2015 National Summit on HCV and HIV Diagnosis, Prevention, and Access to Care

Advancing Methods to Support Early HIV Detection

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Routine Screening Overview

- 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)

TEST: FOUR PILLARS OF ROUTINE SCREENING

TESTING INTEGRATED INTO NORMAL CLINICAL FLOW

To promote the normalization and sustainability of testing.

ELECTRONIC MEDICAL RECORD MODIFICATION

To prompt testing, automate processes, populate lab orders and track performance.

SYSTEMIC POLICY CHANGE

A multi-level, organization-wide commitment to implement routine testing and linkage to care.

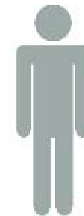
TRAINING, FEEDBACK & QUALITY IMPROVEMENT

To identify best practices and motivate staff.

FOCUS FOUR PILLARS, GILEAD SCIENCES, 2014

Challenging Acute Diagnoses

- 56 year old Black woman
- Presented 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
- Presented 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)
- Presented 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