-states

Published: Jun 25, 2019

June 25, 2019

Key Facts

- HIV testing is integral to HIV prevention, treatment, and care. Knowledge of one's HIV status is important for preventing the spread of disease, yet 15% of people with HIV do not know they are infected. Studies show that those who learn they are HIV positive modify their behavior to reduce the risk of HIV [1,2,3]
- Overall about half (46%) of nonelderly adults in the United States (U.S.) have ever been tested for HIV, including 8% in the last year. The Centers for Disease Control and Prevention (CDC) recommends routine HIV screening in health-care settings for all adults, aged 13-64, and repeat screening for those at higher risk.
- Early knowledge of HIV status is critical for linkage to medical care and treatment that can reduce morbidity and mortality and improve quality of life.[4] Treatment guidelines recommend starting antiretroviral treatment as soon as one is diagnosed with HIV.[5] Individuals with HIV who have an undetectable viral load, typically as a result of effective antiretroviral therapy, cannot sexually transmit HIV to others.[6]
- Most people with health insurance – both public and private – have access to HIV testing, often at no cost. And, for those without insurance, HIV testing can often be obtained at little or no cost in community settings.

Key Dates in the History of HIV Testing[7]
1981: First AIDS case reported
1984: Human immunodeficiency Virus (HIV) identified
1985: First test for HIV licensed (ELISA)
1987: First Western Blot blood test kit
1992: First rapid test
1994: First oral fluid test
1996: First home and urine tests
2002: First rapid test using finger prick

2003: Rapid finger prick test granted CLIA (Clinical Laboratory Improvement Amendments) waiver
2004: First rapid oral fluid test (also granted CLIA waiver)
2006: CDC recommends routine HIV screening in U.S. health care settings[8]
2007: CDC launches Expanded HIV Testing Initiative in U.S.
2007: WHO/UNAIDS global guidelines recommend routine HIV screening in health care settings[9]
2010: First test approved that detects both antigen and antibodies[10]
2012: First rapid oral fluid home test[11]
2013: USPSTF gives routine HIV screening an "A" rating[12]
2013: First rapid test approved that detects both antigen and antibodies, and distinguishes between acute and established HIV-1 infection[13]
2015: Centers for Medicare and Medicaid Services announces Medicare coverage of annual HIV screening for all beneficiaries 15-65, and for those older and younger beneficiaries at "increased risk" for HIV[14]
2019: USPSTF reaffirms its "A" rating for HIV screening

Testing Statistics

- Among the more than 1.1 million people with HIV in the U.S., an estimated 15% do not know they are infected and this share accounts for nearly 40% of new transmissions.[15,16] Studies show that those who learn they are HIV positive modify their behavior to reduce the risk of HIV transmission.[17]
- Through earlier detection, raising awareness of HIV status, and linkage to care and treatment, testing could play an important role in addressing the U.S. epidemic.
- According to the CDC's Behavioral Risk Factor Surveillance System (BRFSS) about half (46%) of U.S. adults, aged 18-64, reported ever having been tested for HIV, including 8% who reported being tested in the last year (see Figure 1).
- HIV testing varies by state, age, race/ethnicity, and other factors.[18,19,20,21,22] For example, Blacks and Latinos are more likely to report recent testing and having ever been tested for HIV than whites (e.g. 68% and 49% vs 46%, respectively have ever been tested).[23] (See Figure 1.)

