

# Rapid HIV Testing Guidelines for Pharmacies

*Michigan Department  
of Community Health*



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## **PURPOSE OF GUIDELINES**

One of the primary goals of *The National HIV/AIDS Strategy* is to increase access to care and improve health outcomes for people living with HIV. Increasing the number of individuals who are aware of their HIV infection is an important part of this effort. The United States Preventative Services Task Force (USPSTF) recommends that health care providers screen adolescents and adults ages 15 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened.

Rapid HIV testing technology may be a useful tool in hard-to-reach populations and novel settings, such as pharmacies. However, increasing access to rapid HIV testing is only beneficial if those that are tested are given accurate information and test results; and those found to be HIV infected are linked with appropriate HIV care providers.

These guidelines were created by the Michigan Department of Community Health (MDCH) for use by pharmacies planning to implement rapid HIV testing. The guidelines provide an overview of the legal requirements that need to be followed by sites performing HIV testing, including CLIA certification, quality assurance, public health reporting, and partner counseling and referral services. The guidelines also include recommendations for staff training in test kit performance and HIV pre- and post-test counseling; facility logistics; and establishment of medical referral relationships. Basic information regarding rapid HIV testing is provided, including the requirements for confirmatory testing.

Pharmacies planning to implement rapid HIV testing should consider applying to become designated non-funded testing sites as a way to improve linkages with MDCH HIV resources, ensure that best practices are followed, and to improve access to confirmatory HIV testing. Details on this process are outlined below.

## **CLIA CERTIFICATION**

The Federal Clinical Laboratory Improvement Amendments (CLIA) of 1988 are federal regulations that establish requirements for performing laboratory tests. Under CLIA, a clinical laboratory is defined as any facility that examines materials collected from human beings. Any facility that meets this definition

must have the appropriate CLIA certificate to perform laboratory tests. Some rapid HIV antibody tests are classified as “waived” under CLIA . The federal agency that regulates CLIA certification is the Center for Medicare and Medicaid Services (CMS). Both federal and state regulations require that any facility performing this test must apply for and receive a CLIA Certificate of Waiver prior to beginning testing. The cost of the certificate is \$150.00 every two years.

Visit [http://www.michigan.gov/lara/0,4601,7-154-35299\\_63294\\_63302-47093--,00.html](http://www.michigan.gov/lara/0,4601,7-154-35299_63294_63302-47093--,00.html) for further information on CLIA and directions on how to apply for a Certificate of Waiver.

### **BLOODBORNE PATHOGEN EXPOSURE**

Rapid HIV testing may require collection of blood samples. Universal (standard) precautions should be followed in handling these specimens, i.e., all blood samples should be handled as if they could contain a potentially infectious organism. Furthermore, federal law and state regulations require that facilities collecting blood samples comply with the U.S. Department of Labor Occupational Health and Safety Administration (OSHA) Bloodborne Pathogens standard. The Michigan Occupational Health and Safety Administration (MIOSHA) has also issued standards to this effect. Requirements include training for all employees with occupational exposure, development of an exposure control plan, provision of personal protective equipment, employee training, post-exposure evaluation and follow-up, hepatitis B vaccination provision, and containment and disposal of bio-hazardous waste. For more information, visit <http://www.osha.gov/SLTC/bloodbornepathogens/>. MIOSHA also has a training module available at [http://www.michigan.gov/lara/0,4601,7-154-61256\\_11407\\_30453-89915--,00.html](http://www.michigan.gov/lara/0,4601,7-154-61256_11407_30453-89915--,00.html) FDA requires all individuals operating the HIV test device be familiar with the CDC universal (standard) precautions recommendations at: <http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-gl-standared-precautions.html>

### **QUALITY ASSURANCE**

Although waived rapid HIV antibody tests are simple to use and can provide reliable results when the manufacturer’s directions are followed, mistakes can occur at any point in the testing process. Implementing a quality assurance (QA) program can reduce mistakes. A QA program is a set of planned, step-by-step activities that ensure that testing is being carried out correctly, results are accurate, and mistakes are found and corrected to avoid adverse outcomes. The FDA requires that any facility performing CLIA-waived rapid HIV antibody testing have a quality assurance program in place prior to

implementing testing. Further guidance regarding QA can be found at:

[http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa\\_guide.htm](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm)

### **LEGAL CONSIDERATIONS**

Pharmacies planning to initiate testing may identify a medical authority who will provide standing delegation orders for the rapid HIV antibody test. Legal implications of conducting laboratory tests should be reviewed and assurances should be made that the appropriate liability/insurance coverage is in place for this activity.

