

HIV Test and Treat:  
**A Status Neutral  
Guide to Routinized  
HIV Testing  
for Healthcare  
Professionals**

New Jersey Department of Health  
Division of HIV, STD, and TB Services  
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## Executive Summary

***Testing for HIV is the only way to determine if a person is living with the virus. If individuals do not know their HIV status, HIV transmission cannot be eliminated.***

In 2019, the U.S. Department of Health and Human Services (HHS) launched the Ending the HIV Epidemic (EHE) initiative in the United States. EHE aims to reduce new HIV infections by 90% by 2030 by scaling up key HIV prevention and treatment strategies with four main pillars: diagnose all people with HIV (PWH) as early as possible; treat PWH rapidly and effectively; prevent new HIV transmissions with proven interventions; and respond quickly to potential HIV outbreaks.<sup>1</sup> The EHE initiative is a comprehensive approach that provides targeted infusion of new resources and support 57 phase one jurisdictions, two of which are in New Jersey - Essex and Hudson counties.

In addition to EHE in Essex and Hudson counties, the New Jersey Department of Health (NJDOH) announced the state Ending the Epidemic plan, which aims to reduce the number of new HIV infections by 75%, promote access to testing so 100% of individuals know their HIV status, and promote Linkage-to-Care (LTC) so 90% of PWH are virally suppressed by 2025.<sup>2</sup>

Testing for HIV is the only way to determine if a person is living with the virus. If individuals do not know their HIV status, HIV transmission cannot be eliminated. The Centers for Disease Control and Prevention (CDC) recommend that every person between the ages of 13 and 64 years old receive an HIV test at least once, regardless of risk.<sup>3</sup> For people with certain risk factors, CDC recommends getting tested at least once a year.<sup>4</sup> Two goals of the NJDOH are to ensure all PWH know their status and to systematically provide status neutral services that support the treatment and prevention of HIV for all New Jerseyans. By establishing routinized HIV testing using the “Test and Treat” (T&T) model, newly diagnosed patients will have access to antiretroviral therapy (ART) rapidly, thus increasing their likelihood of becoming virally suppressed. For high-risk HIV negative patients, routinized testing offers opportunities to access pre-exposure prophylaxis (PrEP) and other prevention services. Additionally, this guidance supports the integration of routine sexually transmitted infections (STI) and hepatitis C (HCV) testing in clinical settings as they share the same modes of transmission.

This guidance presents an overview of relevant information for practitioners, including physicians, physician assistants, advanced nurse practitioners, nurse practitioners, and registered nurses who work in traditional clinical settings where T&T may be implemented.

### **Traditional clinical settings are defined as:**

- Primary Care Offices (including pediatrics)
- Obstetrics & Gynecology Offices
- Emergency Departments
- Community Health Clinics

## HIV Screening Policy

In 2006, the CDC released updated HIV screening recommendations indicating that patients 13 to 64 years old in all healthcare settings should be tested for HIV at least once; and persons at high risk for acquiring HIV should be screened at least annually.<sup>3</sup> For individuals who are pregnant, HIV screening should be completed in the first and third trimester.<sup>3</sup> Additionally, as of 2019, the United States Preventative Service Task Force (USPSTF) provided a Grade A recommendation for clinicians to screen for HIV in all pregnant persons, adolescents and adults aged 15 to 65 years.<sup>5</sup> For all populations, HIV screening should not require separate written consent, but should be included in general consent for medical care.<sup>6</sup>

Currently, New Jersey does not have statutes requiring informed consent for HIV screening, thus allowing for the implementation of “opt-out” HIV testing in clinical settings to be conducted under general consent. “Opt-out” HIV screening is defined as conducting HIV testing after notifying the patient (via patient brochure, practice literature, or discussion) that it is part of the standard preventative screening tests where they may decline or defer testing.<sup>6,7</sup> Despite the federal guidance and the ability to incorporate opt-out screening, New Jersey has failed to consistently implement routine HIV screening, which increases the number of missed opportunities to detect HIV. Testing is the gateway to care for PWH as it is the first step into the continuum of sustained care that yields positive health outcomes. Additionally, providers can engage high-risk negative patients into preventative care with the encouragement of biomedical interventions such as PrEP and PEP.

