

# PHSKC HIV Testing Survey: Knowledge, Attitudes and Practices

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## Page One

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This anonymous survey is intended to collect information about HIV testing attitudes and practices. Results will be used by Public Health - Seattle & King County's HIV/AIDS Program to:

Determine current attitudes and practices regarding HIV testing in King County, WA;

Determine awareness of January 2010's changes to testing guidelines outlined in the Washington Administrative Code; and

Identify barriers that prevent providers from implementing routine HIV screening

This survey contains 25 questions in 3 sections.

Estimated Time: 10 - 15 MINUTES

Questions about this survey can be directed to the survey administrator, Alex Shirreffs at [alexshir@u.washington.edu](mailto:alexshir@u.washington.edu) or 206.205.6105.

## Eligibility Q1

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### SECTION 1: ELIGIBILITY QUESTIONS

The following series of questions will determine your eligibility to participate in this survey.

1. Do you regularly provide direct patient care to HIV-negative individuals between the ages of 13 and 64 years old? (Required)

Yes

No

## Eligibility Q2

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2. Are you a doctor, physician's assistant, or nurse practitioner with authority to order HIV tests at your practice? (Required)

Yes

No

## Section 2

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### SECTION 2: PRACTICE & KNOWLEDGE QUESTIONS

This series of questions will help Public Health – Seattle & King County understand the HIV testing practices of local providers and assess their knowledge of HIV testing guidelines recommended by the U.S. Centers for Disease Control and Prevention (CDC) and the HIV testing rules outlined in the Washington Administrative Code (WAC).

## Testing Practices

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3. Is there an HIV testing policy at your primary work location?

- Yes, routine testing\*
- Yes, targeted testing based on a patient's risk factors
- No, my practice does not have a HIV testing policy
- HIV testing is prohibited in my practice
- I don't know
- Other

\*According to the CDC, "Routine counseling and testing' is defined as a policy to provide these services to all clients after informing them that testing will be done. Except where testing is required by law, individuals have the right to decline to be tested without being denied health care or other services."

4. Which of these describe how you personally approach HIV testing with your patients (check all that apply)?

- I test all of my adolescent and adult patients at their first visit
- I test patients who report HIV risk factors
- I test patients who have signs or symptoms of HIV/AIDS.
- I test any patient who asks for an HIV test
- I never order HIV tests
- Other

## How Many Tests/How Many Positive Results

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5. In the past SIX MONTHS, approximately how many times did you personally order an HIV test?

- None
- 1 to 5
- 6 to 10
- 11 to 24
- 25 or more

6. In the past TWELVE MONTHS approximately how many patients did you diagnose as HIV-positive?

- None in the past year
- 1
- 2 to 5 individuals
- 6 or more individuals
- I have never in my career newly diagnosed a patient with HIV infection

# Barriers to Testing

7. There are many reasons why providers may not offer routine HIV screening in their practices.

Please rate how strongly you agree or disagree with the statements below in regard to factors that prevent you from offering routine HIV screening in your practice and/or limit the number of tests that you are able to do:

	Strongly disagree	Disagree	Agree	Strongly agree	Undecided
Nothing, I conduct routine HIV testing for all adolescent and adult patients.					
I do not have enough time to conduct HIV tests.					
I think that the consent process for HIV testing is too time consuming and/or burdensome.					
I think that pre-test or risk reduction counseling is too time consuming and/or burdensome.					
I do not have enough experience providing pre-test or risk reduction counseling.					
I do not understand the legal procedures or implications associated with HIV testing (e.g.: reporting HIV-positive cases or counseling requirements).					
I do not have resources to assure an HIV-positive diagnosis will occur smoothly with appropriate follow-up.					
I am concerned about reimbursement.					
I am concerned I cannot provide enough information for questions the patient might have about HIV testing.					
I am concerned about language barriers.					
I do not feel comfortable discussing HIV, sex behaviors, or drug use with my patients.					
I do not think my patients would feel comfortable discussing HIV, sex behaviors, or drug use with me.					
I do not have a private space to do testing.					
I think the risk of HIV among my patient population is low.					
HIV testing is prohibited in my practice.					

