



March 16, 2016

Dear Grantee,

Today, the Centers for Disease Control and Prevention ([CDC](#)) issued new program guidance, *Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers* (“Nonclinical HIV Testing Implementation Guide”), to support the implementation of HIV testing services in nonclinical settings in the United States.

The purpose of the Nonclinical HIV Testing Implementation Guide is to familiarize providers with key programmatic issues and updates that impact HIV testing service delivery in nonclinical settings. While this guidance is intended for CDC-funded HIV testing providers, non-grantees may also find the content useful. The Nonclinical HIV Testing Implementation Guide as well as a companion frequently asked questions document can be downloaded from the Division of HIV/AIDS Prevention’s [website](#).

The nation’s HIV prevention efforts are guided by the recognition that if everyone with HIV was aware of their infection and receiving treatment, HIV infections in the United States would be greatly reduced. [The National HIV/AIDS Strategy \(NHAS\)—Updated to 2020](#) includes goals to reduce new infections and to increase access to care and improve health outcomes for people living with HIV. HIV testing is the cornerstone of prevention and treatment. For people who test HIV-positive, diagnosis opens the door to life-saving treatment, which also reduces the risk of transmitting HIV to others. For individuals who test negative, knowing their status can be the gateway to other prevention interventions, including preexposure prophylaxis (PrEP). Couples who get tested together can make joint decisions about keeping each other safe and healthy. Providing HIV testing services in nonclinical venues facilitates access for individuals who may not access these services through other health care providers, those who may be testing for the first time, or those at highest risk of acquiring HIV who would benefit from repeated testing.

The Nonclinical HIV Testing Implementation Guide complements CDC’s 2012 [Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Settings: A Guide for Program Managers](#) and includes several important updates to CDC’s 2001 [Revised Guidelines for HIV Counseling, Testing, and Referral](#) including:

- Addresses HIV diagnosis as the first step in the HIV care continuum
- Emphasizes use of novel strategies for targeting and recruiting high-risk populations for HIV testing, including partners of people living with HIV
- Discusses advances in HIV testing technologies including new lab-based algorithms, “instant” HIV tests, and home-based self-tests

- Separates prevention counseling from the HIV test event and streamlines the protocol for HIV testing
- Highlights couple and partner HIV testing and counseling or “Testing Together” as an opportunity to ensure mutual disclosure of HIV status and improve HIV prevention outcomes
- Emphasizes linking high-risk HIV-negative clients with prevention services including nonoccupational postexposure prophylaxis (nPEP) and PrEP
- Focuses on strengthening partnerships between nonclinical and clinical sites to enhance linkage for persons living with HIV to access care and treatment within 30 days of diagnosis
- Emphasizes linking high-risk HIV-negative clients with prevention services including nPEP and PrEP
- Focuses on strengthening partnerships between nonclinical and clinical sites to enhance linkage for persons living with HIV to access care and treatment within 30 days of diagnosis

CDC will hold webinars for non-clinical HIV testing providers and capacity building assistance (CBA) partners in March and April, 2016. Grantees should incorporate the concepts of this program guidance into their nonclinical HIV testing programs and may submit questions about the program guidance by email to HIVtesting@cdc.gov.

By strengthening our HIV testing efforts in nonclinical and community settings, we can help identify persons newly diagnosed with HIV, link more people to HIV medical care and prevention services, and ultimately achieve the NHAS goals. These and other efforts will help prevent new infections and enable more people living with HIV to take care of their health.

CDC looks forward to working with its local, state, and territorial health department partners to maximize our collective impact on HIV infections in the United States. Thank you for your continued commitment to HIV prevention.

Sincerely,

/Janet C. Cleveland/

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