Given the Grade A recommendations for routine HIV screening issued by USPSTF in 2006 and 2019, respectively, NJDOH recommends that individuals between the ages of 13 and 64 years be screened annually for HIV during primary care, emergency room, or gynecological visits.

## Best Practices

New York and Florida’s state health departments have successfully implemented routine HIV screening in clinical settings. Florida’s HIV T&T guidance states that HIV infection is consistent with all generally accepted criteria that justifies screening on the basis that: HIV infection is a serious health disorder that can be diagnosed prior to the development of symptoms; HIV is identifiable with reliable, inexpensive, and noninvasive screening tests; PWH should live long and healthy lives if they are treated early; and screening costs are reasonable in relation to anticipated benefits. As for New York, public health law and regulation removed the requirement of obtaining written or oral informed consent for an HIV test to allow for integration of routine “opt-out” screening.<sup>9</sup>

## HIV Screening In Clinical Settings

***Currently, New Jersey does not have statutes requiring informed consent for HIV screening, thus allowing for the implementation of “opt-out” HIV testing in clinical settings to be conducted under general consent.***

## HIV Screening In Clinical Settings

*HIV testing is most effective when it is presented as a clinical recommendation of the healthcare provider.*

Best practices from both Florida's and New York's guidance state that HIV testing must be offered at least once as part of routine health care to all patients 13 years and older receiving primary care services. To identify HIV among people who are not regularly engaged in primary care, it is recommended that hospitals offer HIV testing to all persons seeking services in emergency departments. HIV testing is most effective when it is presented as a clinical recommendation of the healthcare provider. If patients whose behaviors indicate an elevated risk for acquiring HIV, they should be offered HIV testing at least annually and as frequently as every three months to promote early detection. However, since many people choose not to disclose their risk behaviors, it is recommended that providers adopt a low threshold for recommending HIV testing.

Starting in 2010, Gilead Sciences launched FOCUS (Frontlines of the Communities in the United States), where partner institutions (i.e., hospitals, community health centers, STI clinics etc.) integrated routine HIV Screening and Linkage to Care (SLTC) by implementing standing physician orders for the test, automating Electronic Medical Record (EMR) reminders to order a test, creating staff fact sheets and checklists for HIV screening, and conducting training with clinical staff.

As EMR and laboratory information systems are now a standard of medical practice, it is essential that EMR modifications are made to support routine HIV screening. Modifications to EMR systems can be utilized by creating an algorithm to determine testing eligibility, prompt staff to offer HIV testing, (i.e., create best practice alerts or "hard stops" in the EMR patient flow), order HIV laboratory tests, record results, conduct continuous quality improvement (CQI), support billing, trigger multiple opportunities to offer the HIV test at the same visit or successive visits, and record events where patients "opt-out" of HIV testing

### Implementation

In order to implement routine HIV screening in clinical settings, we recommend adopting the four pillars of the "TEST" approach developed by Gilead Sciences through Project Focus:<sup>11</sup>

**T** Testing integrated into normal clinical flow to promote the normalization and sustainability of HIV testing

**E** Electronic Medical Record modification (EMR) to prompt testing, automate processes, populate lab orders, and track performance

**S** Systemic policy change to establish a multi-level, organization-wide commitment to implement routine testing and Linkage to Care

**T** Training, feedback, and quality improvement to identify best practices and motivate staff.

# HIV Screening In Clinical Settings

Clinical settings will increase the frequency and sustainability of routine HIV SLTC when these functions are fully integrated into existing clinic flow. Structuring clinical settings to integrate HIV screening will reinforce provider perceptions that HIV screening is a routine part of care.

The third pillar in this model addresses systemic policy change, especially by changing the perception of HIV screening by key clinical setting leadership. Routine HIV SLTC in clinical settings requires an organization-wide commitment from leadership and clinic staff and involves a continuous process of uncovering barriers and developing solutions to change the perception of HIV testing from a specialized service to a routine one.