### **CLIENT PRIVACY AND CONFIDENTIALITY**

Pharmacies should have policies and procedures in place that specify how client privacy and confidentiality will be maintained. A quiet, private space should be available for performing the test, disclosing the results, and counseling. Testing records should be stored in a secure location and/or electronic medical record system with limited access. Clients should be advised that their information will be kept confidential.

In Michigan, clients have the option to be tested anonymously. Anonymous testing means the client's name is not used and will not be listed on the test results. In order to receive results, a client should be given a code number. The client will not be able to receive a hard-copy of test results if they take an anonymous test. If they need a copy of their test results they should be advised to take a confidential test.

In compliance with The Michigan Public Health Act No. 368, 333.16213, medical records must be retained for a minimum of seven years after the date of service. Medical records are defined by the act as including any information that pertains to a patient's health care, medical history, diagnosis, prognosis, or medical condition and therefore would include rapid HIV test results.

### **INFORMED CONSENT**

Michigan law requires that providers obtain informed consent prior to administering an HIV test. This consent can be written or verbal. It is not required that consent for testing be obtained in writing or on a separate form. The individual providing the test must note in the client's record the provision of

informed consent, including pre-test information. Consent may be included on the same form as for general medical care or other tests.

## **FACILITY AND OTHER LOGISTICAL RECOMMENDATIONS**

Testing locations should ideally be in an area exclusively dedicated to running tests. These areas should include adequate counter space, consistent room temperature, sufficient lighting, adequate storage area for supplies, ability to limit access or lock room, allow for the maintenance of client confidentiality and the security of a client's files.

Considerations should be made to client flow through the testing process. Adequacy of staff should be ensured, particularly in the setting of delivering preliminary positive HIV test results and initiating the referral process. At least one staff member who has received training in delivering preliminary positive results and initiating referral process should be present at all times while testing is being conducted. Details on recommended staff training are provided below.

## **OVERVIEW OF HIV TESTING**

### ***Rapid HIV tests***

Rapid HIV tests are immunoassays (i.e., IA) used as screening tests to detect antibodies to HIV. One rapid test alone does not establish a diagnosis of HIV infection. Positive (reactive) rapid HIV test results are preliminary and must be followed up with an approved supplementary test. The multi-test algorithm for HIV diagnosis is discussed below.

There are currently five rapid HIV tests that are approved by the FDA and classified as CLIA-waived tests: the Clearview COMPLETE HIV ½ (whole blood), Clearview HIV 1/2 STAT-PAK (whole blood), OraQuick ADVANCE Rapid HIV 1/2 (whole blood and oral fluid), Uni-Gold Recombigen HIV (whole blood), and INSTI HIV-1 Antibody Test (whole blood). Additional information on these tests can be found at: <http://www.cdc.gov/hiv/topics/testing/rapid/rt-comparison.htm>

### ***HIV infection case definition***

In Michigan, the following test combinations are required in order to meet the surveillance case definition of HIV infection. Individuals who meet this case definition are reportable by law to the health department:

- IA (including rapid HIV tests) plus Western blot or Immunofluorescent Antibody
- IA (including rapid HIV tests) plus Multispot (from laboratories) plus a positive NAT if Multispot negative, indeterminate or undifferentiated.
- Dual Immunoassays: 2 positive IAs from 2 different manufacturers
  - o E.g. “Dual Rapids” (an option for testing sites)

In addition, single IA reactive tests should also be reported to the health department as they indicate likely infection and are often the first part of a multi-stage diagnostic testing algorithm.

