Routine HIV Screening, Acute Infection Diagnosis, and Partner Engagement: The Experience of a Safety-Net Provider in Chicago

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Sinai is located on the Westside of Chicago:
- HIV prevalence: 1,030/100,000 persons
- Safety-net provider, teaching hospital
- Level 1 trauma center

HIV testing at Sinai:
- Targeted testing began in 2001 in ED
- Routine testing began in 2011 (FOCUS program)
  - Includes ED, inpatient, outpatient areas
  - 4th generation testing began end of Nov 2012
  - In-hospital/community navigators used for L2C

From December 2012 – March 2015:
- 15,532 patients tested
- 74 patients diagnosed w/new HIV infection
  - 9 acute infections (9.67% of new positives)
Challenging Acute Diagnoses

- 56 year old Black woman
- Present to ED with fever, flu-like symptoms
- Viral load: >500,000 copies/ml
- Allegedly raped by a man
- Patient refused to attend appointments; navigator used sister to increase likelihood of follow-up by patient
- Linked to care after a month
- Initiated treatment 3 months after diagnosis

- 28 year old White man
- Present to ED with fever/confusion
- Viral load: >500,000 copies/ml
- Reported over 100 male partners, traded sex for drugs
- Lost to follow-up after first ID appointment; no treatment prescribed; patient moved out of state—no success in finding patient through friend or health department DIS
- EMR bulletin placed on file and used when he reappeared in ED a year later; initiated treatment in ED

- 25 year old, Black transgendered woman (male to female)
- Present to ED with swollen lymph nodes, discharged at first with no result
- Viral load: >5,000,000 copies/ml
- Rescheduled 1st and 2nd appointment due to vacation/other priorities, but boyfriend was tested; initiated treatment 78 days after diagnosis
Lessons Learned from Identifying Acute Infections via Routine Screening

**DIAGNOSIS:**
- Respect physician’s learning curve! Some may not understand what to do after a negative confirmatory test; conduct multi-day EMR surveillance to ensure algorithm is followed
- Patient’s priority may not be yours. Patients have priorities that have nothing to do with diagnosis; anticipate/safe-guard against them being lost to follow-up

**LINKAGE TO CARE:**
- Reduce the time lapse to treatment...by having appointment slots available within the first week of diagnosis and ensuring that the care team is aware of the patient/public health significance of acute infection
  - Sinai acute L2C Range: average is 12 days (range 3 – 42 days)
  - Sinai Tx Start date Range: day of diagnosis to 78 days

**PARTNER ENGAGEMENT:**
- Be ready to go when partner elicitation is important to patient! Make home visits, consider incentives, have a way to test the partner, have PrEP resources, consider social/sexual network not just immediate partners