Lastly, the fourth pillar emphasizes the continuous cycle of training, feedback, and quality improvement to monitor progress and outcomes. To ensure HIV SLTC is being implemented in a routine manner, systems must be able to track and monitor unique patient visits, eligibility for testing, test offers, tests conducted and status neutral linkage to care. These CQI systems allow for clinical partners to collect monitoring data and incorporate feedback of monitoring systems to ensure a full scale-up and sustainability of routine testing in clinical settings.<sup>11</sup>

## Billing

In 2018, the National Alliance of State and Territorial AIDS Directors (NASTAD) developed a thorough coding guide for healthcare professionals for submitting claims for reimbursement for HIV testing and prevention services. Please reference this guide for billing codes ([nastad.org/resources/billing-coding-guide-hiv-prevention](https://nastad.org/resources/billing-coding-guide-hiv-prevention)).

## HIV Screening In Clinical Settings

***As EMR and laboratory information systems are now a standard of medical practice, it is essential that EMR modifications are made to support routine HIV screening.***

## Status Neutral HIV Care Continuum

**After receiving a negative HIV result, it is strongly encouraged to evaluate the appropriateness of, and patient's interest in, prevention strategies through open discussions of sexual practices and other behaviors that may put the patient at risk for acquiring HIV.**

### Status Neutral Definition

In 2021, the CDC adopted New York City's HIV Status Neutral Prevention and Treatment Cycle as a best practice to ensure everyone has access to quality and comprehensive services and resources regardless of HIV status.<sup>13</sup> This approach recognizes that the provision of HIV services does not start or end with a positive or negative test result. However, it engages patients into the continuum of HIV treatment and prevention services to better assist them in staying healthy. Additionally, the status neutral cycle serves as a stigma and discrimination reduction strategy (see Appendix B for status neutral diagram).<sup>14</sup>

### Receiving a NEGATIVE Result

After receiving a negative HIV result, it is strongly encouraged to evaluate the appropriateness of, and patient's interest in, prevention strategies through open discussions of sexual practices and other behaviors that may put the patient at risk for acquiring HIV. A risk reduction plan may include planned re-testing for HIV and other STIs, condom use, PrEP, and referral to harm reduction and syringe access services.

There are currently three PrEP medications that are approved by the United States Food and Drug Administration that are effective for HIV prevention: Truvada, Descovy and Apretude (injectable). PrEP should be considered and is recommended for persons weighing at least 35kg or 77lbs (including adolescents) who are at increased risk for acquiring HIV. Truvada is effective for all persons regardless of sexual orientation or gender identity. Descovy is effective for men who have sex with men (MSM) and transgender women. Lastly, Apretude is effective for cisgender men, transgender women, and cisgender women (note: Apretude is given every other month after initiation injections by a healthcare provider have been given one month apart for two consecutive months. Healthcare providers may prescribe the patient with one month of once-daily starter pills).<sup>15,16</sup>

After the patient and provider determine that PrEP is appropriate and the patient is willing to begin taking PrEP, providers must conduct additional baseline laboratory testing before prescribing PrEP. Additional testing includes: STIs (gonorrhea, chlamydia, and syphilis), Hepatitis B, Hepatitis C, renal function, and, if appropriate, a pregnancy test. It is recommended to limit the prescription to three months and follow up with the patient's labs every three months.<sup>16,17</sup> For more implementation and prescribing guidance, visit [hivguidelines.org](http://hivguidelines.org), a resource provided by the New York State Department of Health.

