Self Requests for ED-Based HIV Testing Yield Higher Positivity Rates than Risk-Based Targeting

Andrew H. Ruffner, MA, LSW; Kimberly W. Hart, MA; Rachel M. Ancona, BS; D'Vaughn House; Christopher J. Lindsell, PhD; Michael S. Lyons, MD, MPH
University of Cincinnati, Department of Emergency Medicine

UNIVERSITY OF Cincinnati

BACKGROUND

Opportunistic HIV screening based on targeted risks in the Emergency Department (ED) is essential for earlier diagnosis of individuals who would not otherwise seek testing. Use of the ED by those who are actively seeking testing is not well-characterized, however.

Our ED offers targeted screening to patients, but also offers a unique HIV testing pathway on a "walk-in basis" without requiring people to register as ED patients.

OBJECTIVES

We sought to compare demographics, risk behaviors and positivity rates for ED patients who:

- Are risk-targeted by staff
- Self-request testing during their medical course
- Use the walk-in service

METHODS

- Cross-sectional prevalence study of records from ED-based program for 2013
- Data obtained through structured forms used to guide risk-reduction counseling
- Analysis methods primarily descriptive, examining proportional differences between groups

TESTING PATHWAYS AND PRIMARY OUTCOMES

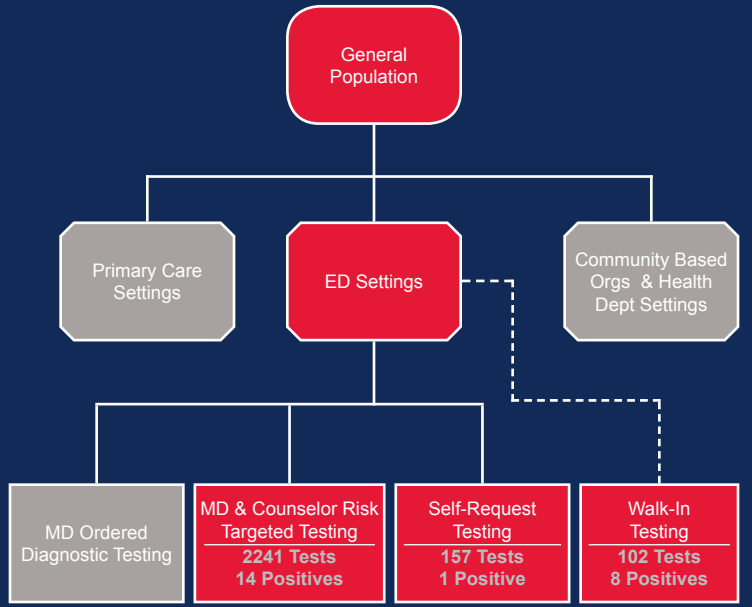

Figure 1. HIV Testing Pathways

Positivity Rates

- Risk-Targeted: 0.6% (95CI: 0.4% - 1.0%)
- Self-Request: 0.6% (95CI: 0.1% - 2.9%)
- Walk-In: 7.8% (95CI: 3.8% - 14.3%)

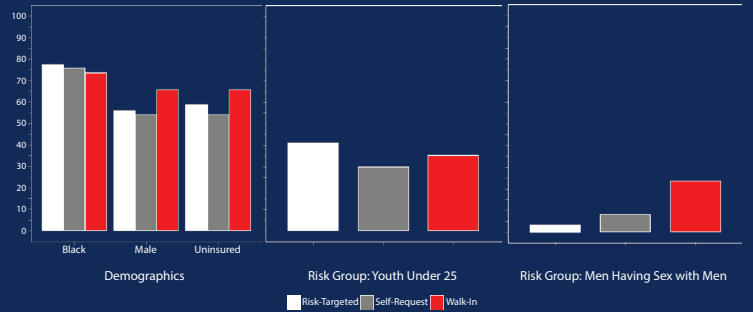

Figure 2. Sample Proportions for Demographics and Targeted Risk Groups

CONCLUSIONS

The ED's role in the community can be leveraged to provide health screening services to people who are not registering to receive emergency care.

- Walk-in patients had a higher positivity rate, presumably due to a greater proportion of men having sex with men and a correlation of their perceived risk (sought testing) and actual risk.
- Unknown if, or where patients could have or would have gotten testing elsewhere.
- Accommodating self-requests for HIV tests in EDs is a highly effective way to increase early diagnosis. Walk-ins accounted for 4% of tests, but resulted in 35% of positives identified.