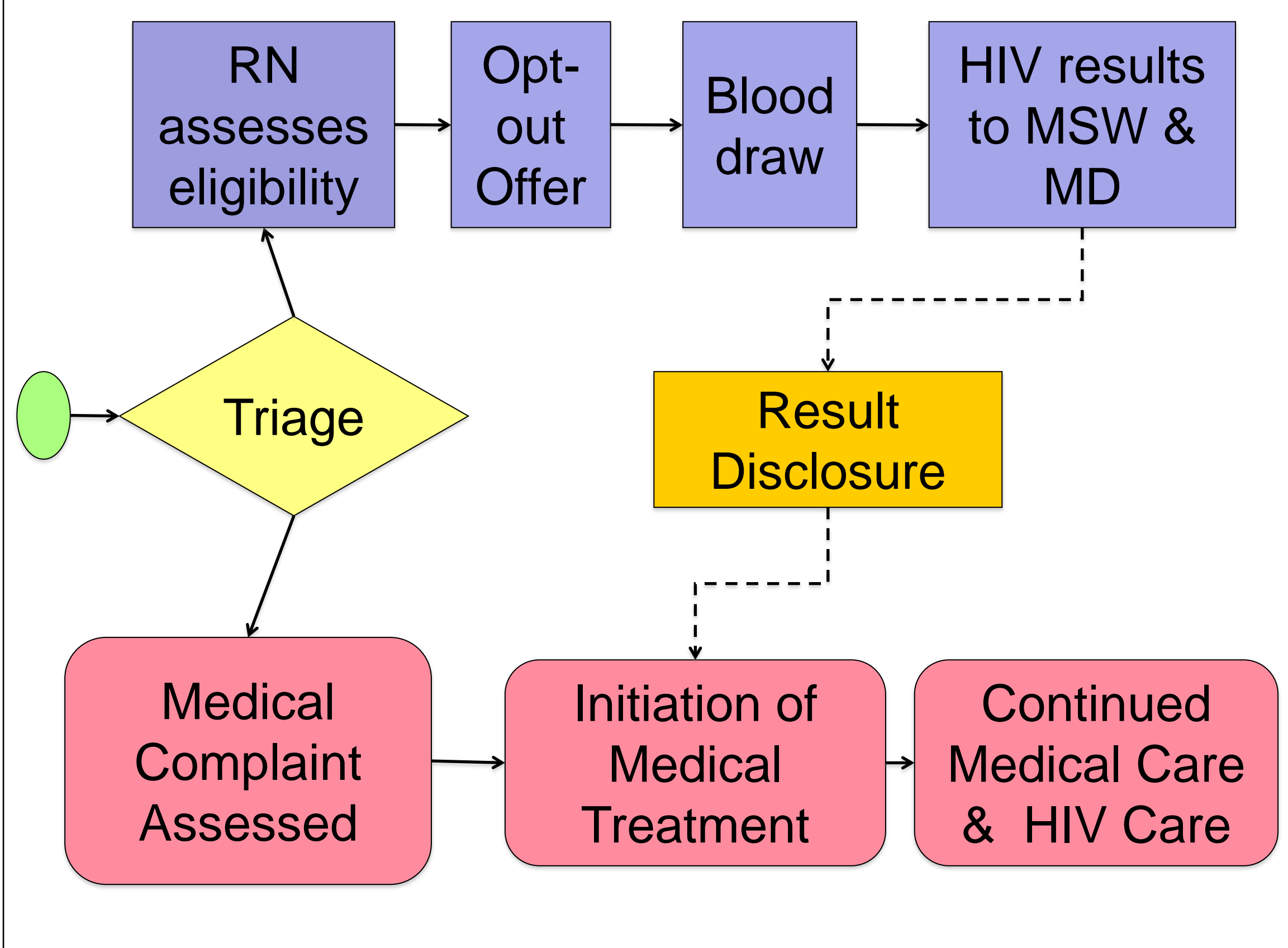


Background

- Women account for one out of every four individuals living with HIV.
- Women of color are disproportionately represented when compared to women of other races and ethnicities.
- Only 32% of women living with HIV have achieved viral suppression.

ED Process Flow



Objective/Hypothesis

In this analysis, we assessed:

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

Among women seen in an urban Emergency Department (ED) in the Southeastern US.

