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December 17, 2012

Dr. Robert Cosby

c/o United States Preventive Services Task Force (USPSTF)

Agency for Healthcare Research and Quality (AHRQ)

540 Gaither Road

Rockville, MD 20850

Subject: HIVMA Comments on USPSTF HIV Screening Recommendation

Dear Dr. Cosby:

On behalf of the HIV Medicine Association (HIVMA), I would like to express our praise and strong support for the USPSTF's recommendation that HIV screening be a routine part of medical care for adolescents and adults. HIVMA represents nearly 5,000 medical providers and researchers who work on the frontlines of the HIV epidemic across the United States. The Task Force's draft recommendation, if fully adopted, will represent a monumental step forward in identifying the nearly 20 percent of individuals infected with HIV in this country that are undiagnosed and connecting them with lifesaving HIV care and treatment.

The "Grade A" recommendation that clinicians screen everyone between the ages of 15 and 65, all pregnant women, and younger adolescents and older adults who are at higher risk for HIV is strongly grounded in the scientific evidence, as HIVMA fully supports.¹ Recognizing the importance of early viral suppression, the federal HIV treatment guidelines now recommend that everyone with HIV be offered treatment upon diagnosis. In addition to benefiting the individual with HIV infection, research also convincingly demonstrates that patients who are virally suppressed are 96 percent less likely to transmit the infection to their sexual partners.²

With the Task Force's recommendation, HIV screening will become a preventive service covered – without cost to patients for the test – by private health insurance plans, Medicaid and Medicare programs as provided in the Patient Protection and Affordable Care Act (ACA). The improved coverage and implementation in practice of routine HIV screening will be critical to dramatically alter the course of the HIV epidemic as envisioned in the National HIV/AIDS Strategy.

Earlier detection, if coupled with effective linkage to care and treatment, stands to significantly improve the lives of the many patients with HIV who continue to be diagnosed within a year of an AIDS diagnosis, despite a 10-year latency period. The timing of the recommendation, in advance of the ACA's health care coverage expansion in 2014, provides the opportunity to conduct the outreach and education necessary to develop systems of care that support earlier entry into and retention in care for people with HIV infection – which are the desired outcomes of routine screening.

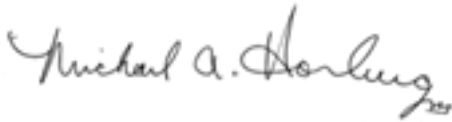
In terms of research gaps and consideration of future updates of the Task Force's HIV screening recommendation, we agree that priorities should include better understanding of the most effective HIV screening strategies – especially among the most heavily impacted populations – to improve testing acceptability and uptake as well as linkage to and retention in care. We also concur that it would be beneficial to better quantify the impact of repeat HIV screening and identify optimal time intervals for re-screening in different populations.

In addition, we urge the Task Force to give future consideration to evidence supporting expansion of the routine screening recommendation to include individuals outside of the 15-to-65 age bracket. The American Academy of Pediatrics currently recommends that all sexually active youths regardless of age be screened for HIV infection, and that youth that are tested for other STDs also be tested for HIV at the same visit.³ Alarming recent CDC data suggest the need to consider routine screening among younger age groups, considering that a disproportionate number of new HIV infections occur among youths, especially African Americans, Latinos, and men who have sex with men (MSM) and that more than half of American youths with HIV (59.5%) are reported to be unaware of their infection.⁴ CDC data have also found significant prevalence of risk behaviors among younger teens and pre-teens (youths aged 10–14 years).⁵ The high prevalence of any sexually transmitted infection (14%) among younger teenage girls (aged 14-15 years) in the US further supports the need to include younger age cohort in the HIV screening.⁶ Another very important rationale not to limit the lower age bracket to 15 years is the potential benefit of expanding the currently very low engagement of the pediatric providers into the HIV screening of adolescents in the U.S.⁷

For older adults, HIVMA, the Infectious Diseases Society of America (IDSA) and the American College of Physicians (ACP) recommend routine HIV testing for all adults up to at least the age of 75 years.⁸ Even in high prevalence settings (populations with a one percent or greater prevalence rate) already covered by the Task Force's 2005 grade "A" for risk considerations, patients over age 65 senior citizens may be under-screened.⁹ Given that the number of Americans age 65 and older is projected to more than double to 89 million by 2050,¹⁰ and the fact that many older adults are sexually active,¹¹ additional research should assess the occurrence of and barriers to HIV screening in adults over age 65, and evaluate the evidence supporting expansion of routine HIV screening to this population.^{12,13}

Thank you for your consideration of our views, and please consider HIVMA as a resource as the USPSTF finalizes and considers future updates of its HIV screening recommendation. Please do not hesitate to contact me through HIVMA's Executive Director, Andrea Weddle, if we can be of assistance. She can be reached at (703) 299-0915 or aweddle@hivma.org.

