


EXPANDING HIV TESTING IN THE ORAL HEALTH COMMUNITY

JANICE HARRIS, JOSEPH, DDS
LINDA GILLAM, MD
ANTHONY HARRIS, MSW
R. CANDACE JONES, MS

HIV AND ORAL HEALTH

Introduction of Presentation and Presenters



HIV AND ORAL HEALTH

HIV Disease

Human Immunodeficiency Virus (CDC Definition)
HIV infection is a disease caused by the human immunodeficiency virus (HIV). The condition gradually destroys the immune system, which makes it harder for the body to fight infections.

Stages:

- > Acute infection
- > Asymptomatic
- > Chronic symptomatic
- > Advanced

HIV AND ORAL HEALTH

Rationale for Routine HIV Testing


- Opt out screening in all health care settings
- Recommended ages 13 – 64 yrs.
- High risk annual screening
- General consent for medical care
- Prevention counseling unnecessary

CDC Periodic Recommendations for HIV Testing, 2006

HIV AND ORAL HEALTH

**Rationale for Routine HIV Testing
In Urban Public Health Clinics**

- Reach uninsured or underinsured
- Lack of routine medical care
- Identify individuals with unknown HIV status
- One-stop screening
- Early medical intervention
- Disease prevention



HIV AND ORAL HEALTH

MDCH Initiative for Dental HIV Testing

- Reaches unidentified HIV+ or persons unaware of their status
- Stresses importance of total health
- Identifies HIV+ for earlier treatment and to preserve immune function
- Prevents new infections and/or transmission of virus

HIV AND ORAL HEALTH
Benefits of HIV Screening

- Reduce number of unknown infected
- Reduce new infections
- Promote early intervention and treatment



HIV AND ORAL HEALTH
HIV/AIDS Strategies

National Strategies:

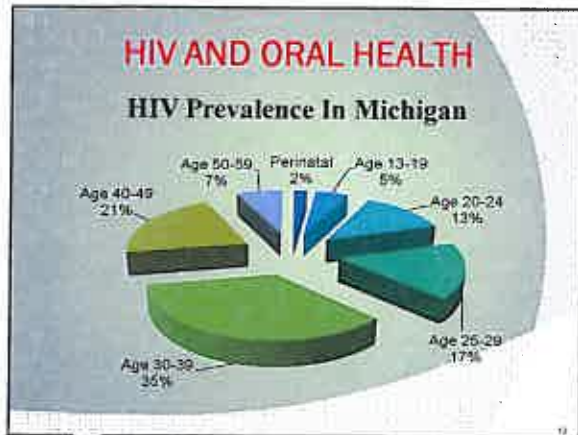
- Reduce New HIV Infections
- Increase Access to Care & Improved Outcomes for PLWHA
- Reduce HIV-related Health Disparities

Enhanced focus of HRSA/CDC Strategies:

- To identify individuals unaware of their HIV status & link them to care
- To decrease persons lost to care through re-engagement

HIV AND ORAL HEALTH
HIV Nationally

- It is estimated that 1.1 million people are infected with HIV
- Of those estimated, 244,200 are unaware of their positive status







HIV AND ORAL HEALTH
Dental Health and HIV

- Potential for systemic infection
- Affects nutrition
- Predictor of severe disease

HIV AND ORAL HEALTH
Total Health Includes Oral Health

Gum disease has been linked to every major disease process including:

- Heart Disease
- Strokes
- Diabetes
- Alzheimer's
- Low birth-weight babies
- Some types of cancers

HIV AND ORAL HEALTH
Dental Conditions Associated with HIV

- Dry mouth
- Tooth decay
- Gum disease



HIV AND ORAL HEALTH

DO YOU KNOW...

Your HIV Status?

If you do not know your status, your Dentist recommends that you get tested today
Free HIV testing will be provided to you while you relax in the dental chair.

Take Control. Take Action. Take the Test Today.

