December 12, 2012

The United States Preventive Services Task Force
ATTN: Dr. Robert Cosby
540 Gaither Road
Rockville, MD 20850

Subject: U.S. Preventive Services Task Force
Draft Recommendation on Screening for HIV

To Whom It May Concern,

On behalf of the members of the American Academy of HIV Medicine, and the patients we serve, we write to express our support for the United States Preventive Services Task Force (USPSTF) draft recommendation that all patients between the ages of 15 to 65 and pregnant women should be routinely tested for HIV infection. We fully support the grade “A” recommendation for both populations.

The American Academy of HIV Medicine is an independent organization of HIV Specialists, and other providers dedicated to promoting excellence in HIV/AIDS care and to ensuring better care for those living with AIDS and HIV disease. The Academy has a diverse membership composed of Infectious Disease, Internal Medicine, Family Practice and General Practice providers as well as Nurse Practitioners, Physician Assistants, Dentists, and Pharmacists. HIV care providers are on the front lines of the U.S. response to the disease, both domestically and internationally.

As an organization of front-line HIV care providers, we strongly support the concept of routine HIV testing, as detailed by the CDC since 2006, as a means of making more individuals aware of their HIV status, promoting prevention of the disease. HIV testing has enabled individuals with HIV to become aware of their health status and to take appropriate precautions to preserve their health.

Early diagnosis of the disease also presents the best opportunity for optimal patient care, and prolonging of health. Current Department of Health and Human Services (DHHS) treatment guidelines recommend starting antiretroviral treatment for individuals with a CD4 count above 500. However, according to a study reported in
Clinical Infectious Diseases in 2011, this means that a majority of patients would need to start antiretroviral treatment within a year of their infection with HIV.

We believe that routine screening of patients will allow for more infected individuals to be diagnosed early in their disease, and that the opportunity to get HIV infected individuals into HIV care and treatment at an early stage in the disease substantially increases the likelihood of positive clinical outcomes. Studies have shown that individuals who receive early treatment in combination with medical care can have a life expectancy similar to HIV-negative individuals.

In addition to the data that show better individual patient outcomes with early diagnosis, we applaud the effect that this decision is likely to have on public health, and efforts at preventing spread of the disease.

Studies show that individuals diagnosed with HIV take steps to reduce the likelihood of transmitting HIV to others. Too many people living with HIV are currently unaware of their HIV status; and estimated 20 percent. Studies show that people who do not know that they are HIV-positive are more likely to engage in risk behaviors associated with HIV transmission. The routinization of HIV testing among adults will increase the likelihood of identifying individuals infected with the disease substantially.

Furthermore, we are confident that the grade change will play a significant role in coverage of and reimbursement for HIV testing services. AAHIVM believes that the assurance that both public payers and private insurance payers will cover testing services increases the likelihood both that patients will take advantage of testing and that physicians will offer it. Providers need to feel confident that they will be reimbursed when testing is performed. This recommendation represents a significant step forward in encouraging routine testing in this country.

Finally, we strongly support the reaffirmation of a “Grade A” recommendation for routine screening of pregnant women. The strategic use of medications and biomedical interventions has allowed us to nearly eliminate HIV transmission to newborns in the US. Screening and treating expectant mothers during pregnancy is now one of the major prevention successes of the HIV world.

We applaud the draft recommendation, and urge the committee to finalize it as soon as possible.

Thank you for your consideration of the above statement. Please contact AAHIVM Public Policy Director, Holly Kilness at 202-659-0699 x20, or holly@aahivm.org for more information regarding these comments.