- According to a 2014 survey of gay and bisexual men in the U.S., relatively few report being tested as regularly as is often advised. Seven in 10 say they have been tested at some point in their lives, 1 in 5 say they were tested within past six months, and 3 in 10 say they've never been tested for HIV, a share that rises to 44 percent among those under age 35.[24]
- Findings from a recent CDC analysis of a decade of testing data suggests that some people at risk for HIV are not getting tested as frequently as recommended.[25]

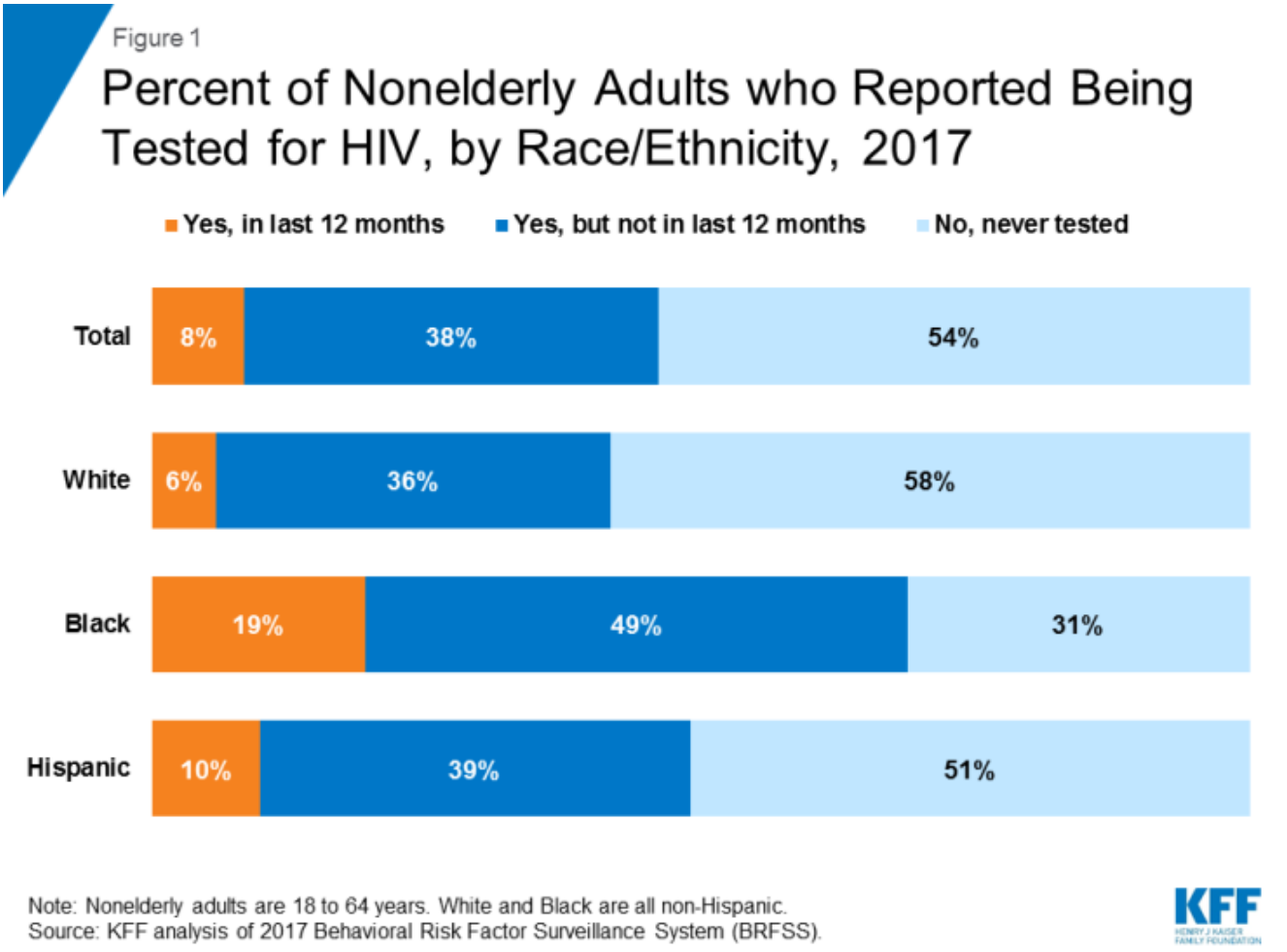

Figure 1: Percent of Nonelderly Adults who Reported Being Tested for HIV, by Race/Ethnicity, 2017