## **STAFF TRAINING**

### **Test kit proficiency**

All staff performing rapid HIV testing must be fully trained in test performance prior to implementation. This training should be documented in the personnel record. Training should include proficiency in collecting the sample, conducting the test, and interpreting the results of the test and the controls. Proficiency should be reassessed on a regular basis. Training or technical assistance on the test device can be arranged by contacting the local manufacturer representative or the Michigan Department of Community Health (MDCH). Rapid HIV testing instructions differ depending on the kit used. The “Ready Set Go” module developed by CDC with regards to CLIA-waived testing should be reviewed and is available at: <http://wwwn.cdc.gov/dls/waivedtests/ReadySetTestBooklet.pdf>

### **HIV infection basics**

Staff performing testing must receive education regarding HIV in order to be able to field client questions and provide appropriate counseling and risk-reduction messages. MDCH provides an HIV basic knowledge web course. More information on this course and other offering is found at:

[https://www.michigan.gov/documents/mdch/2014\\_HAPIS\\_Calendar\\_442957\\_7.pdf](https://www.michigan.gov/documents/mdch/2014_HAPIS_Calendar_442957_7.pdf)

### **HIV testing recommendations**

CDC recommends that screening for HIV infection be performed routinely for all clients aged 13-64, all individuals initiating treatment for tuberculosis and patients seeking treatment for STDs. Repeat

screening should be conducted at least annually for individuals at high risk for HIV infection. Individuals at high risk include injection drug users and their sex partners, persons who exchange money for drugs, sex partners of HIV infected persons, and individuals who themselves or whose sex partners have had more than one sex partner since their most recent HIV test. (MMWR 2006)

### **Risk assessment**

A standardized risk assessment tool should be completed prior to testing. This will facilitate assessment of a patient's HIV risk, identify behaviors that may be targeted by prevention counseling, and identify the need for referrals for STD or hepatitis testing, substance abuse services or harm reduction agencies. A sample risk assessment tool is included in Appendix A. Pharmacies also conducting rapid HCV testing may choose to integrate these risk assessments into one form.

### **Pre-test counseling**

Michigan law requires that the following information be given in the pre-test HIV counseling session. This information should be provided in a face-to-face meeting with a counselor in a confidential setting.

- An explanation of the test including its purpose, uses, limitations and meaning of results
- An explanation of how HIV is transmitted and can be prevented.
- The voluntary nature of the test and the right to withdraw consent any time before the administration of test.
- The right to confidentiality under the Public Health Code and Under the Health Insurance Portability and Accountability Act of 1996.
- The right to have an HIV test performed on an anonymous basis. If anonymous testing is not available on-site, patients can be referred to another site. The Michigan HIV/AIDS Hotline at 1-800-872-2437 can provide information about where to obtain a free, anonymous HIV test.
- The person or class of persons to who test results can be disclosed.
- MDCH encourages health care providers to give patients the opportunity to ask questions about the test and HIV/AIDS before the test is administered. Health care providers may use the pamphlet ***What You Need to Know About HIV Testing*** produced by the Michigan Department of Community Health to provide required pre-test information. The pamphlet is available free of charge and can be obtained by emailing [CTRsuples@michigan.gov](mailto:CTRsuples@michigan.gov) and let them know the

number of brochures and location to be mailed. The pamphlet can also be downloaded from [www.michigan.gov/hivstd](http://www.michigan.gov/hivstd). The pamphlet is available in English, Spanish and Arabic.

## **Post-test counseling**

### ***Communicating the Meaning of the Rapid HIV Test Results***

#### **Negative Rapid HIV Test Results**

A client should be advised that a negative rapid HIV test result indicates that they are not infected, unless they have had a recent (within 3 months) known or possible exposure to HIV. Retesting should be recommended for these clients because sufficient time needs to elapse in order before antibodies develop that can be detected by the test.

#### **Reactive (Preliminary Positive) Rapid HIV Test Results**

Further testing is always required to confirm a reactive (preliminary positive) initial test result.

Providing reactive (preliminary positive) results to clients without the benefit of a same-day confirmatory test can be a challenge. For all clients with a reactive rapid HIV test result, however, it is essential to:

- Explain the meaning of the reactive test result in simple terms, avoiding technical jargon.
- Emphasize the importance of supplemental testing. If supplemental testing is not available on site arrangements for same day supplemental testing at a nearby location should be facilitated.
- Underscore the importance of taking precautions to avoid the possibility of transmitting infection to others while awaiting results of supplemental testing.

A simple message to convey this information could be “Your preliminary test result is positive, but we won’t know for sure if you are infected with HIV until we get the results from your supplemental test. In the meantime, you should take precautions to avoid transmitting the virus.”