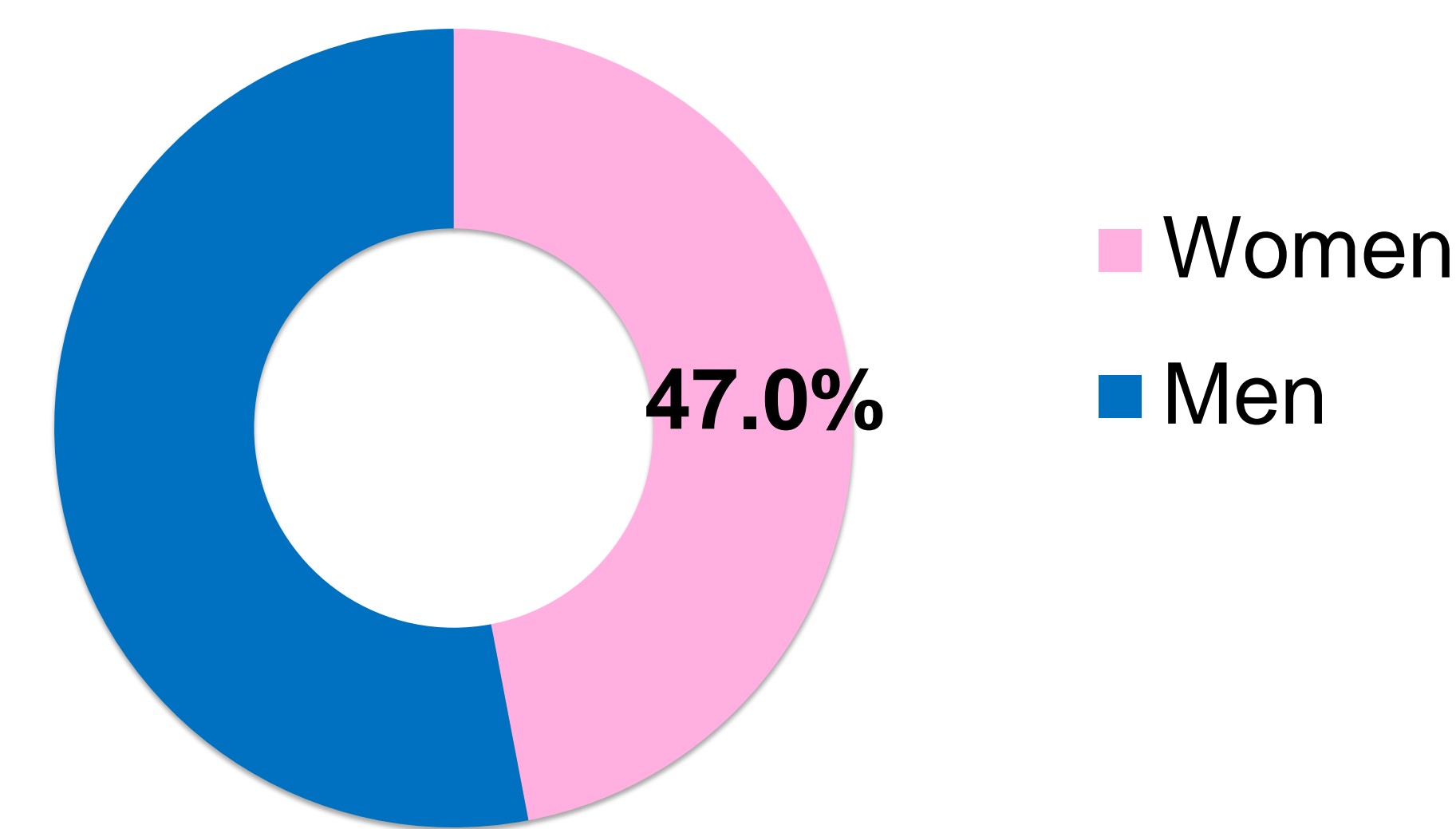
Results

During the first 19 months of routine HIV screening:

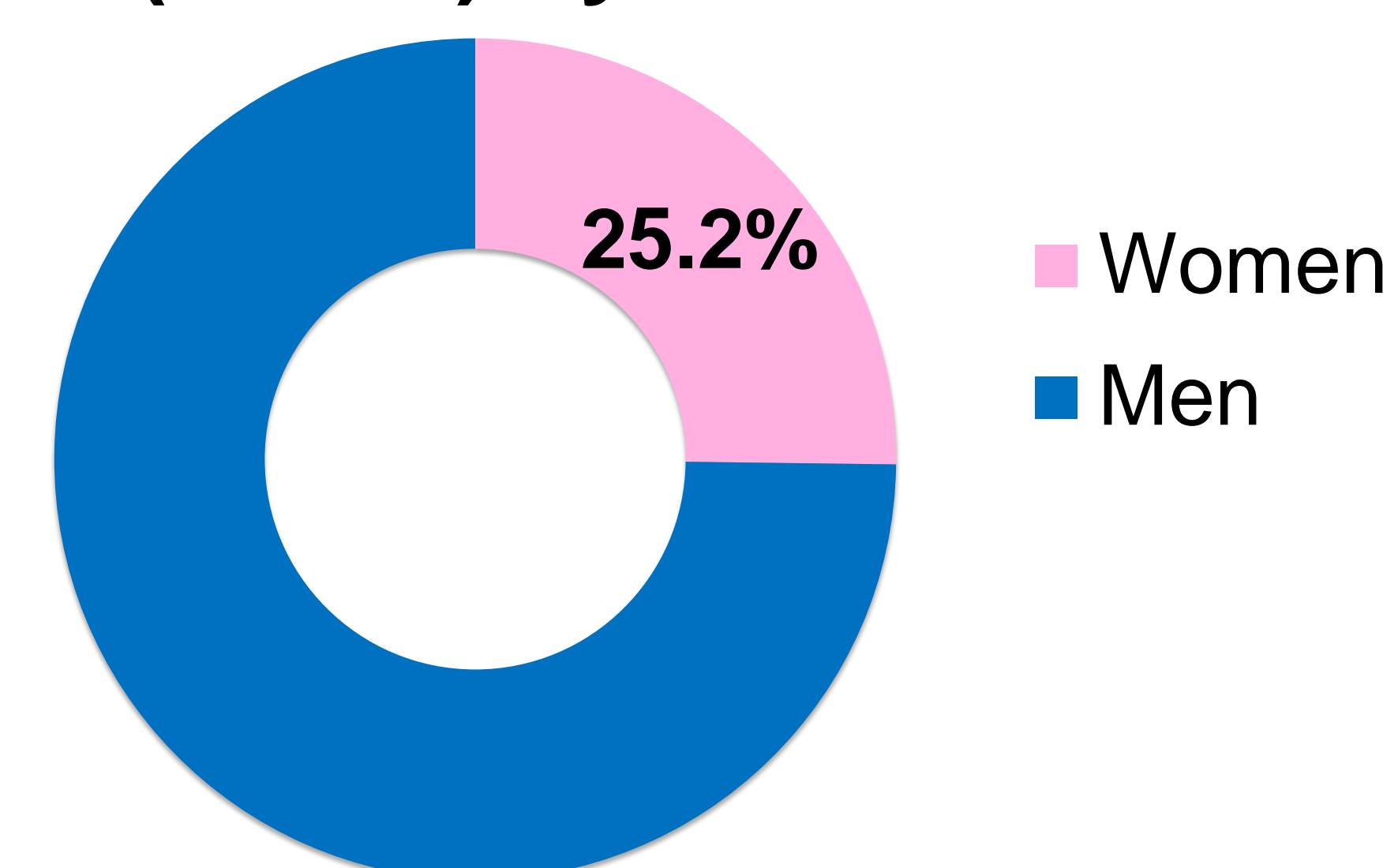
- 64,438 patients were offered an HIV test
- 26,910 tests were performed; 266 new HIV diagnoses were identified (0.99%)
- 45.0% of patients offered a test were women
- 54.5% of women who were offered the test accepted, compared to 50.6% of men ($p < 0.0001$)

- Of the 12,636 women tested for HIV, 84.9% were African American, with a mean age of 39.8 years (SD=15.1 years)
- Women represented 47.0% of tests completed
- 25.2% of new HIV diagnoses were among women (67 patients)
- Among patients newly diagnosed with HIV, 58.2% of women were linked to care, vs. 50.8% of men ($p = 0.29$)