Testing Recommendations and Requirements

The U.S. Centers for Disease Control and Prevention (CDC) recommends **routine HIV screening in health-care settings** for all adults, aged 13-64, and repeat screening at least annually for those at higher risk.[26,27] Per the CDC individuals who may benefit from at least annual screening include:[28]

- sexually active gay or bisexual men (some of whom may benefit from more frequent testing, such as every 3 to 6 months)
- individuals who have had sex with an HIV-positive partner

- individuals who have had more than one partner since their last HIV test
- those who have shared needles or works to inject drugs
- people who have exchanged sex for drugs or money
- individuals who have another sexually transmitted disease, hepatitis, or tuberculosis
- those who have had sex with someone who has participated in any of the above activities or with someone with an unknown sexual history

Certain factors are known to reduce the risk of HIV transmission including condom use, antiretroviral treatment leading to durable viral load suppression among those with HIV, which prevents further transmission, and the use of pre-exposure prophylaxis (PrEP) among those at increased risk for HIV.[29]

Additionally, HIV testing is recommended for all pregnant women and for any newborn whose mother's HIV status is unknown.[30] Treatment provided to pregnant HIV-positive women and to their infants for 4-6 weeks after delivery can reduce the risk of transmitting HIV to 1% or less.[31] HIV testing is also recommended for anyone who has been sexually assaulted.

CDC recommends that all HIV screening be **voluntary**, and **opt-out** (patient is notified that the test will be performed and consent is inferred unless the patient declines) vs. **opt-in** (test is offered to the patient who must explicitly consent to an HIV test, often in writing). [32]

HIV testing is **mandatory** in the U.S. in certain cases, including for: blood and organ donors;[33] military applicants and active duty personnel;[34] federal and state prison inmates under certain circumstances;[35,36] and newborns in some states.[37] As of January 2010, HIV testing is no longer mandatory for those wishing to emigrate to the United States or for refugees.[38]

Insurance Coverage of HIV Testing

Most insurers now broadly cover HIV testing, many without cost-sharing, in part due to a decision made by the United States Preventive Services Task Force (USPSTF), an independent panel that assess the net benefit of preventive services and assigns a subsequent letter grade (A-D). Under the ACA, any "A" or "B" graded preventive services must be provided by most insurers without cost-sharing; in addition, traditional Medicaid programs, while not required to provide USPSTF top graded services are incentivized to do so. In 2013, the USPSTF gave HIV screening an "A" rating for all adolescents and adults, ages 15 to 65.[39] It also gave an "A" grade to HIV screening for pregnant women. Both of these recommendations were reaffirmed in 2019.[40] The current insurance coverage landscape of HIV testing is as follows:

- **Private Insurance:** Most private plans cover HIV testing without cost-sharing. All plans created after the ACA was signed in 2010 must cover.[41,42]

- **Medicaid:** All Medicaid programs cover "medically necessary" HIV testing and most cover routine HIV screening.
    - Traditional Medicaid Programs: While all Medicaid programs must cover "medically necessary" HIV testing,[43] coverage of "routine" HIV screening is an optional benefit in traditional (non-expansion) Medicaid programs. Still, most states (42 states and DC) do cover routine HIV screening; only eight cover just "medically necessary" testing (AL, FL, GA, ME, MS, NE, SD, and VA).[44] Among the 43 states that cover routine HIV screening, 15 (CA, CO, DE, HI, KY, LA, MT, NH, NJ, NV, NY, OH, OR, WA and WI) cover all USPTSF "A" and "B" graded services and have sought an additional 1% increase in their federal matching rate (FMAP) for these services under Sec. 4106 of the ACA. [45]
    - Medicaid Expansion Programs: In addition to covering medically necessary testing, Medicaid programs expanded under the ACA are required to cover preventive services rated "A" or "B" by the USPSTF, including HIV screening, without cost-sharing. To date 37 states and DC have expanded their Medicaid programs.[46]
- **Medicare:** In April 2015, following the 2013 USPSTF recommendation and a subsequent National Coverage Determination, CMS expanded Medicare coverage to include annual HIV testing for beneficiaries ages 15-65 regardless of risk, and those outside this age range at increased risk without cost-sharing.[47]Additionally, Medicare will cover up to three tests for pregnant beneficiaries.[48]
- **Uninsured:** For those without insurance coverage (or wishing not to use their insurance), HIV testing can be obtained at little or no cost in some community based settings (e.g., stand-alone HIV testing sites, community health centers, mobile testing clinics).

