Recommended HIV Testing Definitions and Examples
HIV Testing Definitions Work Group
Division of HIV/AIDS Prevention

This document includes recommended definitions for key HIV testing terms and two scenarios to illustrate how these terms can be applied in the field.

The HIV testing definitions included in this document are:

1. Routine
2. Testing strategy
3. HIV screening
4. Targeted testing
5. Diagnostic testing
6. Risk screen
7. Testing approach
8. Opt-in testing approach
9. Opt-out testing approach
10. Staffing model
11. Parallel staffing model
12. Integrated staffing model
13. Health-care setting
14. Non-health-care setting
15. Traditional setting
16. Non-traditional setting
17. Testing event
18. Provision of test result
19. Newly diagnosed HIV infection
20. Previously diagnosed HIV infection
21. Newly reported HIV infection
22. Newly identified HIV- positive test result
23. Preliminary HIV-positive test result
24. Confirmed HIV-positive test result
25. Integrated service
26. Referral
27. Linkage to medical care
28. Informed about partner services
29. Receipt of partner services
30. Referral to other prevention services

BACKGROUND

The grantees funded under *PS07-768, Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans,* indicated to the Division of HIV/AIDS Prevention (DHAP) the need for clear definitions of key HIV testing terms. The grantees asked for greater operational clarity regarding HIV testing activities funded under this program announcement to ensure that there are shared expectations about grantees' performance, and to permit more meaningful monitoring and evaluation.

WORK GROUP PARTICIPANTS

The Program Evaluation Branch (PEB), through a contract with ICF Macro, coordinated the review of the identified HIV testing definitions. In January 2010, the HIV Testing Definitions Work Group began convening to review existing definitions and to develop new definitions if needed. The work group was composed of a core group representing the DHAP Office of the Director (OD), Prevention Program Branch (PPB), Prevention Communications Branch (PCB), and PEB, with additional subject matter experts (SMEs) from the Division and the Center (Appendix A).

PURPOSE

The purpose of the work group was: (1) to review existing definitions for 30 key terms for clarity, and (2) to propose refinements to those definitions to make them operationally consistent and unambiguous so the terms can be uniformly applied in the field. The work group developed standardized operational

definitions that will help to ensure uniform reporting of HIV testing data across grantees; however, many terms on this list are used in different contexts and in a variety of ways across the Division. The task of the work group, defined by Division leadership, was to reach consensus on the definitions of these terms to minimize confusion for grantees and DHAP staff.

WORK GROUP PROCESS

The terms identified during meetings and consultations with grantees funded under PS07-768 were compiled and grouped into sets of related terms. CDC's published and unpublished documents and journal articles were reviewed to identify existing definitions (Appendix B). The work group reviewed the following four sets of key HIV testing terms:

Set 1: Testing strategies and approaches

Routine
Testing strategy
HIV screening
Targeted testing
Diagnostic testing
Risk screen
Testing approach
Opt-in testing approach
Opt-out testing approach

Set 2: Staffing models and settings

Staffing model
Parallel staffing model
Integrated staffing model
Health-care setting
Non-health-care setting
Traditional setting
Non-traditional setting

Set 3: Testing outcomes

Testing event
Provision of test result
Newly diagnosed HIV infection
Previously diagnosed HIV infection
Newly reported HIV infection
Newly identified HIV-positive test result
Preliminary HIV-positive test result
Confirmed HIV-positive test result

Set 4: Referrals and linkages

Integrated service
Referral
Linkage to medical care
Informed about partner services
Receipt of partner services
Referral to other prevention services

The work group met weekly over the span of approximately 6 weeks. To assist the work group in thinking systematically about the terms before the meetings and to identify areas of convergence or divergence within the work group, an exercise for each set of terms was developed. Scenarios presenting two HIV testing encounter situations, the terms, and definitions depicted in the scenarios were sent for each set of terms a week before the meeting. As part of the exercise, the work group was asked a series of questions about the scenarios, such as identifying which definitions best matched its understanding of the terms and if the definitions needed to be modified for clarity. The work group submitted its answers to the facilitator, and HIV testing terms were classified into three groups: (1) terms whose definitions were clear, unambiguous, and may only

need an example to operationally define them; 2) those that had adequate current definitions, but may need some reworking; and (3) those with vague definitions that clearly needed significant modification. The results were reported to the work group during the meeting, and the focus of each of the weekly 2-hour meetings was spent clarifying terms from groups 2 and 3.