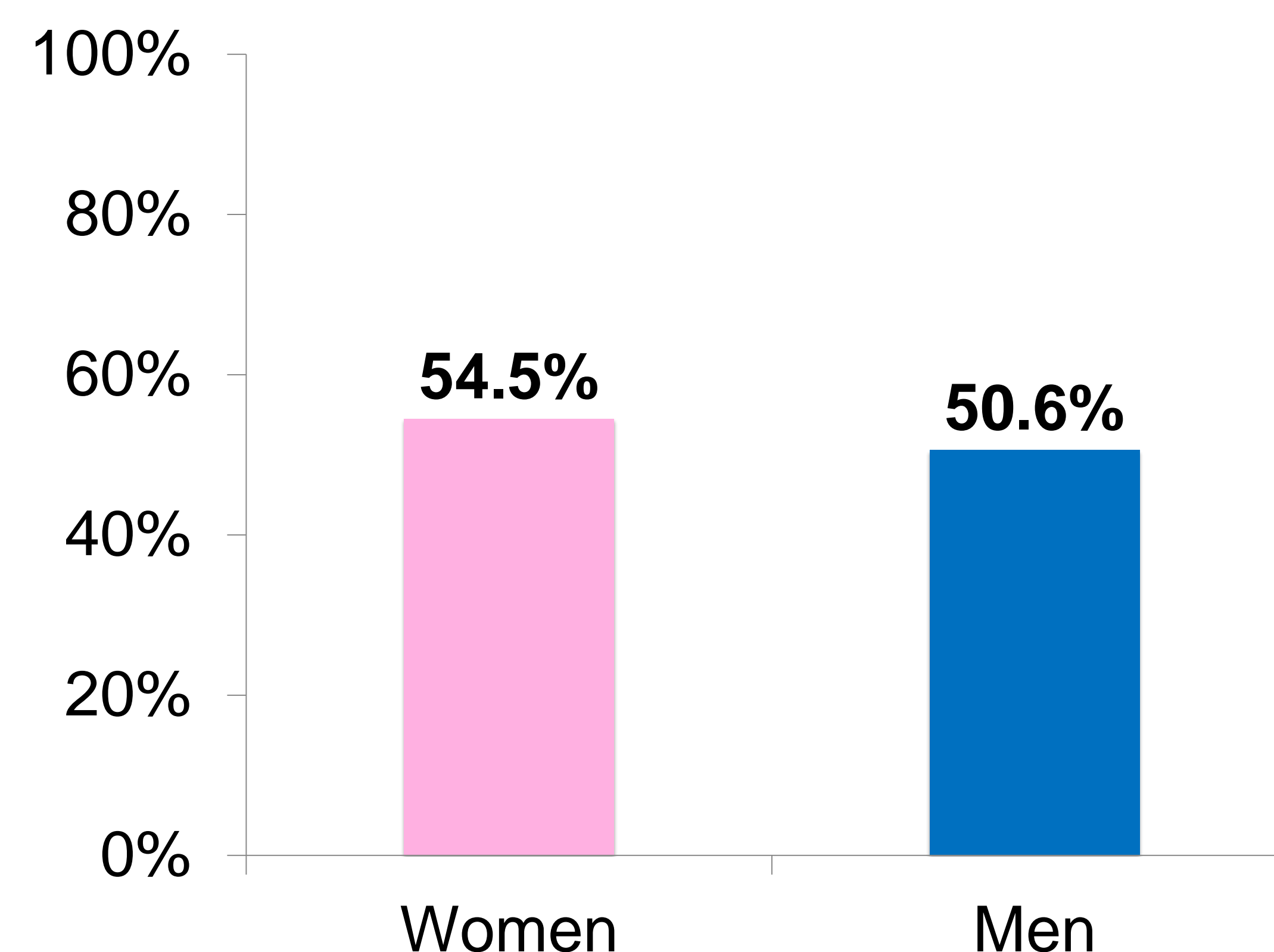
Proportion of HIV Tests Performed by Gender