Testing Sites and Policies

HIV testing is offered at CDC-funded testing sites (accounting for more than 3 million tests) and in other public and private settings, including free-standing HIV counseling and testing centers, health departments, hospitals, private doctor offices, STD clinics, and mobile testing units.[49] The overall positivity rate at CDC funded test sites was 0.9% in 2017, including testing among those newly and previously diagnosed. The positivity rate for new diagnoses was 0.4% but was substantially higher for certain sub-populations (e.g. 3.2% for black men who have sex with men).[50] Among CDC-funded testing sites, non-health care facilities have a higher rate of clients testing HIV-positive than do health care and correctional facilities.[51]

All states/territories have moved to **HIV name reporting** (in addition to reporting AIDS cases) where a person's name is reported to the state if they test HIV positive. The state then reports the number of unique positive HIV tests to CDC (no names or other personally identifying information are reported to CDC; only clinical and basic demographic

information are forwarded). This is considered **confidential** HIV testing. There is also **anonymous** HIV testing offered at some testing sites where identifying information is not collected.

Testing Techniques

HIV tests aim to detect the virus by looking for evidence of the body's immune response (antibodies), proteins on the surface of the virus (antigens), or genetic material from the virus (RNA). Detectable antibodies usually develop within 3-8 weeks after infection, but may take longer; the period after initial infection with HIV before detectable antibodies develop is the "window period."[52] In 2010, the FDA approved the first HIV diagnostic test that detects both antibodies and antigen, a component of the virus that triggers the production of antibodies.[53] In 2013, the FDA approved the first rapid antigen-antibody test, the first test also to distinguish between acute and established HIV-1 infection.[54] Tests for antigen allow for earlier detection of HIV because they can detect the virus before the body has mounted a response, although there will still be a window period of approximately two weeks after initial infection during which no test can detect the virus. RNA, or nucleic acid tests, which detect the virus itself in the blood, are also available, but not routinely used for screening. The test may be used in cases where there has been a high-risk exposure to HIV and as a follow-up test to a positive antibody test.[55]

The currently HIV diagnostics in the U.S differ based on type of specimen tested (whole blood, serum, or plasma; oral fluid; urine); how the specimen is collected (blood draw/venipuncture; finger prick; oral swab; via urination); where the test is done (laboratory; point-of-care site; at home); and how quickly results are available (conventional or rapid).[56,57] The main types of tests are:

- **Conventional Blood Test:** Blood sample drawn by health care provider; tested at lab. Results: less than an hour to several days.
- **Conventional Oral Fluid Test:** Oral fluid sample collected by health care provider, who swabs inside of mouth; tested at lab. Results: a few days to two weeks.
- **Rapid Tests:**[58] Whole blood finger prick or venipuncture; plasma; oral fluid sample collected depending on complexity of rapid test and individual administering test. Results: approximately 10 minutes. If test is negative, no further testing is needed. If positive, test must be confirmed with a more specific test through conventional method. Some rapid tests have been granted CLIA waivers which allow them to be used outside traditional laboratories.

