

LETTERS

SIMPLIFYING CONSENT INCREASES HIV TESTING AND NEW CASE DETECTION: THE SAN FRANCISCO EXPERIENCE

We read with interest the impact of New York State's streamlined HIV testing consent procedures on HIV testing rates, and we were pleased to see that the results were consistent with our experience in San Francisco.¹ However, we would like to correct an inaccuracy. Wing argued that the lack of a control group in our analysis decreased the strength of our conclusions. We had published a one-year follow up of our initial report in which we included both internal and external control groups, explored how the policy change affected different subpopulations, and explored whether the increase in HIV testing rates was sustained beyond the first few months after the change in policy went into effect.²

In those analyses, we found no changes in monthly HIV testing rates in a comparison medical center in San Francisco during the same period, suggesting that the increased rates reported at our institution were not likely to be related to changes in HIV testing practices in the community or increased awareness of HIV screening recommendations at the patient level. Similarly, we found no increases in monthly testing rates for tests other than HIV at the



A boy rests on the mud in a dried-up section of the Euphrates River near Jubaish, Iraq. Photograph by Moises Saman. Printed with permission of *The New York Times*.

institution where the new HIV testing consent policy was implemented. Therefore, it seems unlikely that changes in general testing practices within the study institution could have accounted for the increases in HIV testing. The increases in the monthly HIV testing rates were sustained during the study period and were more pronounced among minorities and populations at highest risk for HIV infection. Most importantly, our analyses showed that increased testing, particularly among underserved populations at high risk for HIV infection, led to a significant increase in positive HIV tests after the policy change.

We feel that the number of HIV infections identified is the most important outcome of any intervention targeting HIV testing, and we encourage researchers to look into this outcome in future studies. ■

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Contributions

All authors contributed equally to the conceptualization and drafting of this letter.

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2. Zetola NM, Grijalva CG, Gertler S, et al. Simplifying consent for HIV testing is associated with an increase in HIV testing and case detection in highest risk groups, San Francisco January 2003–June 2007. *PLoS One*. 2008;3(7):e2591.

WING RESPONDS

The letter by Zetola et al. revolves around 3 studies concerned with the way that HIV

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