

## Objective

Howard University Hospital, serving an underserved urban population, implemented a laboratory-driven routine HIV screening program for emergency department (ED) patients who did not opt out. We examined screening outcomes from the first year of the program.

## Methods

HIV screening tests were ordered in the laboratory for adult patients who had blood already drawn as part of their ED visit. HIV antigen/antibody combo (Abbott Architect) was performed in the main laboratory as the HIV screening test. Rapid HIV tests (Alere Orasure) were performed in the ED Fast Track on patients, who didn't have blood drawn as part of their ED visit. A confirmatory HIV-1 and HIV-2 immunodifferentiation assay (BioRad) was performed on positive screens within one hour. This screening/confirmation approach allowed for rapid lab results which could be delivered to patients while still on site. An HIV care navigator was available 24/7 to link HIV positive patients to care. Unconfirmed positive screens were sent for HIV viral load testing in order to exclude acute HIV infection.

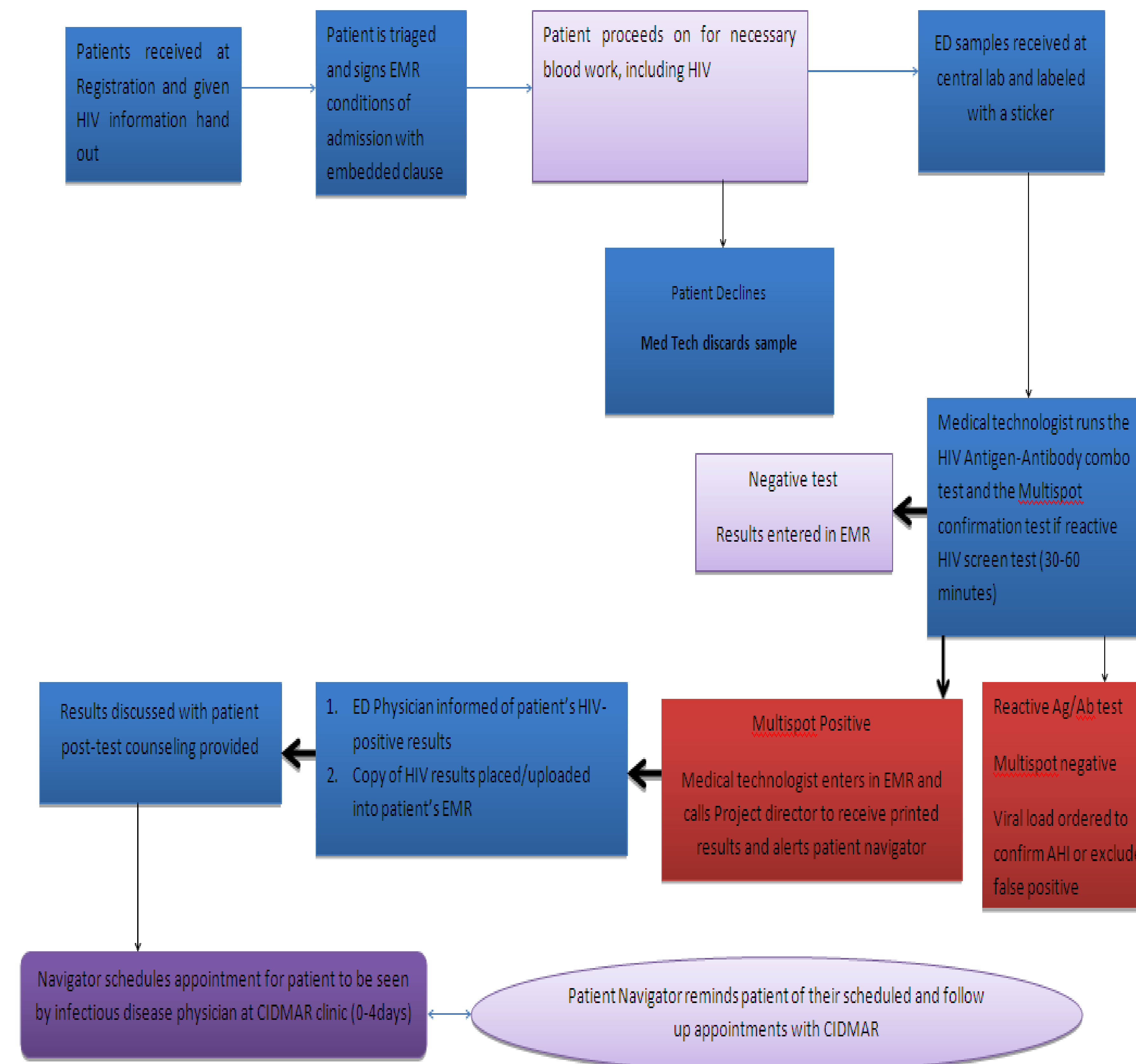
## Results

In 2014, 15,996 patients were screened and 127 (0.8%) were positive. Two acute HIV infections were detected. Baseline testing data from 2013 revealed that an average of 542 tests were performed per month. After the initiation of the lab driven model sponsored by FOCUS partnership, an average of 1,340 screens were performed per month, representing an increase of 147%. Every ED patient, who was screened, was counseled, regardless of the screen result, and received a wallet-sized card with the result and a recommendation for retesting when applicable. New HIV positive patients were linked to care immediately by being given an appointment in the hospital-based infectious disease center.

