

Implementing and Sustaining Routine HIV Screening of Adolescents in Pediatric Emergency Departments

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Background

- Washington, DC has a very high prevalence of HIV with 2.5% of DC residents living with HIV as of 2012.
- HIV prevalence among 13-19 year old teenagers in DC is 0.2% and rises to 1.0% among 20-29 year old youth.
- In 2009, Children's implemented routine, opt-out, rapid oral fluid HIV screening of adolescents ≥ 13 years old in the main campus ED. The initial designated tester model transitioned to the staff based model in 2011.
- HIV screening with the staff based model began at the UMC community hospital-satellite ED in 2010.

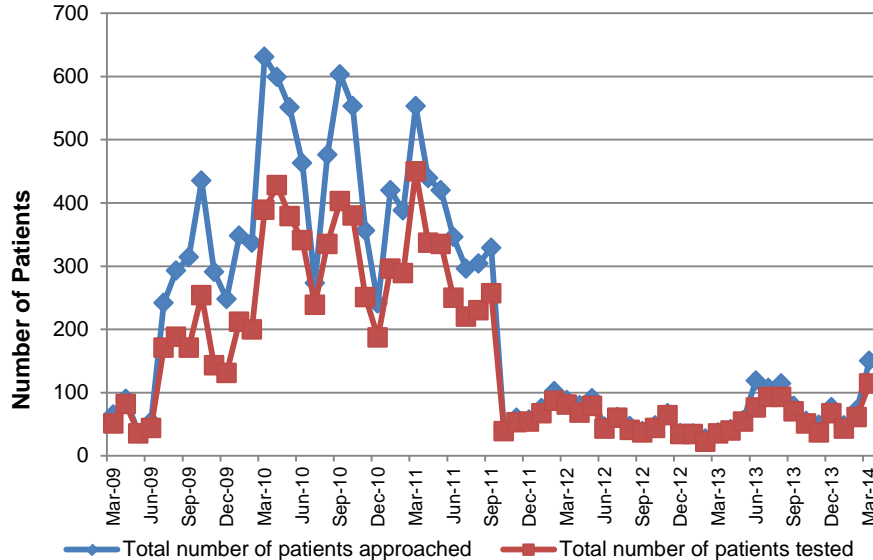
Methods

- Testers approach all patients ≥ 13 years old for the HIV screening who are able to consent for themselves.
- Testers at both EDs complete an HIV Screening Form for every patient approached whether tested or not.
- HIV test results are provided to the patients along with educational information and support services as needed. When present, legal guardians are informed of results with patient's permission.
- In this study we prospectively analyzed and compared the performance of HIV screening program at both EDs, based on the model of testing.

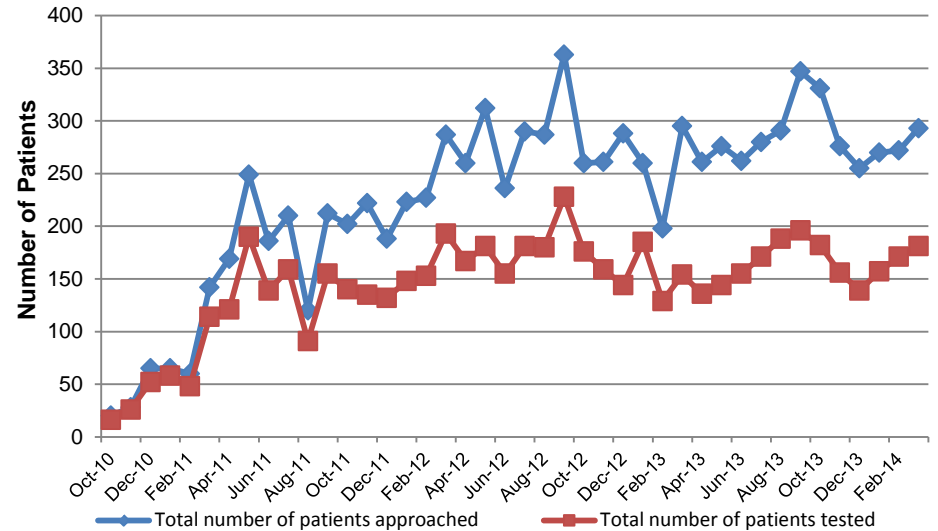


CNHS ED HIV Screening Program Performance

**Approach and Testing Rates at SZ Main ED
March 2009-March 2014**



**Approach and Testing Rates at Satellite UMC ED
October 2010-March 2014**



Conclusions

- Routine HIV screening of adolescents in pediatric EDs is feasible.
- The staff based screening model proved successful in the community pediatric ED.
- The larger and busier main campus ED failed to maintain high rates of testing after transition from dedicated testers to the staff based model.
- Repeat staff education, ongoing campaigning for awareness of HIV locally, and detailed planning and resource allocation are necessary to sustain HIV screening programs in pediatric settings.

