

A Model for Routinized Hospital-wide HIV Screening: Lessons Learned and Public Health Implications

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Context The Centers for Disease Control and Prevention estimates that approximately 250,000 Americans who are HIV-positive do not know they are infected. This group represents an important reservoir for virus transmission. The revised CDC recommendations for HIV screening promote routine screening in the healthcare setting.

- The CDC revised its recommendations for HIV screening in September 2006 to be more inclusive and streamlined:
 - HIV screening should be routine for all patients aged 13-64.
 - Verbal consent would be adequate with an opt out policy.
 - Prevention counseling would not be required as part of testing/screening programs in health care settings.

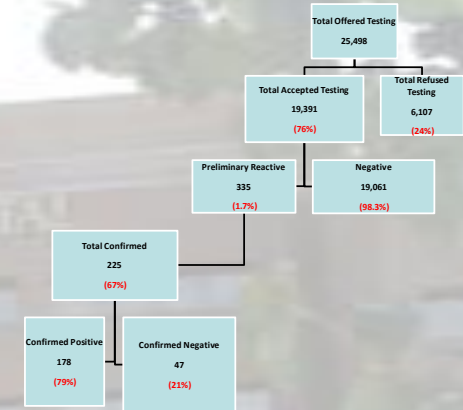
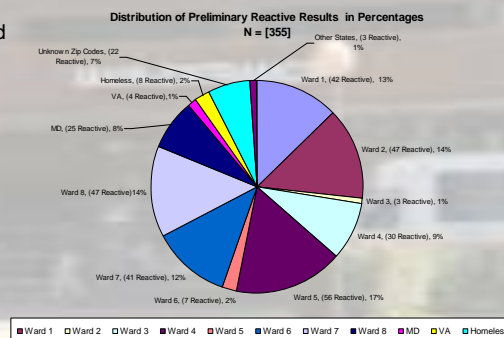
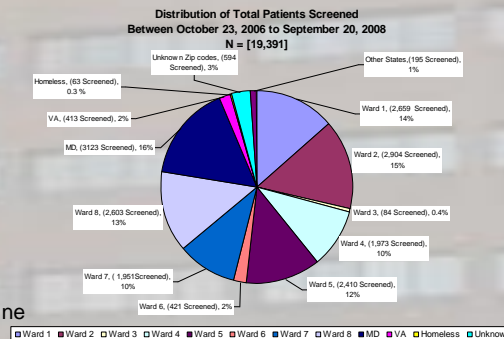
- The CDC assumptions were that earlier detection would
 - Decrease transmission through risk behavior modification
 - Decrease treatment cost by linking HIV infected patients into care before they became symptomatic.

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Objective To develop and implement a routinized hospital-wide routine rapid HIV screening program.

Methods: Rapid oral fluid-based HIV testing was conducted at Howard University Hospital (HUH) on consenting patients ages 13 years and older using the OraSure OraQuick *Advance*® Rapid HIV-1/2 Antibody Test. Screened patients received immediate test results with subsequent confirmatory testing in the event of a preliminary reactive result. Patients were offered a direct link to continued care. We report here on the results of screening during the 2 year period October 23, 2006 through September 20, 2008.

Data on the number of patients offered HIV screening, the number tested, the number of screened patients with a preliminary reactive result, and the results of confirmatory testing are provided. Information on the numbers of patients tested were characterized by location of testing, gender, racial make-up, and age.



Results Of the 25,498 patients offered HIV testing, 19,391 consented. A preliminary reactive test result was identified in 335 patients (1.7%). Overall, 67.0% of the preliminary reactive results were confirmed, with 79.0% confirmed positive. A change in the screening protocol led to an improved, 90% confirmatory testing rate compared to the start of the program.

Number of Patients Screened / Percentages

Ward No.	No. of Patients	Percentage of Patients
Ward 1	2,657	13.7%
Ward 2	2,904	15.0%
Ward 3	84	0.4%
Ward 4	1,873	10.2%
Ward 5	2,410	12.4%
Ward 6	421	2.2%
Ward 7	1,951	10.1%
Ward 8	2,603	13.4%
MD	3,123	16.1%
VA	413	2.1%
Homeless	63	0.3%
Unknown Zip codes	594	3.1%
Other States	195	1.0%
Total	19,391	100%

Distribution of Preliminary Reactive Results / Percentages

Ward No.	No. of Preliminary Reactive Patients	Percent Preliminary Reactive
Ward 1	42	13.0%
Ward 2	47	14.0%
Ward 3	3	1.0%
Ward 4	30	9.0%
Ward 5	56	17.0%
Ward 6	7	2.1%
Ward 7	41	12.2%
Ward 8	47	14.0%
MD	25	8.0%
VA	4	1.2%
Homeless	8	2.4%
Unknown Zip codes	22	6.6%
Other States	3	1.0%
Total	335	100%

Conclusions Hospital-wide routine HIV screening is feasible and can be implemented effectively and efficiently. The HIV screening campaign instituted at HUH identified HIV-infected individuals and provided a critical connection to follow-up testing, counseling, and disease management services.