PrEP has received a Grade A recommendation from the USPSTF and, as a result, qualifying insurance plans are required or encouraged to cover all costs related to PrEP without patient contribution.<sup>18</sup>

Indications for PrEP			
	MSM & Transgender Women	Heterosexual Men/Women	People Who Inject Drugs
Detecting substantial risk for acquiring HIV infection	<ul style="list-style-type: none"> <li>Sexual partner w/ HIV</li> <li>Recent bacterial STI</li> <li>&gt;1 sex partner</li> <li>History of inconsistent or no condom use</li> <li>Commercial sex work</li> </ul>	<ul style="list-style-type: none"> <li>Sexual partner w/ HIV</li> <li>Recent bacterial STI</li> <li>&gt;1 sex partner</li> <li>History of inconsistent or no condom use</li> <li>Commercial sex work</li> <li>Lives in high prevalence area or network</li> </ul>	<ul style="list-style-type: none"> <li>HIV-positive injecting partner</li> <li>Sharing injection equipment</li> <li>Recent drug treatment (but currently injecting)</li> </ul>
Clinically Eligible	<ul style="list-style-type: none"> <li>Documented negative HIV test before prescribing PrEP</li> <li>No signs/symptoms of acute HIV infection</li> <li>Normal renal function, no contraindicated medications</li> <li>Documented hepatitis B virus infection and vaccination status</li> </ul>		

Figure 2. Indications for PrEP

## Receiving a POSITIVE Result

After receiving a patient’s confirmatory positive HIV test result, it is essential to start the patient on antiretroviral therapy (ART) medication rapidly. Starting ART immediately after diagnosis improves health outcomes by preventing disease progression and reducing viral load, which may lead to viral suppression. Depending on the type of test conducted, there are different methods to confirm a patient’s positive result. If a rapid test is used and is positive, it is recommended that the initial testing clinic have a memorandum of agreement (MOA) with the closest HIV treatment facility to confirm the results. Once a confirmed positive test is obtained, patients can begin rapid ART.

The T&T model will adopt the AIDS Education and Training Center (AETC) definition of rapid ART, which refers to starting HIV treatment as soon as possible after HIV diagnosis, also known as “treatment upon diagnosis.” Facilitation of rapid ART can be made available through an insurance program, providing patient with samples and/or medication vouchers. During this same time, providers should obtain baseline labs to determine a long-term ART regimen; however, providers should NOT wait to begin a treatment regimen. Baseline labs include: absolute

**There are currently three PrEP medications that are approved by the United States Food and Drug Administration that are effective for HIV prevention: Truvada, Descovy and Apretude (injectable).**



## Status Neutral HIV Care Continuum

***For HIV treatment to provide maximum benefit, it is essential that ART is taken as prescribed with the goal of achieving viral suppression.***

CD4 count, viral load, hepatitis panel (A, B and C), comprehensive metabolic panel, STIs, and pregnancy test, if applicable. Once providers receive the baseline labs, they can adjust the regimen accordingly. For more information on prescribing ART, visit [hivguidelines.org](http://hivguidelines.org).

### **U=U and TasP**

The scientific finding of “Undetectable = Untransmittable” or “U=U” has been promoted as a health equity initiative by the Prevention Access Campaign since 2016 and has been endorsed by the CDC and many other health departments, including the New Jersey Department of Health. U=U asserts that individuals who keep their viral load below the level of assay detection (typically HIV RNA <20 copies/mL) cannot transmit HIV through sex. The U=U campaign is supported by the Treatment as Prevention (TasP) strategy, which refers to taking HIV medication as prescribed and remaining in care to achieve an undetectable viral load. For HIV treatment to provide maximum benefit, it is essential that ART is taken as prescribed with the goal of achieving viral suppression. Although viral suppression is the goal for PWH, it is critical that providers explain the importance of consistent ART adherence to suppress viral load and support positive health outcomes.

In addition to rapid ART initiation and adhering to medication, clinical settings are encouraged to engage with community-based organizations (CBOs) to improve (LTC) and to connect newly diagnosed patients with any needed social services. Establishing partnerships between clinical and nonclinical agencies creates a comprehensive network of referrals and services for PWH to engage and remain in HIV care and treatment. For a list of State-funded agencies in your area, visit NJDOH’s Division of HIV, STD, and TB Services (DHSTS) website, at <https://www.nj.gov/health/hivstdtb/>, or email us at [ehe@doh.nj.gov](mailto:ehe@doh.nj.gov).

