CMEO Snack

Global Guidelines and Strategies for HIV Screening and Diagnosis

This program has been supported by an independent educational grant from Gilead Sciences, Inc.

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Reimbursement, public funding, and access pathways for the therapies discussed in this activity vary by country and are subject to frequent change. Content reflects information available as of the activity's development date; clinicians should consult current local or national guidance to confirm local coverage and access.



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LEARNING OBJECTIVE 1

Integrate guideline recommendations for HIV testing into routine practice

Audience Response



When do you offer an HIV test to a new patient entering your care?

A. On the first visit for all patients over age 13
B. When/if they request it
C. On the first visit if they are in a key population
D. Every visit for all patients

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Importance of HIV Testing

40.8 million people living with HIV globally

95-95-95 UNAIDS Target (2025)

Current progress to 95-95-95 target: 87% know status, 77% of those diagnosed receive ART, 73% of those who receive treatment achieve viral load suppression*; 2030 goals in development

- Earlier diagnosis supports timely linkage to treatment and differentiated service delivery
- A status-neutral approach connects everyone to care regardless of test result, those who test negative to prevention, and those who test positive to treatment

In the United States, an estimated 13% of the 1.2 million individuals living with HIV are unaware of their status; the majority of new HIV transmissions occur among individuals who are unaware of their status and therefore not on antiretroviral therapy

*These are heterogenous by population subgroups (e.g., PWID, transpeople) and countries.

UNAIDS Website. 2026. https://www.unaids.org/en/resources/fact-sheet.
UNAIDS Website. 2025. https://www.unaids.org/sites/default/files/2025-05/20250328_recommended_2030_HIV_targets_livedocument_en_13_May_2025.pdf.
World Health Organization [WHO] Website. 2024. https://www.who.int/publications/i/item/9789240096394.
Centers for Disease Control and Prevention [CDC] Website. 2022. https://www.cdc.gov/hivnexus/media/pdfs/2024/04/cdchivslides2022routinescreening508.pdf.
Patel D, et al. *J Acquir Immune Defic Syndr*. 2024 23;96(3):208-213.

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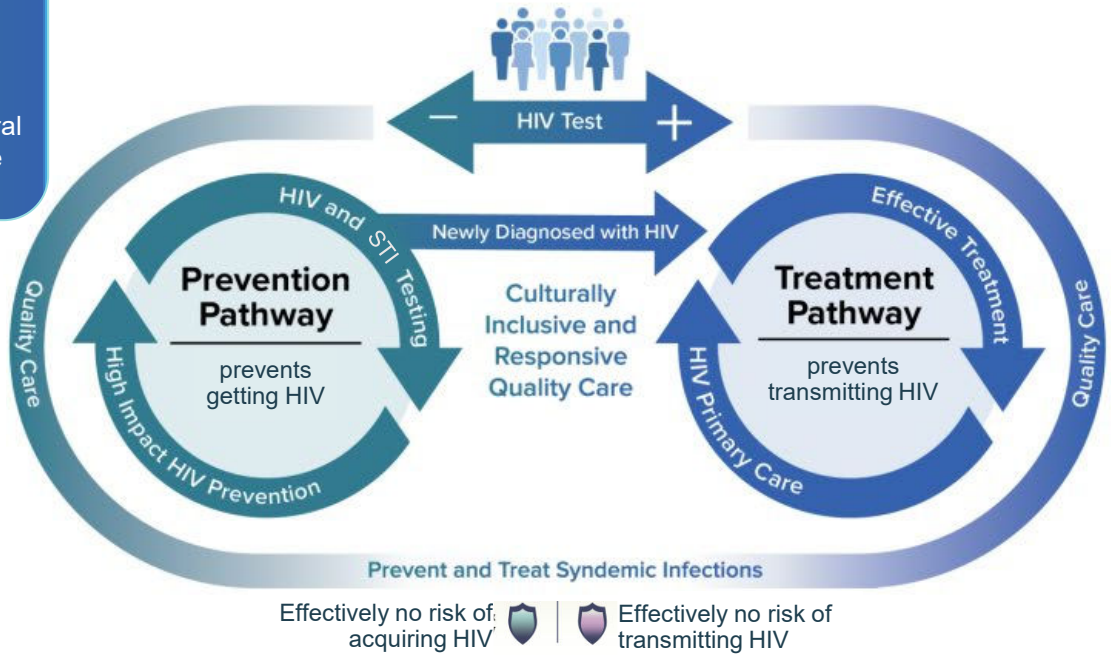
Status-Neutral HIV Prevention and Care

U = U

Undetectable = Untransmittable

People with HIV who maintain viral suppression do not transmit the virus; treatment is prevention

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



People who test HIV positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression

PEP = post-exposure prophylaxis; PrEP = pre-exposure prophylaxis; 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.

