

What are the current barriers that stand in the way of conducting HIV testing in US dental schools?

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Interesting webinar

The image is a vertical poster for a webinar. At the top is the AIDS.gov logo. Below it, the text reads: 'The Current and Future State of HIV Testing in the U.S. - Webinar', 'Tuesday June 22, 2010', '3pm - 4pm (EDT)'. At the bottom, there is a dark grey box with white text that says 'Register Today' and 'Space is Limited'.

Lecture objective

- Legal requirements of treating HIV-positive patients
- Discuss the current activities in US dental schools with regard to HIV testing
- Determine what barriers need to be overcome in order to conduct HIV testing in US dental schools

The moral issues of delivering care to infectious disease patients!

- Willingness to treat
 - Moral or legal responsibility
- Ability to treat
 - Knowledge v ignorance
- Societal concerns
 - Local, national and global

Bragdon v. Abbott

- HIV-positive woman sought dental treatment in Maine
 - Dentist informed patient that he had “a policy against filling cavities in HIV-infected patients in his office” but that he would fill the cavity in a hospital if Abbott agreed to pay the additional cost of using the hospital”

Discrimination cases against dentists

- **Louisiana**
 - United States v. Morvant
 - \$60,000 in damages
- **Connecticut**
 - Doctors David, Schulman, and Weinstein paid \$20,000 in compensatory damages
- **Texas**
 - Castle Dental Center paid \$80,000 in compensatory damages

The need is clear! We need to address behaviour

- Educate our students in delivering care to HIV-positive patients
 - This includes being familiar with and competent in performing HIV tests



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Current activities

- HIV testing as result of needle stick in dental school clinics
- HIV testing being offered to dental school patients



Injuries in dental schools

- Cleveland JL, et al
 - CDC's National Surveillance System for Health Care Workers (95 – 04)
 - 360 percutaneous injuries
 - 87 needlestick injuries
- Callan R et al. JDE 2006
 - Majority of injuries occurred in the predoctoral clinic

Bloodborne exposure in a dental teaching environment

- Machado-Carvallhais HP et al.
 - 167 individuals exposed - 71.9% failed to report
- Smith WA et al
 - 59% of the respondents followed the school's recommended protocol
 - 50% of the injuries among the students and interns were not reported

Current activities

- HIV testing as result of needle stick in dental school clinics
- HIV testing being offered to dental school patients
 - Medical questionnaires – social history shortfalls
 - Identifying risk factors
 - What is your population



Results - All patients tested Rapid Test Acceptance



HIV testing in Emergency Department
Karen Kroc *et al*

Conclusions from Cook County study

- Rapid testing reaches many individuals who otherwise may not have access to HIV testing
- Point-of-care rapid testing is feasible in the ED
- Rapid HIV testing was:
 - Well received
 - Increases the number of people who learn their results
 - May improve entry to care

Testing at New York University College of Dentistry

- Patient acceptability
- Funding for kits
- Site of testing
- Time of testing
- Entry into care

Funding Opportunity Announcement (FOA) P510-09208: Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations
WELCOME!
This Web site is designed to facilitate the application process for Health Care workers applying for funding under Program Announcement P510-09208.
Funding Opportunity P510-09208

How does NYU make this work

- Support from the Administration!
- Great faculty leadership – Dr Joan Phelan
- Good partnership with NY Health Dept.
- Testing conducted during Admission Clinic
 - All patients offered testing
- On site nursing faculty practice for referral

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Identify barriers and propose policy changes

Make the case!

- Define the need
 - Patient
 - Educational
- Identify gaps
- Demonstrate opportunities

Why does testing make sense?

