



Breaking Barriers

Implementing Status-Neutral HIV Screening and Prevention for All

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CMEO Snack

LEARNING OBJECTIVE **1**

Adopt a status-neutral approach to HIV screening to effectively promote prevention strategies, including the initiation of PrEP

Health Care Practitioners Are a Crucial Response to Persistent HIV Rates

- HIV diagnosis through **routine screening** and confirmatory testing is the **critical first step** in the HIV prevention and care continuum^{1,2}
- A **health care practitioner's recommendation** for HIV testing significantly impacts a patient's decision to test³



¹Ham DC, et al. *MMWR Morb Mortal Wkly Rep.* 2016;65(24):619-622. ²Centers for Disease Control and Prevention. CDC Website. 2022. <https://www.cdc.gov/hivnexus/media/pdfs/2024/04/cdchivslides2022routinescreening508.pdf>. ³Kaiser Family Foundation [KFF]. KFF Website. 2012. <https://www.kff.org/hiv-aids/2012-survey-of-americans-on-hivaids/>.

Discussion



Latest HIV Testing Guidelines

Guidelines vs Data: Concordance and Gaps

Guidelines

- **WHO HIV Testing Services (HTS):** Global Framework
- **CDC HIV testing guidance:** United States
- **EACS guidelines:** Europe (including Italy)
- **National guidelines aligned with WHO:** UK, India, Africa

Guideline Emphasis

- All recommend proactive testing
- **CDC** emphasizes status-neutral care
- **WHO** focuses on linkage + quality
- **EACS** supports self testing
- Regional variation in adoption (e.g., on-demand PrEP not in Asia guidance)

What the Data Shows

- Despite increase in routine testing:
- Disparities in screening rates for high-risk populations persist
 - Late diagnoses are still occurring

In the United States, an estimated 13% of the 1.2 million individuals with HIV are **unaware of their status**. **Globally**, the **WHO** emphasize not just the frequency of testing, but the **quality of data** collection to inform program improvements and “diagnosis-to-linkage” timelines

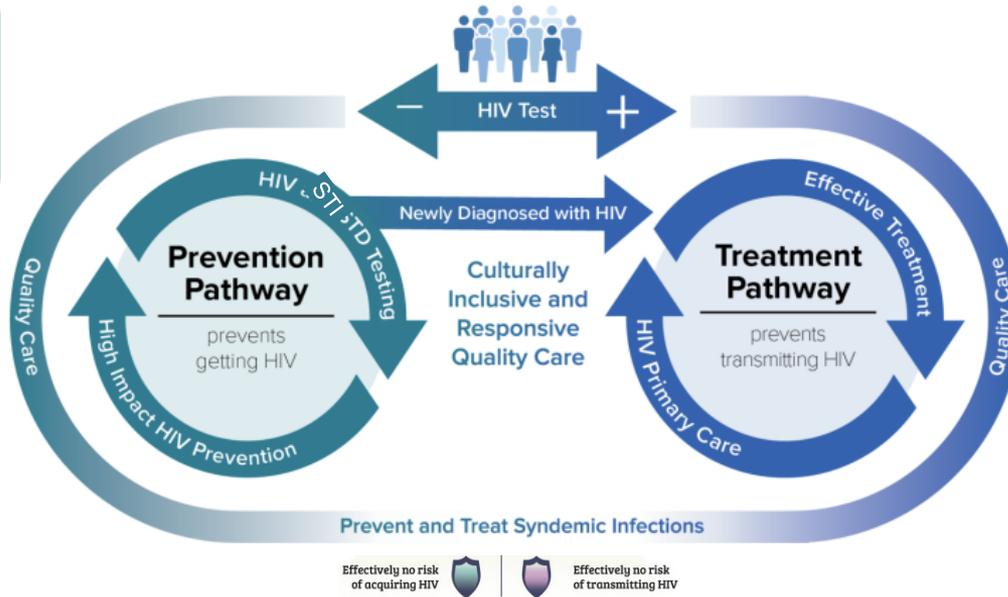
Status-Neutral HIV Prevention and Care

U=U

Undetectable =
Untransmittable

People with HIV who maintain viral suppression do not transmit the virus. Treatment is prevention.

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.



People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

SSPs = syringe service programs; STI = sexually transmitted infection.

