DENVER HIV RISK SCORE TOOL

Increase HIV Screening Efficiency

KEY POINTS

Test everyo	one aged	15-65 at	t least once;	test those at	risk annually

- Use the Denver HIV Risk Score Tool to better target screening
- Ensure all HIV+ patients are linked to medical care

WHY

1 in 6 people in the US who have HIV do not know they are infected



30% of new infections are transmitted by individuals unaware of their infection

Skarbinski, JAMA Intern Med. 2015; 175(4): 588-596

WHO

Screen everyone aged 15-65

Screen persons known to be at risk annually [refer to Denver HIV Risk Score Tool]

Screen all pregnant women and those in labor whose HIV status is unknown

U.S. Preventive Services Task Force (USPSTF)
Grade A recommendations 4/2013

HOW

Opt-out HIV screening is recommended over opt-in screening (USPSTF & CDC).

Additional forms are not needed for HIV testing. A general informed consent for medical care sufficiently covers informed consent for HIV.

HIV testing does not need to include prevention counseling if counseling would be a barrier to screening.

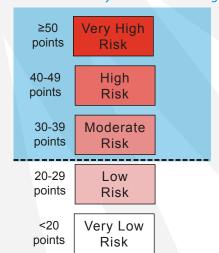
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The Denver HIV Risk Score, a clinical prediction tool, can help identify patients with increased probability of undiagnosed HIV infection. This tool was developed in Denver, but validated for use in any jurisdiction.

Score

Age	22-25 or 55-60 26-32 or 47-54 33-46	+4 +10 +12	
Gender	Male	+21	
Self-reported race/ethnicity	Black Hispanic	+9 +3	
Sex with men, women, or both?	Men or both	+22	
Injection drugs use?	Yes	+9	
Ever been tested for HIV?	Yes	-4	
		Total Score	

Patients who score 30 points or greater should be considered at **increased risk for having undiagnosed HIV infection** and should be routinely offered HIV testing.



Haukoos, American Journal of Epidemiology, 2012; 175(8):838-46; Haukoos, Annuals of Emergency Medicine, 2013:61(3)353-61





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HIV SCREENING TEST OPTIONS

Verify testing practices in your institution and state

At point of care:

• A rapid HIV-1/2 antibody test or a rapid combination HIV-1/2 antibody and p24 antigen test; results available in 10-20 minutes

ICD-10 Code for HIV Screening: Z11.4

Using a laboratory:

- A combination HIV-1/2 antibody and p24 antigen test will identify HIV infection 1-2 weeks earlier than antibody test alone; results usually available in 1-2 days
- Confirmation of all HIV+ tests by an HIV-1/2 discrimination test; repeating the screening test with a second, but different screening test; Western blot; or viral load

HIV+





- 2. Deliver HIV+ results to the patient IN PERSON
- 3. Offer reassurance that HIV is a chronic disease that can be well controlled with medications and consistent care
- 4. Actively link patient to HIV medical
- 5. Encourage partner testing

HIV-

Patients with an HIV exposure in the past 72 hours are a nPEP candidate

Patients with continued risk factors are a PrEP candidate

CDC PrEP Guidelines:

http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf



LINKAGE TO CARE

Actively linking a newly diagnosed HIV patient to medical care is the key to optimal management and control of HIV

Linkage to Care services include facilitating:

- Enrollment in HIV medical care
- Clinical interpretation, delivery and explanation of HIV+ test results
- Baseline CD4 count and viral load screening
- Financial screening and enrollment in medical coverage
- Initial assessment of comprehensive needs
- Educational counseling on transmission risk reduction
- Connection to long term case management

CONTACT INFORMATION



For assistance with **developing customized HIV testing protocols** for your facility, contact john@denverptc.org

For assistance with **developing and implementing Linkage to Care programs**, contact julia@denverptc.org

For assistance **developing PrEP protocols** for your facility, contact helen@denverptc.org

To **order more Denver HIV Risk Score Tools**, contact victoria@denverptc.org