- **Home Tests:** There are two approved home tests, one of which is performed with a finger prick finger with a lancet, placing drops of blood on treated card, and mailed to lab for testing. An identification number on the card is used when phoning for results; counseling and referral available by phone. Results: in approximately three days. The other is a rapid oral fluid test for home use. Results: approximately 20 minutes. Both home tests may be purchased from drug stores and online.[59]
- **Urine Test:** Urine sample collected by health care provider; tested at lab. Results: a few days to two weeks.

After an HIV Test

Following an HIV test, individuals who test positive can expect a confirmatory test and linkage to HIV care and treatment. It is considered a best practice to initiate antiretroviral treatment as soon as possible after diagnosis.[60] Doing so facilitates the best possible clinical outcomes for the HIV positive individual and is also a prevention opportunity, as once that individual has an undetectable viral load they cannot transmit HIV to others.[61] Individuals who test HIV negative but who are at high risk for the infection, may be referred to additional prevention services such as PrEP which can reduce the risk of HIV acquisition through sex by more than 90%.[62]

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What Is an HIV Test?

An HIV test can tell you if you have acquired HIV, the virus that can cause AIDS. For some, getting tested for HIV can be scary. However, it can also be a very important way to say "yes" to your life and your health.

The only way to know if you have HIV (to know your 'status') is to get tested. If you are worried because you think you may have been exposed to HIV, get tested. Then, if you learn that you are negative (not living with HIV), you can stop worrying. There are many ways to remain HIV-negative. For more information, see our fact sheets on how HIV is spread and how to avoid transmission.

The bottom line – it is important to know your HIV status and to get regular HIV tests. There are several types of HIV tests, which are described below.

Why and Whom to Test for HIV

Do you know your HIV status - or your partner's HIV status? If not, it is important for you to get tested for HIV. Did you just have unprotected sex, use someone else's needle, have a condom break, or learn that a previous sexual partner is living with HIV (HIV+)? Are you pregnant or planning to become pregnant? These are all important reasons to get tested for HIV.

Recent research has shown that someone living with HIV who is on effective treatment and whose viral load is below the limits detected with standard tests cannot pass the virus on to his or her sexual partner (U=U). Despite this exciting development, you should still get tested for HIV, if your partner lives with HIV.

Getting tested for HIV is part of routine, regular health care in many countries. The Public Health Agency of Canada, for example, recommends that HIV testing be discussed as part of routine medical care. The US Centers for Disease Control and Prevention (CDC) now recommends testing all people ages 13 to 64, unless they have already been tested. It is also a good idea to get tested for HIV before beginning a new sexual relationship, regardless of your age. This is just as important for teens as it is for older adults.

The World Health Organization (WHO) makes different suggestions based on where you live. Where HIV is widespread, it recommends that HIV testing be offered to anyone who goes to a healthcare facility. Where HIV is less common, it suggests that HIV tests be offered to people who may be at higher risk of having been exposed to HIV.

Certain groups of people are considered at higher risk of HIV exposure and therefore should be tested for HIV at least once a year:

- People who have multiple sexual partners or who have sex with someone who has multiple sexual partners
- Sexual partners of people living with HIV
- People who inject drugs and their sexual partners
- People who exchange money or goods for sex or drugs

It is also important to get tested for HIV when:

- You are planning to become pregnant or learn you are pregnant
- You seek treatment for a sexually transmitted infection or disease
- You begin treatment for tuberculosis
- You were born to a woman living with HIV

Where to Get Tested

There are many different types of places for you to get an HIV test. These include health clinics, private health care providers' offices, HIV testing centers, and health departments. There are also HIV tests you can order online or buy over the counter at stores that have pharmacies (e.g., CVS, Walgreens, Walmart). These tests allow you to collect a sample or complete a full rapid test (20 minutes) in the privacy of your home.

In the US, you can go to the National HIV and STD Testing Resources website or the AIDS.gov website to find a testing site near you. You can also call the CDC's information line at 800-232-4636 or call your state's HIV/AIDS hotline.