Bond KT, et al. *J Assoc Nurses Aids Care*. 2021;32(3):283-305. Daskalakis DC. National Association of County & City Health Officials [NACCHO] Website. 2025. <https://www.naccho.org/uploads/body-images/NACCHO-Status-Neutral-Approach-Daskalakis.pdf>. Myers JE, et al. *Open Forum Infect Dis*. 2018;5(6):ofy097.

Reactive HIV Screening Test vs Negative HIV Screening Test

HIV-Negative Tests

Individuals are offered powerful prevention tools such as PrEP, condoms, harm reduction (e.g., SSPs), and supportive services to stay HIV-negative

HIV-Positive Tests

Individuals enter HIV primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression

Benefits

Reduced stigma, more equitable access to prevention and treatment, streamlined workflows—and the potential to reduce new HIV infections due to status neutral approach

Discussion



Common Barriers to HIV Testing



Individual-Level Barriers

- Fear of judgment
- Privacy/confidentiality concerns
- Fear of diagnosis and the associated consequences
- Anticipated stigma and/or discrimination
- Low perceived personal risk

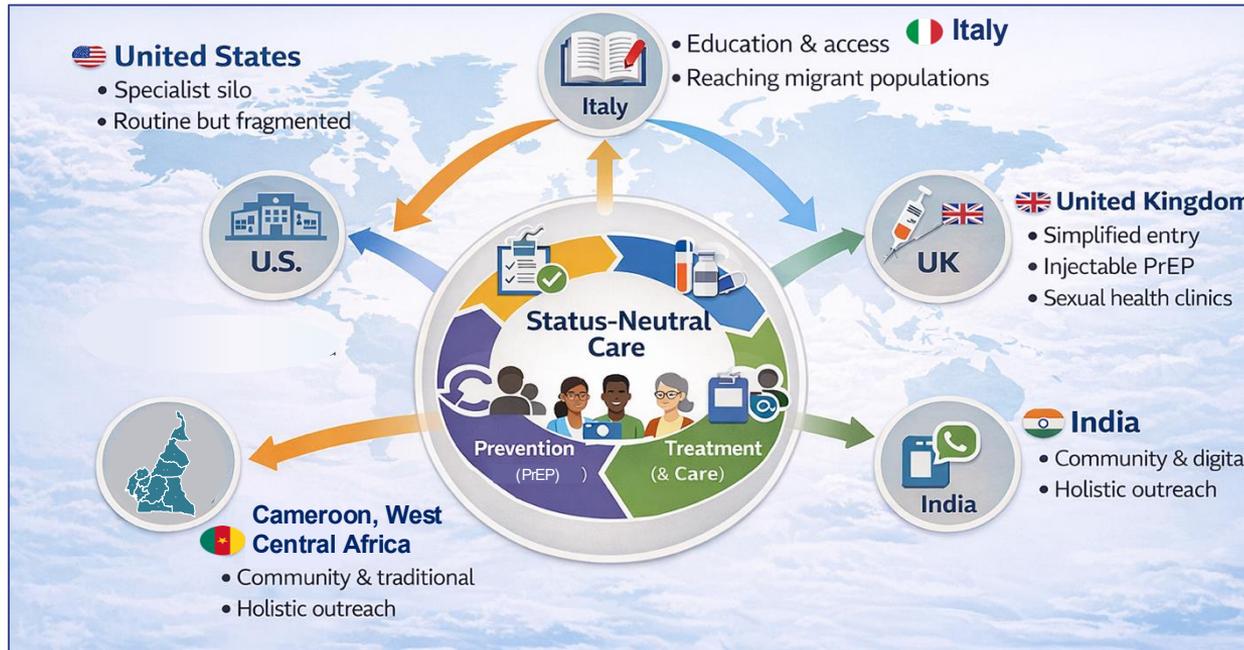
Provider-Level Barriers

- Failure to offer routine HIV screening
- Over-reliance on risk-based assessments versus universal HIV testing
- Discomfort discussing sexual health
- Implicit bias in who is offered testing

Structural/Systemic Barriers

- Cost/insurance gaps
- Limited geographic access
- Fragmented care systems
- HIV criminalization laws
- Misinformation and persistent myths
- Mistrust in healthcare due to systemic inequity
- Immigration-related fears

Regional Perspectives on HIV Testing Barriers



Status neutral care is a shared goal - but implementation succeeds when workflows adapt to local realities while preserving access, simplicity, and dignity

