

# HEALTH AND WELLNESS PRACTICE GUIDE

## HIV Testing

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### HIV Testing

Children and youth in DCF's care shall have HIV testing consistent with national standards:

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- all children shall have their risk for HIV exposure assessed by medical providers upon entry into care through the initial health assessment, admission physical to facilities or MDE. When necessary, children will be referred to their primary care provider for further evaluation to determine the need for HIV testing;
  - risk for HIV exposure shall be reassessed whenever events in a child's life may have placed them at risk of exposure and as part of routine health care;
  - routine HIV screening should be offered to or encouraged for adolescents consistent with the American Academy of Pediatrics guidelines:  
<http://pediatrics.aappublications.org/content/128/5/1023.full>
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### Rationale

The HIV epidemic persists in the United States despite progress in treatment and continued efforts to screen targeted populations. Early diagnosis ensures prompt treatment and also helps decrease transmission. Children in DCF's care are at relatively high risk for HIV infection for a number of reasons: infant and children are at risk because of parental substance abuse, maternal HIV infection, as well as their own history of sexual abuse; risk taking behaviors, such as multiple partners, unprotected sex and substance abuse place youth in care at higher risk. Therefore, it is important that DCF maintain a proactive stance and support appropriate testing.

Youth are considered an especially vulnerable population and at increased risk for HIV infection which occurs most often through sexual transmission. Increasing numbers of people with HIV/AIDS and missed opportunities for HIV testing has led to recommendations for routine HIV screening rather than targeted testing.

The American Academy of Pediatrics recommends routine screening be offered to all adolescents at least once by age 16 to 18 years in health care settings when the prevalence of HIV in the patient population is more than 0.1%. In areas of lower community HIV prevalence, routine HIV testing is encouraged for all sexually active adolescents and those with other risk factors for HIV.

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### Legal Basis

Conn. Gen. Stat. [§19a-581 through §19a-590](#), inclusive, establish the requirements for the testing of individuals for HIV infection and the confidentiality of such test results.

Conn. Gen. Stat. [§19a-582\(a\)](#) provides that children may request and be granted an HIV test and treatment without parental notification and consent.

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### High Risk Behaviors or Conditions

There is a significant risk for HIV infection when a child has one or more of the following conditions:

- has parents or a sibling known to be HIV positive;
  - has been born to a mother who received no prenatal care or mother's serologic status for HIV is unknown;
  - is a newborn who tests positive for illicit drugs;
  - has a history of IV drug use;
  - is sexually active, has a history of multiple sex partners, has traded sex for money or drugs, has had unprotected sex, or has a history of sexually transmitted infections;
  - has (or a parent has) received blood or blood components prior to 1985; and
  - has an unknown medical history.
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### Situations Where Testing May Occur

**HIV testing based on risk:** Anytime a Social Worker, Supervisor or clinician suspects or needs guidance in determining whether a child is at risk due to behaviors or experiences, he or she shall consult with the Regional Resource Group Nurse and with the child's medical provider

**Routine HIV testing:** When recommended by a youth's primary provider, testing for HIV may be a part of routine care.

**HIV testing requested by child:** A child may request and be granted an HIV test and treatment without parental notification or consent.

**Legal Reference:** Conn. Gen. Stat. [19a-582\(a\)](#) and [19a-592](#).

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### Consent

Pursuant to Connecticut law, a separate informed consent is no longer required for HIV testing.

Conn. Gen. Stat. §[19a-582\(a\)](#) permits testing for HIV of a person who has provided general consent for medical procedures and testing. It is not necessary for a person to sign a consent **specifically** for HIV testing.

However, the person must be told prior to the test that the test will include testing for HIV and that such testing is voluntary and that the person can choose not to be tested for HIV. If the person declines HIV testing the medical provider must document the denial in the medical record.

Legal Reference: Conn. Gen. Stat. § [19a-582](#).

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### Parent/ Guardian Authorization

As with any medical testing, parental consent for HIV testing shall be required for any Department initiated testing when the child is in care through voluntary placement, delinquency commitment or Family With Service Needs (FWSN) commitment.

For children committed as neglected, abused or uncared for, DCF shall provide consent for testing when requested by a child's primary care provider as part of routine care.

The RRG nurse shall be consulted if there are questions about the appropriateness of testing.

**Note:** Regardless of a child or youth's legal status, a child or youth may request testing without consent of a parent or guardian. The Department will honor such requests and will have testing performed.

**Legal Reference:** Conn.Gen. Stat. § [19a-582](#).

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### Pre-test Counseling

**Pre-test counseling is no longer required**

The medical provider does not have to provide pre-testing counseling concerning HIV to the person being tested. The provider must answer any questions the person may have concerning the testing and shall not say or do anything to coerce the person into agreeing to permit the HIV test.

The DCF Social Worker may suggest pre-test counseling when indicated based on a child or youth's history.

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### Post-test Counseling

Post-test counseling shall be provided or arranged by the health provider ordering the HIV testing whenever test results are positive.

#### Post-test counseling shall be provided to:

- a parent or guardian who requested or consented to administration of the test or was advised that the test would be performed;
- the child who requested the test be performed without parental consent;
- the child in the event he or she is deemed capable of being counseled (the child shall be deemed capable of being counseled if it is determined that the child is of sufficient intellectual capacity and maturity to receive and understand the meaning and implications of the test and can emotionally handle the test results);
- the DCF Social Worker when DCF is the guardian.

**Note:** Foster parents may be present during the counseling to provide support and be advised of treatment implications; however, they shall not take the place of the DCF social worker.

#### Post-test counseling shall include information on:

- changing risk behavior to prevent the transmission of HIV infection;
- local or community-based HIV/AIDS evidence-based prevention and treatment services and other supportive services and how to access these services;
- working towards the goal of involving a child's parents guardian in the decision to seek and in the ongoing provision of medical treatment;
- notifying the child's partner(s) and, as appropriate, providing assistance or referrals;
- coping with the emotional consequences of the test results [being diagnosed with a chronic, life threatening illness has been characterized as a traumatic stressor in the Diagnostic & Statistical Manual of Mental Disorders (DSM-V)]; and
- understanding the discrimination problems that inappropriate disclosure of the results might cause.

### Confidentiality of Test Results and Release of Information

Disclosure of information regarding an HIV test may only be made with the written consent of the individual tested or the legal guardian.

DCF may seek or release information regarding the diagnosis or treatment of HIV for the purposes of case planning or the provision of services on behalf of a child.

Strict confidentiality governs all information regarding HIV testing.

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### Confidentiality of Test Results and Release of Information (continued)

#### When authorization is needed

The consent of a parent or guardian or the child (if the child sought testing without parental consent) is required for the release of any HIV information if the child is:

- in voluntary placement;
- a committed delinquent; or
- is committed as a child from a Family With Service Needs (FWSN).

[DCF-2131-T, Authorization for the Release of Information to the Department of Children and Families](#), and [DCF-2131-F, Authorization for the Release of Information From the Department of Children and Families](#) shall be used to seek or release needed information.

**Note:** If the DCF-2131-T or DCF-2131-F has not been signed by the child, the signer's name, relationship to the child, the signer's authority to consent to release of confidential medical information must be noted.

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