

# Prevention Status Report | 2013

HIV

Virginia

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important health problems. This report focuses on HIV infection and briefly describes why it is a public health problem, both for Virginia and the United States as a whole. It also provides an overview of solutions (i.e., evidence-based or expert-recommended policy and practice options) for preventing or reducing HIV infection and reports the status of these solutions in Virginia.

## PSR Framework

The PSRs follow a simple framework:

- Describe the public health **problem** using public health data
- Identify potential **solutions** to the problem drawn from research and expert recommendations
- Report the **status** of those solutions for each state and the District of Columbia

## Criteria for Selection of Policies and Practices

The policies and practices included in the PSRs were selected because they

- Can be monitored using state-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:
  - Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
  - Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
  - Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

## Ratings

The PSRs use a simple, three-level rating scale to provide a practical assessment of the status of policies and practices in each state and the District of Columbia. It is important to note that the ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* by state health departments, other state agencies, or other organizations to establish or strengthen those policies and practices. Strategies for improving public health vary by individual state needs, resources, and public health priorities.

## More Information

For more information about public health activities in Virginia, visit the Virginia Department of Health website (<http://www.vdh.state.va.us/>). For additional resources and to view reports for other health topics, visit the CDC website ([www.cdc.gov/stltpublichealth/psr/](http://www.cdc.gov/stltpublichealth/psr/)).

## Suggested Citation


Centers for Disease Control and Prevention. *Prevention Status Reports 2013: HIV—Virginia*. Atlanta, GA: US Department of Health and Human Services; 2014.

PSR | 2013  
[www.cdc.gov/stltpublichealth/psr](http://www.cdc.gov/stltpublichealth/psr)



Centers for Disease Control and Prevention  
Office for State, Tribal, Local and Territorial Support

### Public Health Problem

 CDC estimates that more than 1.1 million people in the United States are living with HIV, and 15.8% (about one in six) are not aware they are infected (1). In 2010, the White House released the first National HIV/AIDS Strategy for the United States to increase the nation's sense of urgency and to improve HIV prevention and care (2).

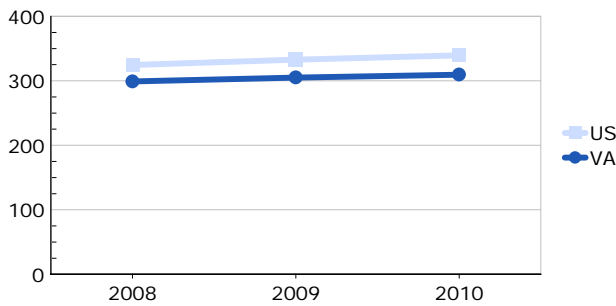


In 2011, 934 people in Virginia were newly diagnosed with HIV infection (1). Twenty-four percent of these people were diagnosed late in the disease and therefore were at increased risk for disease progression, death, and transmission of HIV to others. In 2010, more than 21,000 people with HIV were estimated to have died in the United States. Of these, CDC estimates that 378 were from Virginia (1).



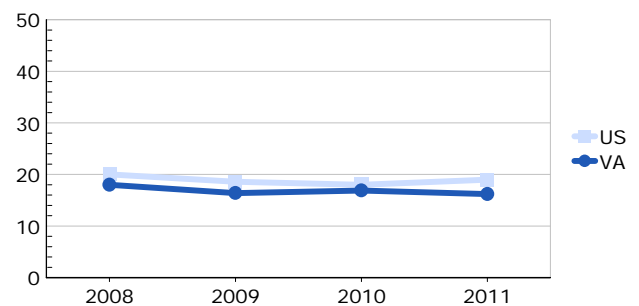
The lifetime cost of medical care for a person with an early HIV diagnosis is about \$400,000 (3). This means that lifetime medical costs for the 934 Virginia residents newly diagnosed with HIV in 2011 could exceed \$373 million.