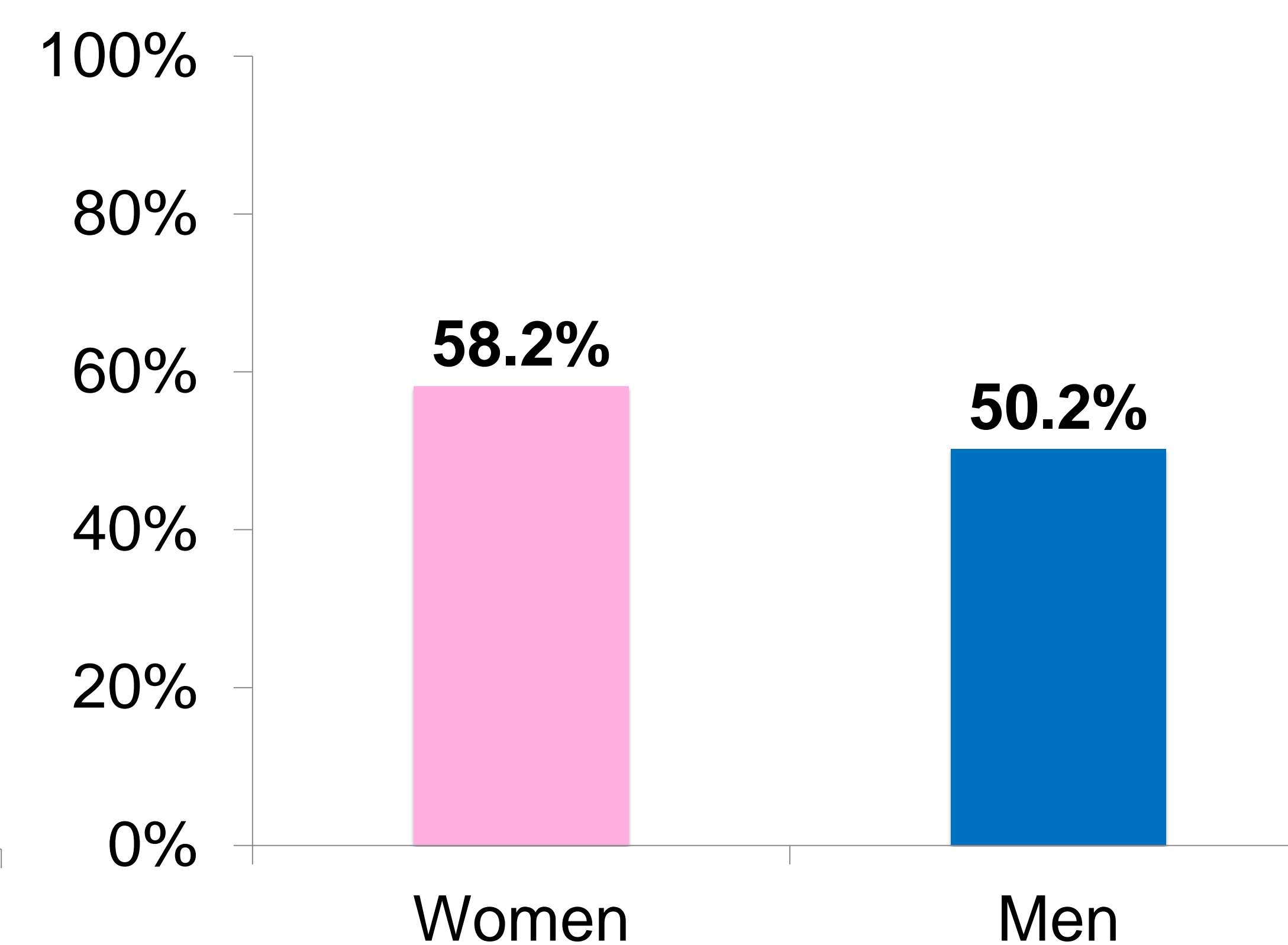
New HIV Diagnoses (n=266) by Gender



Test Acceptance by Patient Gender



Linkage to HIV Care by Patient Gender



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 between proportions was used to compare frequencies.

Conclusions

Routine HIV screening in an urban ED is an effective way to identify patients with previously undiagnosed HIV

The ED setting is a viable and effective way to screen for and identify undiagnosed HIV among women of color, a population at elevated risk for HIV infection.

ED screening found that rates of undiagnosed HIV among women in the ED setting mirror that national prevalence.

Disclosures

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