### **Integration of Tests**

HIV often co-occurs with multiple other infectious diseases. The risk behaviors that lead to HIV acquisition are similar to other infections, namely STIs and viral hepatitis (HCV/HBV). These infectious diseases are central to HIV-related syndemics. The same structural and social factors, such as poverty, racism, stigma, and discrimination, drive comorbidity among HIV, STIs, and HCV/HBV. These infections share the same modes of transmission, and it is common for co-infections to occur. The integration of HIV/HBV/HCV/STI testing in clinical settings will encourage patients to know their full status and receive the treatment and services that are needed.

# Collaboration is Key to End the Epidemic

**T**esting is an essential strategy within the federal EHE and state Ending the Epidemic initiatives. Routinizing the T&T model in traditional healthcare settings will confront missed opportunities, standardize testing, and eliminate stigma associated with testing for HIV and STIs/HCV/HBV; it can also connect patients with status neutral services earlier.

NJDOH and the DHSTS offer technical assistance and capacity building trainings for healthcare providers to increase their ability to incorporate routine HIV screening in traditional healthcare settings. NJDOH can also facilitate the partnership of clinical settings and CBOs to establish a network of clinical and social services for patients (see Appendix C for list of NJDOH-DHSTS HIV funded agencies).

For more information or to request trainings, contact [ehe@doh.nj.gov](mailto:ehe@doh.nj.gov).

Collaboration  
is Key to End  
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***NJDOH and the DHSTS offer technical assistance and capacity building trainings for healthcare providers to increase their ability to incorporate routine HIV screening in traditional healthcare settings.***

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## Appendix A: Additional Resources

**HIV Clinical Guidelines** - [hivguidelines.org/](http://hivguidelines.org/)

**CDC PrEP Guidelines** - [www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf](http://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf)

**ART Guidelines** - <https://www.hivguidelines.org/antiretroviral-therapy/>

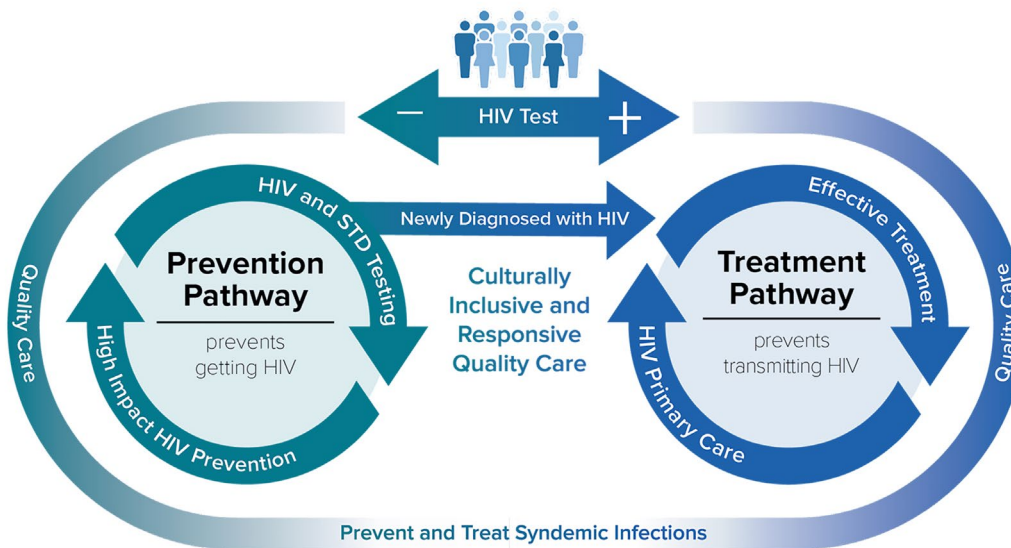
**NASTAD Billing Codes** - [nastad.org/sites/default/files/2021-12/PDF\\_BillingCodingGuide\\_v5.pdf](http://nastad.org/sites/default/files/2021-12/PDF_BillingCodingGuide_v5.pdf)