**Estimated annual prevalence rate of persons living with diagnosed HIV aged 13 years and older (per 100,000 population)**



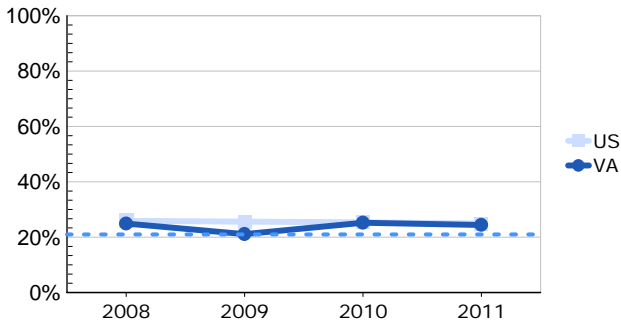
Source: National HIV Surveillance System (4)  
Note: The y-axis for this graph varies by state.

**Estimated annual rate of new HIV diagnoses among persons aged 13 years and older (per 100,000 population)**



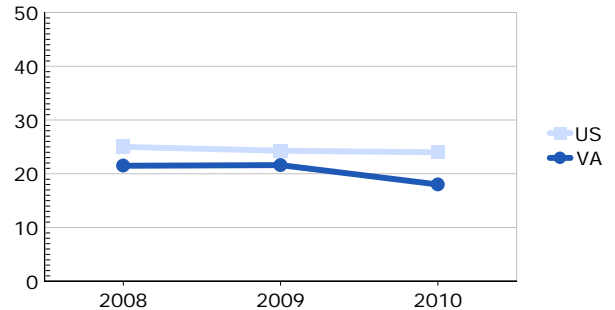
Source: National HIV Surveillance System (4)  
Note: The y-axis for this graph varies by state.

**Percentage of persons newly diagnosed with HIV who have late stage HIV**



Source: National HIV Surveillance System (1)  
Healthy People 2020 Target: 20.8% by 2015 (dotted blue line) (5)

**Estimated annual death rate among persons diagnosed with HIV (per 1,000 people living with HIV)**



Source: National HIV Surveillance System (1)

### Policy and Practice Solutions

This report highlights policies that reflect recent scientific advances in HIV prevention and medical care. These advances create new opportunities for reducing new HIV infections and HIV-related illness and death. These policies are important state-level tools that further the goals of the 2010 National HIV/AIDS Strategy (2), including 1) facilitating state Medicaid reimbursement for HIV screening (7), 2) making state HIV testing laws compatible with the 2006 CDC HIV testing recommendations (6,10), and 3) reporting all CD4 lymphocyte and HIV viral load data to the state HIV surveillance program (7). For information about how and why certain HIV-related indicators were selected, and for links to additional data and resources, visit the CDC website (<http://www.cdc.gov/stltpublichealth/psr/hiv/>).

### Status of Policy and Practice Solutions in Virginia

#### State Medicaid reimbursement for routine HIV screening

**As of January 1, 2013, Medicaid did not reimburse for routine HIV screening of adults aged 15 to 65 regardless of risk in Virginia (7).**

CDC and the US Preventive Services Task Force recommend that adolescents, adults, and pregnant women be screened for HIV, regardless of risk (6,8). All state and District of Columbia Medicaid programs cover medically necessary HIV testing (7). Reimbursement for routine screening, meaning broad, population-based HIV screening, in contrast with “medically necessary” testing and screening targeted at those at higher risk, increases the availability of this important preventive service for low-income populations (6,9).

Rating	State Medicaid plan
Green	Reimbursed for routine HIV screening
Yellow	N/A
Red	Did not reimburse for routine HIV screening

#### State HIV testing laws

**As of July 2013, Virginia's HIV testing laws were consistent with CDC's 2006 HIV testing recommendations (10).**

CDC recommends that all people aged 13–64 years be tested for HIV (6). HIV testing enables individuals with HIV to become aware of their health status and to access medical care and treatment. Studies show that individuals diagnosed with HIV are less likely to transmit HIV to others (2). State and District of Columbia laws can facilitate access to HIV testing.