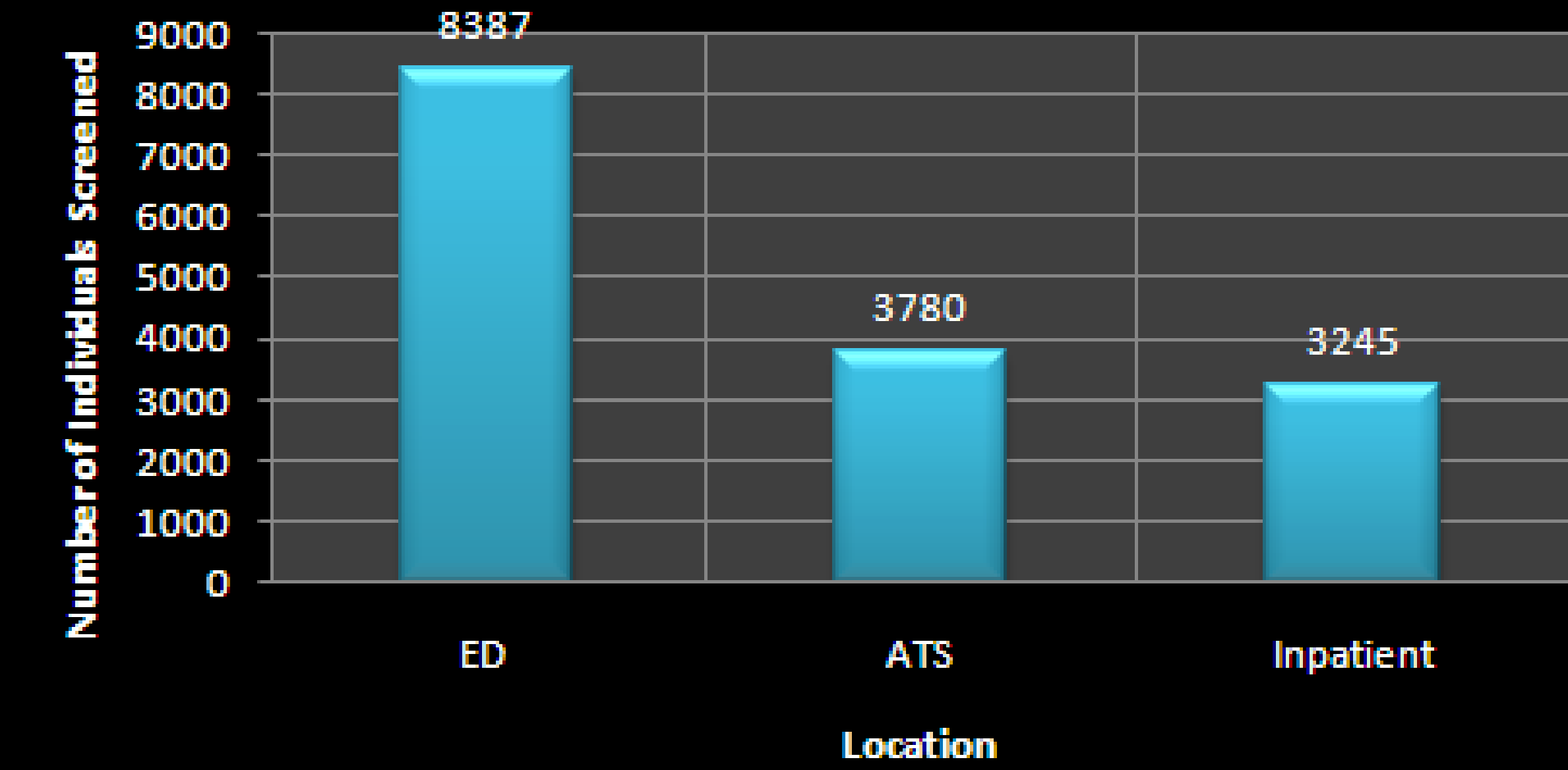
## Conclusions

The laboratory can efficiently perform the screening for a large % of ED patients, can do it quickly, and can do it in a way that gets results back to ED patients while still on site, resulting in linkage to HIV care for positive patients from a healthcare underserved urban population.

