The U.S. Centers for Disease Control (CDC) estimates there are about 1.1 million HIV-positive people in the United States. Of that number, the CDC estimates one in seven (15 percent) are unaware of their HIV status.

Getting tested for HIV is a smart thing to do. And it’s easy. Yet many people avoid getting tested for a variety of reasons. Some may find the idea of getting tested so frightening they just won’t do it, while others may think HIV testing is unnecessary because they believe they aren’t at risk.

The truth is, anyone can become infected with HIV. Some demographic groups may be more affected than others, but the risk factors are the same for everyone.

When it comes to HIV testing, the old cliché “knowledge is power” still holds true. Knowing your HIV status, whether negative or positive, puts you in the best position to protect your health and the health of your sexual partners. At present there is no cure for HIV/AIDS, but there are medications available that allow HIV-positive individuals to live a normal, healthy life. And being aware of your HIV status makes it less likely that you will pass the virus to others.

The CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once, regardless of perceived risk. In addition, you should get an HIV test if any of the following apply to you:

- You are sexually active, particularly with three or more sexual partners in the last 12 months.
- You have had unprotected sex with someone who is HIV positive or someone whose HIV status you do not know.
- You have shared needles or syringes to inject drugs (including steroids or hormones) or if
unsterilized equipment was used for your body piercing or tattoo.

- You are a health care worker who has had a work-related accident, such as direct exposure to blood, or has been stuck with a needle or other potentially contaminated object.
- You are pregnant or are considering becoming pregnant.
- You have been sexually assaulted.
- You have exchanged sex for food, shelter, drugs or money.
- You have been diagnosed with or sought treatment for a sexually transmitted infection, like syphilis or herpes.
- You have been diagnosed with or sought treatment for hepatitis or tuberculosis.
- You have any reason to be uncertain about your HIV status.

If you are a sexually active gay or bisexual man, you may benefit from getting tested for HIV every three to six months.

If you have engaged in behaviors that have put you at risk of becoming infected with HIV, you may also have been exposed to other STIs. Some of these can be quite serious and require immediate treatment. If you are being tested for HIV, you should also discuss with your provider whether you are at risk and should be tested for these STIs.

What are the types of HIV tests?

There are several different tests that can be used to determine if you have HIV. The first test developed is still the most frequently used for the initial detection of HIV infection: the enzyme-linked immunosorbent assay, or as it’s more commonly known, the ELISA or EIA.

There are a variety of ELISA/EIA tests available. Some involve drawing blood from a vein. The sample is sent to a laboratory for analysis, with results available within one or two weeks.

Many testing sites are now using oral or finger prick rapid assays. The oral test, for example, involves swabbing the upper and lower gums inside the mouth. The sample is then placed into a developer vial, with results available within 20 to 40 minutes.

The Centers for Disease Control and Prevention (CDC) recently recommended a new HIV testing protocol for laboratories that will take advantage of advances in testing technology and will better identify acute, or very recent, cases of the virus. These new “fourth generation” HIV tests for both antibodies to the virus in blood samples and for what’s known as the HIV-1 p-24 antigen, which shows up in the body sooner than antibodies.

The time it takes the body to produce antibodies after HIV infection has begun is known as the
“window period.” For the vast majority of those who contract the virus, antibodies to HIV will develop within four to six weeks after exposure. Some will take a little longer to develop antibodies. Until antibodies are present, an ELISA test will come up negative for HIV. So if someone has indeed contracted the virus but hasn’t yet developed antibodies when taking an ELISA HIV test, this can result in a false negative.

The newer HIV tests will detect an infection by about three weeks following exposure to the virus; with the older HIV tests, the window period could be as long as three months. Correctly identifying acute cases of HIV is crucial for HIV prevention because viral loads are typically very high during that period of infection, making someone much more likely to pass on the virus.

Because of this window period, it is important to know what type of HIV test your health care provider is using. With the older tests, getting tested before three months may give you an unclear result or a false negative.

If the initial HIV test is positive, the next step is to perform an HIV-1/HIV-2 antibody differentiation immunoassay in order to determine if the individual is carrying HIV-1 or HIV-2. This test will produce results faster than the previously recommended Western Blot test.

If there is a negative or indeterminate result of the second testing step, then the CDC recommends a nucleic acid test. A negative result of that test indicates a false positive result on the earlier test, meaning that the individual does not have HIV. A positive result indicates an acute infection.

No diagnostic test will ever be 100 percent reliable, but if you test negative at the appropriate time (i.e., 3 weeks after possible exposure to the virus with the newer HIV tests or 13 weeks after possible exposure to the virus with the older HIV tests), you can consider that to be a dependable confirmation that you are HIV negative.

What’s the difference between anonymous & confidential testing? With anonymous testing, you don’t have to give your name to anyone. With confidential testing, you supply your name during the testing process, but the healthcare system and government health agencies are required by law to keep your testing information confidential—they can’t let it become public information.

In the United States, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) ensures that your medical records remain confidential. Generally speaking, only your doctor or the facility where you have your test done has access to your medical records. However, many states have opted to use name-based reporting, which means if you test positive for HIV, your test result and name will be reported to the state and local health departments for surveillance purposes. The state health department then removes all personal information about your test result (name, address, etc.) and shares the information with the CDC so it can track national HIV trends.

Since laws vary from state to state, if you are concerned about anonymity or disclosure, you
should contact your local health department or any AIDS service organization hotline to find out what the law is in your area and where anonymous testing is available.

Using a home test or going to an anonymous testing site—which are available through departments of health in all states—are good ways of getting tested anonymously, which means that your name does not need to be used in order to have the test. You will have a conversation with a counselor, but your identity will still be protected.

Where can I get tested?
HIV testing is widely available at a number of health facilities—in private medical practices, public health clinics, hospital emergency rooms, pharmacies and mobile testing vans run by clinics and health organizations.

The CDC has instructed health care providers to test all their patients for the virus, regardless of whether or not they have reported sexual or drug-using behavior known to transmit the virus. Unfortunately, however, many health care providers still aren’t following this recommendation, which means that many people who are unknowingly living with HIV continue to go undiagnosed.

U.S. residents can purchase home collection kits that involve sending a blood sample to a laboratory for analysis and results. As of October 2012, U.S. residents are also able to purchase a complete do-it-yourself kit that can provide results within 20 to 40 minutes.

Counseling is an important part of HIV testing. It may be done face-to-face with a doctor, at a testing site with a counselor, or over the phone with a counselor working for a company that supplies home testing kits. These conversations play a valuable role in informing anyone who’s tested negative about maintaining their negative status and advising those who test positive about their health care.

Every state has its own HIV hotline from which you can obtain information about where to get tested, including anonymous testing sites, in those states in which anonymous testing is available.

You can search the [POZ Health Services Directory](https://www.pozenews.com/hsd) to find an HIV testing site in your area.

Some useful phone numbers:

**CDC National STD and AIDS Hotlines for testing referral information:**
1-800-342-2437 (English)
1-800-344-7432 (Spanish)

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