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HIV Testing Guidelines in the United States

CDC and USPSTF testing recommendations

- **CDC:** everyone between age 13 and 64 should be tested at least once in their lives
- **USPSTF:** adolescents and adults age 15 to 65 should be screened for HIV infection
- Patients outside these age ranges should be tested if they have characteristics
- **Opt-out** testing helps reduce disparities and stigma associated with testing

People with characteristics should be tested at least annually, including those who:

- inject drugs
- exchange sex for money or drugs
- have had more than 1 sex partner since their most recent test
- are sex partners of people with HIV
- are sex partners of people who inject drugs
- are sexually active men who have sex with men (testing every 3-6 months)
- are receiving treatment for hepatitis, tuberculosis, or an STI

Centers for Disease Control and Prevention; USPSTF = United States Preventive Services Task Force.

Centers for Disease Control and Prevention [CDC] Website. 2025. https://www.cdc.gov/hivnexus/hcp/diagnosis-testing/index.html. United States Preventative Services Task Force [USPSTF] Website. 2019. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening.

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Audience Response



How often do you recommend HIV testing for a patient with ongoing exposure?

A. Every 3-6 months
B. Only annually, regardless of exposure
C. Only when symptoms develop
D. Only after a confirmed new exposure event

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WHO-Recommended Guidelines: HIV Testing Frequency by Exposure or Clinical Context

Populations	Recommended Testing Frequency
• People who inject drugs, and their partners • People engaged in transactional/compensated sex • Multiple partners • Adolescents with known exposure factors	At least annually
Men who have sex with men	At least annually; every 3-6 months with ongoing high exposure
Partners or contacts of people living with HIV	At diagnosis, then based on ongoing exposure
Pregnant individuals	At first antenatal visit; repeat in the third trimester or at delivery in high-burden settings
Postpartum or breastfeeding individuals in high-burden settings	Periodic retesting

! ***A minimum, not an aspirational target; Anyone eligible who wants an HIV test should get one***

World Health Organization [WHO] Website. 2024. https://www.who.int/publications/i/item/9789240096394.
World Health Organization [WHO] Website. 2021. https://www.who.int/publications/i/item/9789240031593.
Owens DK, et al. *JAMA*. 2019;321(23):2326-2336.

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Latest Global HIV Testing Guidelines

Guidelines vs. Data: Concordance and Gaps

All Recommend Proactive Testing

Guidelines

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

Guideline Emphasis

- **CDC** emphasizes status-neutral care
- **EACS** supports self-testing
- **WHO** focuses on linkage + quality

What the Data Show

Despite an increase in routine testing:

- Disparities in screening rates in key populations
  - Globally, key populations and partners accounted for ~55% of new HIV infections in 2023, underscoring persistent gaps in prevention, testing, and linkage
- Late diagnoses still occur (e.g., 54% Europe)

CDC = Centers for Disease Control and Prevention; EACS = European AIDS Clinical Society.

Centers for Disease Control and Prevention [CDC] Website. 2026. https://www.cdc.gov/hivnexus/hcp/guidelines/index.html.
Centers for Disease Control and Prevention [CDC] Website. 2025. https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-outcomes.html.
European Centre for Disease Prevention and Control [ECDC] Website. 2025. https://www.ecdc.europa.eu/en/publications-data/hivaids-surveillance-europe-2025-2024-data.

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Putting Status-Neutral Care into Practice

After a Non-reactive HIV Test

- Assess prevention needs
- Offer PrEP when appropriate
- Condoms
- Harm reduction (SSPs, MOUD)
- Repeat testing based on exposure

After a Reactive HIV Test

- Confirm HIV diagnosis
- Rapid linkage to care
- Start ART
- Partner services
- Supportive services

Clinical Benefits

- Every test leads to action
- Reduced stigma
- Improved linkage
- Streamlined workflow
- Better prevention and treatment outcomes

MOUD = medications for opioid use disorder.

Myers JE, et al. *Open Forum Infect Dis.* 2018;5(6):ofy097. 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.