Which Test to Take and When to Take It

The type of test that is best for you depends on when you might have been exposed to HIV. Most tests, including rapid tests done at testing centers or at home, detect antibodies to HIV. Antibodies are proteins that your body makes to mark HIV for destruction by your immune system. The body takes one to three months and occasionally up to six months to develop antibodies to HIV. This time between getting HIV and the production of antibodies is called the "window period." **Therefore, the results of tests that detect antibodies are only reliable one to three months or more after your exposure to HIV.**

If your HIV test is negative during the window period, you could still have HIV. If you want to get tested before the body has had a chance to produce antibodies (i.e., before the window period has passed), there are tests that look for pieces of the virus itself. These pieces of the virus or viral particles are called antigens. If an HIV antigen is in your blood, some tests can identify seroconversion as soon as two weeks after exposure to the virus.

HIV Tests

There are a few tests to identify HIV. You will first have a screening test. If that test is positive, a confirmatory test is done.

Screening Tests

Screening tests are used first.

- If an **antibody screening test** is negative for HIV and you are outside the window period, you do not have HIV.
- If an **antigen screening test** is negative for HIV two weeks or more after your exposure, you do not have HIV.
- If your **screening test comes back positive**, you will need a second test to confirm (make sure) that you are living with HIV.

Antibody tests

Antibody tests are the most common tests to screen for HIV. They look for antibodies to the HIV virus in your blood, oral fluid (not your saliva), or urine. Antibodies are proteins that your body makes to mark a germ – in this case the human immunodeficiency virus – for destruction by your immune system. If you have been exposed to the HIV virus, your body will produce antibodies to HIV after one to three months. Sometimes it can take up to six months. The period between exposure to HIV and your body's production of antibodies is called the "window period." Having a negative HIV antibody test **after** the window period means you have not acquired HIV.

There are several types of antibody tests for screening:

- Rapid HIV antibody test: uses blood or oral fluid; results are available in 20 minutes. The OraQuick in-home oral HIV test is now available online or over-the-counter for at-home use. Rapid HIV tests are also available in clinics and HIV testing centers.

- Home testing kit: is not so much a testing kit as a collection kit for use at home. It tells users how to put a drop of blood on a card that they then mail to a licensed laboratory. Some kits use an oral swab, which customers must swipe along their upper and lower gums to collect a sample. Customers get an identification number to use when calling the laboratory for results. The 'Home Access HIV-1 Test System' is one such test; it takes about a week to get results.

It is important to know that at-home tests like the OraQuick and Home Access HIV-1 Test System do not provide in-person counseling or linkage to appropriate care and treatment for customers who test positive for HIV.

Original blood tests: also called 'third generation' tests or enzyme immunoassay (EIA) tests, they look for antibodies. It can take up to two weeks to get the results of an EIA. These tests are often no longer used where combined antibody-antigen tests are available.

Combined Antibody-Antigen Tests

Combined antibody-antigen tests (or 'fourth generation tests') combine antibody tests and antigen tests to screen for HIV. They are better at showing if you have acquired HIV around three weeks ago while still preventing results that show a person has acquired HIV when they have not (false positive). Combined antibody-antigen tests use either blood or saliva, and are the recommended first-line test in the United Kingdom and the US.

Follow-up or Confirmatory Tests

Any positive antibody or antibody-antigen test needs to be confirmed with a second test – either another HIV antibody test or a test called the Western Blot.

- HIV-1/HIV-2 antibody differentiation immunoassay: this test looks for antibodies in the blood; there are two versions that give results in an hour or less. The test can tell if you have strain one (HIV-1) or strain two (HIV-2) of HIV, which can be important information for your provider to know when deciding what treatment is best for you. It is now being used as the recommended second, or confirmatory, test in the US.
- Western Blot: this test looks for several different antibodies to different parts of the virus in the blood.