CONTENT OF THIS DOCUMENT

The following table includes the term, recommended definition, and important notes as accompanying information. After the table, two illustrative examples are presented, which describe HIV testing activities conducted in health-care and non-health-care settings. These examples were developed as a way to operationalize the recommended HIV testing definitions.

HIV TESTING DEFINITIONS

SET 1: TESTING STRATEGIES AND APPROACHES	
TERM	**RECOMMENDED DEFINITION**
Routine	Refers to usual and customary medical care processes and practices that are followed as part of an established protocol or policy. Note: • The term routine should be used in context as a qualifier to other nouns or verbs and not as a stand-alone concept. • The frequency of testing is dependent on the situation and should be considered as part of a routine protocol.
Testing strategy	The strategy by which the agency or the person conducting the test decides who will be tested. The testing strategies include HIV screening, which is population-based; and targeted testing, which is based on a person's characteristics. Note: • Jurisdictions and agencies should consider which strategy or combination of strategies works best given the epidemiological characteristics of HIV infection in their area.
HIV screening	A testing strategy that involves testing persons regardless of whether they have a recognized behavioral risk or presence of signs or symptoms of HIV infection. This might be accomplished by testing all persons in a defined population or by selecting persons with specific population-level characteristics (e.g., demographic, geographic area). Note: • A key defining characteristics of HIV screening is that it is population-based, without regard to the person's characteristics (i.e., there is minimal interaction with a person to determine whether to offer the test).

SET 1: TESTING STRATEGIES AND APPROACHES	
TERM	**RECOMMENDED DEFINITION**
	• HIV screening is different from a risk screen. A risk screen requires interaction with a person and may lead to a risk assessment. • HIV screening is most often conducted in health-care settings.
Targeted testing	A testing strategy that involves testing persons based on characteristics that increase their likelihood of being infected with HIV. These characteristics can include the presence of sexually transmitted diseases, behavioral risks, or attendance at venues frequented by high-risk persons. Note: • The decision to test is not based on the presence of signs or symptoms of HIV infection (i.e., it is not diagnostic testing). • The term targeted testing should be used to denote testing based on a person's characteristics (e.g., unprotected sex), as opposed to HIV screening, which is at a population-level (e.g., all men and women aged 13–64 years). • To assess a person's risk, a risk screen or a risk assessment may be necessary. • Targeted testing is most often conducted in non-health-care settings.
Diagnostic testing	Testing that is initiated for a person with clinical signs or symptoms consistent with HIV infection. The test is used to obtain objective evidence of the presence or absence of HIV.
Risk screen	A brief evaluation of behavioral HIV risk factors used to decide who should be recommended for HIV testing, interventions, or other services. Note: • A risk screen is usually done as part of targeted testing rather than HIV screening because it requires assessing a person's behavioral HIV risk factors.

SET 1: TESTING STRATEGIES AND APPROACHES	
TERM	**RECOMMENDED DEFINITION**
	• It is recommended to use the term risk screen instead of "risk screening" to avoid confusion with HIV screening.
Testing approach	The method by which the recommendation for an HIV test is presented to a person. In one method, the HIV test is offered and the person decides if he or she wants to be tested for HIV (opt-in testing approach). In the other method, the person is tested for HIV unless the person declines (opt-out testing approach). Note: • It is recommended to discontinue use of the terms *opt-out* and *opt-in* in reference to the consent process. This is because the terms are currently used to talk both about the (1) presentation of the test and (2) the nature of the consent process. Adding "approach" to the term focuses the meaning on how the HIV test is presented to the person.
Opt-in testing approach	A testing approach in which a person is offered an HIV test that he or she may elect to accept, decline, or defer. The person is required to actively give permission before testing can occur. The default is to not test unless the patient requests that the test be done. Note: • The description of the opt-in testing approach is a way to talk about how a test is presented to the person. The concept of opt-in is often confusing because the term is used to talk about the (1) presentation of the test and (2) the consent process. It is recommended to use the term to describe the presentation of the test and not the consent process.
Opt-out testing approach	A testing approach in which a person is notified that an HIV test will be performed unless he or she declines or defers testing. Testing is presented so that the person would be expected to understand that an HIV test will be done

SET 1: TESTING STRATEGIES AND APPROACHES	
TERM	**RECOMMENDED DEFINITION**
	unless he or she declines. Note: • The description of the opt-out testing approach is a way to talk about how a test is presented to a person. The concept of opt-out is often confusing because the term is used to talk about the (1) presentation of the test and (2) the consent process. It is recommended to use the term to describe the presentation of the test and not the consent process.