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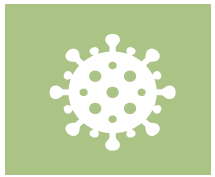
Ending the HIV Epidemic Globally



DIAGNOSE all people living with HIV as early as possible



TREAT people living with HIV rapidly and effectively to reach sustained viral suppression in the long term for overall wellness



PREVENT new HIV transmissions by using proven interventions for partners and contacts, including PrEP, MOUD, and SSPs



RESPOND quickly to potential HIV outbreaks to get prevention and treatment services to people who need them

HIV.gov Website. 2025. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies.

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Strategies for Increasing HIV Testing

ADDRESS bias and empower patients and partners by encouraging testing and self-testing



USE facility-based testing, including within emergency department and linkage to care as core part of status-neutral framing



BUNDLE community and venue-based testing with desired services



INTEGRATE testing into OBGYN-perinatal care



HIV.gov Website. 2026. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies. Steehler K, Siegler AJ. *J Clin Microbiol*. 2019;57(11):e00257-19. 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. Bowles KE, et al. *Public Health Rep*. 2008;123(Suppl 3):78-85. Shaikh S, et al. *J Int AIDS Soc*. 2025;28(Suppl 5):e70041. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2018;132(3):e138-e142.

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Communication Pearls

- Ask open-ended questions that invite dialogue, not defensiveness
- Reflect back on what you hear before you respond
- Normalize testing as routine care, not a targeted judgment
- Affirm the patient's autonomy at every step
- Leave the door open for a future conversation
- Meet ambivalence with patience, not persuasion

Centers for Disease Control and Prevention [CDC]. 2021. https://www.cdc.gov/std/treatment-guidelines/clinical-risk.htm.
Centers for Disease Control and Prevention [CDC]. 2024. https://www.cdc.gov/hivpartners/php/effectiveinterventions/pillars.html.

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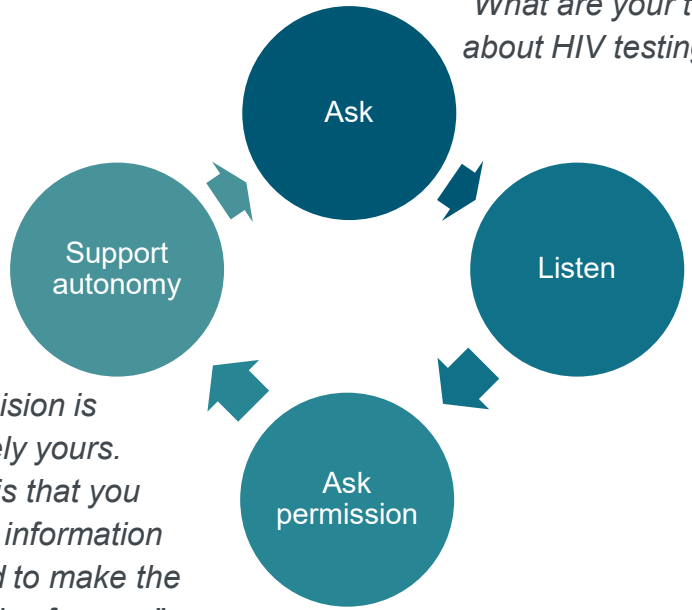
Motivational Interviewing Builds Trust



"What are your thoughts about HIV testing today?"

"The decision is completely yours. My goal is that you have the information you need to make the right choice for you."

Core Principles

- Express empathy and normalize
- Explore patient's understanding and perceived concerns
- Avoid assumptions or confrontation
- Respect patient autonomy while providing practical information
- Guide patients toward informed decision-making

Dillard PK, et al. *Patient Educ Couns*. 2017;100(4):636-646. Rager TL, et al. *Am J Obstet Gynecol*. 2024;231(2):223-230.e1.
Beckwith VZ, Beckwith J. *NASN Sch Nurse*. 2020;35(6):344-351.

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Clinical Scenario

"I don't need a test. I'm not the type of person who gets HIV."
— Patient

Don't Say:

"Everybody needs a test."

- Absolute statements like this can feel judgmental and shut down honest conversation before it starts
- Generalized directives skip the chance to understand what's behind a patient's hesitation

Acceptable Provider Responses:

- "Many people feel that way. Can you tell me what makes you feel your exposure is low?"
- "Would it be okay if I share why routine HIV testing is recommended for everyone regardless of perceived chances?"
- "One reason we recommend routine testing is that many people diagnosed with HIV never thought that was possible. Testing is simply a routine part of preventive care."