#### **Confirmed Positive HIV Test Results (confirmed by dual rapid technology)**

Clients with confirmed positive HIV test results meet the surveillance case definition for HIV infection in the state of Michigan but must be evaluated by a physician in order to diagnose and initiate treatment for HIV infection. As a result, providing clients with their test results only is not sufficient. Michigan requires that providers give clients counseling regarding HIV /AIDS. This counseling should include information about and assistance in accessing prevention counseling, partner services, referrals to HIV medical care and other support services. Other topics include coping with the consequences of learning the result; preventing the transmission of HIV to others; and how HIV reporting is required by law.

### **Documenting HIV test results for client**

Any client who has had confidential HIV testing performed should be provided a hard-copy of their test results. A sample results report is available in Appendix B. False-negative HIV antibody tests can occur within 3 months after exposure. During this “Window Period”, individuals infected with HIV may not produce sufficient antibody to be detectable by existing immunoassays. Information regarding this “Window Period” should be provided to the client verbally and on the hard-copy results form. The HIV test results are only valid for the date of the test, particularly if a client has ongoing exposure, or known or possible exposure to HIV in the past 3 months. The preliminary status of reactive single rapid HIV tests results (preliminary positive) should be clearly identified. A hard-copy results report cannot be given if a client elects for an anonymous test.

## **REPORTING TO PUBLIC HEALTH**

### **Case reporting**

HIV is one of over 90 diseases and conditions that are required to be reported under Michigan Public Health Act No. 368 Communicable Disease Rules: R 325.171-3, 333.5111. Health-care providers and laboratories are required by law to report positive (reactive) HIV diagnostic test results to the state or local health department within 7 days of receiving the test result [http://michigan.gov/documents/Reportable\\_Disease\\_Chart\\_2005\\_122678\\_7.pdf](http://michigan.gov/documents/Reportable_Disease_Chart_2005_122678_7.pdf). If a pharmacy is unable to perform dual rapid diagnostic HIV testing, it is strongly recommended that preliminary positive results from single rapid HIV tests alone be reported to MDCH via the same mechanism described below.

The Privacy Rule in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for the disclosure of protected health information, without individual client or patient authorization, to

public health authorities, who are legally authorized to receive such reports for the purpose of preventing or controlling disease.

Test results should initially be sent to MDCH who will forward the results to the appropriate local health department. Providers are required to complete the Adult (DCH #1355) or Pediatric (DCH #1402) HIV/AIDS Confidential Case Report form available online at: [http://michigan.gov/mdch/0,4612,7-132-2940\\_2955\\_2982\\_46000\\_46002---,00.html](http://michigan.gov/mdch/0,4612,7-132-2940_2955_2982_46000_46002---,00.html) A completed case report form can be mailed or sent via secure fax to MDCH. Contact information is below:

MDCH Secure Fax: 248 424-9161

It is recommended that a test fax is sent first, and then the number should be programmed into the pharmacy fax to avoid mis-dialing. Dial 248 424-7910 with questions for Surveillance staff.

### **Partner Services (PS)**

Michigan law requires that all of a client's known sexual and/or needle-sharing partners be notified that they may have been exposed to HIV. Typically this is performed by a local health department or may be completed by a physician's office. This is done without sharing a client's name or identifying information. A client with a confirmed positive HIV test result should be notified that this will occur. Sample language to provide to clients includes:

- "Michigan law requires you to tell any current or future sexual partners, or anyone you have been with or may share needles with that you have HIV before having any kind of sex with them. The law also requires that someone from the local health department talk to you about this. This is called partner contact and referral services (PS)."

A pharmacy can request that local public health perform PS. Michigan Law, Public Acts 489 and 86, allows providers to refer positive patients and/or sex and needle-sharing contacts/partners to local public health for assistance with partner notification. Providers should complete and submit the DCH #1221 form to their local health department. A listing of local public health departments in Michigan is located in Appendix D. The form is available online at: [http://michigan.gov/documents/mdch/DCH-1221\\_Conf\\_Request\\_for\\_LHD\\_PS\\_376568\\_7.pdf?20130611130809](http://michigan.gov/documents/mdch/DCH-1221_Conf_Request_for_LHD_PS_376568_7.pdf?20130611130809) Attempts will be made to confidentially contact the individual and provide HIV/AIDS education, risk reduction information, and in case of partner(s), HIV test referral or testing. This form can be useful when referring infected individuals for assistance with partner notification who request to be reported anonymously. Form

instructions are available at:

