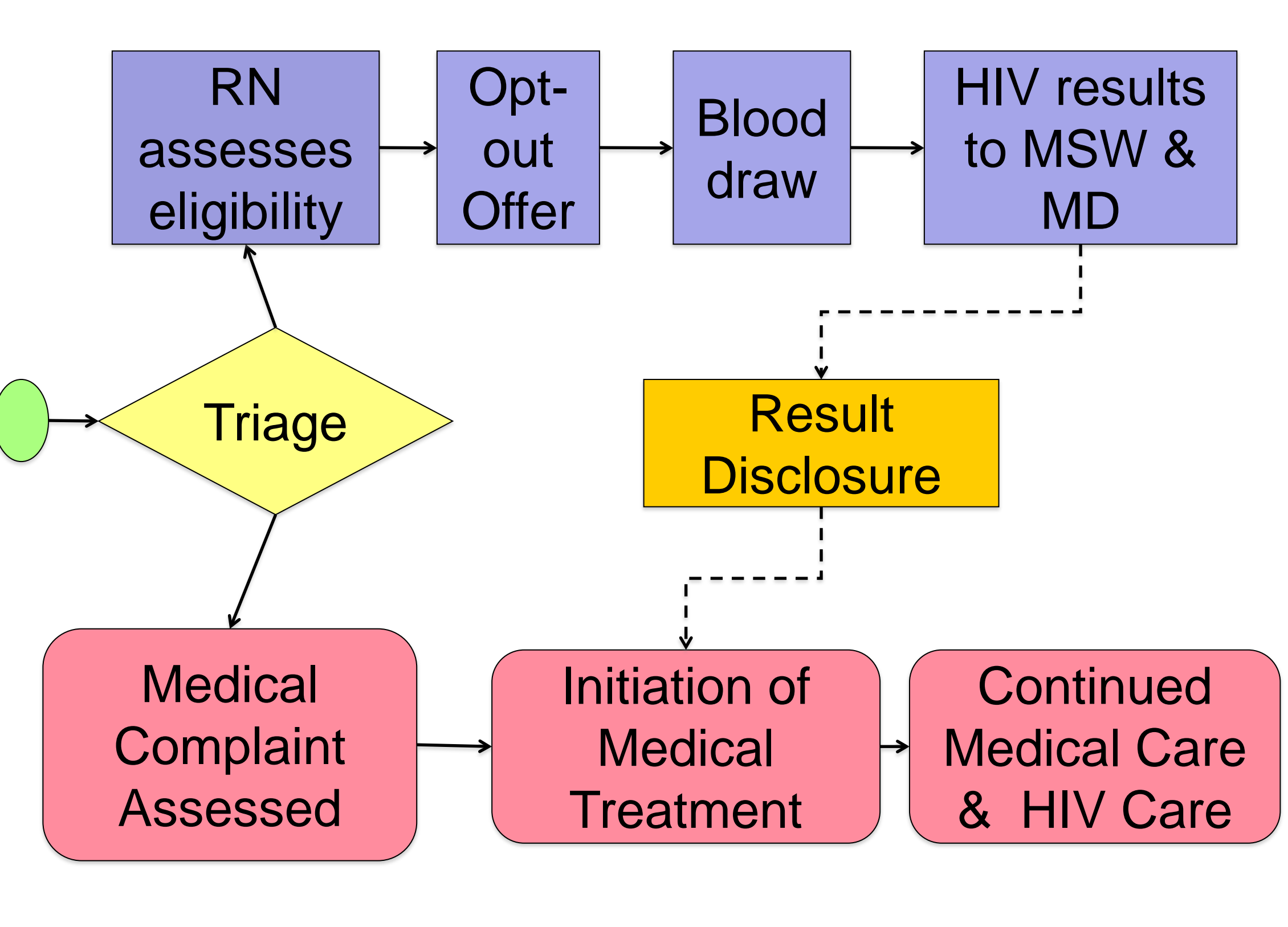


Background

- Youth aged 13-24 represent one out of four new HIV diagnoses in the U.S.
- An estimated 60% of youth living with HIV are not aware of their diagnosis.
- In 2010, black youth accounted for an estimated 57% of all new HIV infections among youth in the United States, followed by Hispanic/Latino (20%) and white (20%) youth.