Please specify any other reasons why you do not conduct routine HIV testing in your practice.

## CDC Knowledge

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In September 2006, CDC released its Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. These recommendations were released to increase the proportion of HIV-infected persons who are aware of their HIV status.

The following question will help us understand how familiar you are with the CDC recommendations.

8. Check one answer that best reflects the CDC's recommendations:

- Test all patients between 13-64 years of age for HIV, regardless of risk factor history
- Test all patients for HIV if the prevalence of HIV in your community is greater than .1%
- Test those patients who report HIV risk factors
- Test those patients who display signs or symptoms of AIDS
- All of the above

Would you like to see the correct answer with additional information about the CDC testing guidelines?

- Yes, take me to the answer!
- No thanks, I'd like to continue with the survey.



## Answer Key: CDC

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Because 1 out of 5 people infected with HIV are not aware of their status, the CDC revised its guidelines to promote increased HIV screening. All of the above is an appropriate response to Question 3, because all of the answers are core elements of the 2006 guidelines for screening in health care settings:

### Screening for HIV Infection

In all health-care settings, screening for HIV infection should be performed routinely for all patients aged 13--64 years. Health-care providers should initiate screening unless prevalence of undiagnosed HIV infection in their patients has been documented to be <0.1%. In the absence of existing data for HIV prevalence, health-care providers should initiate voluntary HIV screening until they establish that the diagnostic yield is <1 per 1,000 patients screened, at which point such screening is no longer warranted.

### Repeat Screening

Health-care providers should subsequently test all persons likely to be at high risk for HIV at least annually. Persons likely to be at high risk include injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and MSM or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.

### Diagnostic Testing for HIV Infection

All patients with signs or symptoms consistent with HIV infection or an opportunistic illness characteristic of AIDS should be tested for HIV.

Clinicians should maintain a high level of suspicion for acute HIV infection in all patients who have a compatible clinical syndrome and who report recent high-risk behavior. When acute retroviral syndrome is a possibility, a plasma RNA test should be used in conjunction with an HIV antibody test to diagnose acute HIV infection.

The entire

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Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings can be accessed here:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

## WAC Knowledge

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9. The following questions will help us understand how familiar you are with the Washington Administrative Codes (WAC) rules for HIV testing, counseling, and partner services. These rules were recently changed in mid-January 2010.

Please answer the following True/False questions about the current WAC rules:

	True	False	I Don't Know
The WAC requires informed consent for HIV testing.			
The WAC requires written consent for HIV testing.			
The WAC requires providers to offer post-test prevention counseling to all patients.			
The WAC requires providers to document a pregnant patient's refusal of an HIV test.			
The WAC requires opt-out testing.*			

\* The CDC defines opt-out screening as “performing HIV screening after notifying the patient that 1) the test will be performed and 2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.”

Would you like to see the correct answers with additional information about the WAC HIV testing rules?

Yes, take me to the answer!

No thanks, I'd like to continue with the survey.

## WAC Answers

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The Washington Administrative Code's new HIV testing, counseling, and partner services rules offer flexibility to health care providers and local health jurisdictions. The rules remove specific requirements for HIV testing, counseling, and partner services no longer recommended by CDC. The rules provide health care providers with the flexibility to offer HIV testing to all individuals.

According to the revised WAC rules of January 2010:

Informed consent is required? True. Informed consent can be obtained separately or with general consent for care. Patients must be specifically informed verbally or in writing that a test for HIV is included.

Written consent is required? False. Although the WAC do not require written consent, requirements of your institution(s) may vary.

All patients must receive post-test counseling? False. Post-test counseling is only required for patients whose HIV test is positive or indeterminate.

