HIV Screening in Community Health Center Dental Clinics

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Objectives

- Review current CDC recommendations for HIV screening
- Discuss feasibility of HIV screening in CHC dental clinics
- Present results of study assessing patients acceptance of and experience with HIV testing in CHC dental clinics
- Discuss tools and models for HIV screening

Awareness of Serostatus Among People with HIV and Estimates of Transmission

- ~25% Unaware of Infection
- ~75% Aware of Infection

Accounting for:
- ~55% of New Infections
- ~45% of New Infections

People with HIV/AIDS: 1,039,000 – 1,185,000
New Sexual Infections per Year: ~36,000

*J Acquir Immune Defic Syndr.*, Aug 2005
2006 Revised CDC Recommendations for HIV Screening

- Routinely screen all patients
  - Ages 13-64 who have not been tested for HIV (unless prevalence of undiagnosed infection < 0.1%)
  - Seeking treatment for STD or TB
- Repeat screening for persons at high risk annually
- Voluntary screen with patient’s consent
- Prevention counseling is not recommended as part of routine HIV screening programs

Why Screen for HIV in a Dental Clinic?

- Because we can
- Provides an additional setting for early entry into the medical system (for many individuals a dental visit may be their only healthcare encounter)
- It is cost saving
- Provides opportunity for DHCP to play a more integral role in patient’s overall health
Background

Since 2005, the Centers for Disease Control and Prevention (CDC) and the National Association of Community Health Centers (NACHC) have been exploring the feasibility of HIV screening in dental clinics

- 2 meetings for key stakeholders
- Dental providers have a role in increasing knowledge of HIV status and linkage to care
- Community health center dental clinics provide a viable access point for HIV screening

Benefits of Screening in Community Health Center Dental Clinics

- HIV prevalence among patients is higher than in the general population
- Existing infrastructure
- Likelihood of receiving results is higher
Patient’s Acceptance of and Experience with Rapid HIV Screening in Dental Clinics

Objective

To determine patients’ acceptance of and experience with routine HIV screening as part of the dental visit

Data Uses

To provide useful information to support existing HIV screening programs or planning for a new one

Methods

September 21-October 16, 2009, we administered an attitude assessment tool to a convenience sample of patients attending dental practices within community health centers and free health clinics where:

- Routine HIV screening program was already in place (Testing Sites)
- Routine HIV screening program was NOT in place (Non-testing Sites)
Methods
Assessment Tools

- Demographics (age, sex, race)
- Language (English, Spanish)
- Accept HIV test if offered?
  - If yes, why?
  - If no, why not?
- Agree or disagree that dental clinic is a good place to be HIV tested?
- Ever been tested?

Results

Testing Sites = 3
N=117

Non-Testing Sites = 9
N=443
Testing Sites
N=117

75% Offered

69% Accepted

Why Accept

25% Not offered

31% Not Accept

Why Not Accept

Testing Sites
Main Reason Accepted Test n=57

- Important to know results
- It was free
- Comfortable getting results at DDS
- Results in 20 minutes
- Other
Testing Sites
Main Reason Did Not Accept Test n=25

Not at risk for HIV
Had an HIV Test
Know my HIV status
Afraid to know I have HIV
Never want test at DDS

Testing Sites
Dental Clinic a Good Place to Offer HIV Testing

Agree
Neither
Disagree
Don’t know
Non-Testing Sites
N=443

80% Would Accept

20% Would Not Accept

Why Accept

Why Not Accept

Non-Testing Sites
Main Reason Would Accept Test n=341

- Important to know results
- Results in 20 minutes
- Free
- Comfortable getting results from DDS
- Other

![Bar Chart showing reasons for accepting non-testing sites test]

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80% Would Accept

20% Would Not Accept
Non-Testing Sites
Main Reason Would Not Accept Test n=86

- Not at risk for HIV
- Never want test at DDS
- Know my HIV status
- Had HIV test recently
- Afraid of other people knowing

Non-Testing Sites
Dental Clinic a Good Place to Offer HIV Testing

- Agree
- Neither
- Disagree
- Don’t know
Non-Testing Sites

- Hispanics were twice as likely as whites or blacks, to accept either an oral or finger-stick test (88% vs 76% and 76%)
- 31% of females never want to get tested at the dental clinic compared to 19% of males
- Hispanics (65%) were more likely to agree that the dental clinic was a good place to test compared to whites (51%)

