



HIV Screening and Diagnosis

Providers have the Power ➡➡➡

Presenter Bio



Jonathan Vilasier Iralu
MD, FACP, FIDSA

Indian Health Service
Chief Clinical Consultant for
Infectious Diseases

Faculty for Indian Country
ECHO & UMN Project ECHO



Our Current Goal for IHS



Offer HIV screening to every American Indian & Alaskan Native patient *at least once* in their life... & more often based on risk.

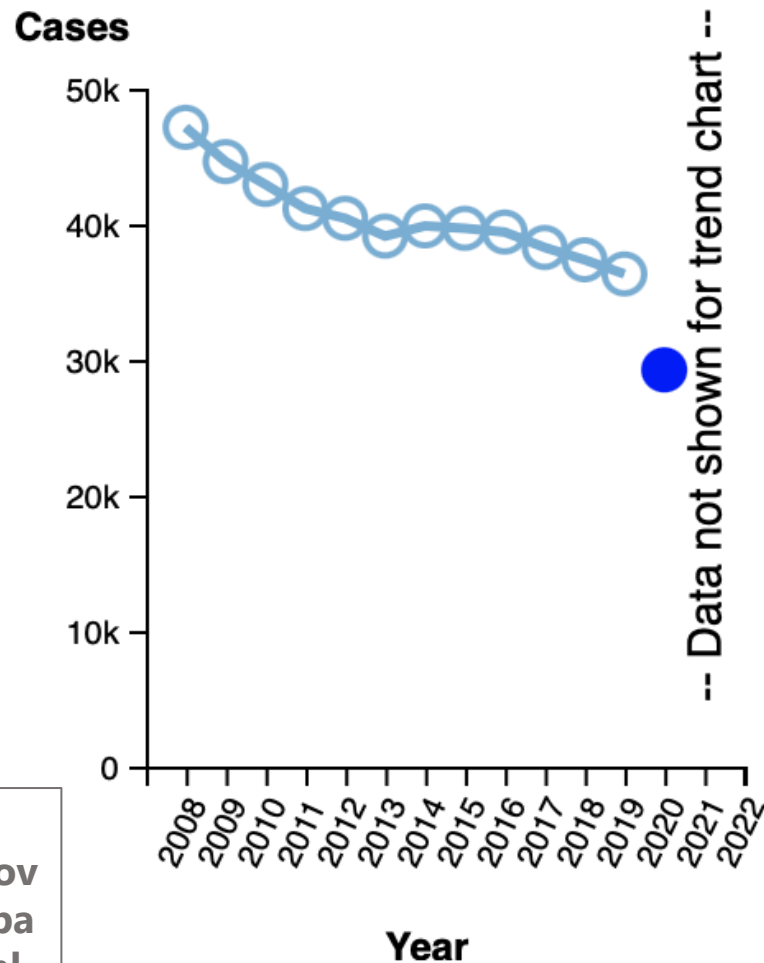
Based on USPSTF and CDC National Recommendation.

Why bother?