[http://michigan.gov/documents/mdch/INSTRUCTIONS\\_FOR\\_COMPLETING\\_REVISED122106A\\_194125\\_7.pdf?20130611130809](http://michigan.gov/documents/mdch/INSTRUCTIONS_FOR_COMPLETING_REVISED122106A_194125_7.pdf?20130611130809)

## **REFERRALS**

### ***Supplemental testing***

Prior to initiating testing, the pharmacy should identify a mechanism whereby their clients with initial or preliminary positive results can obtain supplemental HIV testing. Pharmacies have three options by which clients can receive definitive testing:

- 1) Dual rapid technology – two rapid immunoassays by 2 different manufacturers
- 2) Oral fluid laboratory based immunoassay and Western Blot – MDCH has a limited supply of OraSure® HIV-1 Oral Specimen Collection Devices. These enable the collection of an oral fluid sample for use with a lab-based IA screening test followed by an OraSure® HIV-1 Western Blot. Oral fluid specimens are mailed to the MDCH Bureau of Laboratories for testing. Results are typically available within 7 business days. Test Request Form DCH-0583 must accompany each specimen: [http://michigan.gov/mdch/0,4612,7-132-2945\\_5103-14806--,00.html](http://michigan.gov/mdch/0,4612,7-132-2945_5103-14806--,00.html) While this does not provide point-of-care diagnostic testing, it does ensure that supplemental testing is in process. If electing this option, MDCH recommends having at least 10 on hand at all times. For information on obtaining test kits contact Dawn Lukomski, Counseling, Testing and Referral Coordinator in the HIV AIDS Prevention and Intervention Section of MDCH: [lukomskiD@michigan.gov](mailto:lukomskiD@michigan.gov) (517) 335-5205.
- 3) Referral to Local Health Department for supplemental testing – Prior to the initiation of rapid testing in a pharmacy location, an arrangement can be made with the local health department for referrals in the event of a positive rapid test. The pharmacy should have procedures in place for initiating these referrals to the local health department and tracking the client's follow-up status. Referrals should be tracked to ensure client access and follow-up. A sample client referral form is available in Appendix B.

### ***Other referrals and access to care***

Individuals at-risk for HIV infection may have significant medical comorbidities including STDs, hepatitis B and hepatitis C infection, and substance abuse. The infrastructure for immunization services,

substance abuse, harm reduction and mental health referrals should be developed. Furthermore, individuals presenting for testing may not have a primary care provider or health insurance. Local sources of assistance including low-cost and free clinics such as federally-qualified health centers (FQHCs), and county health plan information should be available. The local health department can be contacted prior to initiating testing to connect the facility with these locally appropriate resources. Selected referral resources are available in Appendix C.

### **FACILITY PROTOCOL/OPERATIONS MANUAL**

Prior to initiating testing, each pharmacy should develop a site-specific protocol detailing the testing flow, training requirements, referral mechanism, data storage and reporting, CLIA application and bloodborne pathogen exposure.

