

Implementing Universal, Opt-out HIV Screening in a High-Prevalence Urban Community Hospital Emergency Department



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BACKGROUND

The Center for Disease Control (CDC) estimates that 1.2 million persons aged 13 years and older are living with Human Immunodeficiency Virus (HIV) infection in the US, including 168,300 (14%) who are unaware of their infection¹. Early diagnosis of HIV leads to earlier implementation of antiretroviral therapy (ART), lower transmission rates, reduced clinical progression to Acquired Immunodeficiency Syndrome (AIDS) and reduced mortality². In 2006, the CDC called for implementation of non-targeted opt-out HIV screening in areas where the rate of undiagnosed HIV infection is 1% or greater³. Implementation of such opt-out programs has been shown to increase linkage-to-care (LTC) rates and viral suppression.⁴

Providence Hospital in Washington, DC is located in one of the highest HIV prevalence communities in the US. The emergency department (ED) treats approximately 47,000 patients annually. Two-year combined Providence-wide HIV screening (ED + outpatient + inpatient) was 4076 in 2009 and 2010. In November 2012, we implemented an opt-out, routine HIV ED screening program and report the results of that program here.

METHODS

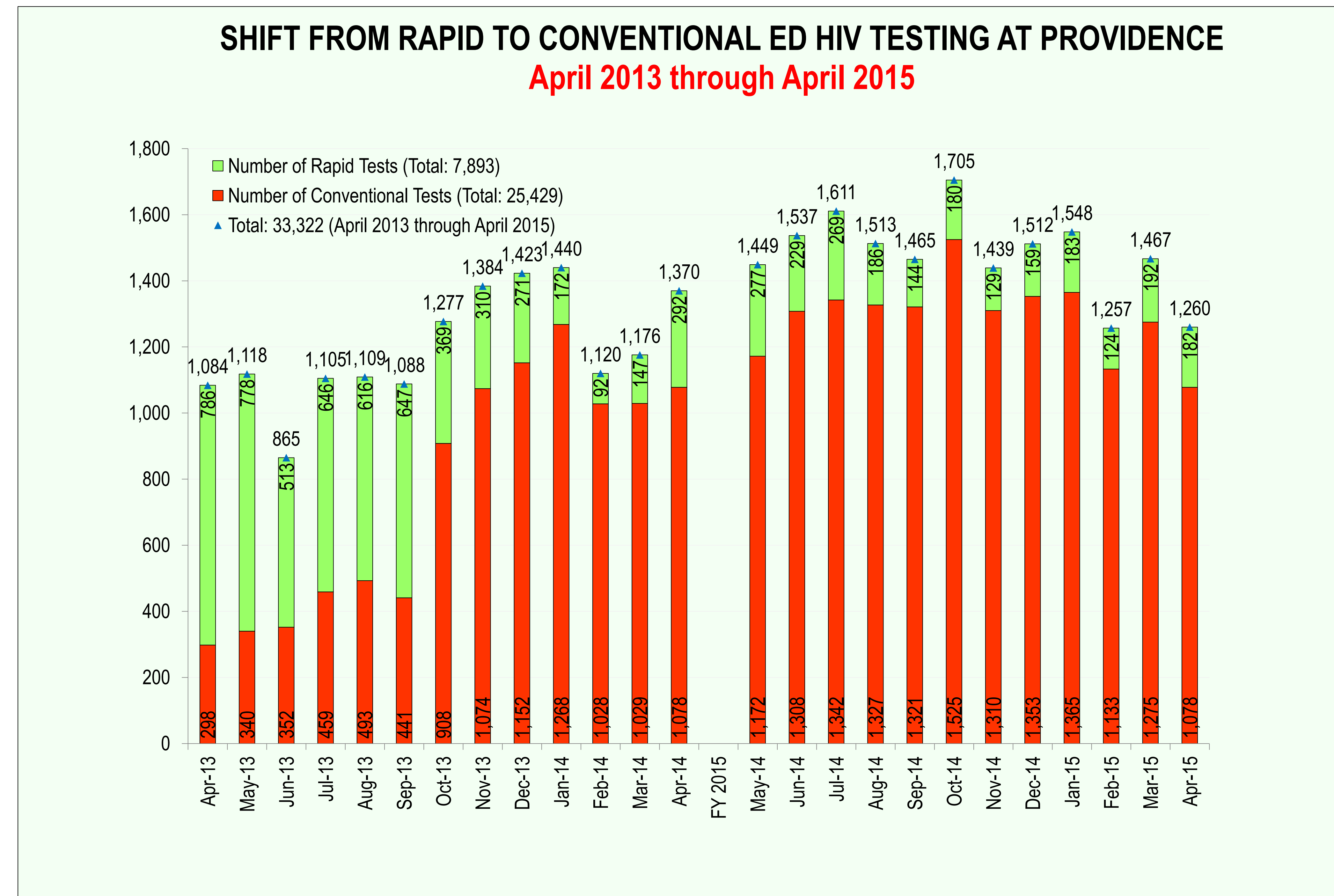
With funding from Gilead Sciences, Inc, DC Dept. of Health, FHI and Forest Laboratories, we implemented an HIV screening program that involved a consistent set of activities:

- Integrated HIV testing into the normal ED flow, which included systemic policy change and HIV consent built into the general ED consent form
- Triage nurse-led opt out HIV screening
- Electronic medical record modification
- Development of linkage-to-care services using trained HIV navigators
- Created a system of feedback and quality improvement
- For HIV ordering, we used a combination of both rapid point-of-care HIV testing and provider-led conventional testing. Patients with positive screening tests were informed of their results, counseled by a patient navigator and offered linkage-to-care services, including follow-up care with an infectious diseases specialist.
- We conducted a retrospective evaluation of testing program outcomes.

RESULTS

Two-year combined Providence-wide HIV screening (ED + outpatient + inpatient) was 4076 in 2009 and 2010. HIV tests performed between November 1, 2012 – October 31, 2014:

- Total HIV tests: n=30,913
 - Positive HIV tests: n=579 (1.87% seropositivity)
 - New diagnoses: n=83 (0.27% incidence)
 - New positives linked to care: n=63 (new positives LTC rate:75%)
 - Known positives identified: n=496
 - Known positives already in care: n=344
 - Known positives re-linked to care: n=89
 - Lost to follow-up: n=19.
 - Moved: n=1. Deceased: n=1
- Overall adjusted linkage to care rate: 65.5%



CONCLUSIONS

Universal HIV ED screening is an effective screening modality in a high prevalence urban setting, both for detecting new HIV infections and for identifying known positive patients that need to be re-linked to care, which helps to achieve the goals of the CDC's current national HIV strategy. Further development is needed to improve linkage-to-care rates for new and known HIV-positive patients identified from our population.

LITERATURE CITED

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