

Peer Review Plan for draft “CDC’s Recommendations for HIV Screening the General Population in Clinical Settings”

Title: Draft CDC’s Recommendations for HIV Screening the General Population in Clinical Settings

Subject of Planned Report: These recommendations for HIV screening are intended for health-care providers in the public and private sectors, including those working in hospital emergency departments, urgent care clinics, inpatient services, public health clinics, community clinics, and primary care settings, and correctional health settings. The objectives of these recommendations are to increase HIV screening of patients in health-care settings; foster earlier detection of HIV infection; identify persons with unrecognized HIV infection and link them to clinical and prevention services; provide opportunities for relinkage to care for patients that have fallen out of care; and further reduce ongoing transmission of HIV in the United States.

This guideline focuses on updating and expanding the CDC 2006 “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings,” for screening the general population for HIV in clinical settings.

These updated recommendations were derived using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) methodology which specifies the systematic review of scientific evidence and offers a transparent approach to grading quality of evidence and strength of recommendations. Recommendations are based on formal assessments of the quality of evidence using the formal rating process (i.e., certainty of evidence), which includes not only evidence that was reviewed by GRADE, but also other lines of evidence (surveillance data, program data, etc.).

Purpose of Planned Report: The purpose of updating these recommendations is to:

- Emphasize the importance of the broad range of effective interventions for HIV screening the general population and thereby prevent ongoing HIV transmission to others.
- Expand and update the 2006 recommendations on this topic with new supporting evidence and new interventions.
- Emphasize evidence-based practices; and provide guidance to clinicians in clinical settings. (Clinicians are defined broadly to include physicians, physician assistants, nurse practitioners, nurses, social workers, health educators).
- Support efforts to promote implementation of the Ending the HIV/AIDS Epidemic Initiative (EHE), which is intended to reduce new HIV infections in the United States by 90% by 2030. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies>

This comprehensive set of established and new recommendations for HIV prevention in the general population is intended to guide prevention activities at the individual and population levels, to provide a blueprint for synergistic collaboration among providers working in clinical settings, and to galvanize the resources and support needed to scale up and sustain this high-impact prevention strategy approach in the United States.

Type of Dissemination: Highly Influential Scientific Assessments (HISA)

Timing of Review (including deferrals): December 10, 2024-January 6, 2025

Type of Review (panel, individual or alternative procedure): Individual

Opportunities for the Public to Comment (how and when): CDC solicited input from the public individuals outside the agency to improve the transparency, rigor, and quality of the CDC guidelines and therefore organized public external engagement opportunities on several instances. Prior to starting the CDC's 2006 guideline update, a Federal Register notice was posted in September-October 2019 and reopened in May-June 2020 (Centers for Disease Control and Prevention, 2019, 2020) to gather input on what should be addressed in the revision. Over 60 comments were received from various federal and non-federal organizations and individuals. Data was organized by recurring themes, analyzed by the Evidence Review team, and shared with the CDC leadership and workgroup. This informed the scope of this guideline update and included topics for future guidelines. Comments were analyzed and integrated as appropriate into the guideline.

Additional comments were provided in November 2024 by 9 subject matter experts in HIV medical care and HIV prevention practices who met with the CDC project leads during a 3 hour meeting.

Peer Reviewers Provided with Public Comments before the Review: Comments from members of the public will be received in parallel with the OMB peer review and will be addressed and incorporated into the draft.

Anticipated Number of Reviewers: 3

Primary Disciplines or Expertise: infectious diseases; sexual and reproductive medicine; clinical research; preventive medicine; behavioral and mental health and related research; health care access, utilization, and delivery; HIV and STD treatment and adherence; legal, policy and ethical issues related to HIV/AIDS prevention and care; evidence-based medicine, clinical reference solutions, clinical decision support; training of health professionals.

Reviewers Selected by (agency or designated outside organization): Centers for Disease Control and Prevention (CDC)

Public Nominations Requested for Reviewers: No

Charge to Peer Reviewers: The document that you will review is a draft of the recommendations document entitled "Recommendations for HIV Screening in Clinical Settings." The final recommendations will be posted on the website of the Division of HIV Prevention, Centers for Disease Control and Prevention: [Guidelines and Recommendations | HIV Partners | CDC](#).

We request your expert opinion on several issues, whether:

- The document clearly explains that the recommendations are based on various sources of evidence, including systematic reviews, surveillance and program data, expert opinion, that are described in the draft.
- Methods for developing the recommendations are appropriate for this set of topics.
- Recommendations are justified and appropriate.
- Descriptions of the benefits and limitations of the recommendations are appropriate and clear.