<input type="checkbox"/> Accurate Testing	<input type="checkbox"/> First Time Tester
<input type="checkbox"/> One-time Testing <small>(Check Answer for Question)</small>	<input type="checkbox"/> Have Been Tested Before
<input type="checkbox"/> Never Tested	<input type="checkbox"/> Not Interested

HIV AND ORAL HEALTH

Dentist Recommendation

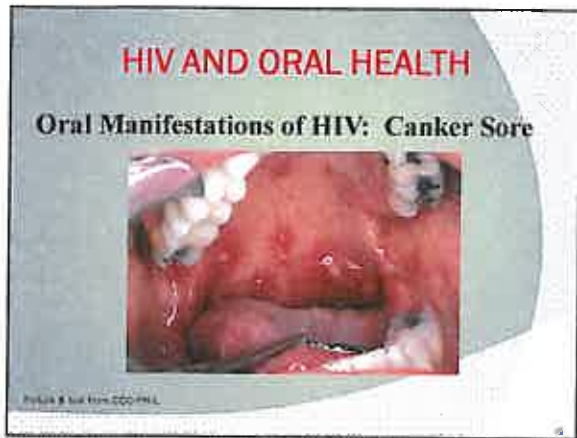
- > Increases testing acceptance
- > Reinforced at various times during dental visit
- > Value-added for clients in public health settings
- > Included in screens for chronic diseases
 - Hypertension
 - Diabetes
 - HIV

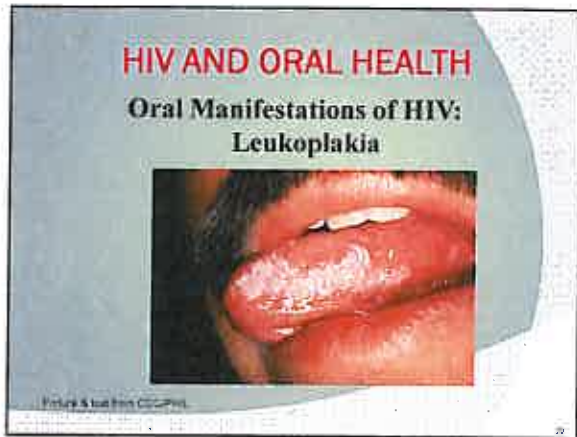


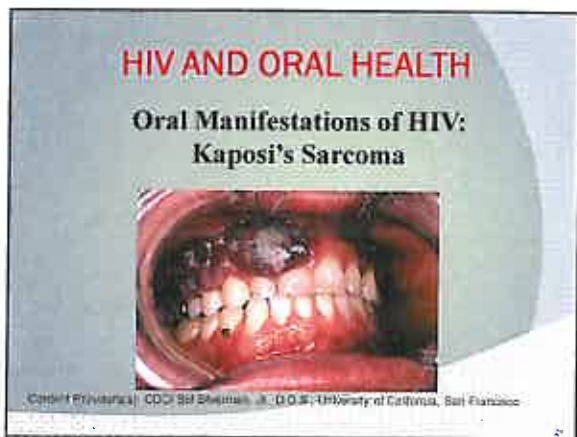
HIV AND ORAL HEALTH

Oral Manifestations of HIV: Thrush









HIV AND ORAL HEALTH
**Oral Manifestations of HIV:
Herpes Simplex Virus**



Image and text from: Doctor Spideman

HIV AND ORAL HEALTH
Preventive Dental Care for HIV + Patients

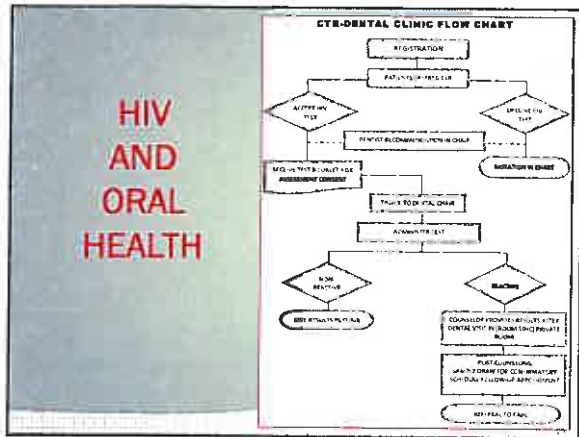
Maintain functional oral health by:

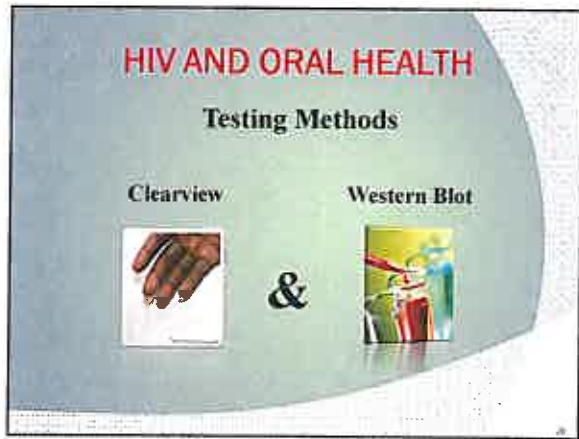
- > Dental exam every six months
- > Brushing and flossing daily
- > Use of fluoride rinses
- > Artificial saliva
- > Minimize antibiotic therapy.