Sample Risk Assessment Form-Appendix A

What is your age?	_____ years			
What is your gender identity?	<input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender (Male to Female)	<input type="checkbox"/> Transgender (Female to Male)
What was your gender at birth?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know
What is your race/ethnicity? Check all that apply.	<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Native American <input type="checkbox"/> Don't know/refuse	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Arab ethnicity
Ever tested for HIV before today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
If YES, when was your most recent test?	____/____ (mm/yyyy)			
If YES, what was the result?	<input type="checkbox"/> Negative <input type="checkbox"/> Other	<input type="checkbox"/> Preliminary positive (rapid test only) <input type="checkbox"/> Don't know	<input type="checkbox"/> Positive (confirmed by 2 tests)	
Have you ever been told by a health-care provider that you have tuberculosis (TB)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Have you ever been told you have any of the following (check all that apply)?	<input type="checkbox"/> Gonorrhea <input type="checkbox"/> HPV/genital or anal warts	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Syphilis <input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Genital herpes <input type="checkbox"/> Hepatitis C
Have you had sex with a male partner: Type of sexual contact: Any unprotected sexual contact	<input type="checkbox"/> Ever <input type="checkbox"/> Anal <input type="checkbox"/> Yes	<input type="checkbox"/> Past 12 months <input type="checkbox"/> Vaginal <input type="checkbox"/> No	<input type="checkbox"/> Past 3 months <input type="checkbox"/> Oral <input type="checkbox"/> Don't know	
Have you had sex with a female partner? Type of sexual contact: Any unprotected sexual contact	<input type="checkbox"/> Ever <input type="checkbox"/> Anal <input type="checkbox"/> Yes	<input type="checkbox"/> Past 12 months <input type="checkbox"/> Vaginal <input type="checkbox"/> No	<input type="checkbox"/> Past 3 months <input type="checkbox"/> Oral <input type="checkbox"/> Don't know	
Have you ever had sex with someone who had HIV/AIDS Last date of sexual contact:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	____/____ (mm/yyyy)			
Have you used a needle to inject drugs (heroin, prescription opiates, steroids)	<input type="checkbox"/> Ever	<input type="checkbox"/> Past 12 months	<input type="checkbox"/> Past 3 months	
Have you shared a needle or injecting equipment	<input type="checkbox"/> Ever	<input type="checkbox"/> Past 12 months	<input type="checkbox"/> Past 3 months	
Have you ever shared a needle or injecting equipment with someone with HIV/AIDS Date when you last shared needle/equipment.	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	____/____ (mm/yyyy)			
Had sex with someone who has ever injected drugs	<input type="checkbox"/> Ever	<input type="checkbox"/> Past 12 months	<input type="checkbox"/> Past 3 months	
Have you ever exchanged sex for money or drugs	<input type="checkbox"/> Ever	<input type="checkbox"/> Past 12 months	<input type="checkbox"/> Past 3 months	

Appendix B

AGENCY OR FACILITY LETTERHEAD

**Rapid HIV Antibody Test Result**

Client Name:

Test date:

Client date of birth:

Counselor/Tester Name:

The HIV antibody result from the Rapid HIV Antibody Test is:

Negative/Non-Reactive

This means: No antibodies to HIV were found in your blood. But it can take up to 3 months after being exposed to HIV for your body to make enough antibodies for this test to measure them. If you have been infected with HIV in the past 3 months, the virus can be in your body and you can spread it to your sex partners or persons you share needles or injecting equipment with. If you were exposed to HIV, you should get tested again 3 months from the day of your last exposure.

Reactive/Preliminary positive

This means: Antibodies to HIV were found in your blood. You may have been infected with HIV. In order to determine if you have been infected with HIV you need to have another HIV antibody test performed. Information on when and where you can get this test is listed on this form.

Confirmed positive (two rapid HIV antibody tests by two different manufacturers)

This means: Antibodies to HIV were found in your blood by two different tests. This means you have been infected with HIV. You will be referred to an HIV doctor to discuss HIV treatment and perform other blood tests. Information on when and where you can get this test is listed on this form.

Referral information:

**It is important that you keep this appointment.**

Appointment date:

Appointment time:

Organization:

Contact person:

Phone number:

Address:

City/State/Zip:

## Appendix C

### **REFERENCES**

CDC HIV Testing Recommendations:

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

National HIV/AIDS Strategy

<http://aids.gov/index.html>

CDC Rapid HIV testing topics:

MDCH HIV resources:

[http://www.michigan.gov/mdch/0,1607,7-132-2940\\_2955\\_2982---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2982---,00.html)

<https://www.hapis.org/>

[http://www.michigan.gov/documents/mihivlaws\\_49845\\_7.pdf?20130611113252](http://www.michigan.gov/documents/mihivlaws_49845_7.pdf?20130611113252)

Partner Counseling and Referral Services:

[https://www.michigan.gov/documents/mdch/CommunityFactSheetPartnersJuly2005\\_191490\\_7.pdf?20130719150643](https://www.michigan.gov/documents/mdch/CommunityFactSheetPartnersJuly2005_191490_7.pdf?20130719150643)

Client pamphlet “What you need to know about HIV testing?”:

[http://www.michigan.gov/documents/DCH-0675electronicversion\\_163987\\_7.pdf?20130611112753](http://www.michigan.gov/documents/DCH-0675electronicversion_163987_7.pdf?20130611112753)

### **Client referral resources**

Michigan HIV/AIDS Hotline: 1-800-872-2437

AIDS Partnership Michigan:

<http://www.aidspartnership.org/>

Vaccine payment assistance:

[http://www.michigan.gov/documents/mdch/AdultVaccinesMDCH\\_V2\\_022510\\_315103\\_7.pdf](http://www.michigan.gov/documents/mdch/AdultVaccinesMDCH_V2_022510_315103_7.pdf)

Michigan Harm Reduction/Syringe Exchange Programs:

<http://www.nasen.org/programs/us/mi/>

Regional Substance Abuse Coordinating Agencies:

[http://www.michigan.gov/documents/SA\\_CA\\_Contact\\_List\\_150817\\_7.pdf](http://www.michigan.gov/documents/SA_CA_Contact_List_150817_7.pdf)

Michigan Community Mental Health Services Programs:

[http://www.michigan.gov/documents/cmh\\_8\\_1\\_02\\_37492\\_7.PDF](http://www.michigan.gov/documents/cmh_8_1_02_37492_7.PDF)

Michigan County Health Plans

[http://www.michigan.gov/mdch/0,4612,7-132-2943\\_52115-203917--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2943_52115-203917--,00.html)

Free or low-cost Healthcare resources

[http://www.michigan.gov/mdch/0,1607,7-132-2943\\_52115---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_52115---,00.html)

**Health Insurance Enrollment resources**

US Health insurance marketplace

<https://www.healthcare.gov/>

State of Michigan Department of Insurance and Financial Services Consumer Marketplace Assistance

[http://www.michigan.gov/difs/0,5269,7-303-12902\\_35510-313357--,00.html](http://www.michigan.gov/difs/0,5269,7-303-12902_35510-313357--,00.html)

Enroll Michigan Find Your Navigator

<http://enrollmichigan.com/find-your-navigator/>

Michigan County Health Plans

[http://www.michigan.gov/mdch/0,4612,7-132-2943\\_52115-203917--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2943_52115-203917--,00.html)

**Other resources**

American Liver Foundation Michigan Support Groups:

<http://www.liverfoundation.org/chapters/michigan/resources/>

HIV Counseling and Testing locations:

<http://www.aidspartnership.org/index.php/testing-and-locations/>

## Appendix D

### Michigan Local Health Departments

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX	COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Alcona	District 2	Harrisville	989	724-6757	343-1894	Lake	District 10	Baldwin	231	745-4663	745-2501
Alger	LMAS DHD	Munising	906	387-2297	387-2224	LaPeer	LaPeer County	LaPeer	810	667-0448	667-0232
Allegan	Allegan County	Allegan	269	673-5411	673-2163	Leelanau	Benzie-Leelanau DHD	Lake Leelanau	231	256-0200	256-7399
Alpena	District 4	Alpena	989	356-4507	356-3529	LenaWee	LenaWee County	Adrian	517	254-5227	254-0790
Antrim	Health Dept. of NW MI	Bellaire	231	533-8670	547-0460	Livingston	Livingston County	Howell	517	546-9850	546-6995
Arenac	Cent MI DHD	Standish	989	846-6541	846-0431	Luce	LMAS DHD	Newberry	906	293-5107	293-5724
Baraga	Western UP Dist	L'Anse	906	524-6142	524-6144	Mackinac	LMAS DHD	St Ignace	906	643-1100	643-0239
BaBy	BaBy-Eaton DHD	Hastings	517	541-2641	541-2666	Macomb	Macomb County	Mt. Clemens	586	783-8190	483-0075
Bay	Bay County	Bay City	989	895-2039	895-2083	Manistee	District 10	Manistee	231	723-3595	723-0150
Benzie	Benzie-Leelanau DHD	Benzon	231	882-4409	882-0143	Marquette	Marquette County	Negaunee	906	315-2631	475-4435
Berrien	Berrien County	Benton Harbor	269	926-7121	926-8129	Mason	District 10	Ludington	231	845-7381	845-9374
Branch	Branch/Hills/St Jo	Coldwater	517	279-9561	278-2923	Mecosta	District 10	Big Rapids	231	592-0130	592-9464
Calhoun	Calhoun County	Battle Creek	269	969-6370	969-6488	Menominee	Delta-Men Dist	Menominee	906	663-4451	663-7142
Cass	Van Buren-Cass DHD	Cassopolis	269	445-5280	445-5278	Midland	Midland County	Midland	989	832-6666	837-6524
Charlevoix	Health Dept. of NW MI	Charlevoix	231	547-6523	547-0460	Missaukee	District 10	Lake City	231	839-7167	839-7908
Cheboygan	District 4	Cheboygan	231	627-8850	989-356-3529	Monroe	Monroe County	Monroe	734	240-7832	240-7905
Chippewa	Chippewa County	Sault Ste. Marie	906	635-1566	635-7081	Montcalm	Mid-MI DHD	Stanton	989	831-5237	831-5522
Clare	Cent MI DHD	Harrison	989	539-6731	539-4449	Montmorency	District 4	Atlanta	989	356-3529	785-2217
Clinton	Mid-MI DHD	St. Johns	989	224-2195	224-4300	Muskegon	Muskegon County	Muskegon	231	724-4723	724-1325
Crawford	District 10	Graetting	989	348-7800	348-5346	Newago	District 10	White Cloud	231	689-7300	689-5285
Delta	Delta-Men Dist	Escanaba	906	786-4111	786-1962	Oakland	Oakland County	Pontiac	248	858-1286	858-0178
Dickinson	Dick-Iron Dist	Kingsford	906	774-1868	779-7232	Oceana	District 10	Hart	231	873-2193	873-4366
Eaton	BaBy-Eaton DHD	Charlotte	517	541-2641	541-2666	Ogemaw	District 2	West Branch	989	345-5020	343-1899
Emmet	Health Dept. of NW MI	Petoskey	231	347-6014	547-0460	Ontonagon	Western UP Dist	Ontonagon	906	884-4485	884-2558
Genesee	Genesee County	Flint	810	257-1017	257-3247	Osceola	Cent MI DHD	Reed City	231	832-5532	832-1020
Gladwin	Cent MI DHD	Gladwin	989	426-9431	426-8952	Oscoda	District 2	Mio	989	826-3970	343-1895
Gogebic	Western UP Dist	Bessemer	906	667-0200	667-0020	Otsego	Health Dept. of NW MI	Gaylord	989	732-1794	231-547-0460
Gd. Traverse	Grand Traverse Co	Traverse City	231	922-4831	922-2719	Ottawa	Ottawa County	Holland	616	396-5286	393-5767
Graiot	Mid-MI DHD	Ithaca	989	875-3681	875-3747	Presque Isle	District 4	Rogers City	989	356-3529	734-3866
Hillsdale	Branch/Hills/St Jo	Hillsdale	517	437-7395x200	437-0166	Roscommon	Cent MI DHD	Prudenville	989	366-9166	366-8921
Houghton	Western UP Dist	Hancock	906	482-7382	482-9410	Saginaw	Saginaw County	Saginaw	989	758-3885	758-3888
Huron	Huron County	Bad Axe	989	269-9721	269-4181	St. Clair	St. Clair County	Port Huron	810	987-5300	985-4340
Ingham	Ingham County	Lansing	517	887-4308	887-4379	St. Joseph	Branch/Hills/St Jo	Three Rivers	269	273-2161x200	273-2452
Ionia	Ionia County	Ionia	616	527-5341	527-8203	Sanilac	Sanilac County	Sandusky	810	648-4098	648-5276
Iosco	District 2	Tawas City	989	362-6183	343-1892	Schoolcraft	LMAS DHD	Manistique	906	341-6951	341-5230
Iron	Dick-Iron Dist	Iron River	906	265-9913	265-4174	Shiawassee	Shiawassee County	Corunna	989	743-2318	743-2413
Isabella	Cent MI DHD	Mt. Pleasant	989	773-5921	773-4319	Tuscola	Tuscola County	Caro	989	673-8114	673-7490
Jackson	Jackson County	Jackson	517	768-1662	768-4256	Van Buren	Van Buren-Cass DHD	Hartford	269	621-3143	621-2725
Kalamazoo	Kalamazoo County	Kalamazoo	269	373-5267	373-5060	Washtenaw	Washtenaw County	Ypsilanti	734	544-6700	544-6705
Kalkaska	District 10	Kalkaska	231	258-8669	258-2805	Wayne (out-Wayne)	Wayne County	Wayne	734	727-7078	313-967-3044
Kent	Kent County	Grand Rapids	616	632-7228	632-7085	Detroit	Detroit City	Detroit	313	876-4138	876-0070
Keweenaw	Western UP Dist	Hancock	906	482-7382	482-9410	Wexford	District 10	Cadillac	231	775-9942	775-4127