Viral nucleic acid tests

These tests look for HIV's genetic material in the blood and can identify an HIV infection within two to three weeks of exposure. They are generally used in special circumstances, such as:

- Babies born to mothers living with HIV: since babies carry their mother's antibodies in their blood for up to 18 months, traditional antibody tests would produce results that are not specific to the baby
- Testing someone with a known recent exposure, before the HIV antibody can be identified in the blood
- Testing people who have participated in an HIV vaccine trial: these people will already have HIV antibodies in their blood
- Testing people for whom test results have not been clear: for example, people who had a positive first test, and a negative second test (possibly because they acquired HIV very recently)

Today's HIV drugs let many people living with HIV have long, healthy lives. If you test positive for HIV, it is important for you to get proper care and treatment as soon as possible.

Getting Your Test and Its Results

If you have just been told you acquired HIV, it can feel like the worst news in the world. As upsetting as this can be, you are better off knowing. Once you know you are living with HIV, you can take charge of your health and have the best chance to slow or prevent HIV disease from getting worse.

If you have acquired HIV, there are many things you can do to stay healthy. One important thing is to find a good health care provider. It is also important to begin taking HIV drugs, which will help keep your immune system healthy. The longer you live with HIV and do not receive treatment, the more likely you are to have a weakened immune system, and the harder the HIV drugs may have to work once you start them. Learning about HIV and its treatment will help you make the best of your situation, as will joining or setting up a support group, or finding others who share your experience (see our community of women living with HIV at *A Girl Like Me*). For more information, see our Did You Just Test HIV+? fact sheet.

A person living with HIV who knows her status can also do things to protect the health of others. She can tell previous sexual partners that they might be at risk of having acquired HIV, practice safer sex to prevent transmitting the virus, and take HIV treatment as prevention against transmitting HIV. Recent studies have shown that people living with HIV who are taking HIV treatment and have an undetectable viral load cannot pass HIV on to their sexual partners. For more information, see our fact sheet on this exciting discovery, known as Undetectable Equals Untransmittable.

In addition, if a woman living with HIV is pregnant or wants to become pregnant, she can take steps to prevent her child from becoming acquiring HIV. For more information, see our fact sheets on Pregnancy and HIV and Getting Pregnant and HIV.

Will People Find Out if I Test HIV+?

Laws about HIV confidentiality vary depending on the state and country in which you live. In the US, states require that health care providers and testing clinics report the names of people living with HIV to that state's department of health. The state health department is required to keep that information confidential (not tell anyone). State registries are intended to help public health officials keep better track of the epidemic. Testing sites do not share your results with anyone else, including your primary care provider or insurance company.

The federal HIPAA law (Health Insurance Portability and Accountability Act of 1996) also protects the confidentiality of your HIV status in the US. It prevents health care or social service providers from sharing your HIV test results without your written consent (you have to sign a paper allowing them to share your results).

If you are living with HIV, many US state laws say that you have to tell sexual partners about your status. This is called disclosure. However, you do not have to disclose your HIV status to friends, family, coworkers, or your employer. For more information, see our fact sheets on Disclosure and HIV and Understanding Your Rights and Responsibilities in the Workplace.

Taking Care of Yourself

Getting tested for HIV is one of the best things you can do for your health. If you test negative, you can stop worrying and have a wonderful opportunity to learn how to stay HIV-negative. If you just became aware that you acquired HIV, it is common to feel angry, scared, confused, shocked, or depressed. These feelings are normal. Please get the help and support you deserve, and know that there are many things you can do to stay healthy, including taking HIV drugs.

If you need help, check out this website to find an organization near you, whether it is a support group, a health clinic, an HIV provider, or an AIDS service organization. You can also call the US national AIDS hotline at 1-800-CDC-INFO (1-800-232-4636; TTY: 1-888-232-6348), or the AIDSinfo hotline at 1-800-HIV-0440 (1-800-448-0440; TTY: 1-888-480-3739; outside the US: 1-301-315-2816).