Dillard PK, et al. *Patient Educ Couns*. 2017;100(4):636-646.

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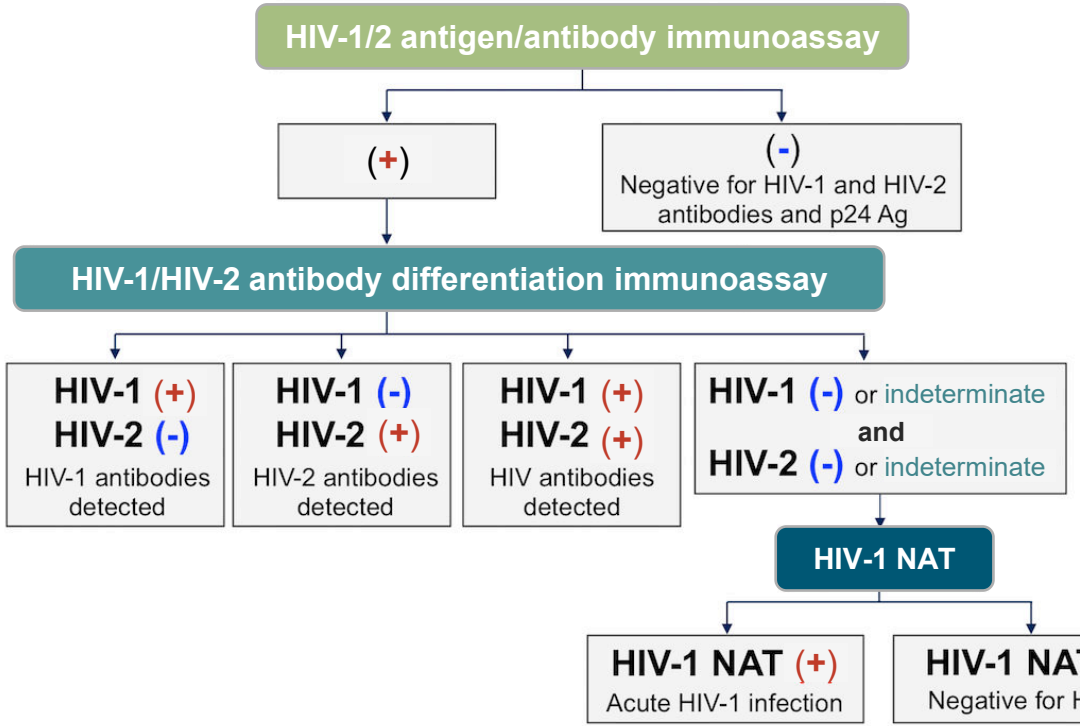
CDC-Recommend Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



Suspicion of acute HIV infection:

- Symptoms consistent with acute HIV infection within past 14 days
- Possible recent exposure to HIV

NAT = nucleic acid test.

Centers for Disease Control and Prevention [CDC] Website. 2018. https://stacks.cdc.gov/view/cdc/50872.

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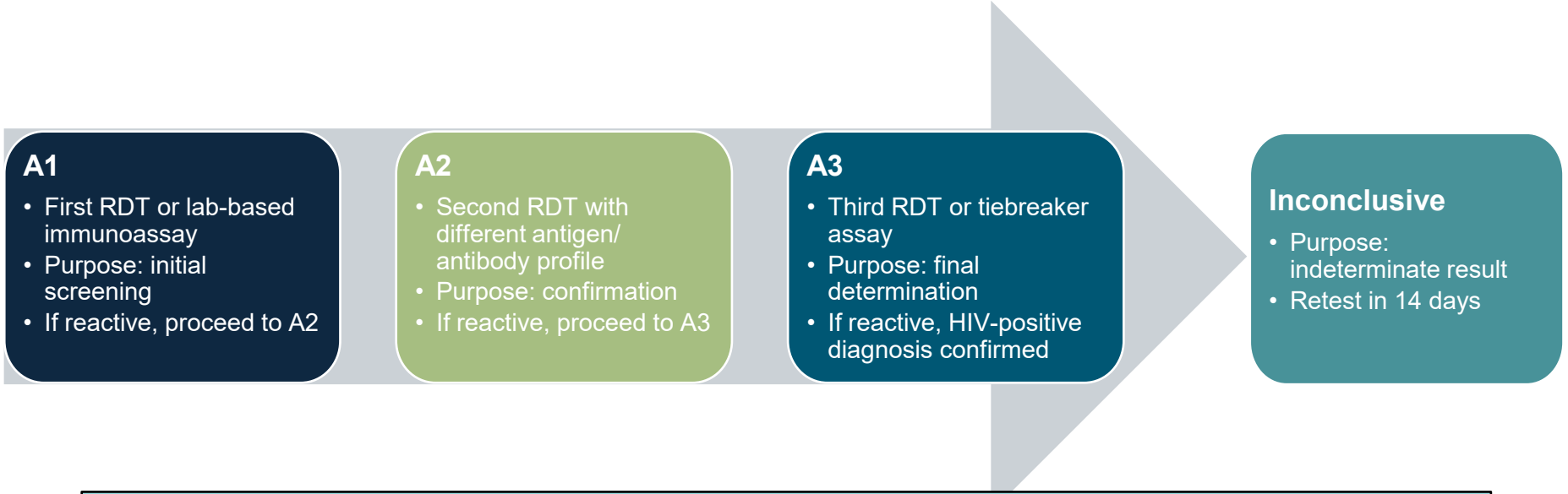
WHO Three-Test Strategy