HIV AND ORAL HEALTH
Maintaining Trust with Patients

- Anonymous testing option
- Same date test results
- Privacy
- Provider comfort level
- No prolongation of dental visit









HIV AND ORAL HEALTH

Role of Dental Assistant

- Registration form review
- Test booklet & consent
- Perform test
- Delivery of test results during visit
- Referrals to CTR Counselor as necessary



HIV AND ORAL HEALTH

Role of HIV Counselor

- Consent
- Test booklet
- Perform test
- Delivery of test results
 - Non-reactive
 - Reactive
- Referrals to care



HIV AND ORAL HEALTH

Dental Clinic HIV Testing Outcomes

- 23% of clients accept testing
- 30% are first time testers
- 2+ identified




HIV AND ORAL HEALTH
RESOURCES

- > www.cdc.gov
- > www.aids-ed.org
- > www.thebody.com
- > www.hivdent.org

HIV AND ORAL HEALTH
Contact Information
Detroit Department of Health and Wellness Promotion (DDWP)
1151 Taylor, Detroit, MI 48202

- **Dr. Janice Harbin- Joseph** 313.876.4841
Dental Director
- **Dr. Linda Gillam** 313.870.2755
Counseling, Testing & Referral Manager
- **Tony Harris, MSW** 313.876.4878
Counseling, Testing & Referral Coordinator
- **R. Candace Jones** 313.876.0399
HIV/AIDS Operations Manager

HIV AND ORAL HEALTH
Questions and Answers





Centers for Disease Control and Prevention

CDC 24/7: Saving lives, protecting people, reducing health costs

30 Years of HIV/AIDS Commemoration



June 5, 2011 marks the 30th year since CDC reported the first cases of acquired immunodeficiency syndrome (AIDS). On this day, we commemorate 30 years of HIV/AIDS prevention, surveillance, and research activities.

June 5, 2011, marks the 30th year since CDC reported the first cases of acquired immunodeficiency syndrome (AIDS). From just five cases in the initial publication of the Morbidity and Mortality Weekly Report, AIDS has grown into a global pandemic that has resulted in the deaths of more than 33 million people around the world. It is estimated that over 1.7 million people in the United States have been infected with human immunodeficiency virus (HIV). To date, nearly 600,000 men, women, and children with HIV in the United States have died, and more than 1.1 million people are estimated to be living with the disease today.

Thirty years into the fight against HIV, we have changed the course of this deadly disease. HIV prevention has already saved countless lives—including some 350,000 in the United States alone. In the United States, new infections have fallen by more than two-thirds since the height of the epidemic. Globally, UNAIDS estimates that new infections have fallen by nearly 20% over the past 10 years. Although a cure for HIV has not been found, breakthroughs in HIV treatment in the mid-1990s have led to longer and healthier lives for people living with HIV and have resulted in dramatic declines in HIV-related deaths.

However, many challenges to stopping the HIV epidemic remain. HIV infection rates in the United States and around the world remain unacceptably high. Research has shown that, in addition to behavior, where people live, work, and play often influences their risk for disease. Domestically and globally, HIV infections are increasing among gay, bisexual, and other men who have sex with men. African Americans and Hispanics in the United States experience especially high rates of HIV infection.



CDC estimates that 1 in 5 people with HIV in the United States do not know that they are infected. Routine testing is recommended for all Americans aged 13–64 and those whose behavior puts them at increased risk should be tested at least once a year. A cure for HIV remains elusive, but timely HIV treatment reduces disease-related deaths and contributes to a higher quality of life for those affected by the illness.

Despite the benefits of HIV treatment and care, many people with HIV are not able to afford treatment or eventually drop out of medical care. Given these challenges, progress is being made and HIV treatment is available to a growing number of people around the world.