ED Process Flow



Objective/Hypothesis

In this analysis, we assessed:

- Frequency of test offer
- Offer acceptance
- Number of new HIV diagnoses
- Linkage to HIV care

Among individuals aged 13-24 years old who were seen in the Emergency Department (ED) of an urban safety-net hospital in the Southeastern US.

Results

During the first 19 months of routine HIV screening, there were:

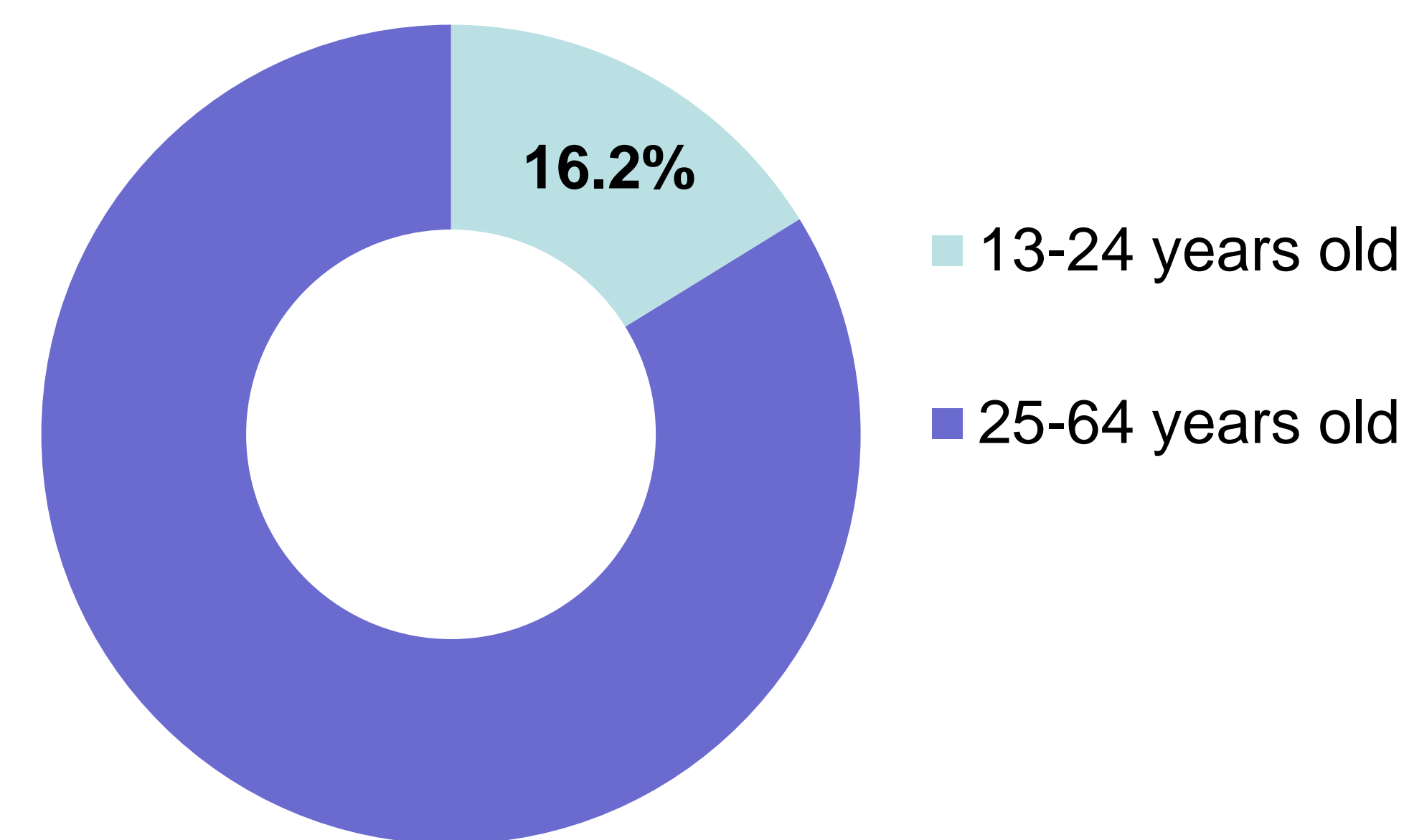
- 23,110 visits by young adults (patients aged 13-24), representing **12.8% of all visits**.
- 13.7% of all patients offered an HIV test** were young adults.