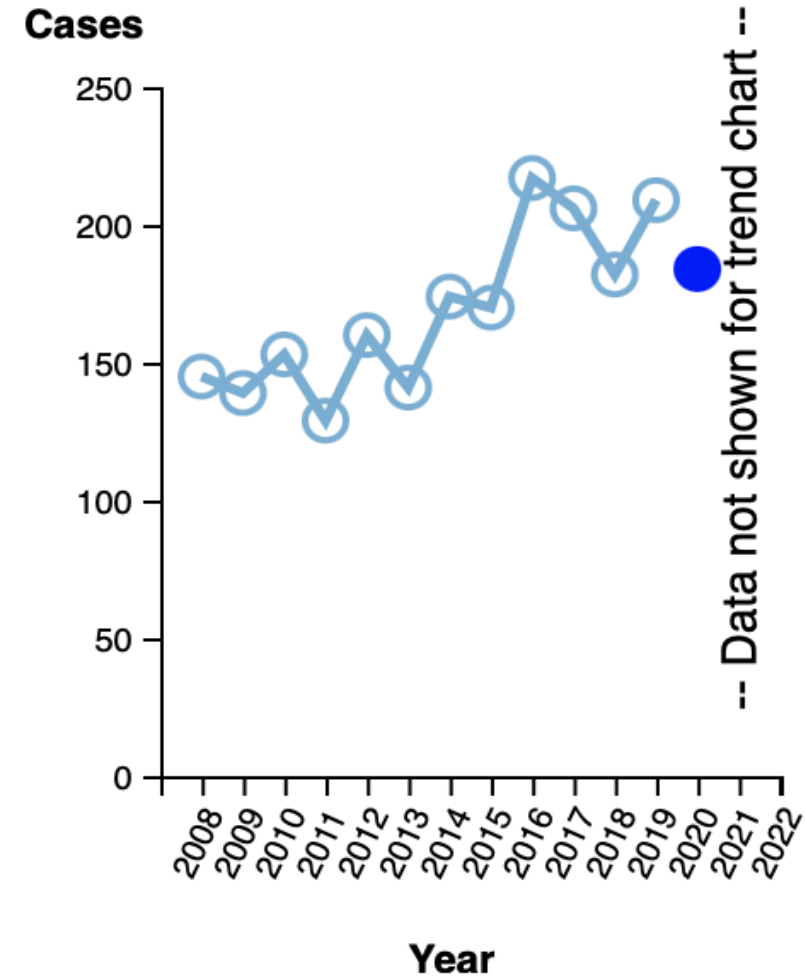


HIV Diagnoses in United States, 2008-2021

All Races



AI/AN People



Source:
www.gis.cdc.gov/grasp/nchhstpa/tlas/charts.html

Making HIV Screening Routine

Clinicians can:

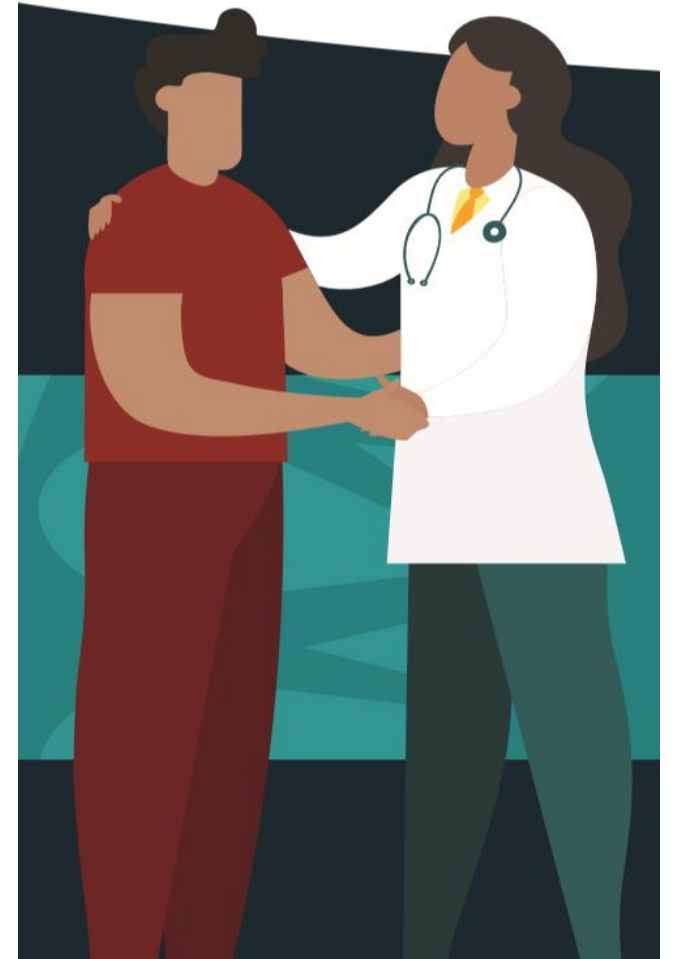
- Destigmatize HIV screening & offer it to *everyone* you see
- Use an opt-out approach for offering an HIV test
 - “We offer this test to *everyone*. Is it OK if I order one along with your cholesterol and sugar level?”



Making HIV Screening Routine

Clinicians can:

- Build verbal consent documentation into your EHR templates
 - “This patient consents to routine recommended HIV testing.”



HIV/STI Testing Bundles

Create an HIV/STI bundle order template:

1. HIV serology
2. Syphilis serology: EIA with reflex RPR/TPPA
3. Gonorrhea/chlamydia NAAT (urine, throat, rectum)
4. Viral hepatitis panel
5. Pregnancy test



Screen Outside the Office

Useful Tips:

- Screen *every* admission to the hospital
- Rapid testing by fingerstick sample is optimal outside clinic
- ED/urgent care-based testing has the highest yield