SET 2: STAFFING MODELS AND SETTINGS	
TERM	**RECOMMENDED DEFINITION**
Staffing model	A specific staffing protocol used to implement HIV screening in health-care settings, which could be based on staff availability. Staffing models can be parallel or integrated. Note: • It is recommended to modify the term from testing model to staffing model to highlight the emphasis on the staff. This change assists in distinguishing the term from testing approach. • It is important to consider how HIV testing fits into the clinic flow. As the definitions stand, this factor is included as a consideration but may not be needed, depending on the context or documentation discussing the staffing model context.
Parallel staffing model	A staffing model that uses dedicated separate or co-located staff to conduct HIV screening in a health-care setting. These staff members may offer testing separate from the usual clinic flow. Note: • It is important to consider how the clinic flow at the health-care facility relates to the staffing model.
Integrated staffing model	A staffing model that uses existing staff to conduct HIV screening in a health-care setting. These staff members conduct testing as part of their duties at the health-care facility and may incorporate the service within the usual clinic flow. Note: • It is important to consider how the staffing model affects the clinic flow at the health-care facility.
Health-care setting	A setting in which both medical diagnostic and treatment services are provided.

SET 2: STAFFING MODELS AND SETTINGS	
TERM	**RECOMMENDED DEFINITION**
	Note: • The term "health-care setting" is meant to be the same as "clinical setting."
Non-health-care setting	A setting which does not provide both medical diagnostic and treatment services. Note: • The term "non-health-care setting" is meant to be the same as "non-clinical setting."
Traditional setting	This term should no longer be used in relation to HIV testing since it is outdated and not helpful in discussing setting types.
Non-traditional setting	This term should no longer be used in relation to HIV testing since it is outdated and not helpful in discussing setting types.

SET 3: TESTING OUTCOMES	
TERM	**RECOMMENDED DEFINITION**
Testing event	The sequence of one or more tests conducted with a person to determine his or her HIV status. During one testing event, a person may be tested once (e.g., one rapid test or one conventional test) or multiple times (e.g., one rapid test followed by one conventional test to confirm the preliminary HIV-positive test result). A single testing event is associated with one unique HIV testing form ID. It may involve more than one face-to-face interaction over more than 1 day. Note: • According to how the data are analyzed at CDC, a testing event is conceptualized as all HIV tests conducted with the intent of knowing one's HIV status, regardless of how many tests or how many facilities are involved. A testing event is based on a testing form ID. • This means that if a rapid test is performed by one facility and the person is sent to another facility to receive the conventional confirmatory test, CDC considers this series of tests as one HIV testing event, and only one form should be completed that includes both test results (rapid and conventional). However, if these two facilities use and report two different form IDs, then analytically CDC considers the preliminary HIV-positive rapid test result and the conventional confirmatory test results as two HIV testing events.
Provision of test result	Process by which the person is provided his or her HIV test result. Note: • The methods used to provide the test result might vary depending on the tests results (positive versus negative), assigned personnel (clinician versus counselor), timing (same day versus separate day), and mode of delivery (in person versus by phone).

SET 3: TESTING OUTCOMES	
TERM	**RECOMMENDED DEFINITION**
Newly diagnosed HIV infection	HIV infection in a person who meets both of the following criteria: (1) does not self-report having previously tested positive and (2) has not been previously reported to the health department's surveillance registry as being infected with HIV. Note: • Newly diagnosed HIV infection is also referred as newly diagnosed HIV case.
Previously diagnosed HIV infection	HIV infection in a person who meets either of the following criteria: (1) self-reports having previously tested positive or (2) has been previously reported to the health department's surveillance registry as being infected with HIV. Note: • Previously diagnosed HIV infection is also referred as a previously diagnosed HIV case.
Newly reported HIV infection	This term refers to HIV infection in a person who has been newly reported to the health department's surveillance registry as being infected with HIV.
Newly identified HIV-positive test result	A confirmed HIV-positive test result associated with a person who does not self-report having previously tested positive. Note: • Currently, this term is mainly used for data analysis purposes. • The history of a previous HIV-positive test result should be determined at a minimum from the person's perspective. It is possible that some persons who do not self-report as having a previous HIV-positive test result, may in fact be found to be HIV infected via agency record review

SET 3: TESTING OUTCOMES	
TERM	**RECOMMENDED DEFINITION**
	or a health department's surveillance registry check.
Preliminary HIV-positive test result	A reactive antibody HIV test result, which must be confirmed by supplemental testing to determine if the person is truly infected with HIV.
Confirmed HIV-positive test result	An HIV-positive test result that is confirmed using a highly specific test. Both preliminary HIV-positive rapid test results and positive conventional test results must be confirmed by supplemental testing to provide an HIV diagnosis. The person is considered HIV-positive only if the confirmatory test result is positive.