Rating	State HIV testing laws compared to CDC's HIV testing recommendations were
Green	Consistent with consent and counseling parameters
Yellow	N/A
Red	Inconsistent with consent or counseling parameters

#### Reporting of CD4 and viral load data to state HIV surveillance program

**As of July 2013, Virginia required reporting of all CD4 and viral load results (including undetectable results) for surveillance purposes (10).**

CD4 and HIV viral load data are critical to the medical care and health of people living with HIV. These data are also used to monitor progress toward achieving the goals of the National HIV/AIDS Strategy and to ensure that people living with HIV are linked to HIV medical care and retained in care (2).

Rating	State law, regulation, or directive
Green	Required reporting of all CD4 and HIV viral load data
Yellow	Required reporting of some but not all CD4 and HIV viral load data
Red	Did not require reporting of any CD4 and HIV viral load data

### Simplified Rating System

A more detailed explanation of the rating system for HIV is available at <http://www.cdc.gov/stltpublichealth/psr/hiv/>.

#### Green

The policy or practice is established in accordance with supporting evidence and/or expert recommendations.

#### Yellow

The policy or practice is established in partial accordance with supporting evidence and/or expert recommendations.

#### Red

The policy or practice is either absent or not established in accordance with supporting evidence and/or expert recommendations.

### Indicator Definitions

**State Medicaid reimbursement for routine HIV screening:** Medicaid reimbursement of healthcare providers for costs associated with routine HIV screening regardless of risk. Data reflect the most recent survey examining coverage as of January 2013.

**State HIV testing laws:** State laws governing HIV testing. Laws may or may not be consistent with key parameters of consent and counseling outlined in CDC's 2006 HIV testing recommendations (4). The consent parameters include opt-out (rather than opt-in) testing, inclusion of HIV testing consent as part of general medical consent forms (rather than HIV-specific consent forms), and permission to give consent orally. The counseling parameter includes not requiring prevention counseling prior to testing.

**Reporting of CD4 and viral load data to HIV surveillance program:** Existence of state statutes, regulations or directives that address the reporting of all CD4 values and all HIV viral load results (detectable and undetectable) to the state HIV surveillance program. HIV viral load and CD4 data among people with HIV infection are useful as indicators of program effectiveness. Viral load measures the amount of virus in a person's blood. CD4 results provide a measure of a person's immune function and are used for determining the stage of HIV infection. Among people with HIV, CD4 results are often used to monitor disease progression and to time clinical care, and both HIV viral load and CD4 results are used to assess response to treatment.

### References

1. CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2011. HIV Surveillance Supplemental Report 2013; 18(No. 5).
2. White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States; 2010.
3. Farnham PG, Gopalappa C, Sansom SL, et al. Updates on lifetime costs of care and quality of life estimates for HIV-infected persons in the United States: late versus early diagnosis and entry into care. *Journal of Acquired Immune Deficiency Syndrome*. 2013; 64: 183–189.
4. CDC. NCHHSTP Atlas [website]. Updated Jul 2013.
5. Department of Health and Human Services. HIV. In: *Healthy People 2020*. Rockville, MD: US Department of Health and Human Services. Updated Aug 28, 2013.
6. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR* 2006; 55(RR-14): 1–17.
7. Kaiser Family Foundation. State Medicaid Coverage of Routine HIV Screening; 2013.
8. Moyer VA, on behalf of the US Preventive Services Task Force. Screening for HIV: US Preventive Services Task Force recommendation statement. *Annals of Internal Medicine* 2013; Apr 30.
9. Kates J. Medicaid and HIV: A National Analysis. Menlo Park, CA: Kaiser Family Foundation; 2011.
10. CDC. HIV and the Law [website]. Updated Sep 2013.