

Opt-out HIV testing

- HIV testing in Australia is currently “opt-in”, which means that testing is conducted according to risk factors (such as sexual or drug use practices), clinical indication (such as having another sexually transmitted infection), where the clinician has formally obtained informed consent from the individual.
- Opt-out HIV testing is healthcare provider testing where an individual is tested in a universal, routine manner for HIV unless they explicitly decline to be tested (opt-out). While the ASHM National HIV Testing Policy has been updated to include a section covering opt-out testing, the Australian guidelines do not currently recommend opt-out HIV testing for the general population.¹
- While HIV notifications in Australia have significantly reduced, routine opt-out HIV testing offers an effective strategy to identify and link people living with HIV to treatment and care who are unaware of they have the virus and unknowingly transmit HIV to sexual partners, or have become disengaged with care (‘lost to care’).

While HIV notifications in Australia are trending downwards for populations of men who have sex with men (MSM), HIV notifications are increasing within heterosexual populations and Aboriginal and Torres Strait Islander communities.² To reinforce efforts in early detection and treatment of HIV transmission within the NSW context, Positive Life NSW advocates for the implementation of opt-out HIV testing in NSW emergency departments and sexual health clinics.

Opt-out HIV testing has been found to be acceptable to patients in GP settings³, increase HIV testing in sexual health clinic settings and identifies people with previously undiagnosed HIV infection who might not otherwise access HIV testing services.⁴

¹ ASHM Testing Portal: National HIV Testing Policy, Types of HIV Testing, Opt-out testing. 23 May 2023. <https://testingportal.ashm.org.au/national-hiv-testing-policy/types-of-hiv-testing/>

² National HIV notifications 2013-2022. <https://www.kirby.unsw.edu.au/sites/default/files/documents/HIV-summary-2022.pdf> Accessed 23 November 2023.

³ Glew, S., Pollard, A., Hughes, L., & Llewellyn, C. (2014). Public attitudes towards opt-out testing for HIV in primary care: a qualitative study. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 64(619), e60–e66. <https://doi.org/10.3399/bjgp14X677103>

⁴ ASHM Health. (2022). HIV Testing Policy Update: Opt-out Testing. <https://ashm.org.au/about/news/hiv-testing-policy-update-opt-out-testing/> Accessed 22 November 2023.

This approach is grounded in evidence-based practice and aligns with international practice, offering a crucial opportunity to increase early HIV diagnosis, facilitate prompt linkage to care and further reduce the incidence of HIV.

RATIONALE

1. **Addressing ‘Missed’ Diagnoses:** In 2021, almost half of all new HIV diagnoses were considered missed⁵ (late) diagnoses. People can live with an undiagnosed HIV infection between 5-15 years without treatment or care while potentially unknowingly transmitting HIV to sexual partners, before developing signs of acquired immune deficiency syndrome (AIDS). Upon diagnosis, these individuals endure weaker immunological response, are at prolonged risk of opportunistic infections, will require considerable healthcare support, lengthy hospitalisation, and have a greater risk of AIDS morbidity and mortality. Opt-out testing can reduce missed diagnoses and test individuals who may not actively seek HIV testing.⁶ A 2006 Australian study revealed that over 50% of the people with undiagnosed HIV sought health care in the year prior to their diagnosis, representing missed opportunities to test for HIV.⁷
2. **Onward HIV Transmission:** Universal⁸ opt-out HIV testing has been found to identify people living with HIV who have been previously diagnosed and ‘lost to care’ without antiretroviral treatment, in order to re-engage them with treatment and reduce onward HIV transmission. Individuals living with a compromised immune system for a number of years have a high risk of progressing to late stage HIV or an AIDS defining illness with the potential of onward transmission to sexual partners. Opt out HIV testing is also “a feasible strategy for identifying people with previously undiagnosed HIV infection who might not otherwise access HIV testing services.”⁹ Routine opt-out HIV testing also ensures that people newly diagnosed with HIV are offered immediate or early antiretroviral treatment, further reducing onward HIV transmission and improving overall health outcomes.