UNAIDS estimates that the number of HIV-infected people who had access to HIV treatment increased from 700,000 in 2004 to 5.2 million in 2009.

In the United States, for the first time ever, HIV/AIDS efforts are led by a single, coordinated effort, the [National HIV/AIDS Strategy](#) [\[PDF - 1.2MB\]](#) (NHAS), announced in July 2010. There are three primary goals of the strategy, including reducing incidence, increasing access to care and optimizing health outcomes and reducing HIV-related health disparities. Through key action steps and engagement with the public and stakeholders, the vision of NHAS will be achieved.

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

- *Vision, National HIV/AIDS Strategy*

To commemorate the 30 year marker of the HIV epidemic, we remember the men, women and children who have lost their lives to the disease and pay respect to the millions of people who are living with this disease today. CDC is hosting the [30 years of HIV/AIDS Online Community](#), the goal of which is to commemorate 30 years of HIV/AIDS by connecting everyone who has a story to share. We invite you to join, share your stories and photos, and help us in spreading this collective resource with others working in and living with HIV/AIDS.



Additionally, CDC will convene a series of moderated "conversations with leaders" describing defining moments that changed the course of the HIV/AIDS epidemic. The series, [CDC 30 Years of HIV/AIDS Lecture Series](#), will begin in early June 2011 and extend through the summer, culminating with a session at [CDC's National HIV Prevention Conference](#) on August 17, 2011. A compilation of the discussions will be available online and on DVD.

What Can You Do?

- **Learn About HIV/AIDS.** Educate yourself, friends and family about HIV/AIDS and what you can do to protect yourself.
- **Get tested for HIV.** To find a testing site near you, call 1-800-CDC-INFO, visit [hivtest.org](#), or, on your cell phone, text your zip code to Know IT (566948).
- **Speak Out** against stigma, homophobia, racism and other forms of discrimination associated with HIV/AIDS.
- **Donate** time and money to HIV/AIDS organizations that work to prevent the spread of disease and provide those infected with resources and care.

More Information

- [CDC Basic HIV Information](#)
Learn about HIV/AIDS, how it is and is not transmitted, the risk factors for HIV transmission, preventing transmission, and the symptoms of HIV infection.
- [CDC Global HIV/AIDS](#)
Learn about CDC's global effort to combat HIV/AIDS.
- [Act Against AIDS](#)
☞ Be a Part of the Solution.
- [CDC Business and Labor Responds to AIDS](#) ☞
HIV/AIDS resource for businesses and labor organizations.

Page last reviewed: June 3, 2011

Page last updated: June 3, 2011

Content source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention \(NCHHSTP\), Division of HIV/AIDS \(DHAP\)](#)

Page maintained by: Office of the Associate Director for Communication, Division of News and Electronic Media

URL for this page: <http://www.cdc.gov/Features/30yearsHIV/>

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA
30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day -
cdcinfo@cdc.gov





Index
6th World Workshop Oral Health & Disease
Oral Manifestations
Picture Gallery
Dental Treatment Information
Infection Control
Medical Information
Medication Information
CROI 2009
US Public Policy & News
International Public Policy & News
Research
Mental Health
Nutrition
Pediatric Health Care
CDC Information
CDC HIV-Related MMWR's
Fair Treatment for UK HIV+ Dentists
HIV/AIDS Bureau
Medicare Rx Drug Benefit
Ryan White Grantees Conference 2008
XVII International AIDS Conference
4th Int'l AIDS Society Conference
Search HIVdent
Links
About Us
Registry
Contact Us

Donate



Rapid HIV Testing in the Dental Setting

David A. Reznik, DDS

It has been 28 years since the first reports of acquired immunodeficiency syndrome (AIDS) were reported to the Centers for Disease Control and Prevention (CDC). The CDC's 2007 HIV/AIDS Surveillance Report reveals that more than 1.7 million people have been infected with human immunodeficiency virus (HIV) since the beginning of the epidemic, including more than 580,000 who have died, and an estimated 1.1 million who are living with HIV in the United States.¹ More than 56,000 new HIV infections are estimated to occur annually—a 40% increase over previous estimates.² The CDC also reports that approximately 25% of HIV-positive individuals remain undiagnosed.³ Approximately 36% of those who do test positive are identified late and progress to an AIDS diagnosis within 1 year.⁴ The CDC recommends offering routine HIV screening in alternative settings, which can include dental programs, to enable people to learn their HIV status earlier.

