

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

HARM REDUCTION & SYRINGE SERVICES PROGRAMS

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WHO is this resource for?

This resource was developed for state and local policymakers, harm reduction and syringe services program (SSP) providers, and public health decision makers.

WHAT does this resource offer?

This resource synthesizes information on routine, opt-out screening policies for HIV, viral hepatitis, STDs (specifically chlamydia, gonorrhea, and syphilis) and tuberculosis (TB) in syringe services programs (SSPs) in six states with high disease prevalence: California, Florida, Georgia, Illinois, New York, and Texas.

People who inject drugs are more likely to contract HIV, viral hepatitis, and TB infections when sharing or reusing drug injection equipment, such as syringes.

People who inject drugs make up

1 in 15

HIV diagnoses in the U.S. [1]

Injection drug use may increase the likelihood of **TB infection** and reactivation of latent TB infection. [2]

39% of people who inject drugs have a **hepatitis C infection**. [3]

WHAT IS ROUTINE, OPT-OUT SCREENING?

Routine, opt-out screening occurs when a healthcare provider screens all eligible patients (**routine**) instead of using an individualized risk-based assessment, and informs the patient that a test will be performed unless they explicitly decline the test (**opt-out**). Alternatively, “opt-in” screening occurs when patients are asked if they want a test to be performed.

SSPs have been proven to reduce syringe sharing [4] and can also provide routine, opt-out screening for HIV, viral hepatitis, STDs, and TB to identify infections, link people to treatment, **and lower disease transmission** among people who inject drugs and the general population. [5]

An SSP in Miami, Florida implemented a **routine, opt-out screening program for HIV and hepatitis C**, offering rapid tests to people enrolling in the SSP. Compared to the previous opt-in screening procedure, the **routine, opt-out screening program increased testing rates by 42%**. [6]

Research shows that SSPs are associated with a **50% decrease** in HIV and hepatitis C incidence. [7]

Routine, opt-out screening can be cost-effective and highly effective in identifying undiagnosed infections, reducing the stigma associated with infectious disease testing, facilitating earlier diagnosis and treatment, and reducing risk of transmission. [8-11]

Routine, Opt-Out Screening in Other High-Impact Settings



Overview



Correctional Facilities



Emergency Departments



Homeless & Houseless Services



Prenatal Services



Primary Care



School-Based Health Centers



STD Clinics

Click [here](#) to view CDC screening recommendations for HIV, viral hepatitis, STDs, and TB.

→ Research supports SSPs providing clients with infectious disease screening. Click [here](#) for CDC resources for SSPs. [12]

HOW DO POLICIES DESCRIBE SCREENING?

ROUTINE, OPT-OUT SCREENING

Policies explicitly describing or requiring routine, opt-out screening in SSPs were not identified in the six states with high disease prevalence (California, Florida, Georgia, Illinois, New York, and Texas). Relevant state laws and policies that were identified generally use broad language when referring to screening and other services at SSPs.

However, **individual SSPs**, such as IDEA Exchange in Miami, Florida, **have implemented routine, opt-out screening**. [6]

OTHER SCREENING POLICIES

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

California, Florida, Georgia, and New York laws specify that SSPs must provide or refer clients to certain screening services.

WHAT TYPES OF SCREENING ARE PROVIDED?

Relevant laws from the six states with high disease prevalence specify that SSPs must provide clients with screenings for the following infectious diseases:

California: HIV, hepatitis C, STDs

Florida: HIV, viral hepatitis

Georgia: HIV, viral hepatitis, STDs, TB

New York: HIV, viral hepatitis, STDs, TB

Laws specifying services that should be provided to SSP clients were not identified in **Texas** or **Illinois**.

HOW IS SCREENING PROVIDED?

California, Florida, Georgia, and New York laws require SSPs to provide screening services either **directly/on-site or through referrals**.

Florida law specifies that if HIV and viral hepatitis screenings are "*offered solely by referral, they must be made available to participants within 72 hours.*"

“ — Notes from the Field — ”

If the SSP is a place where people feel safe, it can be that first step into getting reintroduced to medical care. That's been my experience, especially if the people that are doing the [syringe] exchanging also do the testing. It's not super uncommon if someone is offered a test that **they want the person that they know or that they have a relationship with on that staff to do the testing**.

- Harm reduction expert, NASTAD Drug User Health Services

KEY CONSIDERATIONS: ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

1 Tailor screening guidelines for syringe services programs (SSPs) to local disease prevalence and relevant population needs.

There is not a one-size-fits-all approach when implementing routine, opt-out screening. Connect with your state or local health department to determine which screening protocols are 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, viral hepatitis, and TB.



2 Identify current policies on routine, opt-out screening for SSPs in your state or jurisdiction.

Screening policies may be issued by various branches of government, such as state or local legislatures, administrative and regulatory bodies, or agencies like departments of health.

→ Click [here](#) to view a dataset of state SSP laws.



3 Trust is essential for implementing routine, opt-out screening at SSPs.

Establishing trust between SSP staff and clients is essential to operate SSPs. If screening and testing is conducted by staff members who clients trust, as opposed to an unfamiliar medical staff member, clients may be more likely to agree to screening.



4 Partner with health departments to obtain testing materials.

The cost of obtaining testing materials is a barrier to implementing routine, opt-out screening in many jurisdictions. Building relationships with local or state health departments can help SSPs access resources they need to implement screening. However, the resources that health systems can feasibly offer vary by jurisdiction.



5 Establish safe linkages to care.

If an SSP client tests positive for an infectious disease, the SSP will likely refer the client to an external provider for treatment. To ensure that clients do not experience stigma when they access care from external providers, SSPs should familiarize themselves with the capacity and willingness of their local health care network to work with people who inject drugs, and refer clients to providers who are grounded in a harm reduction philosophy.



6 Consider state laws which may impact SSPs and clients.

The ability of SSPs to implement routine, opt-out screening may be impacted by a variety of laws and regulations. First, SSPs are not legal in every state. Additionally, SSPs should be aware of their state's HIV and viral hepatitis criminalization laws, sobriety laws, and mandatory reporting laws. Such laws convey consequences that may impact the willingness of SSP clients to be tested for infectious diseases.



SCREENING POLICIES FROM THE SIX STATES WITH HIGH DISEASE PREVALENCE: HIV, VIRAL HEPATITIS, STDS & TB

CALIFORNIA	<p>State Law: CA Health & Safety Code § 121349 (2022)</p> <p>Department of Public Health: Office of AIDS: Guidelines for Syringe Exchange Programs Funded by the California Department of Public Health</p>
FLORIDA	<p>State Law: FLA. STAT. ANN. § 381.0038: Education; sterile needle and syringe exchange programs</p> <p>Department of Health: Infectious Disease Elimination Act (IDEA): IDEA - Exchange</p>
GEORGIA	<p>Rules and Regulations: Syringe Services Programs Rule 511-2-9-0.4: Operating Requirements</p>
NEW YORK	<p>State Law: Codes, Rules and Regulations § 80.135: Authorization to conduct hypodermic syringe and needle exchange programs</p>

ADDITIONAL REFERENCES:

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