- The audience for each recommendation is clear and appropriate.

At a later time, CDC will publicly post any comments you make (without attribution) in response to your comments on this page (<http://www.cdc.gov/hiv/policies/planning.html>).

Peer reviewers:

Jason Farley, PhD, MSN, MPH, RN (FAAN, ANP-BC, AACRN); jfarley1@jhu.edu

Academic and Professional Credentials: PhD, MSN, MPH, RN

Current Position Title: Director, The Center for Infectious Disease and Nursing Innovation and Co-Director Clinical Core, Johns Hopkins Center for AIDS Research.

Organizational Affiliation(s): Johns Hopkins School of Nursing Center for Infectious Disease and Nursing Innovation

Areas of Expertise, Discipline, Relevant Experiences: infectious disease, epidemiology, HIV clinical trials, study design methodology. As an Infectious Disease Nurse Epidemiologist and a Nurse Practitioner in the Division of Infectious Diseases at The Johns Hopkins School of Medicine, his clinical practice in the John Bartlett Specialty Practice spans HIV prevention, treatment and associated co-infections. Lead investigator on a cluster randomized trial designed to tailor nurse case management for people with drug-resistant tuberculosis and HIV co-infection in South Africa. He is a co-investigator on a SMART trial, which involves an adaptive randomized evaluation of nurse-led HIV treatment retention interventions for female sex workers in South Africa with HIV.

Joseph Cherabie, MD, MSc; jcherabie@wustl.edu

Academic and Professional Credentials: MD, MSc

Current Position Title: Assistant professor of Medicine in the Division of Infectious Diseases at Washington University in St. Louis.

Organizational Affiliation(s): Washington University in St. Louis; Board Member of HIVMA; Washington University St. Louis PrEP Clinic, associate medical director of the St. Louis County Sexual Health Clinic, and the associate medical director of the St. Louis STI/HIV Prevention Training Center

Areas of Expertise, Discipline, Relevant Experiences: infectious disease, LGBTQ health, sexually transmitted infections (STIs), and HIV, medical education.

ID expert as a faculty, linked to AETC trainings, Board Member of HIVMA; practical linkage to HIV testing from an academic, clinic and public health perspective.

He also serves as the medical director of the Washington University St. Louis CDC Midwest Track 2B Capacity Building Assistance Program, medical director of the Washington University St. Louis PrEP Clinic, associate medical director of the St. Louis County Sexual Health Clinic, and the associate medical director of the St. Louis STI/HIV Prevention Training Center.

Dr. Cherabie specializes in sexual health care focusing on LGBTQ health, sexually transmitted infections (STIs), and HIV, all within the lens of medical education. They are the co-author of the Washington Manual on Medical Therapeutics chapter on STIs and HIV and have contributed to the National STD Curriculum.

Brian Alper, MD, MSPH, FAAFP, FAMIA; balper@computablepublishing.com

Academic and Professional Credentials: MD, MSPH, FAAFP, FAMIA

Current Position Title: Chief Executive Officer Computable Publishing LLC

Organizational Affiliation(s): American Medical Informatics Association

Areas of Expertise, Discipline, Relevant Experiences: extensive experience in evidence-based medicine, clinical reference solutions, clinical decision support, shared decision making, business development, systems development and team development. Developed DynaMed, a clinical decision support platform aimed to provide evidence-based solutions at the point of care. He launched Computable Publishing, LLC., a company which is looking to enable standard-based, machine-interpretable expression of public knowledge related to healthcare and scientific evidence. Computable Publishing will work to standardize and streamline scientific data to help researchers and systematic reviewers' access and interpret the information they need to reach new discoveries. Dr. Alper is shifting his focus from providing evidence-based support to the healthcare community as providers look to make informed decisions, to supporting the identification and dissemination of the evidence itself. Dr. Alper has facilitated commercial development of reference tools for nurses, allied health professionals and patients, and has advanced the global community with methods for guideline development (RAPADAPTE), evidence assessment (GRADE Working Group), shared decision making (Option Grid), clinical decision support (HL7), and mobilizing computable biomedical knowledge (EBMonFHIR). He collaborates with groups across the globe through the COVID-19 Knowledge Accelerator and leads Computable Publishing LLC to make science machine-interpretable.

Additional elements to be added to the public posting as they become available:

- CDC's Response to Reviewers' Comments
- Final guidance document (a Highly Influential Scientific Assessment) - published on TBD