**NJ HIV Training & Capacity Development Program** - [www.njtacd.org/home](http://www.njtacd.org/home)

**New Jersey Ending the Epidemic Plan** - [www.nj.gov/health/hivstdtb/hiv-aids/Ending%20the%20HIV%20Epidemic%20in%20New%20Jersey%20Plan.pdf](http://www.nj.gov/health/hivstdtb/hiv-aids/Ending%20the%20HIV%20Epidemic%20in%20New%20Jersey%20Plan.pdf)

**AETC Immediate ART Initiation Guide for Clinicians** - [aidsetc.org/sites/](http://aidsetc.org/sites/)

# Status Neutral HIV Prevention and Care



People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services stay HIV negative.

People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

**Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.**

Appendix C:  
NJDOH-  
DHSTS  
Funded HIV  
Agencies

## **ATLANTIC COUNTY**

### **Atlanticare Health Services**

1925 Pacific Avenue  
Atlantic City, NJ 08401  
[www.atlanticare.org](http://www.atlanticare.org)

### **South Jersey AIDS Alliance**

19 Gordon's Alley  
Atlantic City, NJ 08401  
[www.southjerseyaidsalliance.org](http://www.southjerseyaidsalliance.org)

## **BERGEN COUNTY**

### **Buddies of New Jersey**

149 Hudson Street  
Hackensack, NJ 07601  
[www.njbuddies.org](http://www.njbuddies.org)

## **BURLINGTON COUNTY**

### **Burlington County Health Department**

15 Pioneer Blvd.  
Westampton, NJ 08060  
[www.co.burlington.nj.us/1331/HIVAIDS](http://www.co.burlington.nj.us/1331/HIVAIDS)

## **CAMDEN COUNTY**

### **Camden AHEC**

514 Cooper Street  
Camden, NJ 08102  
[www.camden-ahec.org](http://www.camden-ahec.org)

### **Cooper Health System**

One Cooper Plaza  
Camden, NJ 08103  
[www.cooperhealth.org](http://www.cooperhealth.org)

### **Jefferson Health**

333 Laurel Oak Road

Voorhees, NJ 08043

[www.jeffersonhealth.org/home](http://www.jeffersonhealth.org/home)

### **New Jersey Association on Correction**

#### **Camden County Scattered Site Housing Project**

311 Market Street

Camden, NJ 08102

[njaconline.org/what-we-do/health/camden-county-scattered-site-housing-project/](http://njaconline.org/what-we-do/health/camden-county-scattered-site-housing-project/)

## **CUMBERLAND COUNTY**

### **CompleteCare Health Network**

14 North Pearl Street

Bridgeton, NJ 08302

[www.completecarenj.org](http://www.completecarenj.org)

## **ESSEX COUNTY**

### **African American Office of Gay Concerns**

877 Broad Street, Suite 211

Newark, NJ 07102

[www.aaogc.org](http://www.aaogc.org)

### **AIDS Resource Foundation for Children**

77 Academy Street

Newark, NJ 07102

[www.aidsresource.org](http://www.aidsresource.org)

### **Catholic Charities of the Archdiocese of Newark**

590 North 7th Street

Newark, NJ 07107

[www.ccannj.org](http://www.ccannj.org)

## Appendix C: NJDOH- DHSTS Funded HIV Agencies



Appendix C:  
NJDOH-  
DHSTS  
Funded HIV  
Agencies

**Community Health Law Project**

185 Valley Street  
South Orange, NJ 07079  
[www.chlp.org](http://www.chlp.org)

**East Orange Health Department**

143 New Street  
East Orange, NJ 07017  
[www.eastorange-nj.gov/178/HIV-Testing](http://www.eastorange-nj.gov/178/HIV-Testing)

**Hyacinth AIDS Foundation**

194 Clinton Avenue, Lower Level  
Newark, NJ 07108  
[www.hyacinth.org/](http://www.hyacinth.org/)

**Isaiah House**

238 North Munn Avenue  
East Orange, NJ 07017  
[www.isaiahhouse.org](http://www.isaiahhouse.org)

**Newark Beth Israel Medical Center**

201 Lyons Avenue  
Newark, NJ 07112  
[www.rwjbh.org/newark-beth-israel-medical-center](http://www.rwjbh.org/newark-beth-israel-medical-center)

