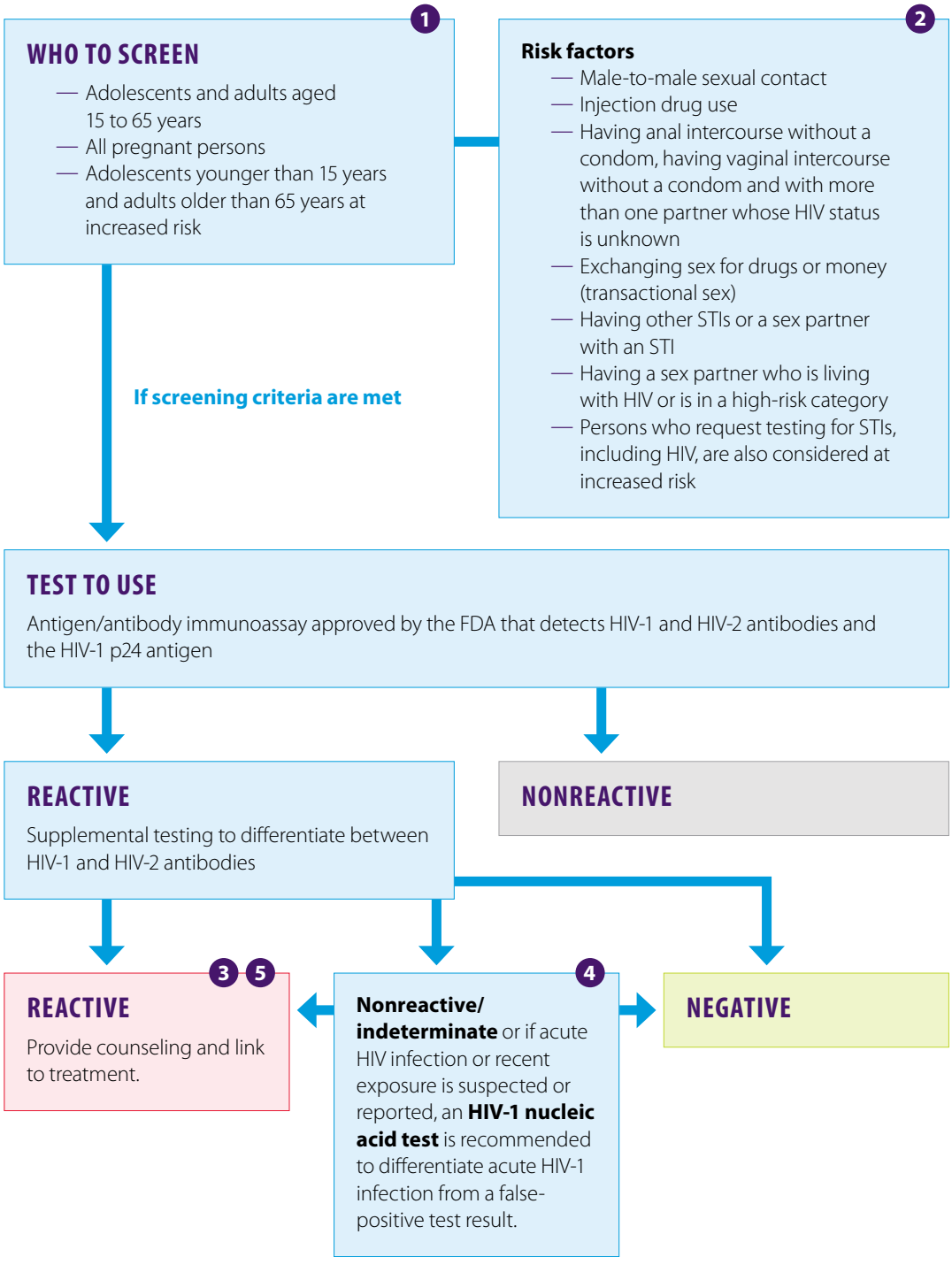
Screening is the first step to treatment

HIV, STIs, VIRAL HEPATITIS AND LTBI ROUTINE SCREENING TOOLKIT

Clinical Workflow Algorithm: HIV Screening

This document translates screening guidance and clinical considerations from the USPSTF and CDC into a decision tree format to guide implementation.



IMPLEMENTATION CONSIDERATIONS

1 Test frequency

At least once as a part of routine care. Repeat screening is reasonable for persons known to be at increased risk of HIV infection.

Pregnant people may be tested twice, once when they first present to care and a second time in the third trimester.

2 Risk assessment

Needed for those outside the universal screening age of 15 to 65 and to determine ongoing risk.

3 Link to treatment

Early initiation of antiretroviral therapy (ART) and other interventions effectively reduce the risk of clinical progression to AIDS.

4 Equivocal results

Consider using a different validated supplemental HIV-1 or HIV-2 test (antibody test and/or NAT) if available. Alternatively, redraw and repeat algorithm in two to four weeks.

5 Case reporting

Report positive case to state or local health department.

→ GET STARTED NOW Visit ama-assn.org/RoutineScreeningToolkit *or scan the QR code at the top of the page*