Early diagnosis of HIV leads to a healthier and more productive life, improves the outcomes of therapies, and is cost-effective over time.⁵ In addition, more than half of all new infections are transmitted by people who are unaware of their serostatus.⁶ In 2006, the CDC updated its HIV testing recommendations, summarized in Table 1, to include that all individuals aged 13 to 64 should be screened for HIV at least once and those at higher risk for infection should be tested annually.⁴

Why Screen in the Dental Setting?

Screenings for health-related conditions have long been a part of routine dental care. For instance, dental healthcare workers must be knowledgeable about hypertension, particularly detection and proper referral for treatment.⁷ More than one quarter of the US population has undiagnosed hypertension and does not show any obvious symptoms.⁸ The present recommendation is that blood pressure readings should be taken on all new patients and at recall appointments at least on an annual basis.⁷ Screening for oral cancer is a part of a routine dental examination and the industry continues to develop tools to help assist in the detection of oncogenic changes early in the course of the disease.

The dental team has been an important part of HIV primary care since the early days of the epidemic, when up to 80% of all HIV-positive patients would present with an oral manifestation related to disease progression.⁹ Dental healthcare workers are often the first to recognize symptoms consistent with HIV and typically

refer patients out to learn their status. However, the referring dental provider could not be confident that the patient would obtain an HIV test. Considering that advances in the medical management of HIV transformed this once-certain death sentence into a chronic condition, it is time for a new dental public health strategy that incorporates the latest scientific advances, including rapid oral-fluid-based diagnostics. The advent of rapid HIV-screening technologies allows individuals to learn their HIV status in approximately 20 minutes, well within the timeframe of a routine dental visit. People are more than twice as likely to receive their results when rapid HIV-testing technologies are used.¹⁰ The advantages of rapid HIV tests, particularly with oral-fluid specimens, include increased acceptability of testing among populations at risk for HIV infection and increased receipt of test results.¹¹ Proactive dental programs in both the public and private sectors have partnered with AIDS service organizations, community health centers, free health clinics, and hospitals to facilitate confirmatory testing and linkage to primary HIV care and appropriate support services.

Review of HIV Testing Methods

Standard HIV Test: ELISA

ELISA antibody testing looks for antibodies to HIV in the patient's blood. After a patient has blood drawn, it is sent to a laboratory for processing where a laboratory technician places the serum in contact with particles of HIV in the presence of an indicating substance. If HIV antibodies are present, they will bind to the HIV particles and cause the serum to change color. If the ELISA test is positive, the laboratory will automatically perform a confirmatory test.

Rapid HIV Tests

Rapid tests are similar to the ELISA test in that they look for antibodies in the patient's blood, serum and/or oral fluid. They are called rapid as the results are available within 1 hour or less compared to several days for ELISA. If a rapid test is positive, it must be followed up with a confirmatory test. For a complete list of FDA-approved rapid HIV tests, see Table 2, which appears courtesy of the American Academy of HIV Medicine.

The sensitivity (the proportion of people with a disease who are accurately identified by a test) and specificity (the proportion of people without a disease who are correctly identified by a test) of these tests ranges from 98.4% to 100%. A patient with a history of recent HIV risk behaviors should have a repeat rapid HIV test because it may take up to 3 to 6 months for HIV antibodies to be detected after exposure. Testing during this period may be indeterminate or give a false-negative test result.

Confirmatory Tests

Western Blot: This is the most widely used confirmatory test for

HIV infection. Western Blot uses an electrophoretic technique that separates out specific HIV antigens. The Western Blot confirmatory test will rarely be indeterminate and this most frequently occurs if the patient was recently infected.

Immunofluorescence antibody (IFA): Infected HIV cells are fixed to a microscope slide. Serum is added and allowed to interact with HIV antigens. If HIV antibodies are present in the serum, a fluorescent label will light up the slide.

Patient Attitudes Regarding HIV Screening in the Dental Setting: Before instituting opt-out rapid testing at the Kansas City Free Health Clinic's dental program, an attitude assessment survey of dental patients was performed. This pilot project assessed patients' willingness to be screened for HIV with an oral-fluid rapid test in the dental setting.¹² Among 175 adult patients who were asked if they would accept a free oral-fluid-based rapid HIV test in the dental program, 73% ($P < .001$) responded that they were willing to be screened.