**Newark City Health Department**

920 Broad Street, Room 200  
Newark, NJ 07102  
[www.newarknj.gov/departments/healthcommunitywellness](http://www.newarknj.gov/departments/healthcommunitywellness)

**North Jersey AIDS Alliance (North Jersey Community  
Research Institute)**

393 Central Avenue  
Newark, NJ 07103  
[www.njcri.org](http://www.njcri.org)

## **Planned Parenthood of Metropolitan NJ**

238 Mulberry Street

Newark, NJ 07102

[www.plannedparenthood.org/ppmnj](http://www.plannedparenthood.org/ppmnj)

## **Rutgers Division of Adolescent and Young Adult Medicine (DAYAM)**

185 South Orange Avenue

Newark, NJ 07103

[njms.rutgers.edu/departments/pediatrics/divisions/dayam/index.php](http://njms.rutgers.edu/departments/pediatrics/divisions/dayam/index.php)

## **Rutgers Infectious Disease Practice**

185 South Orange Avenue

Newark, 07101

[njms.rutgers.edu/departments/medicine/infectious\\_diseases/cc\\_rwp.php](http://njms.rutgers.edu/departments/medicine/infectious_diseases/cc_rwp.php)

## **Saint Michael's Clinic**

111 Central Avenue

Newark, NJ 07102

[www.smmcnj.org](http://www.smmcnj.org)

## **HUDSON COUNTY**

### **Hudson Pride Center**

176 Palisades Avenue, 3rd fl.

Jersey City, NJ 07306

[hudsonpride.org](http://hudsonpride.org)

### **Hyacinth AIDS Foundation**

48 Fairview Avenue

Jersey City, NJ 07304

[www.hyacinth.org/](http://www.hyacinth.org/)

## Appendix C: NJDOH- DHSTS Funded HIV Agencies

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**Hyacinth AIDS Foundation  
Living Out Loud**

653-655 Newark Avenue, 2nd fl.  
Jersey City, NJ 07306  
[www.hyacinth.org/](http://www.hyacinth.org/)

**Hyacinth AIDS Foundation**

440 60th Street, Suite 201  
West New York, NJ 07093  
[www.hyacinth.org/](http://www.hyacinth.org/)

**Jersey City Health Department**

280 Grove Street,  
Jersey City, NJ 07302  
[www.jerseycitynj.gov/cityhall/health](http://www.jerseycitynj.gov/cityhall/health)

**Jersey City Medical Center**

242 Barrow Street, Suite CU  
Jersey City, NJ 07302  
[rwjbh.org/jerseycitymedicalcenter](http://rwjbh.org/jerseycitymedicalcenter)

**MERCER COUNTY**

**Henry J. Austin Health Center**

321 Warren Street  
Trenton, NJ 08618  
[www.henryj-austin.org](http://www.henryj-austin.org)

**Hyacinth AIDS Foundation**

849 W. State Street  
Trenton, NJ 08618  
[www.hyacinth.org/](http://www.hyacinth.org/)

## **New Jersey Association on Correctional Correctional AIDS Project**

1701 S. Broad Street  
Hamilton, NJ 08610

[njaonline.org/what-we-do/health/correctional-aids-project-monmouth-county/](http://njaonline.org/what-we-do/health/correctional-aids-project-monmouth-county/)

## **MIDDLESEX COUNTY**

### **Eric B. Chandler Health Center**

277 George Street  
New Brunswick, NJ 08901

[rwjms.rutgers.edu/eric-b-chandler-health-center/english/about-us](http://rwjms.rutgers.edu/eric-b-chandler-health-center/english/about-us)

### **Hackensack Meridian Health**

Early Intervention Program  
530 New Brunswick Avenue  
Perth Amboy, NJ 08861

[www.hackensackmeridianhealth.org/en/Locations/HMH-Early-Intervention-Program-Perth-Amboy](http://www.hackensackmeridianhealth.org/en/Locations/HMH-Early-Intervention-Program-Perth-Amboy)