Among young adults tested:

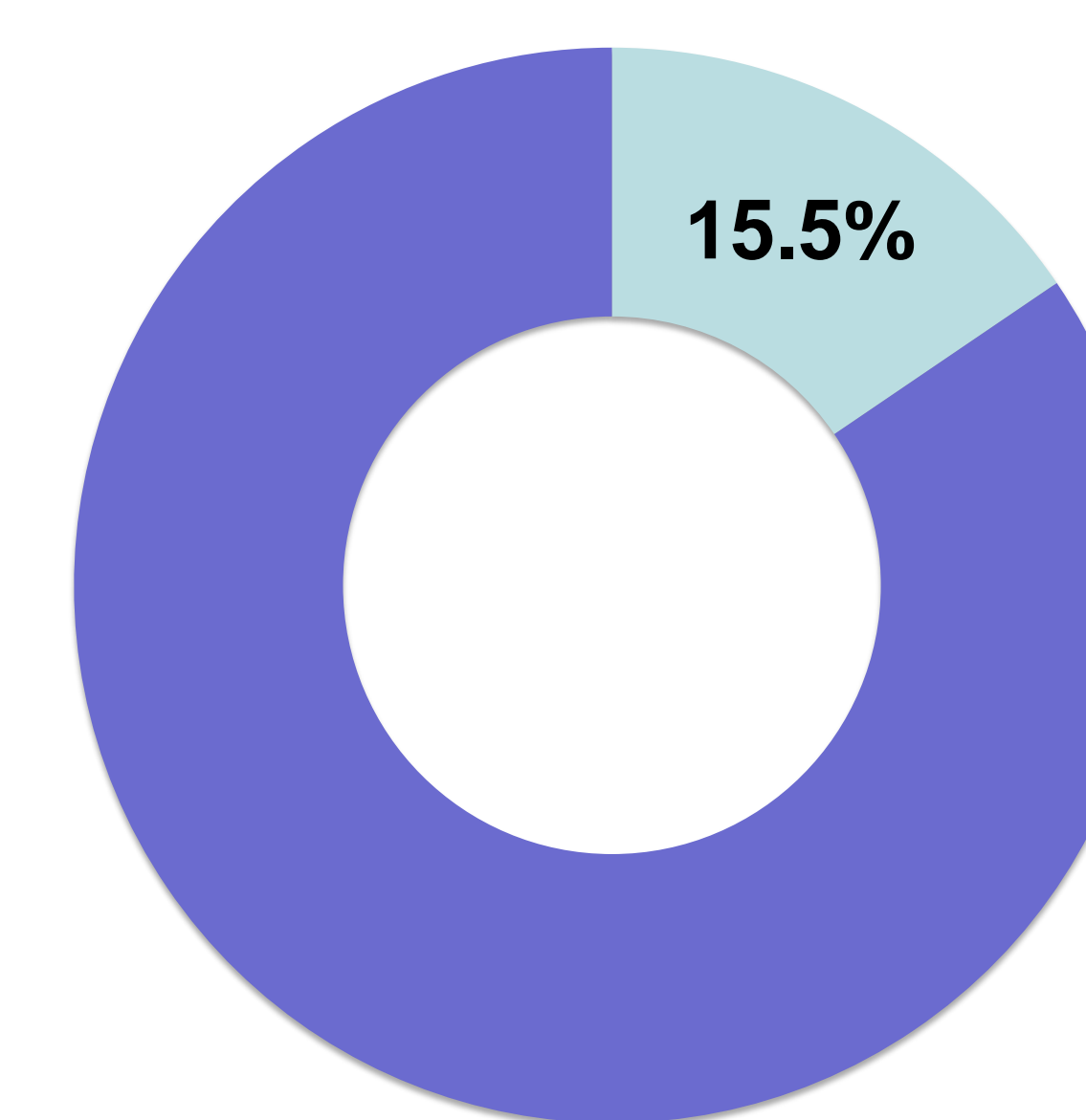
- 85.9% were African American
- 42.0% were male
- Mean age was 21.2 years (SD=2.0 years)

- When offered a test, 59.9% of young adults accepted, compared to 53.2% of older adults (25-64 years old) ($p < 0.0001$)
- Young adults represented **16.2% of tests completed**.
- 41 new HIV diagnoses were identified among young adults (**15.5% of all new diagnoses**).
- Among patients newly diagnosed with HIV, **51.2% of young adults were linked to care vs. 53.1% of older adults** ($p = 0.82$).