- ***Key principle (2024):*** **WHO recommends retesting all newly diagnosed individuals before ART initiation to minimize the risk of misdiagnosis**
- ***Key consideration:*** How to address missing very early acute HIV infection

Adults and children age ≥ 18 months. All three sequential reactive results are required to confirm HIV-positive status before ART initiation.
RDT = rapid diagnostic test.

World Health Organization [WHO] Website. 2024. https://www.who.int/publications/i/item/9789240096394.
World Health Organization [WHO] Website. 2025. https://www.who.int/publications/i/item/9789240119468.
World Health Organization [WHO] Website. 2021. https://www.who.int/publications/i/item/9789240031593.

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Common Barriers to HIV Testing

I

Individual-Level Barriers

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

P

Provider-Level Barriers

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

S

Structural/Systemic Barriers

- Cost/insurance gaps
- Limited geographic access
- Fragmented care systems
- HIV criminalization laws
- Misinformation and persistent myths
- Mistrust in health care due to systemic inequity
- Immigration-related fears
- Recent PEPFAR funding reductions affecting testing and treatment access in some regions

PEPFAR = U.S. President's Emergency Plan for AIDS Relief.

Centers for Disease Control and Prevention [CDC] Website. 2025. https://www.cdc.gov/hivnexus/hcp/index.html?CDC_AAref_Val=https://www.cdc.gov/hiv/clinicians/testing. Foley EE. *AIDS Care.* 2025;17(8):1030-1043. Owusu MW, et al. *IJID Reg.* 2023;7:206-215. Van Gerwen OT, et al. *Nat Microbiol.* 2022;7(8):1116-1126.

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Regional Perspectives on HIV Testing Barriers: Unique Challenges and Regional Solutions

United States

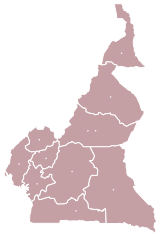
Unique Challenge: HIV testing, prevention, and treatment services remain siloed

Regional Workflow Approach: Status-neutral screening integrated into primary care, EDs, and routine testing with standardized PrEP and ART linkage; opt-out testing and case managers

United Kingdom

Unique Challenge: Clinician discomfort with key population–based assessments despite routine testing guidance

Regional Workflow Approach: Testing integrated into sexual health clinics as a simplified, protocol-driven entry point to status-neutral prevention and HIV care; UK's imperative opt-out bloodborne-virus ED testing program



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; 100% OB/GYN perinatal testing



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

EDs = emergency departments.

Bondarchuck C, et al. *AIDS Behav.* 2026; 30(1):62-80. British Association for Sexual Health and HIV. British HIV Association [BHIVA] Website. 2025. https://bhiva.org/wp-content/uploads/2025/07/2025-PrEP-guidelines.pdf. Centers for Disease Control and Prevention [CDC] Website. 2023. https://www.cdc.gov/hivnexus/media/pdfs/2024/04/cdc-hiv-together-brochure-integrateroutinescreening-provider.pdf. Galli M, et al. *Infez Med.* 2020;28(1):17-28. Joore IK, et al. *Int J STD AIDS.* 2017;28(5):459-466. Solomon SS, et al. *Lancet HIV.* 2019;6(5):e283-e296.

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Final Thoughts

HIV does not discriminate, and it affects many people across communities. HIV is a virus—not a moral issue. We need to stop judgment and stigma, move away from fear, and share accurate information.

