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

STD CLINICS

August 2023

WHO is this resource for?
This resource was developed for state and local policymakers, STD clinicians, 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 STD clinics* in six states with high disease prevalence: California, Florida, Georgia, Illinois, New York, and Texas.

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

STD clinics are 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 settings. [1]

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

- **50%** uninsured
- **60%** under age 30
- **73%** people from racial and ethnic minority groups

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** (who make up 12% of the general U.S. 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-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.

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 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. [3-6]

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

Overview | Correctional Facilities | Emergency Departments | Harm Reduction & Syringe Services Programs | Homeless & Houseless Services | Prenatal Services | Primary Care | School-Based Health Centers

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 likely to have, or get, an STD. By screening all eligible patients regardless of perceived risk, routine, opt-out screening can remove implicit biases. **STD clinics are 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

Click here to view CDC screening recommendations for HIV, viral hepatitis, STDs, and TB.

HOW DO POLICIES DESCRIBE SCREENING?

ROUTINE, OPT-OUT SCREENING

The Texas Department of Health's STI Clinical Standards states that "Notifying the patient that an HIV test will be performed unless the patient declines **(opt-out screening)** is recommended and should be **routine** for persons attending STI clinics."

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*** explicitly indicate routine, opt-out screening:

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 laws from the six states with high disease prevalence:

- **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 HIV Testing Law:** "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 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 in STD clinics 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.

3 STD clinics should be familiar with assent and consent requirements for minors.

When providing STD care or screenings to minors, STD clinics should be aware of whether 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 legal implications for obtaining or not obtaining guardian consent if it is required.

4 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 reporting or following-up on 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.

5 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. 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.

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

Decisionmakers should be aware that STD clinics' screening procedures often depend on funding and funders' preferences or guidelines on which STDs to screen for, 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 SIX STATES WITH HIGH DISEASE PREVALENCE: 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 § 85.088: State-Funded Health Clinics

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

ADDITIONAL REFERENCES:

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[4] Serag H, Clark I, Naig C, Lakey D, Tiruneh YM. Financing benefits and barriers to routine HIV screening in clinical settings in the United States: a scoping review. Int J Environ Res Public Health. 2022 Dec 27 [cited 2023 Aug 1];20(1):457. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9819288/

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[6] Alsdurf H, Empringham B, Miller C, Zwerling A. Tuberculosis screening costs and cost-effectiveness in high-risk groups: a systematic review. BMC Infect Dis. 2021 Sep 8 [cited 2023 Aug 1];21(1):935. Available from: https://pubmed.ncbi.nlm.nih.gov/34496804/