Screening in Action

Dental programs in community health centers in Casper, Wyoming, and upstate New York were among the first to have successfully incorporated HIV screening as a part of routine dental care in the United States. Other dental programs soon followed in Kansas City, New York City, Detroit, and Washington, DC. These forward-thinking programs understood that a significant percentage of the population accesses dental care during the course of a year that do not access medical care, leading to many missed opportunities to screen patients for diseases ranging from hypertension to HIV infection.

Before initiating rapid HIV screening, certain steps need to take place:

Programs must become aware of state HIV testing laws and incorporate HIV testing into general consent processes or develop consent tools that will work in their setting. The national HIV/AIDS Clinicians' Consultation Center (www.nccc.ucsf.edu) has up-to-date information on relevant state-specific testing laws, including information on informed consent.

A Clinical Laboratory Improvement Amendment (CLIA) application must be submitted if the dental program does not have one in place. Waived tests, such as HIV rapid testing and glucose monitoring, are not exempt from CLIA. Facilities that perform waived tests, such as dental offices, must apply for a CLIA Certificate of Waiver. (To receive a certificate of waiver under CLIA, a facility must only perform tests like the glucose meter or rapid HIV tests that the FDA and CDC have determined to be so simple that there is little risk of error. In addition, these tests are exempted from most CLIA requirements and the programs that perform them do not receive routine inspection.) If a private dental office decides to implement rapid HIV screening,

HIV Dental Alliance receives grant/research support from Orasure Technologies, Inc.

REFERENCES

1. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report. Vol. 19. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2007.
2. Hall HI, Song R, Rhodes P, et al. Estimation of HIV incidence in the United States. *JAMA*. 2008;300:520-529.
3. Centers for Disease Control and Prevention. HIV Prevalence Estimates—United States, 2006. *MMWR* 2008;57(39): 1073-1076. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.
4. Centers for Disease Control and Prevention. *MMWR*, 2006;55:14. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2006.
5. Walensky RP, Freedberg KA, Weinstein MC, Paltiel AD. Cost effectiveness of HIV testing and treatment in the United States. *Clinical Infect Dis*. 2007;45:S248-S254.
6. Marks G, Crepaz N, Senterfitt JW, Janssen RS. Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States: Implications for HIV prevention programs. *J Acquir Immune Defic Syndr*. 2005;39(4): 446-453.
7. Herman W, Konzleman J, Prissant LM. New national guidelines on hypertension—a guideline for dentistry. *J Am Dent Assoc*. 2004;135(5):576-584.
8. Cutler JA, Sorlie PD, Wolz M, et al. Trends in hypertension prevalence, awareness, treatment, and control rates in United States adults between 1988-1994 and 1999-2004. *Hypertension*. 2008;52(5): 801-802.
9. Reznik DA, Bednarsh H. HIV and the dental team: The role of the dental professional in managing patients with HIV/AIDS. *Dimensions of Dental Hygiene*. 2006;4(6): 14-16.
10. Hutchinson AB, Branson BM, Kim A, Farnham PG. A meta-analysis of the effectiveness of alternative HIV counseling and testing methods to increase knowledge of HIV status. *AIDS*. 2006;20(12):1597-1604.
11. Roberts KJ, Grusky O, Swanson AN. Outcomes of blood and oral fluid rapid HIV testing: a literature review, 2000-2006. *AIDS Patient Care*. 2007;21:621-636.
12. Dietz CA, Ablah E, Reznik DA, Robbins DK. Patients' attitudes about rapid oral HIV screening in an urban, free dental clinic. *AIDS Patient Care*. 2008;22(3):205-212.
13. Glick M. Rapid HIV testing in the dental setting. *J Am Dent Assoc*. 2005;136:1206-1208.

About the Author



David A. Reznik, DDS
Chief, Dental Service
Grady Health System

Atlanta, Georgia

President
HIV Dental Alliance

© Copyright 1996 - 2008 HIVdent.org. All Rights Reserved.



2008 National STD Prevention Conference

Chicago, Illinois

March 10 – 13, 2008

The findings and conclusions in these presentations have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.

