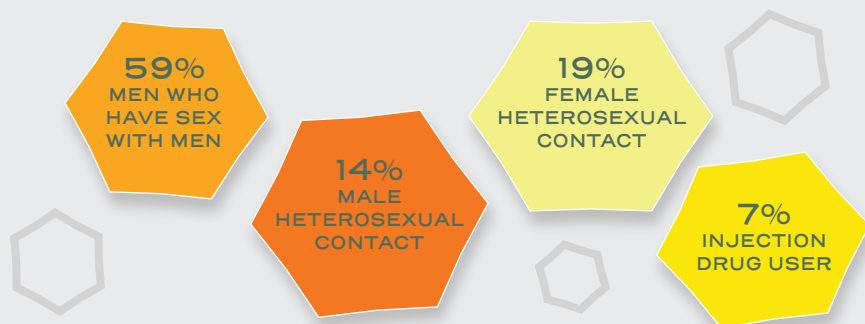
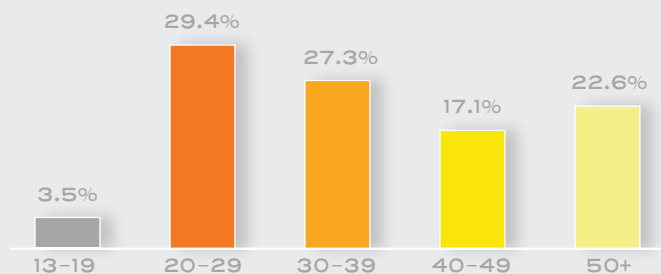


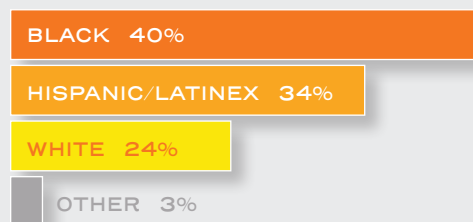
Individuals who received an HIV diagnosis
in Florida in 2019 by mode of HIV exposure:



Individuals who received an HIV diagnosis
in Florida in 2020 by age group:



Individuals who received an HIV diagnosis
in Florida in 2020 by race and ethnicity:



TOGETHER
WE CAN MAKE
HIV TESTING
It's Routine!

R.A.P.I.D

RESEARCH AND PREVENTION
OF INFECTIOUS DISEASE

FOR MORE INFO OR ASSISTANCE

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WHY HIV TESTING IS IMPORTANT

Testing for HIV is the only way to determine if a person is living with the virus.

Approximately **40%** of HIV transmissions in the U.S. are due to people living with HIV who are unaware of their status.

Increasing the number of persons who are aware of their status and receiving appropriate antiretroviral therapy (ART) is an essential part of the strategy to reduce new HIV infections.

The Centers for Disease Control and Prevention (CDC) estimates that

1.2 million

Americans aged 13 and older are living with HIV; of those, approximately 14% are unaware of their HIV-positive status.

The Florida Department of Health estimates that

117,477

people are living with HIV in Florida,

in 2020, however, only 69% are virally suppressed, which is below the national goal of 80% suppression.

The Southern region of the United States experienced the highest rate of new HIV diagnoses in 2019.

3,504 individuals were newly diagnosed with HIV in Florida in 2020.

Across the nation, racial and ethnic minorities along with gay, bisexual, and other men who have sex with men, are disproportionately affected by HIV.

Early diagnosis and immediate treatment for HIV are key to ending the epidemic in the U.S. The United States Preventive Services Task Force (USPSTF) has given Grade A recommendations to the use of pre-exposure prophylaxis (PrEP) and routine HIV testing, as effective strategies for early diagnosis of HIV infection and prevention for persons who are at increased risk of acquiring HIV.

TOGETHER WE CAN MAKE HIV TESTING ROUTINE

Our program is designed to distribute information and provide technical assistance to Florida providers in order to increase routine HIV testing in health care settings.

Routine testing is an important first step in the early detection of HIV and can help facilitate an immediate linkage to HIV care and ART. According to the CDC, more than 75% of patients at high risk for HIV that interacted with a primary care provider in a year were not offered an HIV test. This indicates missed opportunities for HIV testing, diagnosis, treatment, and prevention.

