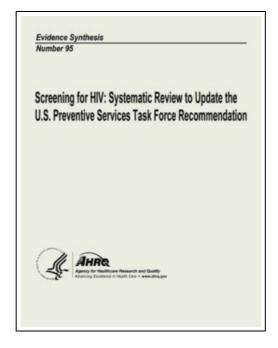
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SCREENING FOR HIV: SYSTEMATIC REVIEW TO UPDATE THE U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION: EVIDENCE SYNTHESIS NUMBER 95



Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 184 pages. Dimensions: 11.0in. x 8.5in. x 0.4in.The purpose of this report is to update a previous systematic review commissioned by the U. S. Preventive Services Task Force (USPSTF) on screening for asymptomatic HIV infection in nonpregnant adults and adolescents. In 2005, based on the earlier evidence review, the USPSTF recommended screening all adolescents and adults at increased risk for HIV infection (grade A recommendation). The USPSTF based its recommendation on the high yield of screening in these patients, good evidence that standard and rapid HIV screening tests accurately detect HIV infection, and good evidence that identification and treatment of unsuspected HIV infection at immunologically advanced stages of disease with antiretroviral therapy (ART) and other interventions results in marked reduction in risk of progression to acquired immunodeficiency syndrome (AIDS) and AIDS-related clinical events and mortality. Although the USPSTF found ART associated with short-term adverse events and increased risk of long-term cardiovascular events, it determined that estimated benefits greatly outweighed harms. The USPSTF made no recommendation for or against routinely screening for HIV in adolescents and adults not at increased risk for HIV infection (grade C recommendation). Because of the lower prevalence of HIV infection in persons not at increased risk, the USPSTF determined that benefits from screening would be smaller than screening in higher-risk populations, resulting in a close balance between potential benefits and harms, including false-positive results, labeling, anxiety, and adverse events associated with ART and other interventions. Importantly, the USPSTF found insufficient evidence to estimate benefits from screening in persons at less immunologically advanced stages of disease or effects of screening and subsequent interventions on risk of HIV transmission. In 2006, the Centers for Disease Control and Pr

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