



 HIV



 HBV



 HCV

INCORPORATING PANVIRAL TESTING INTO PRACTICE

What is panviral testing?

Panviral testing is when a patient is tested for HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV) all at the same time. This eliminates the need for multiple blood draws and results in higher rates of diagnosis of all 3 diseases. It is often more cost-effective for centers to conduct panviral testing. Ideally, opt-out panviral testing is implemented to increase testing rates.

Who should be tested?

Everyone should be tested for HIV, HBV, and HCV at least once in their lifetime, but people with high-risk factors, which include sharing injection equipment or sex without barrier protection, should be tested more frequently.

Which tests are available for panviral testing?

Both HIV and HCV testing can be performed using a rapid, point-of-care fingerstick test. Patients with a positive rapid test must undergo an additional, confirmatory blood test. Unfortunately, there is no point-of-care test for HBV in the United States; however, if your center has phlebotomy resources, the same blood drawn for confirmatory HIV and HCV testing can also be used for HBV testing in a laboratory.

How can a center incorporate panviral testing into their regular protocols?

Opt-out panviral testing could occur:

- › During intake
- › While a patient is waiting for a dose of medication for opioid use disorder
- › After a group session if on-site support groups are offered
- › During an initial or routine clinic visit

Staff should identify the most appropriate point in their protocol based on their clinic resources and existing workflow.

What are the next steps after patients receive a test result?

If negative:

- › Discuss harm reduction strategies, including options to reduce sexual transmission of HIV and viral hepatitis
- › Refer patients to a clinician to discuss preexposure prophylaxis (PrEP) to prevent HIV
- › Discuss and refer patients for HBV vaccination if they have not yet been vaccinated and are negative for hepatitis B surface antigen
- › Provide links to external partners to address any other needs, such as housing, food, or mental health programs

If positive:

- › Educate patients about the relevant disease state and treatment options, including:
 - **HCV is curable!**
 - **HIV** cannot be transmitted sexually once the patient is virally suppressed
 - **HBV** treatment decreases the risk of liver cancer and transmission
- › Refer patients to a clinic to initiate treatment
- › Provide links to external partners to address any other needs, such as housing, food, or mental health programs

Research your local resources and create a list of clinics for your patient.

Ideally, clinics you refer patients to for treatment, PrEP, or vaccination:

- › Are welcoming and nonstigmatizing
- › Use a peer navigator or person with lived experience
- › Collaborate with external partners, including shelters, food pantries, and mental health services
- › Have a low barrier to care, including flexible clinic hours, no penalty for missed appointments, and colocated care
- › Can provide incentives or necessities, such as showers and clothing
- › Resource Tool: <https://www.exchangehme.com/ResourceBuilder/>

Online Resource
Building Tool:



It is critical to identify a **SITE CHAMPION to oversee workflow changes, incorporate reminders into electronic medical records (if applicable), coordinate with insurance companies and laboratories, and ensure staff are appropriately trained.**