How is Status-Neutral Approach Implemented: Unique Challenges & Regional Workflows Approaches



United States
Unique Challenge: PrEP remains siloed in HIV specialty care.
Regional Workflow Approach: Status-neutral screening integrated into primary care, EDs, and routine testing with standardized PrEP linkage



Italy
Unique Challenge: Cultural stigma, limited sex education, and fragmented access, especially for migrants.
Regional Workflow Approach: Status-neutral care delivered through public health clinics and NGOs, with targeted outreach and linkage strategies designed to reduce stigma and improve access for all



United Kingdom
Unique Challenge: Clinician discomfort with risk-based assessments despite routine testing guidance.
Regional Workflow Approach: Long-acting injectable PrEP integrated into sexual health clinics as a simplified, protocol-driven entry point to status-neutral prevention and care



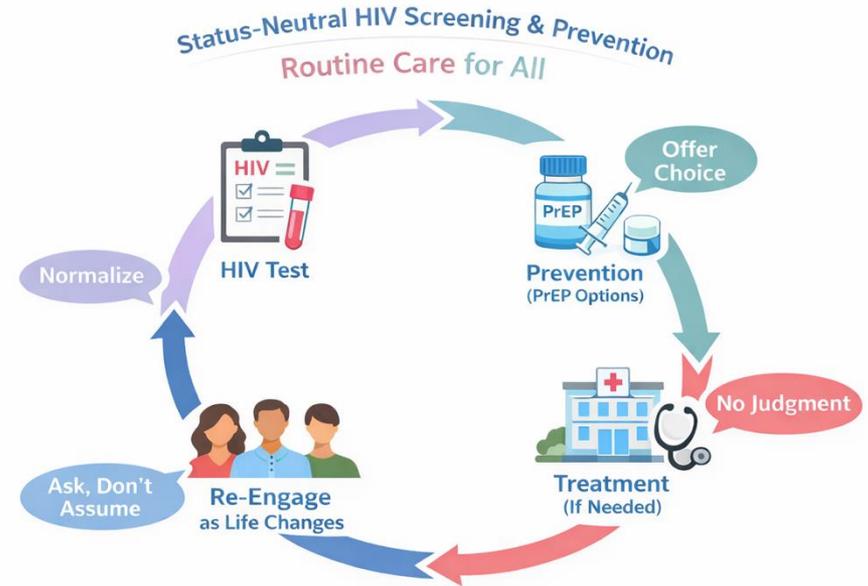
Cameroon (Central/West-Central Africa)
Unique Challenge: Low male engagement in HIV services.
Regional Workflow Approach: Gender-focused HIV interventions, particularly engaging men, with status-neutral programs linking testing to care



India
Unique Challenge: Stigma and barriers to clinic-based care
Regional Workflow Approach: Status-neutral care integrated with social and community services; decentralized testing through non-traditional settings and digital outreach platforms

Communication Strategies with Patients

- **Normalize & Universalize**
- **Lead With Positivity & Clarity**
- **Explore Context, Not Assumptions**
- **Address Stigma Explicitly**
- **Use Cues to Action**
- **Leverage Social & Community Influence**



Delivering HIV Test Results: General Approach is Universal



- Deliver test results in person, if possible (negative results can be delivered via phone)
- Ensure that results are delivered in private to maintain confidentiality
- Deliver results, whether positive or negative, using a neutral and direct tone of voice
- Be empathic/nonjudgmental when addressing patients' responses
- Be flexible: patients' reactions/needs, comprehension, and ability to make decisions will vary

Tip: Have a reliable referral pathway in place to ensure that the patient does not leave without next steps. Start with Test → Prevent → Treat and build comfort over time.