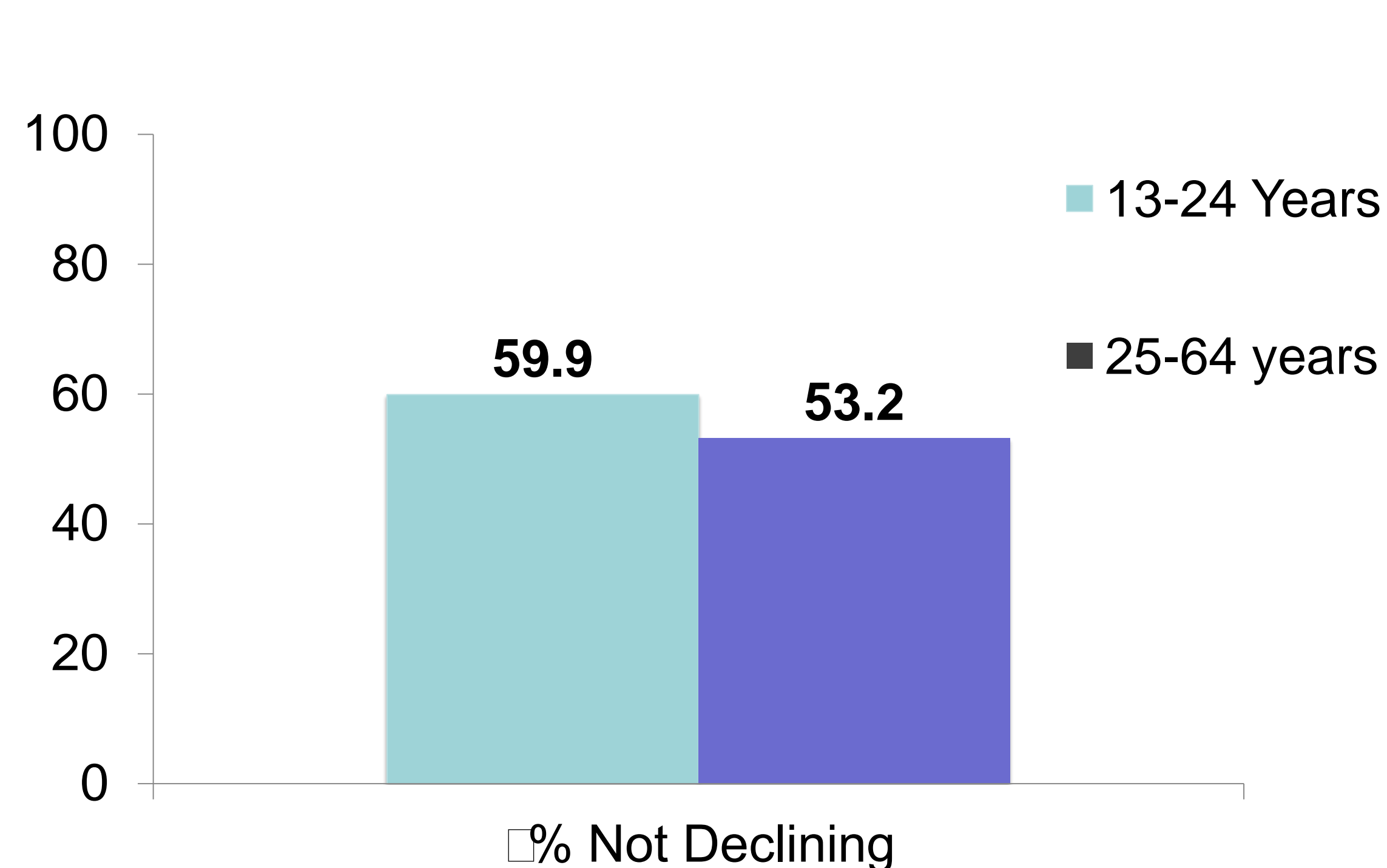
Young Adults as a Proportion of all HIV Tests Performed