- Dental school patient populations

NCHHSTP State Profiles

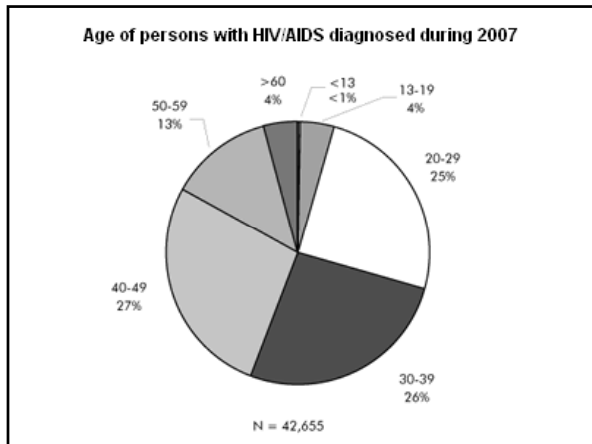


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South Dakota	South Dakota	South Dakota	South Dakota
Tennessee	Tennessee	Tennessee	Tennessee
Texas	Texas	Texas	Texas
Utah	Utah	Utah	Utah
Vermont	Vermont	Vermont	Vermont
Virginia	Virginia	Virginia	Virginia
Washington	Washington	Washington	Washington
West Virginia	West Virginia	West Virginia	West Virginia
Wisconsin	Wisconsin	Wisconsin	Wisconsin
Wyoming	Wyoming	Wyoming	Wyoming

Why does testing make sense?

- Dental school patient populations
- Regular dental care vs medical care





Why does testing make sense?

- Dental school patient populations
- Regular dental care vs medical care
- We know we pick up other conditions with a good Review of Symptoms

Recommendations?

- Start small
- Time the testing to best “fit” the patient schedule
- Identify your medical resources
 - Get patient into medical care
 - Provide support system
 - Follow up

Create an Action Plan



- Identify partners
- Create a short brief on HIV/AIDS in your area
 - Include previous legal precedents
 - Hook HIV testing into a competency!
 - Frame it as providing both service and educational benefits

Opportunities

- Create oral healthcare professionals
- Integrate dental schools into academic health centers and community health activities
- Develop interdisciplinary educational opportunities

Increasing awareness

Making HIV testing a routine part of health care for adolescents and adults aged 13–64 years is one of the most important strategies recommended by CDC for reducing the spread of HIV.¹ State, local, and territorial education agencies are essential partners in the effort.



Many young people are already infected, and the numbers are increasing.

- By the end of 2006, an estimated 56,500 young people aged 13–24 were living with HIV infection or AIDS.²
- Approximately 19,200 adolescents and young adults aged 13–20 were newly infected with HIV during 2005.³ This age group represented about 34% of all new HIV infections that year.
- Since 1985, more than 6,000 cases of AIDS among youth aged 13–19 have been recorded.⁴
- Certain subpopulations are disproportionately affected by HIV/AIDS, including young men who have sex with men, African Americans, and Hispanics.

Why HIV Testing Is Important

- Of the more than 1 million persons in the United States living with HIV/AIDS, an estimated 21% are unaware they are infected.⁵ This percentage is even higher among certain populations: more than 50% of HIV-infected adolescents and, according to one study, nearly 80% of young HIV-infected men who have sex with men do not know their infectious status.^{6,7}
- Early identification of HIV infection enables people to start treatment sooner, leading to better health outcomes and longer lives.
- Increasing the number of HIV-infected people who are aware of their status is an integral part of prevention. Studies show that people who know they are infected are far less likely to have unprotected sex than those

Data on HIV Testing Among Adolescents Available National Data

The national Youth Risk Behavior Survey (YRBS) provides data on the percentage of students in grades 9–12 who have been tested for HIV. According to the 2007 survey, 13% of 9–12th grade students had ever been tested for HIV.⁸ Testing rates varied by sex (15% among female students, 11% among male students), race/ethnicity (22% among black students, 13% among Hispanic students, 11% among white students), and grade (9% among 9th graders, increasing to 19% among 12th graders).

The Need for State and Local Data

Although the national YRBS data are useful for characterizing HIV testing trends nationwide, state and local data are

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