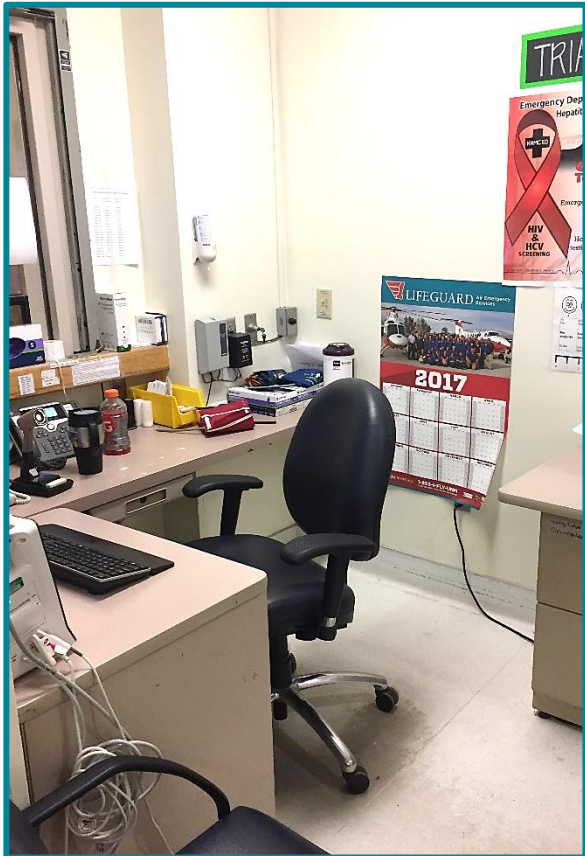


Screen Outside the Office

Keep in Mind: ER & Urgent Care

- ⇒ Universal screening is best, but risk-based screening is mandatory
- ⇒ Put the STI bundle into the order templates for GI bleeding, substance use visits, pregnancy, trauma, mental health crisis, etc.

Navajo Medical Center Emergency Department HIV Screening



Triage RN screening & order entry

- Eligibility criteria
 - 18-50 years old, no prior test on file
- Opt-out verbal consent



Navajo Medical Center Emergency Department HIV Screening

15 Weeks of Screening

- 465 screening tests administered
 - ⇒ 4 HIV-ab positive
 - 1 acute infection, newly diagnosed
 - 2 known infections
 - 1 false positive
 - ⇒ 74% of those screened did not have a PCP

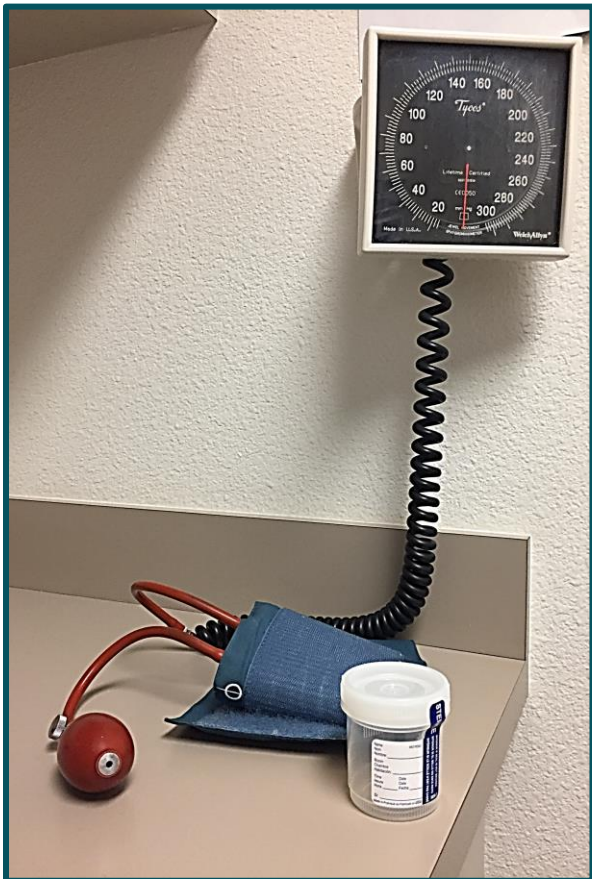


Gallup Indian Medical Center

“Cups by Cuffs” Screening Program

ED/UC Triage Nurse offers screening

- Started September 2016
- 7063 tests administered in 2016
 - 467 positive for chlamydia
 - 103 positive for gonorrhea



Gallup Indian Medical Center

“Cups by Cuffs” Screening Program

- Public Health Nurses are responsible for finding and treating positives
 - 385 positives evaluated in 2016-2017
 - 99.4% treated



Tsehootsooi Medical Center

Mobile Health Program

Mobile Women's Clinic

- 2x per month, walk-ins only
- Nurse Midwife, RN, Lab Tech
- PAP/HIV/STI testing

Mobile Wellness Clinic

- Public Health Nurse, Lab Tech
- HIV/STI testing, BP check



Phoenix Indian Medical Center

Walk-in STD/HIV Testing



Walk-in STD/HIV testing at lab

- HIV
- HCV
- Syphilis
- Gonorrhea/STD "selfies"



Self-Collection of Rectal Swab

ATTENTION: Read ALL instructions before you begin!






