

U.S. Preventive Services Task Force Issues Draft Recommendation Statements on HIV Screening and Prevention

Clinicians should screen for HIV in adolescents, adults, and pregnant women and offer PrEP to people at high risk for HIV

WASHINGTON, D.C. – November 20, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted draft recommendation statements and evidence reports on screening for and prevention of HIV. Based on its review of the evidence, the Task Force recommends that clinicians screen everyone ages 15 to 65 years and all pregnant women for HIV. Younger adolescents and older adults at increased risk for HIV should also be screened. In a separate draft recommendation, the Task Force recommends that clinicians offer pre-exposure prophylaxis (PrEP)—a daily pill that helps prevent HIV—to people at high risk of HIV. **These are A recommendations.**

Grade in these recommendations:

A: Recommended.

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HIV is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. HIV is spread by contact with certain bodily fluids of a person infected with HIV, most commonly during sex without a condom or injection drug use.

HIV continues to be a significant public health issue. While HIV infection rates, including mother-to-baby transmission, have been going down, rates among some groups are on the rise, most notably among people ages 25 to 29 years.

Screening for HIV

Screening for HIV is the only way to know if a person has been infected with HIV because, after initial flu-like symptoms, HIV does not cause any signs or symptoms for several years. Screening tests are safe and effective at detecting HIV. There are two ways a clinician can test a person for HIV: a conventional blood test sent to the laboratory for analysis or a rapid test (finger prick or saliva swab) that provides results in less than 15 minutes.

“About 40,000 people are diagnosed with HIV each year. This is why the Task Force, once again, calls for universal screening for HIV in adolescents and adults ages 15 to 65 years and in all pregnant women,” says Task Force member John Epling, M.D., M.S.Ed. “People deserve to know their HIV status so, if needed, they can start treatment early and live long, healthy lives.”

People who learn that they have HIV need to start treatment as soon as possible to suppress the virus (keep the amount of HIV in the blood very low) and prevent HIV-related disease. Treatment also helps to reduce the chance that a person with HIV can pass the infection to another person.

People younger than age 15 years or older than age 65 years should also be screened if they are at increased risk for HIV. Behaviors that increase someone’s risk include having a new sex partner whose HIV status is unknown.

PrEP for HIV Prevention

In addition to screening, people need to take steps to prevent getting HIV by wearing condoms during sex and, for those who inject drugs, using clean needles and syringes. Those at high risk for HIV have

an additional strategy: taking PrEP, a daily pill that helps prevent HIV. The Task Force found that PrEP is highly effective at preventing HIV when taken daily. Like with other medicines, it is less effective when not taken as prescribed. The benefits of PrEP far outweigh the harms, which can include kidney problems and nausea.

PrEP is not for everyone; it is for people who do not have HIV and are at high risk for getting it. Behaviors that can put someone at high risk include having a sex partner who is living with HIV, having sex without a condom with a partner whose HIV status is unknown and who is at high risk for HIV, and sharing injection drug equipment.

“The evidence is clear: when taken as prescribed, PrEP is highly effective at preventing HIV,” says Task Force member Seth Landefeld, M.D. “To make a difference in the lives of people at high risk for HIV, clinicians need to identify patients who would benefit and offer them PrEP.” Clinicians should provide support to their patients taking PrEP to help them follow the daily regimen for maximum protection.

PrEP helps prevent HIV but not other sexually transmitted infections. People who take PrEP should continue to use condoms and practice other behaviors to reduce the risk of other sexually transmitted infections.

The Task Force’s draft recommendation statements and draft evidence reviews have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from November 20, 2018 to December 26, 2018 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Epling is a professor of family and community medicine at the Virginia Tech Carilion School of Medicine in Roanoke, VA. He is the medical director of research for family and community medicine, is the medical director of employee health and wellness for the Carilion Clinic, and maintains an active clinical primary care practice.

Dr. Landefeld is the chairman of the department of medicine and the Spencer chair in medical science leadership at the University of Alabama at Birmingham School of Medicine. Dr. Landefeld also serves on the board of directors of the American Board of Internal Medicine.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (202) 572-2044