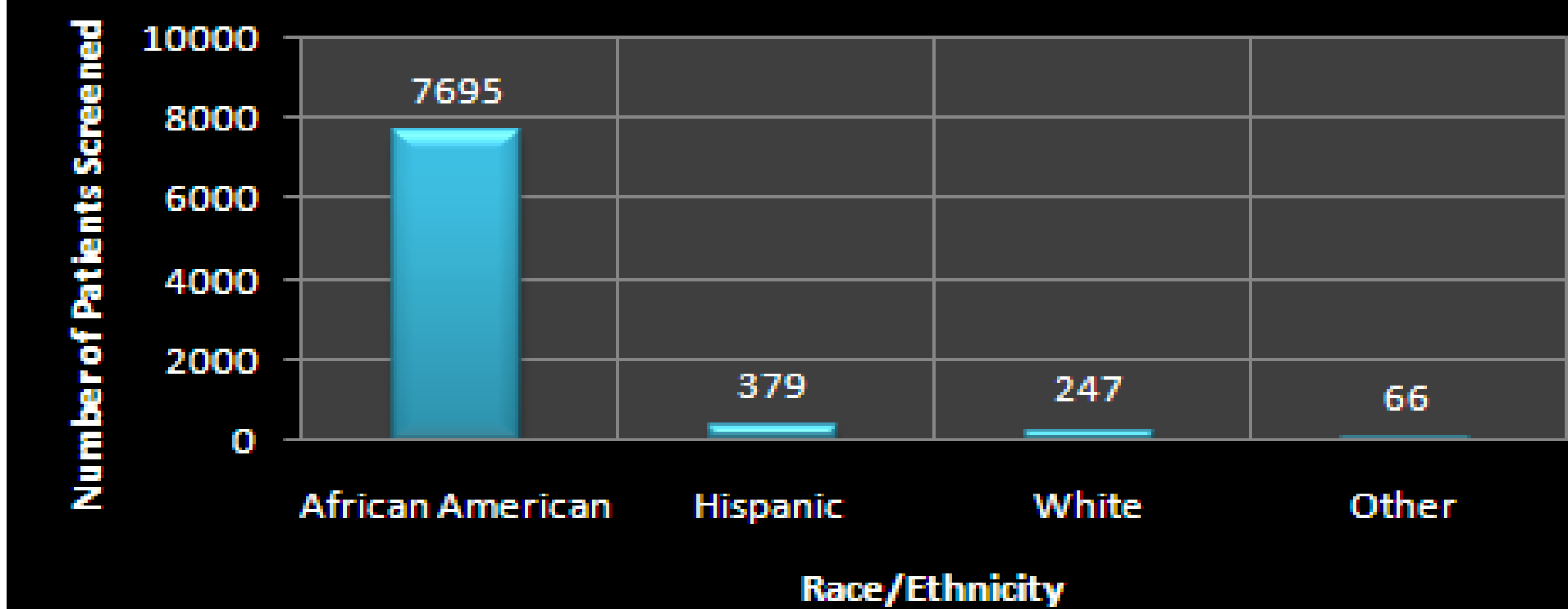
Work flow for HIV testing at HUH ED



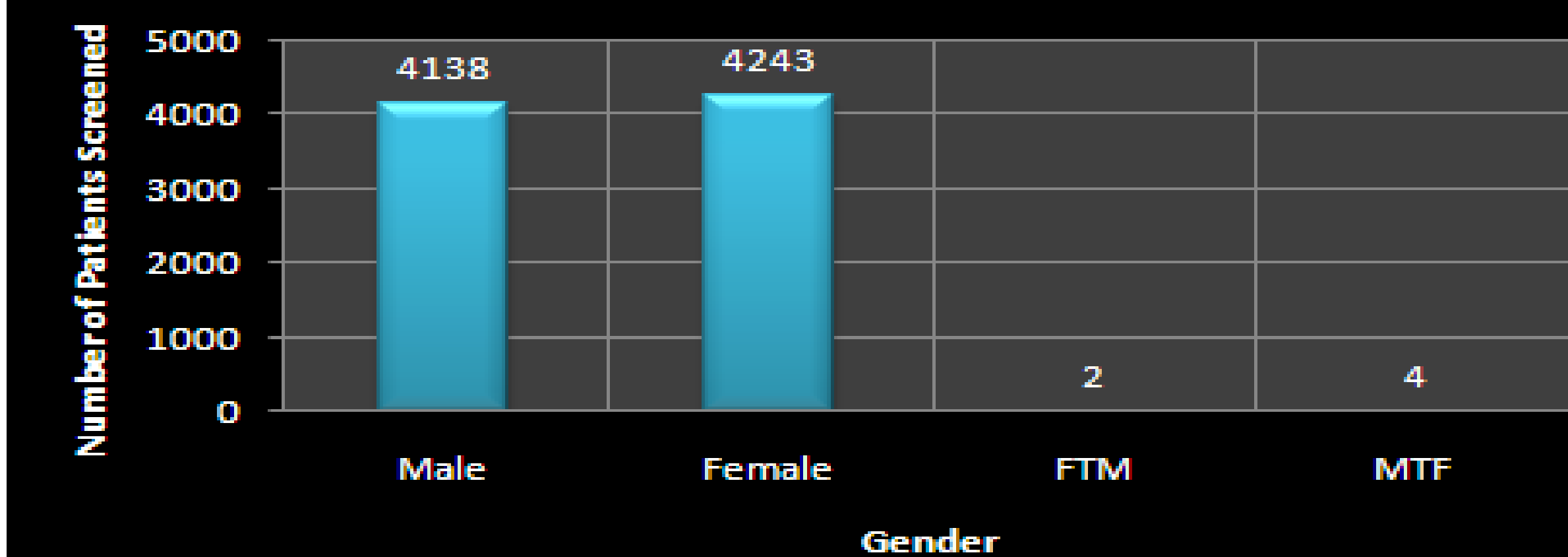
Number of Individuals Screened in 2014



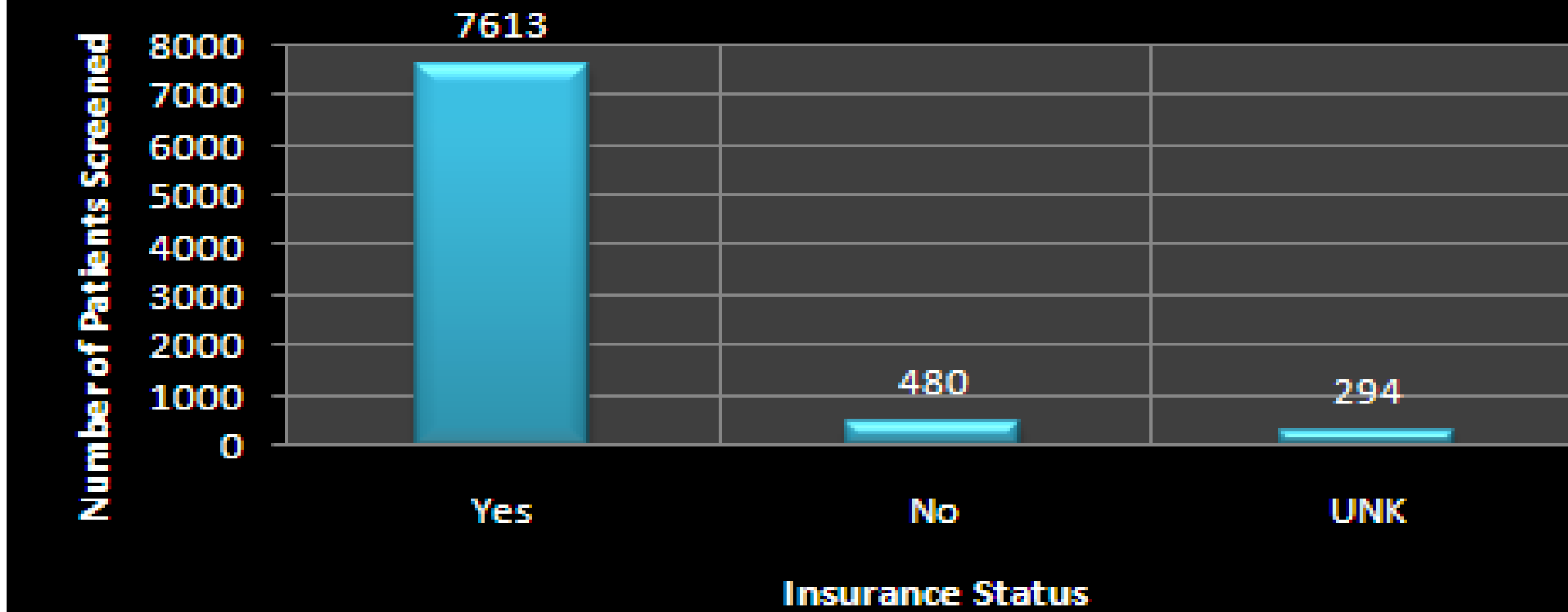
Emergency Department Race/Ethnicity Distribution in 2014



Gender Distribution of Patients Tested in the Emergency Department in 2014



Insurance Status of Patients Tested in the Emergency Department in 2014



Risk Factors of Patients Screened in the ED in 2014