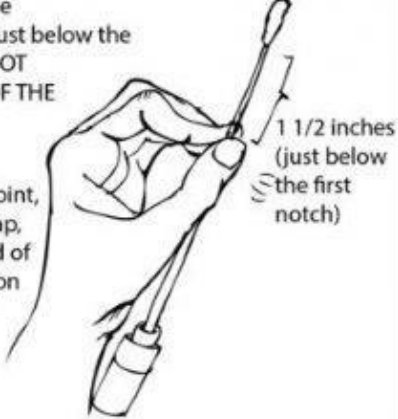

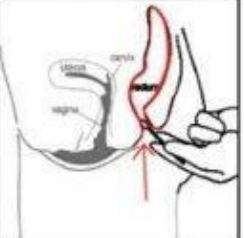
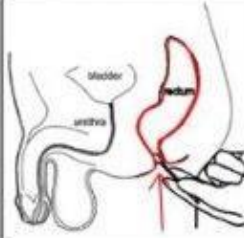




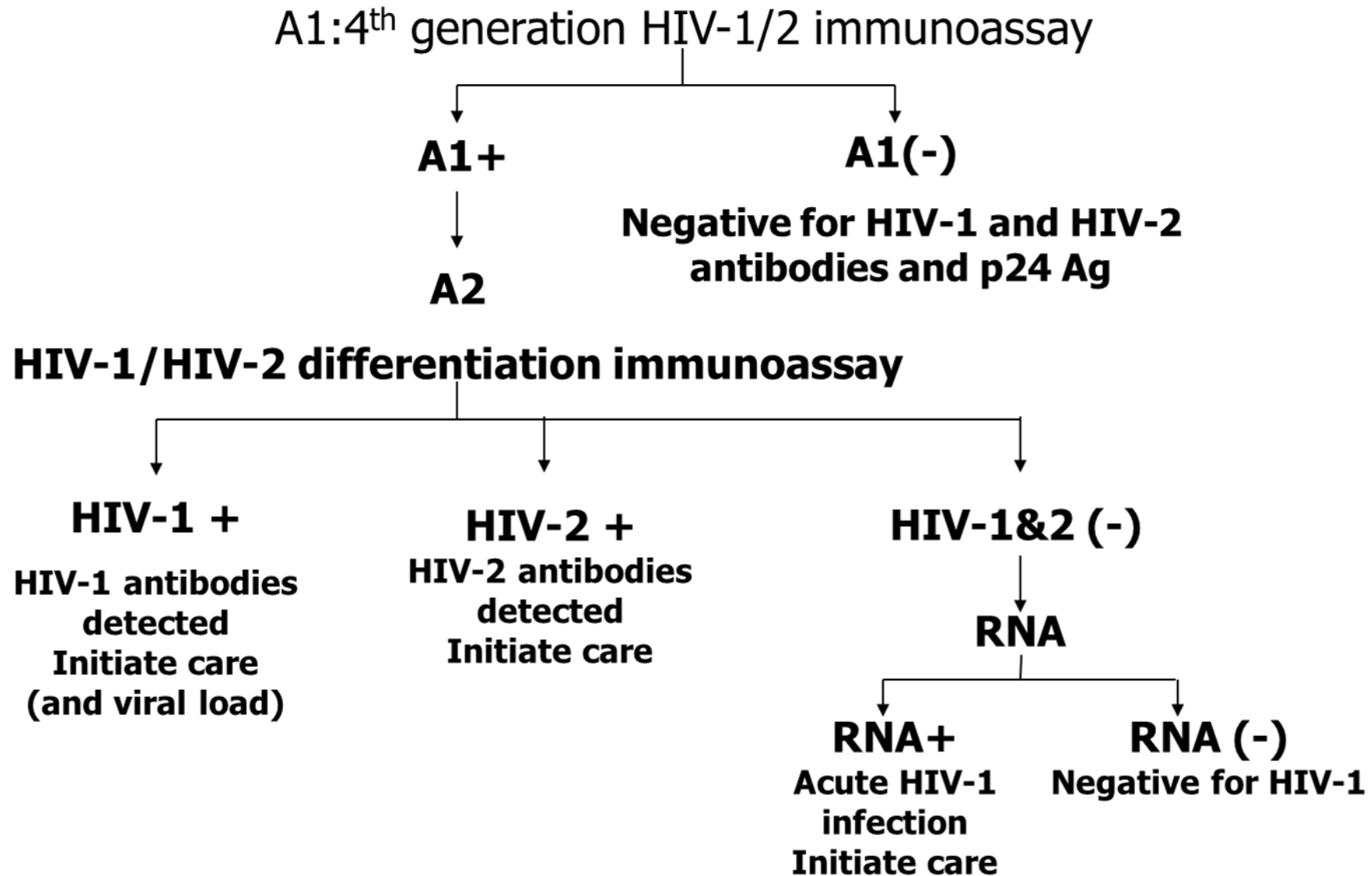
<p>STEP 1</p>  <p>Wash your hands thoroughly.</p> <p>STEP 2</p>  <p>Unopened Swab</p> <p>Either squat down, or lift one leg on a toilet, ledge, or chair (as shown). Pull underwear down or off.</p>	<p>STEP 3</p> <p>Open the swab. DO NOT TOUCH THE TIP OF THE SWAB.</p>  <p>Twist first to break seal.</p>  <p>Then pull. The swab will stay attached to the cap.</p> <p>Do NOT throw the plastic tube away! You will need to put your swab in it after you have collected the sample.</p> 	<p>STEP 4</p> <p>With your dominant hand (right if you're right-handed, left if you're left-handed), grip the opened swab 1.5" away from the tip of the swab (just below the first notch). DO NOT TOUCH THE TIP OF THE SWAB.</p>  <p>1 1/2 inches (just below the first notch)</p> <p>Do NOT, at any point, use anything (soap, saliva, or any kind of lubricant) either on your body or on the swab.</p>
<p>STEP 5</p>  <p>With your other hand, position your bare buttock and lift one cheek for easy access to the rectum. (DO NOT use anything on your rectum or the swab.)</p> <p>Female Anatomy</p>  <p>Male Anatomy</p> 	 <p>STEP 6</p> <p>Insert the swab 1.5 inches into your rectum until you feel your fingers touch your anus.</p> <p>STEP 7</p> <p>Once the swab is in, walk your fingers halfway down the swab (away from your body) and grip it there, for stability. (The swab should stay where it is—only your fingers should move.)</p> <p>STEP 8</p> <p>Gently rub the swab in a circle, touching the walls of your rectum, to collect the specimen.</p> <p>STEP 9</p> <p>When removing the swab from your rectum, slowly turn it in a circle while pulling it out.