⁵ Positive Life uses the term ‘missed diagnosis’ in preference to ‘late diagnosis’ or ‘late presenter’. The term ‘late’ carries the implication that responsibility for diagnosis remains with the individual, who would have presented again and again with opportunistic illnesses or infections requiring medical care. ‘Missed’ diagnosis clarifies that clinical care has missed an opportunity to diagnose HIV.

⁶ ASHM Health. (2022). HIV Testing Policy Update: Opt-out Testing. <https://ashm.org.au/about/news/hiv-testing-policy-update-opt-out-testing/> Accessed 22 November 2023.

⁷ McDonald EA, Currie MJ, Bowden FJ. (2006). Delayed diagnosis of HIV: missed opportunities and triggers for testing in the Australian Capital Territory. *Sex Health, Dec;3(4):291-5*. doi: 10.1071/sh06022. PMID: 17112443.

⁸ “Using neutral language and replacing the words ‘routine’ and ‘recommended’ with ‘universal’ testing in public health policy and clinical guidelines could increase health providers’ confidence and reduce ambiguity and the legacy of HIV stigma.” Ayton, J. E., Bennett-Daly, G., Nguyen, A., & Owen, L. (2023).

⁹ ASHM Health. (2022). HIV Testing Policy Update: Opt-out Testing. <https://ashm.org.au/about/news/hiv-testing-policy-update-opt-out-testing/> Accessed 22 November 2023.

3. **Economic Benefit:** Opt-out testing is a cost-effective investment to enable a timely HIV diagnosis and facilitate immediate or early antiretroviral treatment.^{10,11} From a health economics perspective, opt-out testing minimises the risk of the virus progressing to advanced stages, limits onward transmission and reduces the long-term burden on the NSW healthcare system. Detecting HIV early also offers significant cost savings given the considerably higher healthcare costs for people who are diagnosed late with HIV.¹²
4. **Reducing HIV Stigma:** Routine opt-out HIV screening destigmatises HIV.¹³ It embeds HIV testing as a standard protocol or routine clinical activity similar to testing for other transmissible infections. When HIV testing is normalised, individuals are less inclined to feel singled out or stigmatised by a HIV test. It also removes healthcare providers implicit bias and stereotypes around which patients are screened or not screened (at-risk or not at-risk).
5. **International Best Practice:** The World Health Organization (WHO), UNAIDS, the Centers for Disease Control and Prevention (CDC) support the implementation of opt-out HIV testing. Adopting international best practice in the NSW context will enhance the effectiveness of our public health initiatives.

INTERNATIONAL SCOPE

Research conducted by Soh, et al,¹⁴ adds to the evidence that opt-out testing improves HIV test uptake compared to opt-in testing rates over a range of settings and populations. Research by Spagnolello, et al, reports that targeted screening in A&E settings are feasible and well accepted.¹⁵ Qualitative work by Glew, Pollard, Hughes and Llewellyn in Brighton, England highlight that routine opt-out testing not only increases testing uptake, but prevents any particular community being targeted.¹⁶ A 2022 Taiwanese study by Chen, et al, concluded that routine HIV testing decreased late

¹⁰ Serag, H., Clark, I., Naig, C., Lakey, D., & Tiruneh, Y. M. (2022). Financing Benefits and Barriers to Routine HIV Screening in Clinical Settings in the United States: A Scoping Review. *International journal of environmental research and public health*, 20(1), 457. <https://doi.org/10.3390/ijerph20010457>

¹¹ Editorial, Opt-out HIV testing in the UK, Volume 10, issue 6, E351, June 2023, *The Lancet HIV* [https://doi.org/10.1016/S2352-3018\(23\)00117-0](https://doi.org/10.1016/S2352-3018(23)00117-0)

¹² Ibid.

