Establishing Routine, Opt-out Screening Policies for HIV, Viral Hepatitis, STDs & TB

STD CLINICS

Published mm/dd/yyyy

WHO is this resource for?
This resource was developed for state and local policymakers, STD clinicians, and public health practitioners.

WHAT does this resource offer?
This resource synthesizes information on routine, opt-out screening policies for HIV, viral hepatitis, STDs (chlamydia, gonorrhea, and syphilis), and tuberculosis (TB) in STD clinics* in six "snapshot states" with high disease prevalence (i.e., California, Florida, Georgia, Illinois, New York, and Texas).
**Click here for information on routine, opt-out screening in primary care clinics.*

WHY IS ROUTINE, OPT-OUT SCREENING IMPORTANT IN STD CLINICS?

STD clinics have been proven to be utilized by populations who are disproportionately affected by STDs and people who may fear being stigmatized in other health care settings. A survey of patients of publicly funded STD clinics in U.S. cities found that about half of the patients utilized STD clinics because of the **availability of walk-in, same-day appointments** and 24% visited an STD clinic because of the **low cost of care**, revealing that STD clinics can be more accessible and affordable than other medical services. [1]

The survey found that **STD clinic patients were:**

- **50%** **uninsured**
- **60%** **under age 30**
- **73%** **non-White**

53% of STD cases in 2020 were among **adolescents and young adults aged 15–24.** [2]

32% of chlamydia, gonorrhea, and primary and secondary syphilis cases in 2020 were among **non-Hispanic Black persons,** despite making up 12% of the population. [2]

The same populations that are disproportionately affected by STDs are also more likely to seek care at STD clinics.

WHAT IS ROUTINE, OPT-OUT SCREENING?

Routine, opt screening is a policy where a healthcare provider universally screens all eligible patients instead of using individualized risk-based assessments **(routine)** and informs patients that a test will be performed unless they explicitly decline the test **(opt-out)**. "Opt-in" screening, on the other hand, occurs when patients are asked if they want a test to be performed.

In STD clinics, routine, opt-out screening can be implemented by offering patients who request a test for a specific infection a panel of additional tests as standard practice.

Routine opt-out screening for HIV, viral hepatitis, STDs, and TB is a cost-effective practice that has proven highly effective in identifying undiagnosed infections, removing the stigma associated with infectious disease testing, fostering earlier diagnosis and treatment, and reducing risk of transmission. [3-6]

[1] Hoover et al., 2015
[2] CDC, 2023
[3] Branson, et al., 2006
[4] Serag et al., 2022
[5] Owusu-Edusei et al., 2016
[6] Alsdurf et al., 2021

HOW CAN ROUTINE, OPT-OUT SCREENING REMOVE BIASES?

Routine, opt-out screening can remove implicit biases that may be present when clinicians conduct risk-based screening. **Clinicians may not be aware of implicit biases that affect which patients they screen**. Implicit biases can center on gender identity, sexual orientation, race and ethnicity, marital status, and other factors.

For example, a clinician may not screen a patient who is a member of a group that the physician believes is not at risk for having an STD. By screening all eligible patients regardless of perceived risk, routine, opt-out screening can remove implicit biases, making **STD clinics a critical setting for the implementation of routine, opt-out screening.**

Notes *from the* Field

Implicit bias training is so crucial. There was a state with cases of maternal transmission of HIV, and all cases had to be investigated. When a provider was asked why they didn't test a pregnant person, [the provider responded] that the patient *'was wearing a hijab, so she wasn't out there having sex.'*

- Clinical and sexual health expert

CDC recommends routine, opt-out screening for STDs.

Click **here** to view CDC's screening recommendations by disease and population.

HOW DO POLICIES DESCRIBE SCREENING?

ROUTINE, OPT-OUT SCREENING

The Texas Department of Health's STI Clinical Standards include offering patients "confidential **opt-out** HIV counseling and testing at the time of the STI visit."

Florida's HIV testing law specifies that "the person to be tested shall be notified orally or in writing that the **test is planned** and that he or she has the **right to decline** the test."

OTHER SCREENING POLICIES

The following policy language does *not* indicate routine, opt-out screening:

- *Opt-in:* Texas law requires clinics to "provide or refer patients and clients to voluntary and affordable counseling and HIV testing services." New York law requires physicians at certain health care facilities to provide "examinations or tests for the detection of sexually transmitted diseases."

HOW DO POLICIES REFER TO STD CLINICS?

The following language was used in snapshot state policies:

- **Texas:** "sexually transmitted disease clinics"
- **New York:** "a clinic or other facility providing gynecological, obstetrical, genito-urological, contraceptive, sterilization or termination of pregnancy services or treatment"
- **Florida:** "health care setting," which is "a setting devoted to the diagnosis and care of persons or the provision of medical services to persons"

KEY CONSIDERATIONS:
ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

1 Tailor screening guidelines for STD clinics to local disease prevalence and relevant population needs.

There is not a one-size-fits-all approach when implementing routine, opt-out STD screening. Screening protocols should be supported by data that is reflective of the population, disease rates in the community, and available local resources.

- Click here for more information about disease prevalence rates for HIV, STDs, and viral hepatitis. State summary profiles are also available here.

2 State laws should be clear on assent and consent requirements for minors.

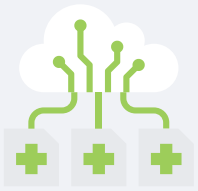
State laws around screening for adolescents should clearly indicate if a guardian's consent is required or if a minor's assent is sufficient, the age range for which guardian consent may be required, and any applicable legal implications for obtaining or not obtaining guardian consent if it is required.

3 Follow-up protocols after a positive test result need to be clear.

Some healthcare providers may be reluctant to screen patients because the protocols around following-up on or reporting a positive test result to sexual partners or state or local health departments are unclear. Follow-up protocols should clearly indicate who needs to be informed of the positive result, how, and when so that providers can follow-through with screening without any uncertainties.

4 STD clinics can build screening orders into existing systems.

Limited time, staff, and resources are common barriers to implementing routine, opt-out screening. Instead of developing new systems and using new resources, STD clinics may integrate automatic screening orders into the clinic's electronic health record (EHR). Utilizing existing resources can help minimize burdens by reducing training time, the number of new staff to hire and train, and costs for updating software and other resources.



5 How STD clinics are funded may affect their ability to implement routine, opt-out screening.

Decisionmakers should be aware that STD clinics' screening policies often depend on funding and funders' preferences or policies on which STDs to screen and how frequently. As a result, some clinics may not have the funding to screen certain STDs at recommended intervals; providers may use risk-based screening to prioritize limited resources.

POLICY REFERENCES FROM THE SNAPSHOT STATES: HIV, VIRAL HEPATITIS, STDS, & TB

CALIFORNIA

State Law: Cal. Health & Safety Code § 120991

FLORIDA

State Law: 2022 Florida Statutes, Title XXIX § 381.004: HIV testing

NEW YORK

State Law: Public Health Law § 2308-a. Sexually transmitted diseases; tests for sexually transmitted diseases

TEXAS

State Law: Tex. Health & Safety Code Chapter 85: Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus Infection

TX Department of State Health Services: HIV/STD program – HIV and STD Program Operating Procedures and Standards (POPS), Chapter 12: STI Clinical Standards

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