INDICATIONS FOR TESTING
Offer one-time screening to all individuals 13-64 yrs of age, routine prenatal screening to pregnant individuals, and more frequent screening to individuals with risk factors.

Point-of-Care Rapid Screening
- ORDER Rapid HIV-1/2 point of care test
  - Nonreactive for HIV-1/2
    - HIV not detected
  - Reactive for HIV-1/2

Preferred Laboratory Screening
- ORDER 4th generation HIV-1/2 Ag/Ab combination immunoassay
  - Nonreactive for HIV-1/2
  - Reactive for HIV-1/2

- ORDER HIV-1/2 Ab differentiation immunoassay (testing with reflex to NAAT recommended)
  - HIV-1 Ab nonreactive or indeterminate
    - HIV-2 Ab nonreactive or indeterminate
      - ORDER (OR REFLEX TO)
        - HIV-1 by NAAT OR HIV-1/2 by NAAT
          - HIV-1 negative
          - HIV-1 positive
            - HIV-1 not detected
            - Acute HIV-1 infection
  - HIV-1 Ab reactive AND HIV-2 Ab reactive
  - HIV-1 Ab reactive AND HIV-2 Ab indeterminate
  - HIV-1 Ab reactive AND HIV-2 Ab nonreactive
  - HIV-1 Ab nonreactive AND HIV-2 Ab reactive

Abbreviations
- Ab: Antibody
- Ag: Antigen
- CLIA: Clinical Laboratory Improvement Amendments
- HIV: Human immunodeficiency virus
- NAAT: Nucleic acid amplification testing

*Men who have sex with men, and individuals with HIV-positive sexual partners, multiple sexual partners, or history of blood transfusion, intravenous drug use, or another sexually transmitted infection.

*A 4th generation immunoassay is preferred as a diagnostic starting point. However, when preferred testing is unavailable, a rapid assay with appropriate follow-up testing may be considered.

*Following a preliminary positive result from any CLIA-waived setting, laboratories should begin testing with an Ag/Ab immunoassay using plasma or serum.

*When using a rapid Alere Determine assay, follow up a reactive result with an HIV-1/2 Ab differentiation assay; any other rapid assay should be followed by a 4th generation immunoassay.

*Consider patient history to inform the need for further testing.

*No additional testing is required unless HIV-2 infection is strongly suspected.

*Consider patient history to determine if additional testing, such as NAAT for HIV-2 (if not already performed), is warranted.

Reference