Conclusions

- Most dental patients are accepting of HIV testing as part of a dental visit.
- “I’m not at risk for HIV” was the main reason for not accepting an HIV test at both sites.
- Although 80% pts at non-testing sites would accept HIV test, only 57% agreed dental clinic good place to test – 16% disagreed.
- In general, Hispanics seem more acceptable of HIV testing in dental clinics than whites and blacks.
Results of Harvest Meeting of 12 Sites
December 19, 2009

- HIV screening models differed between sites currently screening in:
  - State requirements for informed consent
  - Availability of test kits and training
  - Knowledge if patient had been offered HIV test during medical visit.
  - Linkages to care

Results of Harvest Meeting of 12 Sites
December 19, 2009

- What tools, training and resources needed to begin HIV screening programs?
  - Test kits
  - Educational materials and training on how to conduct the test
  - Procedural models
  - Counseling protocols
  - Referrals and partnerships
  - Data Forms
Tools for HIV Screening Programs in CHC Dental Clinics

- HIV Screening Algorithm
- Post-test Counseling and Referral Algorithm
- Routine Testing Flow Sheet
- HIV Test Results Log
- Patient Education Materials in English and Spanish
- Staff Tools
- Models for linkages to medical follow-up
**HIV Screening Algorithm**

- **Rapid HIV Test**
  - **Negative**
    - Inform patient
    - Give "Negative" handout, if desired
    - Review risks, if appropriate
    - Discuss "window period"
    - No further testing
  
  - **Positive**
    - Western Blot
  
  - **Indeterminate**
    - Repeat Rapid HIV Test
    - Inform patient
    - Give "Negative" handout, if desired
    - Review risks, if appropriate
    - Discuss "window period"
    - No further testing

- **Reactive**
  - Inform pt preliminary results are reactive
  - Give "Reactive" results handout
  - Draw confirmatory Western Blot
  - Schedule follow-up apt in 5 days

- **Western Blot**
  - Negative
    - Patient likely negative
    - Unless recent risk
    - Review risks & prevention
    - Schedule 3 mo repeat
    - Repeat Western Blot at 5 day follow-up visit
  
  - Positive
    - Patient likely positive
    - Unless recent risk
    - Review risks & prevention
    - Schedule 3 mo repeat
    - Repeat Western Blot at 5 day follow-up visit

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**INTEGRATING HIV SCREENING INTO ROUTINE PRIMARY CARE: A HEALTH CENTER MODEL**

By Cheryl Modica, PhD, MPH, BSN
NACHC Consultant

The health center model has helped reduce health disparities among many poor and minority communities in such areas as diabetes, heart disease, and asthma. This approach has helped ensure that quality medical care is available not just to those who can pay for it, but also to those who need it most. We have an important opportunity to replicate our successes once again with HIV/AIDS.

PREVENTION holds the key to our success in reducing the burden of HIV/AIDS in our communities. Prevention is only possible when we assume the stance that all patients, really all people, have a right and need to know their HIV status. Screening for HIV should be as routine as testing for cholesterol and blood sugar, something we routinely offer our patients.

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[Image of Health Center Flowchart]

[Image of Integrating HIV Screening into Routine Primary Care Flowchart]
Everyone has the right to be tested for HIV

Every year around 36,000 people become infected with HIV in the United States.

One in four people with HIV do not even know they have HIV. This means they could be putting themselves and their loved ones at risk.

Many people with HIV have no signs of disease, but they may spread HIV to others. They do not know that HIV is in their body until they test positive.

Get Tested for HIV

Everyone should be tested for HIV.

Knowing whether or not you are HIV-positive can help you stay healthy and live a long and healthy life. You can take steps to protect yourself and your loved ones from getting the disease.

If you test negative, you can learn how to avoid getting HIV in the future.

If you test positive, you can learn how to get help in managing your HIV and live a long and healthy life. You can take steps to protect others from getting the disease.

You should expect to be tested for HIV as a regular part of your medical care.

Questions?

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