¹³ Ibid.

¹⁴ Soh, Q. R., Oh, L. Y. J., Chow, E. P. F., Johnson, C. C., Jamil, M. S., & Ong, J. J. (2022). HIV Testing Uptake According to Opt-In, Opt-Out or Risk-Based Testing Approaches: a Systematic Review and Meta-Analysis. *Current HIV/AIDS reports*, 19(5), 375–383. <https://doi.org/10.1007/s11904-022-00614-0>.

¹⁵ Spagnolello O, Gallagher B, Lone N, Ceccarelli G, D'Ettoire G, Reed MJ., (2021). The Role of Targeted HIV Screening in the Emergency Department: A Scoping Review. *Curr HIV Res.* 19(2):106-120. doi: 10.2174/1570162X18666201123113905. PMID: 33231157.

¹⁶ Glew, S., Pollard, A., Hughes, L., & Llewellyn, C. (2014). Public attitudes towards opt-out testing for HIV in primary care: a qualitative study. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 64(619), e60–e66. <https://doi.org/10.3399/bjgp14X677103>.

diagnosis, lowered HIV-related mortality and improved clinical outcomes for people diagnosed with HIV.¹⁷

WHO/UNAIDS: Since 2007, the World Health Organisation (WHO)¹⁸ and UNAIDS¹⁹ have recommended opt-out HIV testing for all patients and their sexual partners who present in clinical settings with symptoms or medical conditions that could indicate HIV infection. Revised guidelines recommend that where there is a generalised HIV epidemic, all patients are offered a HIV test regardless of symptoms or reasons for seeking medical care. In locales where HIV prevalence is low, recommendations are to offer HIV testing to patients with symptoms suggestive of HIV as well as people accessing pregnancy, tuberculosis and sexual health services.²⁰

United Kingdom: In the first 100 days of a 2022 UK opt-out HIV testing pilot,²¹ the NHS saved an estimated minimum of £6-8 million in care with an investment of £2 million.²² The average hospital stay for a newly diagnosed patient with HIV was reduced by 32.5 days from 34.9 days to 2.4 days.²³ Evidence²⁴ shows that opt-out HIV testing is a viable and cost-effective²⁵ public health strategy.

Australia: Opt-out HIV testing already occurs within antenatal health care in this country.^{26,27} Mother-to-child transmission (MTCT) or vertical transmission is very rare in Australia, or 1.9%

¹⁷ Chen, Y. H., Fang, C. T., Shih, M. C., Lin, K. Y., Chang, S. S., Wu, Z. T., Lee, Y. Y., & Chen, C. H. (2022). Routine HIV Testing and Outcomes: A Population-Based Cohort Study in Taiwan. *American journal of preventive medicine*, 62(2), 234–242. <https://doi.org/10.1016/j.amepre.2021.07.010>

¹⁸ Soh, Q. R., Oh, L. Y. J., Chow, E. P. F., Johnson, C. C., Jamil, M. S., & Ong, J. J. (2022). HIV Testing Uptake According to Opt-In, Opt-Out or Risk-Based Testing Approaches: a Systematic Review and Meta-Analysis. *Current HIV/AIDS reports*, 19(5), 375–383. <https://doi.org/10.1007/s11904-022-00614-0>

¹⁹ NAM AIDS MAP, (2007). WHO/UNAIDS endorse opt-out HIV testing. <https://www.aidsmap.com/news/may-2007/whounaids-endorse-opt-out-hiv-testing> Accessed 21 November 2023.

²⁰ World Health Organization (2019). Consolidated guidelines on HIV testing services. Geneva. <https://www.who.int/publications-detail-redirect/978-92-4-155058-1> Accessed 22 November 2023.

²¹ NHS England., (2022). Emergency department opt out testing for HIV, hepatitis B and hepatitis C: The first 100 days. PR1849. <https://www.england.nhs.uk/long-read/emergency-department-opt-out-testing-for-hiv-hepatitis-b-and-hepatitis-c-the-first-100-days/> Accessed 22 November 2023.

