POLICY STATEMENT ON REDUCING NEW HIV INFECTIONS

Developed by an interstate group of individual members of the American Public Health Association (APHA) HIV Policy Working Group. Drafted 8/5/13, updated 9/9/14. Does not represent APHA.
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For prevention of HIV infections, we support periodic updates to the 2010 National HIV/AIDS Strategy, including through progress reports, to integrate the concepts described in the President's 2013 Care Continuum Initiative. The next overall revision of the National AIDS Strategy should emphasize a central role for the care continuum, with the goals of achieving treatment as prevention as well as benefiting the health of persons living with HIV. This continuum, delivered by a combination of medical and non-medical, community-based providers, with public health enhancements as included in the outline below, should be promoted and supported with adequate public funding and by leveraging health insurance reimbursement, and with a high emphasis on the rights, confidentiality, voluntary cooperation, and dignity of persons with HIV:

- Universal routine opt-out screening should be provided to adolescents and adults, as recommended by the Centers for Disease Control and Prevention (CDC), and by the U.S. Preventive Services Task Force (USPSTF). Screening methods and confirmation algorithms used should be the latest recommended by CDC or by the National Institutes of Health (NIH). Currently, these are 4th generation. (Primary responsibility: medical and non-medical providers, laboratories, 3rd party payers)
- Risk assessment and effective prevention messages should be offered to all persons testing negative who can be accessed for such services, with availability of counseling, referrals, and repeat screening based on risk. Nucleic acid screening at the initial visit should be considered for persons testing negative if they have had very recent suspected exposure (such as partners of or babies delivered to persons with detectable viral loads, or persons who have very recently engaged in high risk sex), as these may detect early infections that have not yet produced antibodies. (Primary responsibility: medical and non-medical providers, public health laboratories)
- Prompt and routine initial outreach services, consistently and adequately funded in all local jurisdictions nationwide, should be provided for all individuals confirmed as testing positive:
    - Linkage to care by healthcare providers who are knowledgeable about HIV management and prevention (Primary responsibility: public health, medical and non-medical providers)
    - Initial partner services by disease intervention or other public health specialists, or by properly trained healthcare personnel as permitted by law, to identify the most likely source partner and the most recently exposed partners, including confidential

notification, counseling, and opt-out testing of possibly exposed individuals (Primary responsibility: public health)

- Maintenance of continuous HIV care, including integrated prevention measures, should be optimized by competent providers and support resources, including the following services:
    - Prompt offering and initiation of antiretroviral treatment, and assurance of continuous treatment availability, based on current guidelines and best practices (Primary responsibility: medical providers)
    - Proven strategies for maintaining tight adherence to antiretroviral regimens (Primary responsibility: medical and non-medical providers)
    - ~~e~~ Active community outreach to patients missing appointments, and closely tracked referrals to new sources of care for those who require a change in provider (Primary responsibility: non-medical providers, public health)
    - Referrals to specialists, support groups, ADAP, case management cross-trained in prevention, substance abuse treatment, mental health services, housing, prevention with positives, and other programs (historically funded by the Ryan White CARE Act) as appropriate (Primary responsibility: medical and non-medical providers)
    - ~~e~~ Prevention messages fully incorporated into ongoing care and treatment, and provided with the best evidence-based approaches (Primary responsibility: medical providers)
    - Routine assessment and brief counseling during clinical visits, regarding sexual and drug-related behavior, with referrals as appropriate (Primary responsibility: medical providers)
    - Monitoring of treatment adherence, with simplification or adjustment of regimens as needed (Primary responsibility: medical providers)
    - Monitoring of viral load suppression, with resistance testing and adaptation of treatment when indicated, with the aim of achieving undetectable viral loads or lowest viral levels possible, to prevent transmission as well as the development of viral resistance (Primary responsibility: medical providers)
    - Use of surveillance data by public health departments to monitor adherence, retention, and viral suppression with follow-up that maintains strict confidentiality (Primary responsibility: public health)
    - Ongoing assessment about new partners, and referral (as above) or performance of follow-up partner services, including confidential notification, counseling, and opt-out testing for contacts (Primary responsibility: medical providers and public health)
    - Other Prevention with Positives components, including accessible, available, and acceptable condom distribution; screening and treatment of other STDs, hepatitis B and C, and tuberculosis; prevention of mother-to-child transmission; reproductive health care; and referral to other services as needs arise during care (Primary responsibility: medical and non-medical providers)

- Prophylactic use of antiretroviral medications by uninfected persons (PrEP) should become less necessary with implementation of the above strategy, and should be for clear and limited indications approved by CDC. While pre-exposure prophylaxis is an option for persons who will not use condoms, it should not be promoted as a substitute for condoms. (Primary responsibility: medical providers)

Studies on the efficacy of intra-exposure prophylaxis for sero-negative partners, e.g., pending suppression of the infected partner's viral load, or when condoms are deferred to attempt pregnancy, should be completed, following which guidelines should be issued. (Primary responsibility: NIH, CDC)

We also support population-based efforts to raise awareness of the issues surrounding HIV/AIDS, reduce stigma related to testing and treatment, mobilize communities to take action, make condom distribution a structural intervention, and change community norms about condom use. These efforts also should include other similarly-transmitted STDs and bloodborne pathogens (including hepatitis B and C), especially emphasizing the avoidance of unsafe sexual and drug/needle-related behavior.

In the 2010 National HIV/AIDS Strategy, the three prevention steps are all targeted at populations (intensifying HIV prevention efforts in the communities where HIV is most heavily concentrated; expanding targeted efforts with evidence-based approaches, and educating all Americans about HIV and how to prevent it). While such efforts tend to be less efficient for prevention of HIV than the care continuum, which stops HIV transmission at the source, they remain valuable in preventing infection of persons unaware that they have HIV-infected partners, and in reducing transmission of other sexually transmitted diseases. Funding should be distributed to achieve the most cost-effective balance between such population-based strategies (and among the multiple approaches), and the care continuum.

Such programs should be culturally appropriate, and should include sexual health education across the lifespan. They should include efforts to change community norms relating to risk behaviors, which have proven to have high potential effectiveness, as in the A-B-C programs in Uganda and some other locations, and with community-level interventions in the US. All should utilize intensive outreach efforts and the use of social network referral programs and should emphasize screening, in order to initiate the care continuum as outlined above; including combined or coordinated screening for HIV and other similarly transmitted diseases.