Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 62 / No. 24
June 21, 2013
MMWR1306D

National HIV Testing Day — June 27, 2013

National HIV Testing Day, June 27, promotes the importance of testing in detecting, treating, and preventing human immunodeficiency virus (HIV) infection. HIV testing is the essential entry point to a continuum of prevention, health-care, and social services that improve the quality of life and the length of survival for persons with HIV (*1*). Persons with HIV who receive appropriate treatment, monitoring, and health care also reduce their chances of transmitting HIV to others. CDC recommends that all persons aged 13–64 years be screened for HIV in health-care settings located in areas where the prevalence of undiagnosed HIV infection is >0.1%, and that persons with increased risk for HIV be retested at least annually (*2*).

In April 2013, the U.S. Preventive Services Task Force updated its 2005 guidelines on HIV screening, to recommend that clinicians screen all persons aged 15–65 years for HIV infection at least once, regardless of their risk; that younger adolescents and older adults with increased risk also be screened; and that persons with increased risk be screened more frequently (*3*). These updated recommendations are based on increasing evidence of the benefits of early antiretroviral therapy for HIV-infected persons and its effectiveness in preventing HIV transmission. Additional information is available at http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm#summary, http://www.cdc.gov/features/hivtesting, and http://www.hivtest.cdc.gov.

References

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Detection of Acute HIV Infection in Two Evaluations of a New HIV Diagnostic Testing Algorithm — United States, 2011–2013

The highly infectious phase of acute human immunodeficiency virus (HIV) infection, defined as the interval between the appearance of HIV RNA in plasma and the detection of HIV-1–specific antibodies, contributes disproportionately to HIV transmission (*1*). The current HIV diagnostic algorithm consists of a repeatedly reactive immunoassay (IA), followed by a supplemental test, such as the Western blot (WB) or indirect immunofluorescence assay (IFA). Because current laboratory IAs detect HIV infection earlier than supplemental tests, reactive IA results and negative supplemental test results very early in the course of HIV infection have been erroneously interpreted as negative (*2*). To address this problem, CDC has been evaluating a new HIV diagnostic algorithm (*3*). This report describes two evaluations of this algorithm. An HIV screening program at a Phoenix, Arizona emergency department (ED) identified 37 undiagnosed HIV infections during July 2011–February 2013. Of these, 12 (32.4%) were acute HIV infections. An ongoing HIV testing study in three

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