²² Editorial, Opt-out HIV testing in the UK, Volume 10, issue 6, E351, June 2023, *The Lancet HIV* [https://doi.org/10.1016/S2352-3018\(23\)00117-0](https://doi.org/10.1016/S2352-3018(23)00117-0)

²³ Gold, D., Green, I., Aslett, A., Healy, P., Halford, R., (2022). Open Letter to fund opt-out testing in more A&E departments, National AIDS Trust, [https://www.nat.org.uk/expandtesting/letter accessed 20 October 2023](https://www.nat.org.uk/expandtesting/letter%20accessed%2020%20October%202023).

²⁴ Editorial, Opt-out HIV testing in the UK, Volume 10, issue 6, E351, June 2023, *The Lancet HIV* [https://doi.org/10.1016/S2352-3018\(23\)00117-0](https://doi.org/10.1016/S2352-3018(23)00117-0)

²⁵ NHS England., (2022). Emergency department opt out testing for HIV, hepatitis B and hepatitis C: The first 100 days. PR1849. <https://www.england.nhs.uk/long-read/emergency-department-opt-out-testing-for-hiv-hepatitis-b-and-hepatitis-c-the-first-100-days/> Accessed 22 November 2023.

²⁶ Jason J. Ong, Christopher Bourne, Judith A. Dean, Nathan Ryder, Vincent J. Cornelisse, Sally Murray, Penny Kenchington, Amy Moten, Courtney Gibbs, Sarah Maunsell, Tyler Davis, Jessica Michaels and Nicholas A. Medland, (2022). Australian sexually transmitted infection (STI) management guidelines for use in primary care 2022 update. *Sexual Health* 20(1) 1-8. <https://doi.org/10.1071/SH22134>

²⁷ National HIV Testing Policy Expert Reference Committee, (2020). National HIV Testing Policy 2020 v1.5, https://testingportal.ashm.org.au/files/ASHM_National%20HIVTestingPolicy_2020_HIV_.pdf Accessed 23 November 2023.

between 2017-2021.²⁸ A 2014-2016 opt-out HIV testing study in a Western Australian practice demonstrated feasibility and acceptability to the participating healthcare providers.²⁹

United States of America: Since 2006, the Centers for Disease Control and Prevention (CDC) has recommended universal opt-out HIV testing for all patients aged 13-64 years old.³⁰ In 2009, the HIV Medicine Association of the Infectious Diseases Society of America and the American College of Physicians endorsed the CDC position.³¹ The American College of Emergency Physicians (ACEP) also supports routine HIV screening of patients presenting to the accident and emergency department (A&E) with due consideration for local HIV prevalence and testing in the context of the individuals presentation at A&E.³² A&E departments are the key venues for HIV diagnosis and linkage to care in American settings.³³ US-based 2020 research found that individuals are receptive to opt-out HIV testing in an A&E setting and view it as a strategy to reduce stigma associated with HIV testing.³⁴

CONSIDERATIONS AND CONCERNS

During October 2023, Positive Life explored the considerations and concerns of community members both HIV positive and HIV negative. Overall, opt-out HIV testing was considered to be an acceptable strategy to increase HIV testing and reduce onward HIV transmission, especially for sexually active people who consider themselves not at risk of HIV and to identify people with previously undiagnosed HIV infection who might not otherwise access HIV testing services. Many community members indicated they had assumed HIV testing was already part of routine sexual health screening.

