

Pharmacy and HIV testing: A good start...finally

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People who are infected with the human immunodeficiency virus (HIV) but unaware of their status can unknowingly spread the virus to other people and delay their own life-saving treatment. In July 2010, the U.S. government released its revised strategy for dealing with the continued infection of Americans by HIV and resulting cases of acquired immunodeficiency syndrome (AIDS).¹ This strategy has three primary goals: 1) reduce new HIV infections; 2) increase access to care and improve health outcomes; and 3) reduce HIV-related health disparities. Among its recommendations is strengthening HIV-screening activities. The U.S. Preventive Services Task Force now gives an "A" recommendation to screening of all persons 15–65 years old.² An implication of the Task Force recommendations is that new health plans under the Affordable Care Act must offer HIV screening without patient cost-sharing.

Counseling and testing are provided primarily by a variety of medical practices, health departments, and community organizations. But where does pharmacy fit in when it comes to HIV counseling and testing? A literature review published in 2010 noted that pharmacists do serve in treatment and prevention information resource roles but are interested in expanding their roles into other prevention efforts. One of their noted areas of interest is HIV testing, with additional training provided on HIV/AIDS and its transmission.³ A survey of 131 pharmacies registered in New York City's Expanded Syringe Access Program reported support for in-pharmacy HIV testing among pharmacy staff involved in nonprescription syringe sales.⁴ Separately, a survey of community pharmacists in Indiana found that most respondents indicated that of-

fering HIV testing was a "reasonable addition to the role of the community pharmacist, pending resolution of personal and institutional barriers".⁵

This issue of *JAPhA* adds two new contributions to our understanding of the role of pharmacy in addressing the HIV/AIDS epidemic.^{6,7} Of particular note is the article by Weidle et al., which reports on CDC's pilot test of confidential HIV counseling and testing services in 21 community pharmacies and retail clinics.⁷ Study results suggest that confidential HIV-testing services can be provided in community pharmacies and retail clinics using existing staff. Training was a key component of this project; 106 staff members were trained at the 21 sites. Sites were required to have a Clinical Laboratory Improvements Amendments of 1988 (better known as CLIA) Certificate of Waiver to perform the point-of-care HIV tests used in this project. Involvement of the local health department was another key feature of this project. The authors reported that pretest counseling/consent time took a median of 4 minutes and post-test counseling took a median of 3 minutes with longer posttest counseling for a preliminary positive test. Unanswered in this pilot program, however, is how pharmacists as providers can be reimbursed for pharmacist-led HIV testing services.⁸

Since home-testing kits and systems are now available without a prescription, what does this pilot program suggest is the value added by the pharmacist? Along with conducting tests in pharmacies, properly trained pharmacists can encourage people who test positive through a home-based kit to obtain a follow-up test along with confidential counseling and referral. Pharmacists can also help answer questions about HIV prevention, assist with re-

ferred for confirmatory testing, and link patients who test positive with care and treatment.

Pharmacy-based HIV testing is an idea whose time has come. Pharmacies are accessible settings to deliver HIV testing, and pharmacists can contribute towards making further progress in HIV prevention, care, and improved health outcomes.

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