The U.S. Centers for Disease Control (CDC) estimates there are about 1.2 million people living with HIV in the United States. Nearly 40% of new HIV infections are transmitted by people who don’t know they have the virus.

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 routine HIV screening of adults, adolescents and pregnant women in the United States. It further recommends that everyone between the ages of 13 and 64 get tested for HIV at least once, regardless of perceived risk. For those at higher risk, the recommendation is to get tested more often.

You may be at higher risk if:

- You are a man who has had sex with another man.
- You have had unprotected anal or vaginal sex with someone who is living with HIV.
• You have had more than one sex partner.
• You have shared needles or syringes to inject drugs (including steroids or hormones) or if unsterilized equipment was used for a body piercing or tattoo.
• 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 had sex with someone who fits any of the above descriptions or whose sexual history you don’t know.

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: nucleic acid tests (NAT), antigen/antibody tests, and antibody tests. None of these tests are able to detect HIV right away. The time between an HIV infection and when the test can detect HIV is referred to as the “window period.”

• Nucleic acid tests (NATs) look for the actual virus in the blood. This test is very expensive and is not routinely used for HIV screening unless the person recently had a high-risk exposure or a possible exposure with early symptoms of HIV infection. A NAT can usually detect HIV infection 10 to 33 days after an exposure.

• Antigen/antibody tests look for both HIV antibodies and antigens. Antibodies are produced by your immune system when you’re exposed to viruses like HIV. Antigens are foreign substances that cause your immune system to activate. If you have HIV, an antigen called p24 is produced even before antibodies develop. Antigen/antibody tests are recommended for testing done in labs and are now common in the United States. An antigen/antibody test performed by a laboratory on blood from a vein can usually detect HIV infection 18 to 45 days after an
exposure. There is also a rapid antigen/antibody test available that is done with a finger prick. Antigen/antibody tests done with blood from a finger prick can take longer to detect HIV (18 to 90 days after an exposure).

- Antibody tests look for antibodies to HIV in your blood or oral fluid. Antibody tests can take 23 to 90 days to detect HIV infection after an exposure. Most rapid tests and the only FDA-approved HIV self-test are antibody tests. In general, antibody tests that use blood from a vein can detect HIV sooner after infection than tests done with blood from a finger prick or with oral fluid.

Many testing sites are now using oral or finger prick rapid tests. 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. At home-HIV self-testing kits are also available.

If the initial HIV test result is positive from either a rapid test or a self-test, the individual should go to a health care provider for follow-up testing. If the initial HIV test is done through a lab, follow-up testing can usually be done with the same blood sample as the initial test. HIV tests are generally accurate, but follow-up testing can confirm the diagnosis.

If you get an HIV test after a potential HIV exposure and the result is negative, get tested again after the window period.

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 healthcare providers and government health agencies are required by law to keep your testing information confidential in the United States, per the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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.

You can also purchase at-home testing kits 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 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)