

March 6, 2009

In 1985, HIV testing first became available; the main goal of such testing was to protect the blood supply. This was a time when the test itself was less accurate; it wasn't clear whether a positive test predicted transmission to sex partners or from mother to fetus; no effective therapy existed; and there was enormous stigma/discrimination associated with HIV/AIDS.

Fast forward nearly 25 years to 2009: The HIV test is highly accurate; we can now detect HIV as soon as 11 days after one gets infected; we know the risk of transmission from an HIV positive to an HIV negative individual; stigma/discrimination still exist, but is significantly less; and we have extremely effective therapy, such that the estimated life expectancy of an individual with HIV infection is only 5 years less than if that person did not acquire HIV infection, as long as therapy is initiated before the infection advances to AIDS.

Despite a) this highly effective therapy, b) numerous educational efforts geared toward the entire public (HIV positive and HIV negative) about how to avoid transmitting/getting this disease; and c) targeted HIV testing efforts toward high-risk individuals, there continues to be >50,000 new Americans infected with HIV annually, and it is estimated that there are more than ¼ million Americans who are unknowingly infected. Such individuals often go on to progress to AIDS (usually after 8-10 years) before being diagnosed, all the while, passing on the virus to others.

Thus in 2006, the CDC recommended making HIV screening a routine test, to be done at all healthcare facilities. But due to current State law (including CT) many states have not been able to implement these guidelines. I encourage you to adopt the proposed changes in the HIV testing law; this would serve as a major step toward ending the HIV/AIDS epidemic both locally and nationally.

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