Tuesday, March 11, 2008
P177

Patients' Attitudes about Rapid Oral HIV Testing in an Urban, Free Dental Clinic

Craig A. Dietz, General Medicine and HIV Primary Care, The Kansas City Free Health Clinic, 3515 Broadway, Kansas City, MO, USA, Elizabeth Ablah, Preventive Medicine and Public Health, University of Kansas School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS, USA, and David Reznik, Oral Health Center, Grady Health System, 341 Ponce De Leon Avenue, Atlanta, GA, USA.

Background:

In light of the 2006 CDC recommendations for routine HIV screening in all healthcare settings, dental clinics could serve as an important testing venue. Little has been published regarding the use of rapid HIV testing in dental offices.

Objective:

This pilot study seeks to assess patients' attitudes regarding the routine use of rapid oral HIV screening at an urban free dental clinic.

Method:

Patients at a free dental clinic in Kansas City, Missouri were given an attitude assessment survey prior to their dental visit. Results were analyzed for acceptance of testing in the dental setting and potential barriers.

Result:

Of the 150 respondents, 73% reported they would be willing to take a free rapid HIV screening test during their dental visit. Overall, 91% of Hispanics, 79% of Caucasians, and 73% of African American patients reported they would be willing to be screened. Patients with a history of multiple prior tests were more likely to agree to HIV screening. The majority (62%) reported that it did not matter who provided them with the screening result, although some (37%) preferred their dentist above any other provider. Low self-perception of risk (37%) and having already received screening elsewhere (24%) were the main reasons for not accepting a free, rapid HIV screening.

Conclusion:

Dental clinic patients widely accepted the offer of a free, rapid oral HIV screening test. Rapid HIV screening in the dental clinic setting is a viable option to increase the number of individuals who know their status.

Implications:

Incorporating the new guidelines for HIV screening, dental clinics in areas with a high prevalence of HIV

could incorporate rapid oral HIV screening into their practices. Future studies could combine the attitude assessment with the actual offer of an oral rapid screen to determine if intent to be screened is consistent with follow-through testing in the dental clinic.

See more of [Poster Session 1](#)

See more of [Oral and Poster](#)

See more of [The 2008 National STD Prevention Conference](#)

Enter Your E-mail Address

[Empty email input field]

Professionals >> Visit The Body PRD



THE BODY
The Complete HIV/AIDS Resource

Search TheBody.com

Entire Site



Sign up for free e-mail updates!

The Body En Español

Visit **P** **IDE**

TheBody.com



Tweet | Recommend

E-Mail | Print-Friendly | Glossary | Share

Dental Clinic in Wyoming Offers HIV Testing

From U.S. Centers for Disease Control and Prevention

December 14, 2006

The Dental Services program at the Community Health Center of Central Wyoming began offering HIV testing in April 2005. It has since become a model for other dental practices across the country that would like to do the same.

"You give a whole different avenue to access," said Casper-based hygienist Stacy Smith, who, along with AIDS educator Anna Kinder, implemented the program. "A lot of people don't want to take the effort to find testing, unless they are really worried." Testing for HIV in a dental clinic is beneficial because some people who get regular cleanings do not always visit the doctor's office, said Smith.

Dr. David Reznick, director of the oral health center infectious disease program at Grady Health System in Atlanta, said studies show this to be the case. The dental community has discussed the feasibility of HIV testing for years, though some were hesitant because it had never been done before, he said. "[Casper] is doing something no one else is, something I didn't think would happen," said Reznick, who sees HIV-positive patients at his clinic. "It's ground-breaking work."

To date, the program has tested about 40 patients using an oral swab. Testing has really taken off in the past couple of months, said Smith. "People are calling and making appointments for it." "It's all about access, access, access."

"We just want to make it normal, routine, just like getting a cholesterol check," said Kinder. The program is reintegrating oral health care back into primary care, said Reznick.

Reznick has received a federal grant that will allow Kinder and Smith to set up an HIV testing pilot program at a large dental clinic in Kansas City, Mo. Through this effort, they hope to put together a best practices guidebook for CDC use.

Click here

to learn about the Patient Savings Coupon Program.

Back to other news for December 14, 2006

Search the Newsroom archive

Adapted from:
Casper Star-Tribune
12.10.2006, Allison Rupp

Tweet | Recommend

E-Mail | Print-Friendly | Glossary | Share

CDC This article was provided by U.S. Centers for Disease Control and Prevention. It is a part of the publication *CDC HIV/Hepatitis/STD/TB Prevention News Update*.