Five key facts to share:

1. **HIV is not spread through everyday contact**
2. **Effective treatment is available**
3. **HIV testing can be free, confidential, and accessible**
4. **Stigma can be life-threatening**
5. **Testing saves lives**



"I have been living with HIV for more than 20 years. Had I not tested, I may not have been able to access the lifesaving treatment and care that allowed me to live well."

Courtesy of Angelina Namiba.

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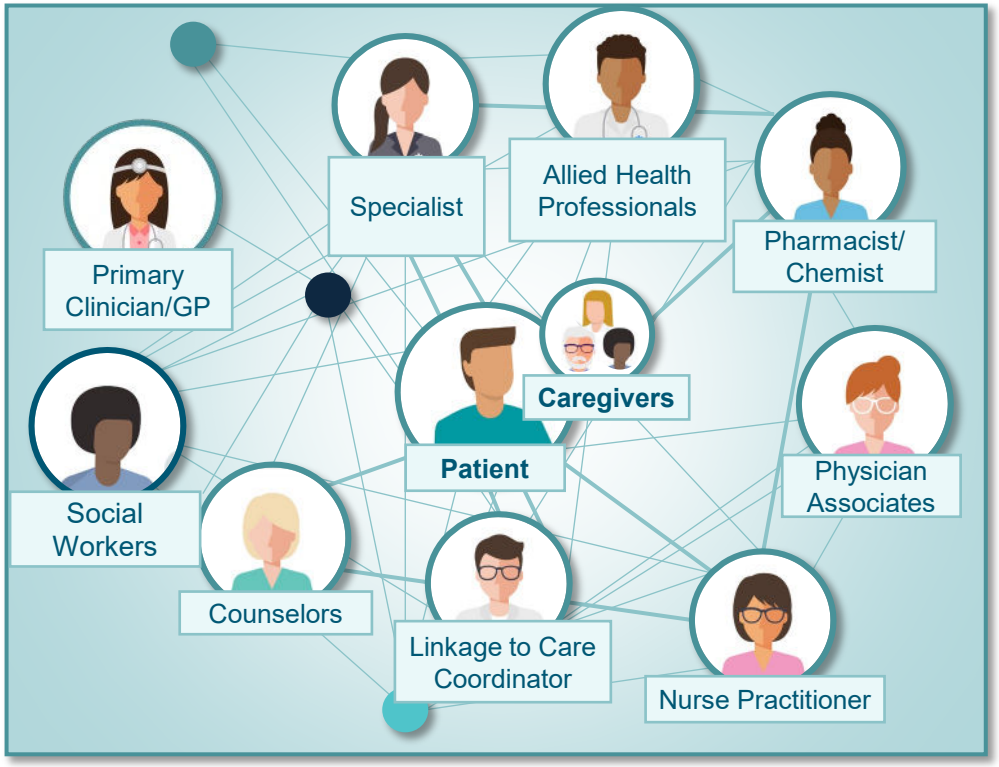
Multidisciplinary Approach for Individuals Considering ART: Tailor to Your Region



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

GP = general practitioner.

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CLINICAL POINTS

Using patient education tools in practice to discuss testing and results helps improve trust and overall health outcomes

"My job is to offer options to help you live the healthiest life possible"

Tools are available at https://www.cmeoutfitters.com/infectious-disease-hub/

- **(HCP) HIV Screening: A Practical Reference**
- **(Patients) HIV Testing: Your Questions, Answered**

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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 testing results to promptly initiate treatment, based on local resources and scope of practice in the context of guideline recommendations in your region
- Apply patient-centered, culturally responsive communication and team-based collaboration to support shared decision-making for testing

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Additional Resources

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

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Onyema Ogbuagu, MD, FACP, FIDSA
Chloe Orkin, MBE, MB BCh, MSc

3 Individualizing HIV Treatment for Diverse Populations

Christina M. Madison, PharmD, FCCP, AAHIVP (Moderator)
Tristan J. Barber, MA, MD, FRCP
Linda-Gail Bekker, MBChB, DTMH, DCH, FCP(SA), PhD
Sunil Suhas Solomon, MBBS, PhD, MPH

4 Implementation and Access in Global HIV Care

Oni Blackstock, MD, MHS (Moderator)
Tristan J. Barber, MA, MD, FRCP
Linda-Gail Bekker, MBChB, DTMH, DCH, FCP(SA), PhD
Linghua Li, MD, PhD

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To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.