If a pregnant patient refuses an HIV test it must be documented? True. For pregnant women only, documentation is required only when a woman refuses an HIV test.

Opt-out testing is required? False. The new rules do not require, but certainly encourage, providers to implement opt-out testing.

Official rule language can be accessed here:

<http://apps.leg.wa.gov/documents/laws/wsr/2010/01/10-01-082.htm>

## Impact of WAC

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10. The Washington Administrative Code (WAC) changed in January 2010 to align more closely with the CDC’s 2006 HIV Testing Guidelines. Providers will not be required to conduct detailed pre-test counseling but they will still be required to inform patients when an HIV test is being conducted, giving patients the option to decline or “opt-out.”

	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely	Undecided	Not Applicable
Will these changes increase your HIV testing practices?						

Please share any concerns you have about the WAC changes.

## Risk Factor Screening Questions

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11.

Which of the following information do you routinely collect to assess a patient's risk of infection with the HIV or Hepatitis C viruses?

	Yes	No
Country of birth		
History of injection drug use		
History of methamphetamine or stimulants use		
For men, whether they have ever had sex with another man		
For women, pregnancy history		
For men and women, number of recent sexual partners and use of condoms		
STD history		
Hepatitis B status		
Hepatitis C status		
History of blood transfusion or organ transplant prior to 1985		

## Which HIV Test

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12. Which HIV tests do you use for HIV screening (check all that apply)?

Standard HIV antibody tests on blood

Rapid HIV antibody tests: finger prick or oral fluids

Pooled HIV RNA testing

HIV RNA testing for symptomatic persons

I don't know

We do not offer HIV testing at my practice

13. Have you attended any meeting, lectures, or other information sessions regarding HIV testing within the last 12 months?

Yes

No

## Hep C Questions

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The CDC estimates that a quarter of people with HIV are co-infected with Hepatitis C. Because HCV is a bloodborne virus, injection drug users (IDUs) are at particularly high risk of co-infection - 50%-90% of IDUs are estimated to be infected with both HIV and HCV. Though it is less common, there are cases in which HCV is transmitted through sexual intercourse.

Because HIV and HCV have similar risk factors, the next two questions ask about your HCV testing practices.

14. Do you routinely test patients for Hepatitis C?

Yes

No

15. Which of these describe how you personally approach Hepatitis C (HCV) testing with your patients (check all that apply)?

I test all of my adolescent and adult patients at their first visit

I test patients who report risk factors including injection drug use or men who have sex with men

I test patients who have signs or symptoms of HCV, including elevated liver function tests or signs of cirrhosis

I test any patient who asks for an HCV test

I never order HCV tests

Other

## Demographic: Zip/Provider Type

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### SECTION 3: DEMOGRAPHIC QUESTIONS

16. What is the ZIP code of the primary practice location where you provide direct patient care?

17. I am a:

Nurse Practitioner

Physician's Assistant

M.D. or D.O.



## Demographic: Practice Setting

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18. Check one box that best describes your primary clinical specialty:

- Emergency Medicine
- Family Medicine
- Geriatrics
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- Surgery
- Other (specify)

19. Check the boxes that apply to the main sub-specialties you practice:

- Infectious diseases
- Sexually transmitted diseases, not including HIV
- HIV
- Other (specify)

20. Check the box(es) that best describes the work setting(s) where you provide direct patient care:

- Ambulatory Clinic or Office
- Hospital – Inpatient
- Hospital – Emergency Room
- Hospital – Outpatient
- Other (specify)

## Demographic: Gender/Age/Race/Ethnicity

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21. What is your gender?

Male

Female

Transgender

22. What is your age?

23. Are you of Spanish/Hispanic/Latino origin?

Yes

No

24. What do you consider your race to be:

White

Black/African-American

Native American/Alaskan Native

Asian

Pacific Islander/Hawaiian Native

Other

## Final Comments

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25. Please make any other comments you would like: