

As Routine As It Gets: Five Years of Routine HIV Screening in two Houston Emergency Centers

Siavash Pasalar¹, Nancy P. Miertschin¹, Shkelzen Hoxhaj², and Thomas P. Giordano²

¹Harris Health System, Houston, TX; ²Baylor College of Medicine, Houston, TX

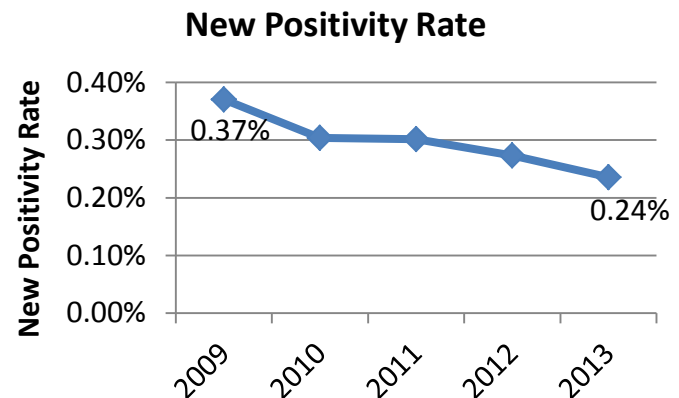
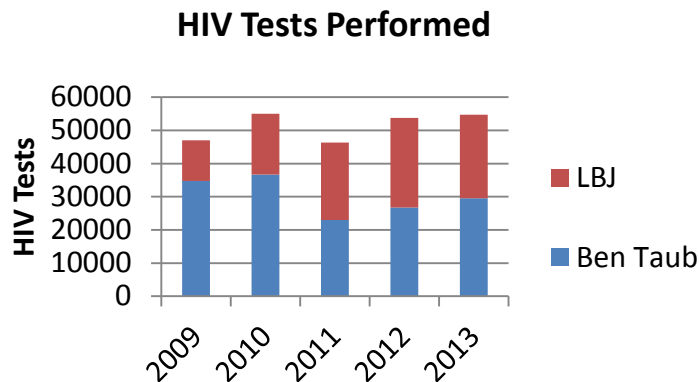


Poster number 38

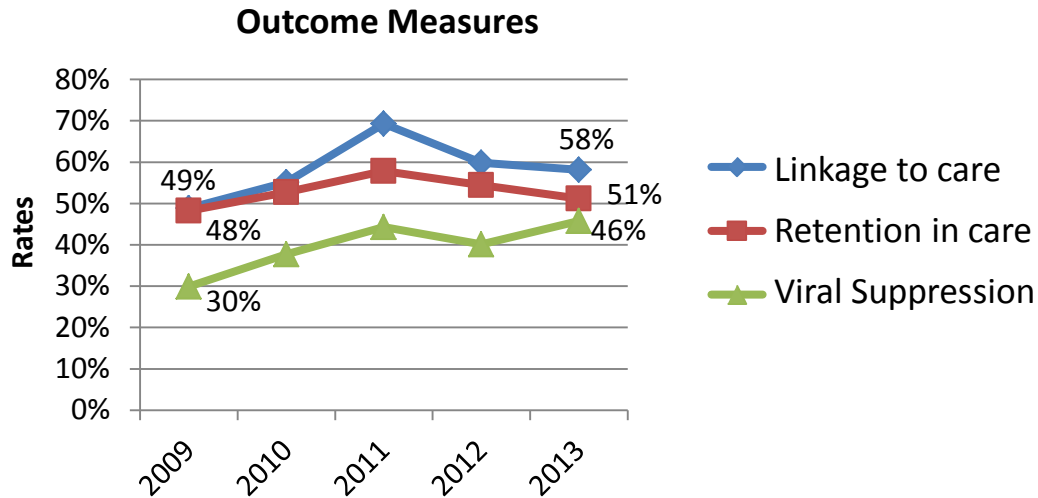
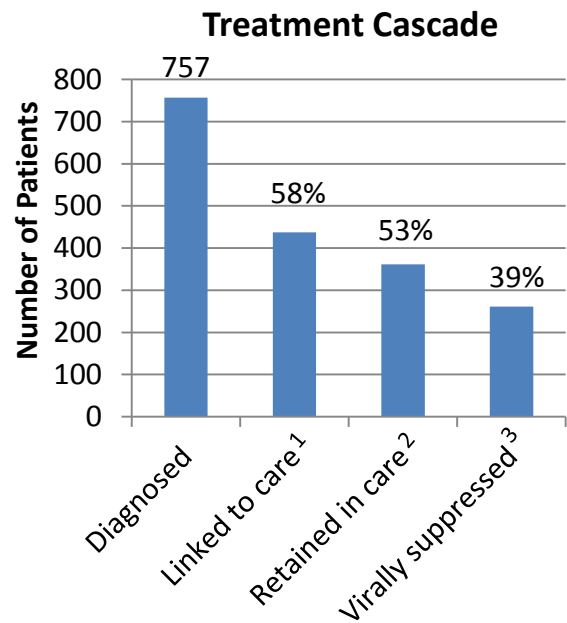
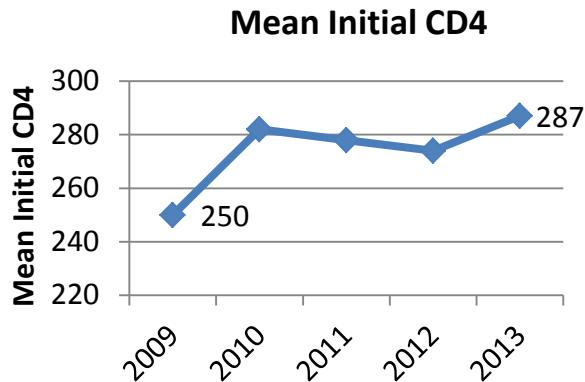
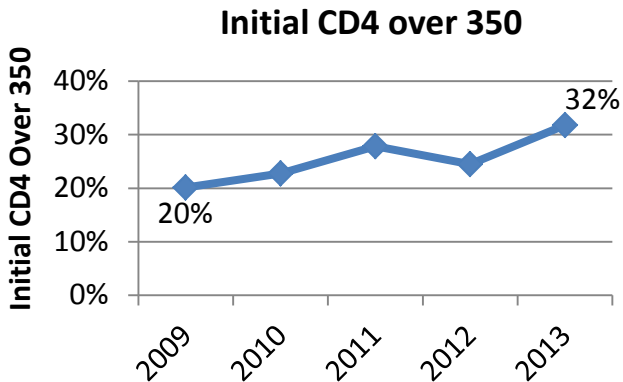
- We would like to thank City of Houston Department of Health and Human Services and Harris County Public Health and Environmental Services for assistance with data.
- Our routine HIV testing program and its evaluation has been supported in part by grants from the CDC, Texas Department of State Health Services, Baylor-UTHouston CFAR, and the Gilead HIV FOCUS program.

Routine Universal Screening for HIV (RUSH) Program:

- Patients 16 and older requiring blood draw for other reasons will receive HIV test unless they opt out
- Patients are informed at registration and are given the opt-out form along with other registration forms
- The program was designed to have minimum impact on the process of patient care in the busy emergency departments:
 - ✓ Standard HIV blood test done on rapid basis → 2 hour turn around time
 - ✓ Service Linkage Workers stationed at each EC deliver positive results, provide counseling, and link to care within 90 days
- Over 250,000 HIV tests in the two EC's between 2009 and 2013, 3946 of which positive (1.5%), including 757 new diagnoses (0.29%):



Patients newly diagnosed with HIV infection in the RUSH program:



¹ HIV PCP visit within 90 days of diagnosis

² Two HIV PCP visits at least 90 days apart within 12 month of diagnosis

³ Viral load of <200 copies/mL within 12 month of diagnosis

Demographics:

		HIV Testing (N=256,888)		New Diagnosis (N=757)		
		N	%	N	%	New Positivity Rate
Sex	Female	137,602	54%	196	26%	0.14%
	Male	119,286	46%	561	74%	0.47%
Ethnicity	Black non-Hispanic	85,050	33%	386	51%	0.45%
	Hispanic	126,009	49%	294	39%	0.23%
	White non-Hispanic	36,894	14%	70	9%	0.19%
	Other	8935	4%	7	1%	0.08%

Limitations:

- Visit and laboratory data were not available from external sources, therefore the presented rates are likely lower bounds.

Conclusions:

- The program has been highly successful in screening patients and identifying undiagnosed HIV-infected persons.
- Male, Black individuals continue to be disproportionately affected by the virus.
- Linkage, retention, and viral suppression rates have improved over the years, but still need improvement.
- Decreasing rate of new diagnosis and improved initial CD4 over the years indicate that the program has made an impact in the community.