SET 4: REFERRALS AND LINKAGES	
TERM	**RECOMMENDED DEFINITION**
Integrated service	A situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility. Note: • The definition reflects the program collaboration and service integration (PCSI) perspective, which needs to include the following three elements: (1) two or more HIV/AIDS, STDs, viral hepatitis, and TB prevention, treatment or care services are available and offered to persons at (2) the same time, and (3) in the same location.
Referral	The process by which persons' needs for care and supportive services are assessed and persons are provided with assistance, including necessary follow-up efforts, to facilitate initial contact with appropriate service providers. Note: • Referral is defined as a process. The level of activity a provider needs to facilitate entry into a necessary service will vary by the person's needs and the types and intensity of follow-up. • In reference to medical care, a referral is one way to link a person to care. It is important the testing agency tracks the referral and provides the necessary follow-up to verify the person attended the first appointment.
Linkage to medical care	A person is seen by a health-care provider (e.g., physician, physician assistant, nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care is the outcome of the referral. Note:

SET 4: REFERRALS AND LINKAGES	
TERM	**RECOMMENDED DEFINITION**
	• Linkage to medical care is also referred to as linking to medical care or that a person is linked to care. • The term linkage should be used in the context of referral to medical care and not for other types of referrals. • The effort to verify and document that a linkage has occurred will vary according to the guidelines or FOA. The linkage verification should include confirmation that the person attended his or her first appointment (e.g., via kickback card, self-report) or has a documented viral load test or CD4 count. • The term linkage differs from linkage services. The phrase linkage services refer to a specific intervention, which utilizes high intensity support services to facilitate the entry to needed services.
Referred to partner services	The newly identified HIV-positive person is informed about a broad array of services available to him/her and their partners and referred to the health department for services. Identifying partners and notifying them of their exposure (i.e., partner notification) are two critical elements of these services. <u>Note:</u> • The newly identified HIV-positive persons should be informed about partner services. In general, the health department and not the health-care provider initiates partner services for newly identified persons.
Interviewed for partner services	The newly reported HIV-positive person is interviewed for partner services. <u>Note:</u> • It is important that newly reported HIV-positive persons receive partner services. It is recommended that the term “linkage to partner services” no longer be used because, in general, the newly reported person is contacted by the health department for partner services. Instead, the

SET 4: REFERRALS AND LINKAGES	
TERM	**RECOMMENDED DEFINITION**
	term “receipt of partner services” should be used and be documented by the health department and not the testing provider.
Referral to other prevention services	The process by which persons’ needs for prevention services are assessed and persons are provided with assistance, including necessary follow-up efforts to facilitate initial contact with appropriate service providers. Note: A comprehensive risk counseling services and health education and risk reduction (HE/RR) are some examples of the other prevention services available for HIV-infected persons.

Key HIV Testing Terms
Practical Application: Example Scenarios of Key Terms

This section of the document contains a practical application of the recommended key HIV testing terms defined above. We present two illustrative scenarios for a fictitious city health department, which describe HIV testing activities conducted in health-care and non-health-care settings. These scenarios were developed as a way to concretely describe the concepts conveyed in the recommended definitions and have elements derived from activities currently being conducted in the field. In the sidebars, key terms illustrated in the scenario are noted along with a brief explanation.

Sun City Health Department—Program Description

Sun City Health Department (HD) received CDC funds to conduct an HIV testing initiative. The goal of this initiative is to ensure persons know their HIV status and HIV-positive persons are linked to medical care and other appropriate services. To implement the program effectively, the Sun City HD reviewed the HIV/AIDS surveillance and community planning data to decide the best geographical areas in which to locate the program. They used HIV/AIDS diagnoses in the last 3 years and ranked them by ZIP code of residence at the time of diagnosis. Sun City selected the top five highest rated ZIP codes to implement the HIV testing initiative. Most of the cases in these five ZIP codes were male, aged 18–49 years, African Americans, Hispanics, and men who have sex with men (MSM). In addition, they considered the demographic and socio-economic characteristics of the persons receiving services in health-care and non-health-care settings in that area.

