

Opt-Out HIV Testing in U.S. Tuberculosis Clinics: A Survey of Current Practice and Perceived Barriers

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Disclosures

- No relevant conflicts of interest
- Survey conducted and analyzed by Caitlin Naureckas as part of her senior undergraduate thesis work (Brown University)
- Presented at the 16th Conference of The Union North American Region (2012) in San Antonio, TX
- Manuscript is in progress



Methods

- Online Survey Monkey® survey designed to assess the extent of opt-out HIV testing as well as TB providers' knowledge and perceptions of the current CDC guidelines
- No comprehensive list of TB providers in US
- Survey was sent to 2011 National TB Conference attendees, National TB Nurse Controllers, and the CDC's TB-educate mailing list



Results and Limitations

- 158/2522 (6.3%) responded
 - Self-selected group (? bias)
 - Limited generalizability of conclusions

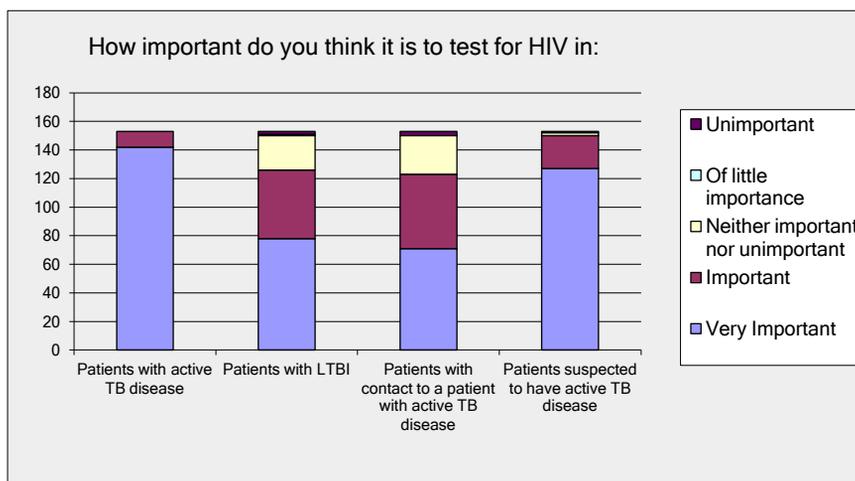


Results: Demographic characteristics of respondents

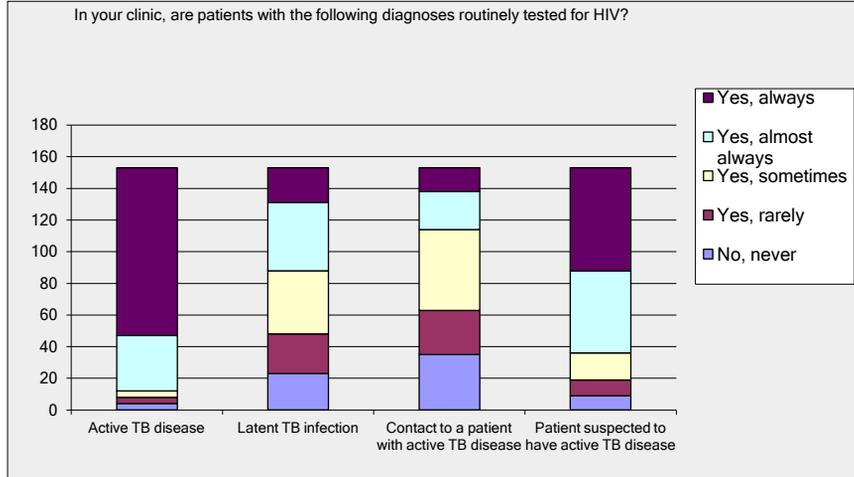
- Occupation
 - 91 (59.5%) nurses
 - 30 (19.6%) physicians
 - 19 (12.4%) public health practitioners
 - 13 (8.5%) other
- Geography
 - 39 states were represented
- Experience
 - 104 (66%) reported >5 years in TB care



Results: How important is HIV Testing?



Results: Current Practice

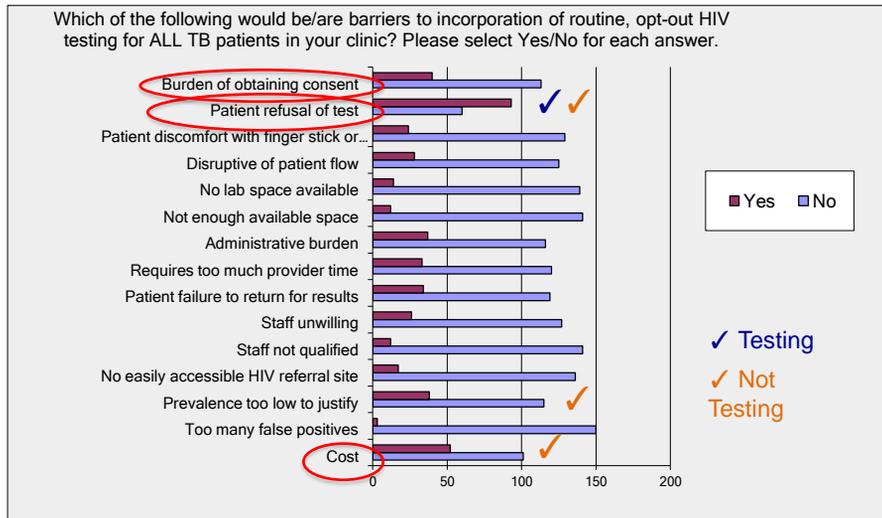


141 (92.2%) reported pts with TB disease were "always"/ "almost always" HIV tested

65 (42.5%) for LTBI patients

58 (36.7%) for all patients seen in TB clinic

Results: Barriers



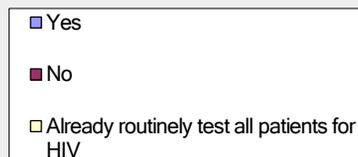
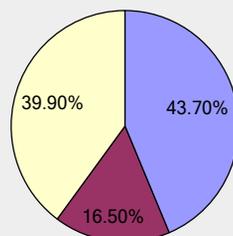
Results: Informed Consent for Testing

- 59 (38.6%) respondents reported their state required written consent for HIV testing
 - 12 of those (7.8% of total respondents) are from states that actually required written consent at the time of survey distribution
- One (0.7%) respondent from a state with laws requiring written consent stated it was not compulsory
- 7 (4.6%) reported they did not know whether written consent was required



Results: Perceived Feasibility

Do you think routine, opt-out testing would be feasible and acceptable in your setting?



Conclusions

- Significant work must be done to promote the integration of opt-out HIV testing into routine care of all patients affected by TB—by either infection or disease
- Fewer than half of respondents' care settings have an opt-out HIV testing policy for LTBI patients, indicating a true missed opportunity
- Although providers tend to report acceptance of the need for universal testing of TB affected patients, they cite a long list of barriers, some of which are no longer valid (i.e. HIV consent procedures by state)
 - This represents a teachable moment as well a potential funding partnership for TB care



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