

**UNITED STATES OF AMERICA
BEFORE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Proposed Update of)
the CDC’s 2006 Revised Recommendations for HIV) **Docket No. CDC-2019-0069**
Testing of Adults, Adolescents, and Pregnant Women)
in Health-Care Settings)

Whitman-Walker Health (Whitman-Walker or WWH) submits these comments in response to the Centers for Disease Control and Prevention’s August 26, 2019 notice, 84 Fed. Reg. 45495, regarding updating the Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care settings.

INTEREST AND EXPERIENCE OF WHITMAN-WALKER HEALTH

Whitman-Walker Health is a Federally Qualified Health Center serving greater Washington, DC's diverse urban community, including individuals who face barriers to accessing care, and with a special expertise in HIV care and serving lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) populations. We empower all persons to live healthy, love openly, and achieve equality and inclusion. WWH services include primary medical care, HIV and LGBTQ specialty care, mental health care, substance use disorder treatment services, psychosocial support, early intervention services, public benefits and insurance navigation, nurse-focused case management, HIV and STI screening, legal services, youth programs, and two onsite pharmacies – one in Northwest DC and one in Southeast DC. WWH has achieved Level 3 Patient Centered Medical Home accreditation from the National Committee for Quality Assurance. Our team provides high quality, affirming health care to more than 20,700 individuals annually and is the medical home to more than 10,000 patients. The center has five sites and a team of more than 280 highly educated and practically experienced staff. Our diverse patient populations include African Americans; Latinx individuals; gay and

bisexual men and lesbian and bisexual women; individuals with substance use disorders; and low-income and homeless individuals.

Whitman-Walker has been a nationally recognized leader in HIV treatment and prevention for almost four decades. In calendar year 2018, we provided health care to 3,505 people living with HIV. We serve more than 25% of the District of Columbia's reported HIV-positive population, many of them low-income or members of otherwise underserved communities. Eighty-three percent of our patients living with HIV are virally suppressed – a success rate much higher than the national and DC averages for people living with HIV, and comparable to the success rate for Ryan White-funded programs.

Whitman-Walker's Medical, Behavioral Health and Community Health Departments have been at the forefront of HIV education and prevention since the earliest days of the epidemic. In 2018, we provided rapid HIV tests to 8,849 individuals, and our walk-in Sexual Health and Wellness clinics, which offer STI and HIV testing, served 1,719 individuals. In 2018, our STI testing program diagnosed approximately 9% of the new HCV cases, 27% of the new cases of primary and secondary syphilis; more than 18% of the new cases of gonorrhea; and more than 9% of the new cases of chlamydia in the District of Columbia. Whitman-Walker also has more than 1,000 patients on PrEP, and has instituted a low-barrier "PrEP clinic" to make it easier for individuals who would benefit to start and remain adherent to the therapy.

WWH has been conducting clinical research since 1987, when the first HIV treatments were being tested. Our studies investigate new ways to prevent or treat diseases in our community, particularly infectious diseases. Our research priorities also include new treatments for opioid addiction, the health and wellness priorities of LGBTQ youth, and improving HIV prevention and treatment for sex workers. WWH's current research studies include the search

for a cure for HIV, clinical trials that test the long term effects of HIV treatments on cardiac health and cognitive impairment, and the safety and efficacy of treatments for people living with HIV who use opioids; as well as behavioral studies that look at such topics as disease prevention and medical adherence for special populations at elevated risk of HIV acquisition, such as transgender women and young men of color who have sex with men.

COMMENTS ON UPDATING HIV TESTING RECOMMENDATIONS

The recent data from the 2019 Annual HIV, Sexually Transmitted Infections (STIs), Hepatitis, and Tuberculosis (TB) Surveillance Report for the District of Columbia indicates increased rates of STI infections among adults aged 55 or over.¹ Rates of STIs are an indicator of risk of HIV exposure and transmission. We recommend, based on epidemiological information and evolving understandings of the sexual habits of older adults, that **CDC recommendations should be updated to include recommendations for annual HIV screening for adults older than 64.** To remove the potential for provider and patient potential bias, we believe annual screening is indicated for all sexually active people, regardless of age. The stereotype that older adults are not sexually active is not only inaccurate; it jeopardizes the public health and the health of individual older persons, and their sexual partners, by reducing the likelihood that they will be diagnosed and treated.

The CDC should strengthen the language of recommendations for annual screenings for people “at high risk for HIV.” The current recommendations defines high risk as people living in high prevalence areas and people in high prevalence populations, defined by a diagnostic yield of more than 1 per 1000 patients screened. The current recommendations do not align with

¹ Annual Epidemiology & Surveillance Report: Data Through December 2018. Washington, DC: District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, & TB Administration, 2019. Accessed 10/28/19 at <https://dchealth.dc.gov/publication/hahsta-annual-epidemiology-surveillance-report-2019>.

provider and patient understanding of what constitutes high risk. That is, providers and patients routinely fail to classify themselves or their patients as “at high risk of HIV acquisition.” **The language should be changed to more accurately reflect provider and patient expectations of “high risk” populations or locations to encourage more frequent screenings.** The CDC should take care to find destigmatizing language that accurately describes the risk portfolio of people in high prevalence areas and populations and reflects general expectations. The recommendations should be effective at motivating patients to receive HIV testing and should assist providers in recognizing when patients are indicated for HIV prevention services. Similarly, **we recommend that the CDC strengthen the language of recommendations for HIV screenings for people seeking treatment for STIs.** While the language of the current recommendations is clear, providers are not routinely following CDC guidelines. The language of the recommendations should be updated to be more aligned with provider and patient expectations to encourage more frequent screenings for HIV based on diagnosis of or exposure to STIs.

Finally, we note that the third-generation Rapid HIV test presents substantial benefits in some healthcare settings and non-clinical settings where it is difficult to link patients to care. Rapid-HIV tests are highly reliable at detecting HIV antibodies in people exposed to HIV for longer than 3 months, which is efficacious for those with infrequent testing. Results are available with 20 minutes, facilitating anonymous HIV clinics by reducing the barriers to follow-up with patients after testing. Third-generation Rapid HIV tests allow clinicians to link newly diagnosed people with care and treatment quickly. They provide peace of mind for people with potential exposures to HIV, and provide an opportunity for clinicians to link people to HIV prevention modalities like PrEP. The current language includes language that supports the use of

rapid HIV tests. We comment that **the updated recommendations should strengthen the language recommending the use of third-generation Rapid HIV tests.** In particular, we comment that the language regarding Rapid HIV tests should be moved to the “recommendations” section instead of the “additional considerations” section.

CONCLUSION

Whitman-Walker appreciates this opportunity to provide information on updates to the CDC HIV testing recommendations. Please feel free to contact us if we can be of assistance in any other way.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C. Brooks', written in a cursive style.

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