Based on the funds available, the Sun City HD contracted with a community health center (CHC) to provide HIV screening to all patients between the ages of 18 and 49 years. Sun City HD has not worked with this health-care facility before, but it is located in an area with a high incidence of HIV and serves mainly minorities and uninsured patients. The CHC is well known in the community for its cardiovascular clinic, in which patients are diagnosed and treated for high blood pressure among other heart conditions. Sun City HD was able to work with the CHC to incorporate HIV screening in its existing clinic flow, with nursing staff conducting the tests Monday through Friday from 8 a.m. to 5 p.m.

Sun City HD decided to implement HIV screening at the CHC. The CHC is testing persons without regard to risks, signs, or symptoms of HIV infection. This is accomplished by testing all persons in a defined population. In this case, all patients between the ages of 18 and 49 years are screened.

The CHC is a health-care setting because it provides medical diagnostic and treatment services.

The CHC used an integrated staffing model since the nursing staff conducts HIV screening as part of their regular clinic activities.

Sun City HD also contracted with a community-based organization (CBO) that has a targeted HIV testing program focused on African American and Hispanic MSM. Sun City HD has worked with this CBO in the past and it has a history of a high seropositivity rate. For this HIV testing initiative, the CBO is using a mobile van to conduct HIV testing at clubs and bars frequented by African American and Hispanic MSM.

Targeted testing—The CBO is testing persons based on characteristics that increase their likelihood of being infected. The characteristics include behavioral risks and attendance at venues identified as being frequented by high-risk persons.

The following two scenarios describe the manner in which HIV testing is implemented at both sites.

Routine HIV Screening Scenario: Robert and the Community Health Center (CHC)

Robert, a 45-year-old man, went to the CHC for a follow-up visit. He has been attending the center for 5 years to control his high blood pressure and high cholesterol.

The nurse recommended HIV screening as part of usual and customary medical care practices for all patients aged 18–49 years; in this scenario, the HIV test is considered a routine part of medical care at the CHC.

According to the CHC's protocol, the intake nurse approached Robert and explained that the CHC recommends that all patients between the ages of 18 and 49 years receive an HIV test. In addition, they are offering syphilis screening because of the high prevalence in the area.

Robert signed a general consent form to cover all the medical procedures he would receive during the medical visit. The nurse notified Robert that he would receive a rapid oral HIV test unless he does not want the test done. He did not decline the HIV test. In the exam room, the nurse took his temperature, blood pressure, and weight. In addition, she collected an oral specimen for a rapid HIV test.

The nurse used an opt-out testing approach by notifying Robert that his visit will include HIV screening unless he declines or defers testing. Testing was presented so that Robert was expected to understand the default is that a test will be done unless he declines.

After the rapid HIV test was processed in a separate room, the nurse and the physician provided Robert with a preliminary HIV-positive test result. The physician explained to him that the result was preliminary and that another test was needed to confirm if he has the infection. Robert agreed to provide a blood sample for the HIV confirmatory test, and two tubes of blood were drawn, one for the HIV confirmatory test and another for syphilis screening. The blood samples were sent to the state laboratory for processing.

Robert's reactive HIV test result indicates that he is preliminary HIV-positive because the oral rapid testing does not include a confirmatory test.

CHC provides integrated services since Robert received HIV screening and syphilis tests in the course of a single visit to the clinic.

Robert was involved in one testing event that included two tests (one rapid and one conventional).

The nurse answered Robert's questions about his results. During the conversation, Robert told her that this was the first HIV test he has ever had. Later, the nurse scheduled an appointment for Robert to return in 2 weeks for his HIV and syphilis results.

Robert's confirmed positive test result is considered to be newly identified since he self-reported that he had not been tested for HIV before.

The CHC received the laboratory test results for HIV and syphilis, and the Western blot was reactive. Robert returned to the CHC in 2 weeks to get this HIV test result, and the nurse informed him that his confirmatory test showed that he was infected with HIV. His syphilis test was negative. After answering his questions, the nurse set up his first medical appointment in 3 weeks at a local HIV/AIDS clinic, gave him a brochure with a list of mental health counselors in the area, and provided him with information regarding partner services.

The nurse initiated a referral process when she set up an appointment for medical care at the HIV/AIDS clinic.

A disease intervention specialist (DIS) from the health department contacted Robert, and he agreed for the DIS to notify his partners of their potential exposure to HIV.

The DIS marked in her field record that Robert was in receipt of partner services since he accepted partner services and agreed to have the DIS contact his partners.