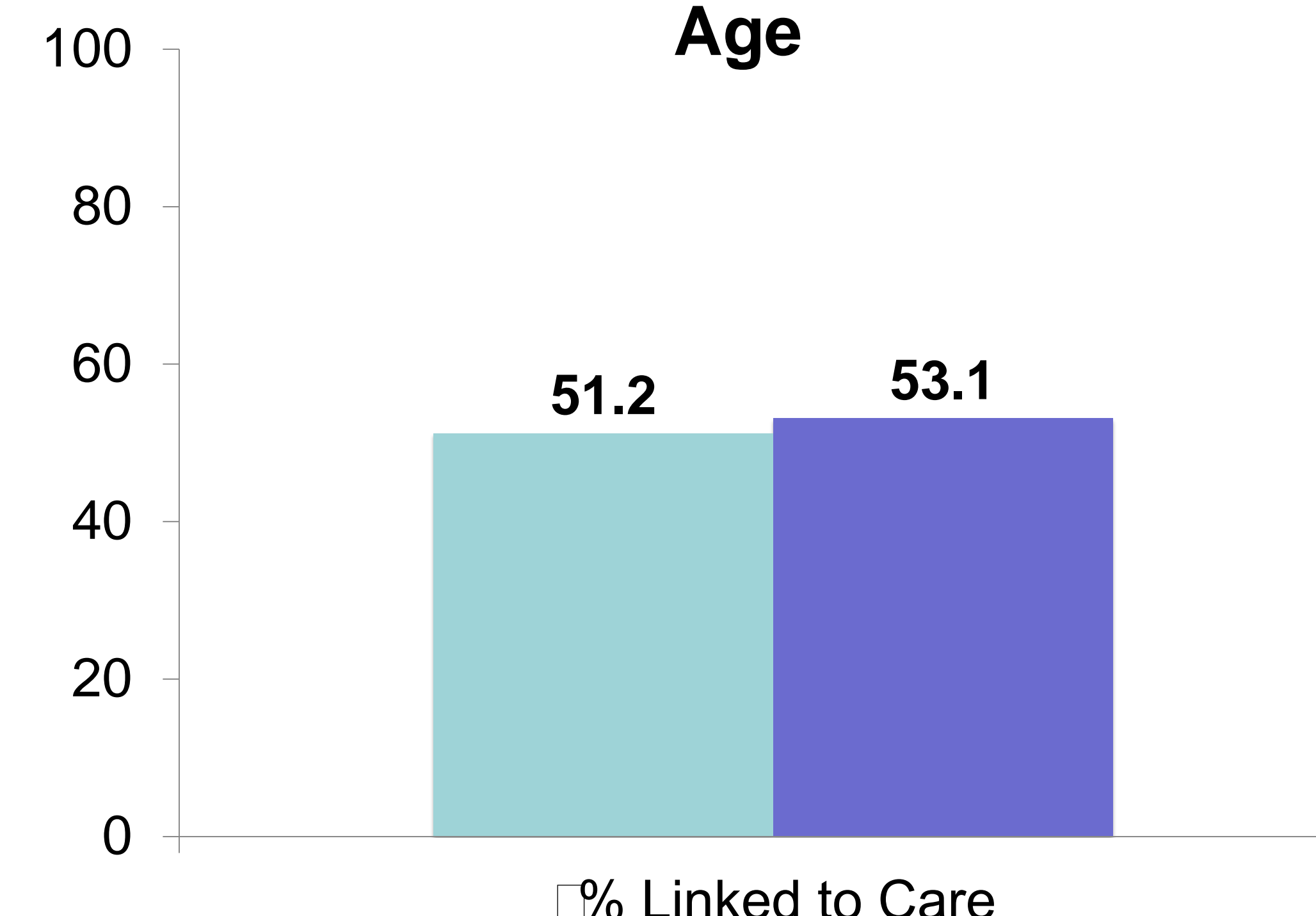
Young Adults as a Proportion of All New Positives



HIV Test Acceptance By Patient Age



Linkage to HIV Care by Patient Age



Methods

- In July 2013, we implemented routine, non-targeted, opt-out HIV screening in the ED of an urban safety-net hospital.
- Data about test offer and acceptance, patient demographics, visit information, and lab results were extracted from the electronic medical record (EMR).
- Linkage to care data were extracted from information collected by designated HIV social work staff.
- Patients were considered linked to care if they completed at least one medical appointment with an HIV care provider at any point following new diagnosis.
- Statistical analyses were conducted using SAS 9.3. The Z-test for proportions was used to compare frequencies between younger and older adults.

Conclusions

This analysis demonstrates that the ED is an effective venue to identify patients with previously undiagnosed HIV and facilitate linkage to care among this epidemiologically very significant patient cohort. Young patients were more likely than older patients to accept a test offer and equally likely to be linked to care, emphasizing the importance of the “teachable moment” in the ED.

Disclosures

Funding for implementation of the HIV screening program was supported by a grant from Gilead Sciences, Inc.