Sincerely,



Michael Horberg, MD, MAS, FACP, FIDSA
Chair, HIVMA Board of Directors

¹ The Centers for Disease Control and Prevention (CDC) has recommended routine HIV screening for individuals ages 15 to 64 since 2006 (Branson BM, Handsfield HH, Lampe MA, Janssen RS, Taylor AW, Lyss SB, et al; CDC, "Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings," MMWR Recomm Rep. 2006;55(RR-14):1-17; quiz CE1-4.[PMID: 16988643]).

² Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 Infection with Early Antiretroviral Therapy. New England Journal of Medicine. 2011; 365:493-505.

³ American Academy Of Pediatrics Policy Statement: Adolescents And HIV Infection: "The Pediatrician's Role In Promoting Routine Testing," Committee On Pediatric AIDS, (published online 10/31/2011, accessed online 11/29/2012 at: <http://pediatrics.aappublications.org/content/early/2011/10/26/peds.2011-1761.abstract>)

⁴ "Vital Signs: HIV Infection, Testing, and Risk Behaviors Among Youths — United States," CDC, MMWR / November 27, 2012 / Vol. 61.

⁵ Sexual and Reproductive Health of Persons Aged 10–24 Years — United States, 2002–2007 July 17, 2009 / Vol. 58 / No. SS-6 (accessed Online 11/19/2012 at: <http://www.cdc.gov/mmwr/pdf/ss/ss5806.pdf>).

⁶ Forhan SE, Gottlieb SL, Sternberg MR, Xu F, Datta SD, McQuillan GM, et al. "Prevalence of sexually transmitted infections among female adolescents aged 14 to 19 in the United States." Pediatrics 2009,124:1505-1512.

⁷ Henry-Reid LM, O'Connor KG, Klein JD, Cooper E, Flynn P, Futterman DC. "Current pediatrician practices in identifying high-risk behaviors of adolescents." Pediatrics 2010,125:e741-747.

⁸ Lubinski C, Aberg J, Bardeguez AD, Elion R, Emmanuel P, Kuritzkes D, et al, "HIV policy: the path forward—a joint position paper of the HIV Medicine Association of the Infectious Diseases Society of America and the American College of Physicians," Clin Infect Dis. 2009;48(10):1335-44.

⁹ A single community health center in the District of Columbia (Unity Health Care, Inc.) recently reported that over the last 18 months 9% of all newly-diagnosed patients were 65 and older.

¹⁰ "America's Aging Population," Population Reference Bureau, Population Bulletin 66.1 2011, February, 2011, (accessed online 11/29/2012 at <http://www.prb.org/pdf11/aging-in-america.pdf>).

¹¹ Tessler Lindau, et al, "A Study of Sexuality and Health among Older Adults in the United States," N Engl J Med 2007; 357:762-774:10.1056/NEJMoa067423 (August 23, 2007).

¹² CDC, "Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2010 HIV Surveillance Report," Volume 22, reports that the percent of new infections in the 65+ population was just under 2% of the total new infections in the year 2010 (<http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivaidsage>). However, earlier (2007) data found that there is a growing cohort of persons living with HIV or AIDS in the age 50 and older category, accounting for 34 percent of those living with AIDS in 2007, up from 24 percent in 2003 (Source: Population Reference Bureau, "HIV/AIDS and Older Adults in the United States," Today's Research on Aging, No. 18, December 2009, accessed online 12/12/12 at <http://www.prb.org/pdf09/TodaysResearchAging18.pdf>).

¹³ Sanders, Gillian D., et al, "Cost Effectiveness of HIV Screening in the Elderly," Ann Intern Med, Vol. 148, page(s) 889-903 (2008).