Robert attended his first medical appointment at a local HIV/AIDS clinic. There, he received a general medical evaluation, including a viral load test, CD4 count, and tuberculosis testing. The CHC's nurse who referred him to the medical appointment called the local HIV/AIDS clinic and confirmed that he attended the first medical appointment.

Robert was linked to medical care by the CHC. This was verified by the CHC nurse calling the HIV/AIDS clinic to inquire if he attended his first appointment.

The CHC's nurse completed and submitted the HIV/AIDS case report form for surveillance and the HIV testing form for the HIV prevention program.

HIV Targeted Testing Scenario: Eric and the CBO Mobile Unit

Two years ago, Eric visited the emergency department with a high fever and persistent cough. He was diagnosed with pneumonia. The physician ordered an HIV test to rule out the possibility of HIV infection because Eric told the physician he was having sex with other men and because of the current diagnosis. The HIV test came back negative.

Eric presented clinical signs and symptoms consistent with HIV infection. The doctor ordered a diagnostic test to obtain objective evidence of the presence or absence of HIV.

On Saturday night, Eric and his partner John went to the dance club to have fun. They noticed a mobile unit parked in front of the club with a banner saying, "Know Your HIV Status." Once inside the club, a counselor approached them offering free HIV testing. Although they both were tested for

The mobile unit is a non-health-care setting because it does not provide medical diagnostic and treatment services.

HIV about a year ago, Eric decided to have the HIV test done.

Once inside the mobile van, Eric met with an HIV counselor who provided information about HIV transmission and prevention. The counselor explained the HIV test and the meaning of the possible test results. The counselor asked Eric a brief set of questions regarding his behavioral risk for STDs/HIV. Since he reported having unprotected sex with his sex partner, the counselor recommended an HIV test. Eric accepted and signed a consent form for the HIV test. Together, the counselor and Eric identified ways that he could be safer.

The HIV counselor used an opt-in testing approach to present the HIV test to Eric. The counselor told Eric about HIV testing and offered him a test. The default in this approach is not to test unless the patient requests that the test be done.

After the counseling session, Eric provided an oral specimen and waited while his test was processed. After 20 minutes, the counselor provided Eric with his negative result. The counselor explained the window period for infection and stressed the importance of retesting if Eric has recently engaged in risky behaviors. He gave Eric educational material and condoms. The counseling information and test result were documented on an HIV test form.

Eric received his negative HIV test result from the counselor. The provision of result is categorized by methods, assigned personnel, timing and mode of delivery, and assay result.

APPENDIX A. WORK GROUP PARTICIPANTS

HIV Testing Term	Participant	DHAP Branch/ Center Team
Set 1: Testing strategies and approaches	**Core group (reviewed all sets)**	
1. Routine 2. Testing strategy 3. HIV screening 4. Targeted testing 5. Diagnostic testing 6. Risk screen 7. Testing approach 8. Opt-in testing approach 9. Opt-out testing approach	Samuel Dooley Rebecca Morgan	DHAP/OD
	Dale Stratford Denise Duran Barbara Maciak Alpa Patel-Larson	DHAP/PEB
	Kimberly Hoke Renata Ellington Christopher Kissler	DHAP/PPB
	Robert Bailey	DHAP/PCB
	Additional SMEs	
	Bernard Branson	DHAP/OD
	Margaret Lampe	DHAP/EPI
	James Heffelfinger	DHAP/BCSB
	Jo Ellen Stryker	DHAP/PCB
Set 2: Staffing models and settings	**Additional SMEs**	
10. Staffing model 11. Parallel staffing model 12. Integrated staffing model 13. Health-care setting 14. Non-health-care setting 15. Traditional setting 16. Non-traditional setting	Cindy Lyles Lisa Belcher	DHAP/PRB
Set 3: Testing outcomes	**Additional SMEs**	
17. Testing event 18. Provision of test result 19. Newly diagnosed HIV infection 20. Previously diagnosed HIV infection 21. Newly reported HIV infection 22. Newly identified HIV-positive test result 23. Preliminary HIV-positive test result 24. Confirmed HIV-positive test result	John Beltrami Robert Gern	DHAP/PEB
Set 4: Referrals and linkages	**Additional SMEs**	
25. Integrated service 26. Referral 27. Linkage to medical care 28. Informed about partner services 29. Receipt of partner services 30. Referral to other prevention services	Bernard Branson Jeff Bosshart Mary Lou Lindegren	DHAP/OD
	Cindy Lyles Lisa Belcher	DHAP/PRB
	Dan Lentine Arun Skaria	NCHHSTP/PCSI

APPENDIX B. REVIEWED DOCUMENTS

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