²⁸ Ayton, J. E., Bennett-Daly, G., Nguyen, A., & Owen, L. (2023). Health and medical professionals' antenatal HIV testing practices and perceived barriers to routine testing in Tasmania, Australia: a qualitative study. *BMJ open*, *13*(3), e069819. <https://doi.org/10.1136/bmjopen-2022-069819>

²⁹ Leidel, S., Leslie, G., Boldy, D., Davies, A., & Girdler, S. (2016). 'We didn't have to dance around it': opt-out HIV testing among homeless and marginalised patients. *Australian Journal of Primary Health* *23*(3) 278-283 <https://doi.org/10.1071/PY16120>

³⁰ Branson, B. M., Handsfield, H. H., Lampe, M. A., Janssen, R. S., Taylor, A. W., Lyss, S. B., Clark, J. E., & Centers for Disease Control and Prevention (CDC) (2006). Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports*, *55*(RR-14), 1–CE4

³¹ Lubinski, C., Aberg, J., Bardeguez, A. D., Elion, R., Emmanuel, P., Kuritzkes, D., Saag, M., Squires, K. E., Weddle, A., Rainey, J., Zerehi, M. R., Ralston, J. F., Fleming, D. A., Bronson, D., Cooke, M., Cutler, C., Ejnes, Y., Gluckman, R., Liebow, M., Musana, K., ... Yehia, B. (2009). 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. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*, *48*(10), 1335–1344. <https://doi.org/10.1086/598169>.

³² American College of Emergency Physicians., (2001). American College of Emergency Physicians. Bloodborne infections in emergency medicine. *Annals of emergency medicine*, *38*(4), 483–484. doi: 10.1016/s0196-0644(01)70037-6.

³³ Wicken, C., et al., (2020). Patients' Response to an Emergency Department-Based HIV Testing Program and Perception of Their Friends' Attitudes on HIV Testing among Patients Seeking Care at an Urban Emergency Department in Baltimore, Maryland, USA, *J Infect Public Health*. 2020 January ; *13*(1): 104–109.

³⁴ Noland, C. M., Vaughn, N. A., Sun, S., & Schlecht, H. P. (2015). Understanding Patients' Perspectives on Opt-Out, Incentivized, and Mandatory HIV Testing. *International journal of health sciences*, *9*(3), 293–303.

Clinical communications

Considerations centred around issues of pre- and post-test counselling by medical practitioners, clinical communication about test results in an appropriately empathetic manner, and suitability of the clinical setting where test results were offered to patients. Other considerations were centred around onward linkage to care, and referral to appropriate support networks in the case of a positive diagnosis.

Testing Settings

Concerns were divided around considerations for and against different medical settings to test for HIV. While A&E departments, sexual health clinics and general practice were considered ideal medical settings to conduct opt out HIV testing, A&E departments were deemed to lack the privacy and confidentiality required to convey results especially should this be positive. While general practice was considered to a private setting and an opportunity to discuss results and engage newly diagnosed patients into care, concerns remained around the variability of medical practitioners' experience in being able to deliver a positive result with empathy, without causing further trauma, and inadvertently stigmatising newly diagnosed patients. Onward referrals to peer support networks and ongoing support of the individual newly diagnosed remained an outstanding concern regardless of where HIV testing was conducted.

Concerns were raised regarding the systemic mainstream medical bias towards blame and culpability when diagnosing or treating HIV, which was agreed is exacerbated within healthcare practitioners and patients from culturally and linguistically diverse (CALD) backgrounds alike. Concerns were raised that GPs from CALD backgrounds find it challenging to discuss HIV with patients from CALD backgrounds, who are equally challenged by the issue. It was suggested that opt-out testing may benefit people from CALD backgrounds who normally would not engage with sexual health screening. Other cultural intersections identified were regarding Asian-born men and those from other CALD backgrounds seeking visas and/or permanent residence, who are likely to decline an opt-out test due to fears of a perceived risk to their visa process and outcome.

CONCLUSION

Opt-out HIV testing in NSW emergency departments and sexual health clinics offers a proactive and contextually relevant strategy to address the persistent challenges of HIV transmission. By implementing this approach, NSW can strengthen its public health response, reduce late diagnoses, and contribute to the broader national effort to end HIV transmission in Australia.