Key Considerations for Initiating PrEP Following Results

Before Initiation → HIV-Negative Required

- Confirm HIV-negative with 4th-gen Ag/Ab test
 - Offering same day PrEP service increases uptake and retention
- If recent high-risk exposure or acute symptoms → add HIV NAAT or RNA PCR
- Prevents resistance



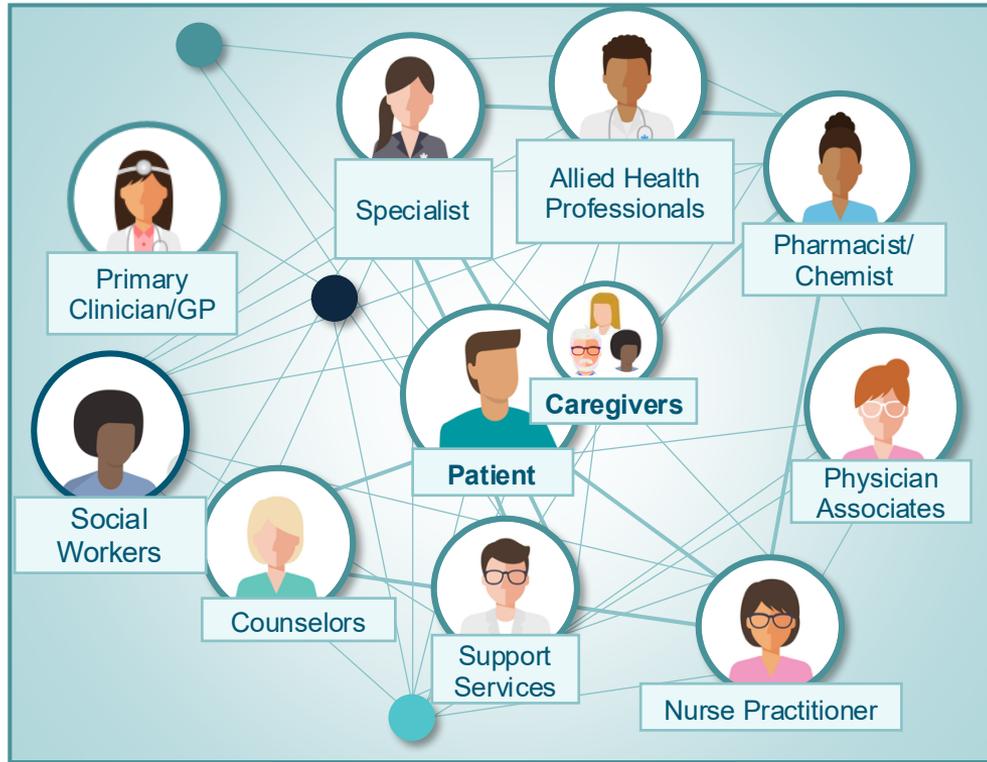
Testing Cadence by PrEP Type

- Daily oral PrEP (TDF/FTC, TAF/FTC) → q3M
- CAB-LA (q2M injection) → before each injection
- Lenacapavir (q6M injection) → HIV testing is recommended before each injection, but protocols allow more flexibility in timing and methods (e.g., NAAT or antigen/antibody test), compared to stricter CAB-LA requirements

CAB-LA = cabotegravir; NAAT = nucleic acid amplification test; PCR = polymerase chain reaction TDF/FTC = emtricitabine-tenofovir disoproxil fumarate; TAF/FTC = emtricitabine-tenofovir alafenamide; q = every; M = month.

Centers for Disease Control and Prevention [CDC]. CDC Website. 2025. <https://www.cdc.gov/hivnexus/hcp/prep/index.html>. Wisner AL. *Cleve Clin J Med*. 2024;91(6):361-371.

Multidisciplinary Approach for Individuals Considering PrEP: Tailor to Your Region



While a **comprehensive team approach** is ideal for PrEP communication, optimized patient-centered care, and improved outcomes, it is important to note that one **may not always be available** or necessary to ensure successful PrEP delivery.

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

Put information into action! Consider the following goals; then *set a time frame* that fits with your work environment and *a reasonable improvement target* that aligns with your patient population.

- Adopt a status-neutral approach to HIV screening with all patients to normalize testing and reduce stigma across diverse global clinical settings
- Use HIV screening results to promptly initiate or refer patients to appropriate prevention strategies, including PrEP, based on local resources and scope of practice
- Apply patient-centered, culturally responsive communication and team-based collaboration to support shared decision-making and effective linkage to HIV prevention services



Additional Resources

Visit www.cmeoutfitters.com
for clinical information and
certified educational activities



Visit the **Infectious Disease Hub**

Free resources and education for health care professionals and patients

<https://www.cmeoutfitters.com/infectious-disease-hub/>

HCP Status-Neutral Screening: Practical Implementation Strategies for HCPs
Patients Getting Tested: HIV Screening and Prevention

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