</p>	<p>STEP 10</p> <p>Place used swab back into the transport tube. Close tightly to prevent leakage.</p>  <p>STEP 11</p> <p>Place closed tube into the red plastic zip-lock bag. Seal the bag.</p>  <p>STEP 12</p> <p>Place sealed zip-lock bag into the return mailer (white envelope with a blue diamond-shaped sticker on the front). Seal the envelope and drop it in any mailbox.</p>  <p>Peel off adhesive to reveal seal.</p>

Diagram designed by Garvi Sheth

HIV Diagnostic Testing Algorithm: 4th Generation Test



How to Handle Test Results

Handing test results:

- Always give results in person
- Be prepared to provide emotional support
- Demonstrate that you care



Enroll in Care the Same Day

- Set up a follow-up visit to answer questions
 - ➡ Same day treatment initiation is the “holy grail” of HIV care!
- If you cannot initiate same day treatment, set up a care plan for follow-up and treatment.



Summary Thoughts

HIV incidence is rising in Indian Country

- Don't miss a single case!

Testing is simple and should be a routine part of

- Primary care, emergency/UC, and inpatient care

HIV is a primary care disease

- We can teach you how to do it!



Indian Country ECHO

Free service for I/T/U clinicians:

Designed to enhance care delivery for patients with complex conditions

The variety of services include:

Online ECHO clinics, trainings, CE, and technical assistance & capacity building



IHS HIV Project ECHO

Monthly IHS telemedicine conference:

- Sponsored by University of New Mexico and IHS
- Twenty-minute didactic talk regarding HIV care
- Participants present 2-3 active cases

When?

- 2nd Wednesday of the month @ 12pm MT

IHSECHO@unm.salud.edu



More Information & To Get Connected

IndianCountyECHO.org

**For free technical assistance:
ECHO@npaihb.org**