Among people living with HIV who received a diagnosis of HIV in 2015, there was a median of 3 years from the estimated time of infection to diagnosis. The CDC recommends that individuals between the ages of 13 to 64 get tested for HIV at least once and those with risk for HIV infection get tested more frequently. Providers are urged to conduct routine HIV screening using the opt-out approach, in which the patient must decline the test as part of their health care screening.

Routine opt-out screening helps to remove the stigma associated with HIV testing, leads to earlier diagnosis and treatment, reduces the risk of transmission, and is cost-effective. Sexual history and risk assessment should also be included as part of routine primary care visits for all sexually active patients.

Based on the patient's risk and preferences, recommending the use of PrEP to prevent HIV may also be appropriate. The CDC estimates that approximately 125,330 Floridians were eligible for PrEP in 2020, and of those about 21,479 benefited from the medication.

The CDC estimates that 4 out of 5 individuals who could benefit from the use of PrEP to prevent HIV and not receiving it.



WHAT THE CDC RECOMMENDS

- Significantly increasing the number of persons tested in jurisdictions with high rates of HIV infection among disproportionately affected populations
- Supporting implementation of the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care settings
- Considering PrEP for people who are HIV-negative and at substantial risk for HIV infection
- Conducting routine HIV screening using the opt-out approach

FLORIDA'S PLAN TO RESPOND

- Implement routine HIV and Sexually Transmitted Infection (STI) screening in health care settings and priority testing in non-healthcare settings
- Provide rapid access to treatment and ensure retention in care (Test and Treat)
- Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
- Increase HIV awareness and community response through outreach, engagement, and messaging

HOW WE CAN HELP

- Perform assessments and training to help HIV testing become routine in health care settings while remaining consistent with Florida laws and the coding and billing of third-party payers for HIV testing conducted in health care facilities
- Provide resources regarding HIV linkage to care for positive test results and linkage to prevention services, including PrEP and nPEP, for HIV-negative people who are at increased risk for infection
- Increase awareness among health care providers of the 2015 modifications to section 381.004 of the Florida Statutes, which governs HIV testing in Florida



ROUTINE TESTING DURING COVID-19

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 1.2 million people living with HIV in the United States (US). Approximately 13% (>160,000) of these individuals do not know they are living with HIV as they have not yet been tested. The COVID-19 pandemic has introduced a new set of unprecedented challenges for HIV prevention.

These challenges require unique and innovative approaches to enable continued HIV testing during the COVID-19 pandemic response that scaled-back in-person contact in health care settings.

The use of telehealth, home specimen collection kits for STI testing, and HIV self-test kits are encouraged when laboratory testing services are not available, to maintain the health and safety of patients and healthcare professionals while continuing to provide the essential health service of routine HIV testing and PrEP care.

Our program can provide additional information on the use of these kits to continue HIV testing without the need for in-person visits.

AVAILABLE TESTING OPTIONS

- There are a variety of point-of-care rapid HIV tests currently available that can be offered on-site which provide patients with same-day results (within 2-20 minutes) such as:
 - ~ INSTI HIV-1/HIV-2 Antibody Test (results in 2 minutes)
 - ~ OraQuick Rapid HIV-1 Antibody Test (results in 15-20 minutes)
 - ~ Chembio SURE CHECK HIV 1/2 Assay (results in 15-20 minutes)
- Laboratory-based HIV tests include Nucleic Acid Amplification tests (NAATs), Antigen/antibody combination (4th generation) tests, and antibody-only tests
- For general screening, 4th generation antigen/antibody laboratory-based tests provide reliable testing with a window period of 3-6 weeks for most people
- HIV NAAT testing is useful when an acute infection is suspected but should not be routinely used as a test for diagnosis of HIV infection
- It is important to be aware of the window period of diagnosis for recent HIV infections, which can differ by test
- Remember that no available test can reliably identify very early infection (first 2-3 weeks after exposure)

WHAT TO DO AFTER A POSTIVE TEST?