### **Hyacinth AIDS Foundation**

317 George Street, Suite 203  
New Brunswick, NJ 08901

[www.hyacinth.org/](http://www.hyacinth.org/)

### **Robert Wood Johnson AIDS Program**

1 Robert Wood Johnson Place  
New Brunswick, NJ 08901

[rwjms.rutgers.edu/departments/pediatrics/divisions/division-of-allergy-immunology-and-infectious-diseases/aids-program/aids-program-overview](http://rwjms.rutgers.edu/departments/pediatrics/divisions/division-of-allergy-immunology-and-infectious-diseases/aids-program/aids-program-overview)

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## **MONMOUTH COUNTY**

### **The Center in Asbury Park**

806 Third Avenue, Asbury Park, NJ 07712

[www.thecenterinap.org/](http://www.thecenterinap.org/)

### **Monmouth Medical Center**

300 2nd Avenue

Long Branch, NJ 07740

[www.rwjbh.org/monmouth-medical-center/](http://www.rwjbh.org/monmouth-medical-center/)

### **New Jersey Association on Correction**

#### **Winifred Canright House**

615 First Avenue

Asbury Park, NJ 07712

[njaconline.org/what-we-do/health/winifred-canright-house-monmouth-county/](http://njaconline.org/what-we-do/health/winifred-canright-house-monmouth-county/)

### **Visiting Nurse Association of Central Jersey**

#### **Prevention Resource Network**

816 Sunset Avenue

Asbury Park, NJ 07712

[www.prnvnacj.org/](http://www.prnvnacj.org/)

## **MORRIS COUNTY**

### **Atlantic Health System**

100 Madison Avenue

Morristown, NJ 07960

[www.atlantichealth.org/](http://www.atlantichealth.org/)

### **New Jersey AIDS Services**

3 Executive Drive

Morris Plains, NJ 07950

[www.edgenj.org](http://www.edgenj.org)

## **Planned Parenthood of Northern, Central and Southern NJ**

450 Market Street  
Perth Amboy, NJ 08861  
[www.ppgnnj.org](http://www.ppgnnj.org)

## **Zufall Health Center**

18 W Blackwell Street  
Dover, NJ 07801  
[www.zufallhealth.org](http://www.zufallhealth.org)

## **OCEAN COUNTY**

### **Ocean County Health Department**

175 Sunset Avenue  
Toms River, NJ 08754  
[www.ochd.org/](http://www.ochd.org/)

## **PASSAIC COUNTY**

### **Coalition on AIDS in Passaic County (CAPCO)**

100 Hamilton Plaza, Suite 1406  
Paterson, NJ 07505  
[capcoresource.com](http://capcoresource.com)

### **Hyacinth AIDS Foundation**

100 Hamilton Plaza, 14th fl.  
Paterson, NJ 07505  
[www.hyacinth.org/](http://www.hyacinth.org/)

### **Saint Joseph's Hospital and Medical Center**

703 Main Street  
Paterson, NJ 07503  
[www.stjosephshealth.org](http://www.stjosephshealth.org)

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## **UNION COUNTY**

### **Hyacinth AIDS Foundation**

107 Park Ave, 3rd Fl.  
Plainfield, NJ 07060  
[www.hyacinth.org/](http://www.hyacinth.org/)

### **Proceed**

1126 Dickinson Street  
Elizabeth, NJ 07201  
[www.proceedinc.com](http://www.proceedinc.com)

### **Neighborhood Health Services Corporation**

1700 Myrtle Avenue  
Plainfield, NJ 07063  
[www.nhscnj.org/](http://www.nhscnj.org/)

### **Trinitas Regional Medical Center**

225 Williamson Street  
Elizabeth, NJ 07202  
[www.rwjbh.org/trinitas-regional-medical-center/treatment-care/hiv-aids/](http://www.rwjbh.org/trinitas-regional-medical-center/treatment-care/hiv-aids/)

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## **Acknowledgements**

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