Routine HIV Testing Proving Successful in Washington, DC

February 22, 2010 By Tim Horn

More HIV-positive residents of Washington, DC, are being tested and diagnosed earlier, entering into care faster and progressing to AIDS more slowly in recent years, according to data presented Wednesday, February 17, at the 17th Conference on Retroviruses and Opportunistic Infections (CROI). These encouraging findings likely speak to the effectiveness of an initiative launched by the DC Department of Health in 2006 to implement routine HIV testing with improved linkage to care throughout the city.

At least 3 percent of DC residents are infected with HIV, a total surpassing the 1 percent threshold constituting a "generalized or severe" epidemic, Amanda Castel, MD, MPH, of the George Washington University HIV/AIDS Institute and her colleagues reported at CROI. In light of DC's burgeoning epidemic, the DC Department of Health launched an initiative in 2006 with several goals: to promote routine, opt-out HIV testing among health care providers; to encourage more people to get tested for HIV; and to connect more people with immediate care should they be diagnosed with HIV. The initiative was based on the revitalized testing guidelines of the U.S. Centers for Disease Control and Prevention (CDC).

For its analysis, Castel's group assessed HIV/AIDS name-based surveillance data from January 2004 to December 2008, a timeframe that allowed the researchers to compare outcomes both before and after the 2006 campaign was launched.
In 2004, 19,766 HIV tests were performed in DC. With the start of the campaign in 2006, about 35,000 tests were performed. By 2008, the number of HIV tests performed jumped to 72,866—a 3.7-fold increase in the number of tests performed in DC of the five-year period.

There wasn't a significant increase in the number of health care providers performing HIV tests—a primary goal of the increased testing initiative. Instead, health care providers who had been conducting HIV antibody simply conducted more of them in their practices. There was, however, an upswing in the number of community-based organizations and prisons conducting testing after the health department launched its 2006 outreach strategy.

There was a 17 percent increase in the number of new infections reported to the DC Department of Health after the revamped testing initiative went into effect. In 2004, for example, a total of 1,104 infections were reported; in 2007, the number was 1,296. The 2008 total of 1,100 is potentially incomplete due to delays in reporting.

The amount of time it took for a person to progress to AIDS after testing positive significantly

slowed since 2004. Whereas 46.7 percent of new HIV cases progressed to AIDS within one year in 2004, 27.7 percent of HIV cased documented in 2008 progressed to AIDS within a year.

Linkage to care also improved dramatically, according to data highlighting the time between diagnosis and a first appointment with a health care provider for CD4 counts or viral load testing. Whereas only 66.7 percent of those newly diagnosed with HIV in 2004 received CD4 count or viral load testing within three months, the percentage increased to 80.2 percent in 2008. The proportion of patients who delayed entering care by more than 12 months after their diagnosis decreased from 23 percent in 2004 to 5.4 percent in 2008.

CD4 counts among those entering care for the first time were also likely to be higher after the 2006 program was implemented. In 2004, CD4 counts averaged 216 cells; by 2008, the average was 343 cells.

In conclusion, Castel said, “expanded routine HIV testing in Washington, DC, has been associated with an increased identification of HIV/AIDS cases and more rapid entry into care. Continued surveillance will help determine whether these findings will translate into improved clinical outcomes and reduced HIV transmissions.”

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/hiv-washington-dc-18044-5414