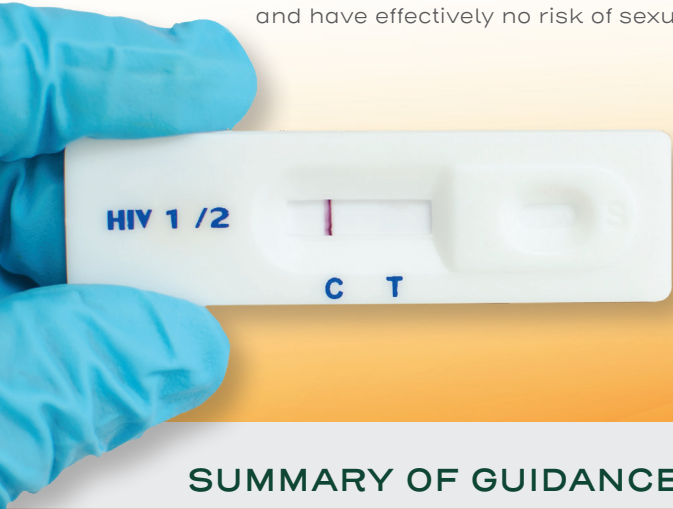
The Department of Health and Human Services (DHHS) Guidelines currently recommend universal ART for all people living with HIV regardless of CD4 count as soon as possible.

Starting ART immediately after diagnosis improves health outcomes by preventing disease progression and reducing viral load.

People living with HIV who take ART medication as directed and have an undetectable HIV viral load have essentially no risk of transmitting HIV to their sexual partners.

There is a benefit to the community resulting from reduced transmissions when people living with HIV are started on ART immediately. It is important to contact your local health department immediately and establish immediate linkage to care for anyone newly diagnosed with HIV infection.

People living with HIV who stay undetectable can stay healthy and have effectively no risk of sexually transmitting HIV.



WHAT TO DO AFTER A NEGATIVE TEST?

After delivery of a HIV negative result, it is important to evaluate appropriateness for and interest in available prevention strategies, through open discussion of sexual practices and other risk behaviors.

A risk reduction plan may include planned re-testing for HIV and other STI's at an appropriate interval, condom use, and PrEP. PrEP is when people who are HIV negative use medications to prevent the acquisition of HIV.

PrEP is available as a once-daily medication or as an injection administered every two months. Two oral formulations of a combination of the antivirals tenofovir and emtricitabine are approved for use in HIV prevention in sexually active HIV-negative individuals. The brand names of these drugs are Truvada and Descovy. Generic PrEP medication (tenofovir disoproxil fumarate /emtricitabine) is now available in the United States and is approved by most insurance plans. A new injectable medication for PrEP, Cabotegravir (CAB) was recently FDA-approved as a bimonthly intramuscular injection for sexually active men, women, and people of trans experience with indications for PrEP.

A PrEP prescription requires, in addition to baseline HIV and additional laboratory testing, regular clinical and laboratory monitoring. PrEP should be considered and recommended for individuals at increased risk for HIV infection. The Florida Department of Health offers PrEP services in each county.

Facilities that offer PrEP, by location are available at:

www.prelocator.org

www.floridahealth.gov/diseases-and-conditions/aids/PrEP/index.html

SUMMARY OF GUIDANCE FOR PrEP USE

DETECTING SUBSTANTIAL RISK OF ACQUIRING HIV INFECTION:

Men Who Have Sex With Men

- Sexual partner with HIV
- Recent bacterial STI
- More than one sex partner
- History of inconsistent or no condom use
- Commercial sex work

Heterosexual Women and Men

- Sexual partner with HIV
- Recent bacterial STI
- More than one sex partner
- History of inconsistent or no condom use
- Commercial sex work
- Lives in high-prevalence area or network

Injection Drug Users

- HIV-positive injecting partner
- Sharing injection equipment
- Recent drug treatment (but currently injecting)

CLINICALLY ELIGIBLE:

- Documented negative HIV test before prescribing PrEP
- No signs/symptoms of acute HIV infection
- Normal renal function, no contraindicated medications
- Documented hepatitis B virus infection and vaccination status