- More HIV News
- This Positive Life Series
- My Health Tracker
- Assess Your Risk for HIV
- Follow Us: Facebook, Twitter, RSS
- U.S. ASD Finder
- Find a Therapist

Click here
for ways
to begin the
conversation.

- Pride 2011 at The Body
- Eduant (Ralpivirine): The HIV Treatment Dating Game Just Got More Interesting
- There When AIDS Began: An Interview With Michael Gottlieb, M.D.
- Three Decades of HIV/AIDS: Are You Ready to Dance? -- A Blog Entry by Bob Frascino, M.D.
- Damaris Cruz: Deciding to Start Treatment After Nearly 20 Years of Living With HIV

More >>

More HIV News



Home	About the AETCs	AETC Feature Stories	Training	Publications	Research	Partners	Contact Us
------	-----------------	----------------------	----------	--------------	----------	----------	------------

[Home](#) > [About the AETCs](#) > [AETC Feature Stories](#) > Story

[Back to Training Best Practices](#)

RELATED RESOURCES
 AETC Network News,
 Autumn 2010 (PDF)
 New York/New Jersey
 AETC

HIV Testing in the Dental Chair

Date of Report: 09/2010

Source: New York/New Jersey AETC

The need for and benefits of early detection of HIV along with the availability of rapid oral HIV tests makes the dental care setting an important potential site for HIV testing. The New York/New Jersey AETC (NY/NJ AETC) in collaboration with state dental associations conducted an online needs assessment survey of dental practitioners in NY and NJ to assess barriers and facilitators to HIV testing in the dental setting. Building on the results of the assessment, the Oral Health Regional Resource Center of the NY/NJ AETC (New York State Department of Health–AIDS Institute) developed a technical assistance manual for oral health settings entitled *HIV Testing in the Dental Chair*.

In 2009, the NY/NJ AETC conducted a survey of dentists in collaboration with the New York and New Jersey Dental Associations. A total of 165 dentists responded; the majority (75%) were practicing in a private dental office and in "general dentistry". Most dentists (65%) were interested in learning more about HIV testing and the majority (60%) agreed that the American Dental Association should support a policy in favor of HIV testing in dental settings. At the same time, HIV screening was viewed less a part of dentists' professional role than, for example, smoking or hypertension screenings. Dentists reported having had limited training regarding HIV and lack of knowledge and training were perceived by dentists as the most important barriers (77%). Among other barriers were fear of delivering positive results and reimbursement issues.

While some dentists are ready to implement pioneering HIV testing programs, especially in higher prevalence communities, they require technical assistance to do so. In addition, the majority of private practice dentists are in need of introductory information about HIV testing.

The results of this needs assessment informed the development of the *HIV Testing in the Dental Chair* manual. The manual, which was presented at the 2010 Ryan White All Grantee Meeting, includes a self-assessment tool for agencies interested in testing implementation, with key questions to consider and a self-assessment of feasibility; a guide to developing protocols for testing, including regional requirements; implementation guidelines; a summary of available test kits; a summary of quality control requirements; training and educational resources; state forms; and, regional resources for patient referral for follow-up confirmatory testing.

Bringing together these resources for the dental setting in combination with the provision of technical assistance and hands on clinical training has facilitated the implementation of rapid testing in dental settings in the region. The NY/NJ AETC Oral Health Regional Resource Center has provided technical assistance over the last eighteen months to a number of dental clinics and private providers in New York State, and elsewhere using this manual. Many settings in New York State, including dental clinics as well as private offices, have begun implementing HIV testing and have already identified preliminary positive patients. NY/NJ AETC provides ongoing support to these sites to meet their training needs.

If you would like more information on replicating a similar program in your AETC, contact either:

- Howard Lavigne, NY/NJ AETC
 Oral Health RRC Program Director
Hel01@health.state.ny.us
- Cheryl Stolarski, DMD,
 NY/NJ AETC Dental Co-Director
crs03@health.state.ny.us

Copyright 2011, the AIDS Education & Training Centers National Resource Center, unless otherwise noted. All rights reserved. Email info@aidsetc.org with questions, comments, or problems. See [disclaimer](#) for usage guidelines.