

Reducing Health Disparities Through HIV Testing: Assessing and Managing Co-morbidities in an Urban Population Undergoing HIV Testing

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Objective

To describe chronic, asymptomatic co-morbidities, previously undiagnosed or untreated, that are diagnosed and treated upon linkage to HIV care in a largely minority urban population undergoing routine rapid HIV testing.

Methods

HIV rapid testing was offered to individuals seeking care at the walk-in clinics or urgent care centers of Philadelphia's District Health Centers between July 1, 2007 and July 30, 2008. All individuals testing positive were linked to care. Data were collected on both chronic asymptomatic co-morbidities that were previously diagnosed but untreated until linkage to care, as well as co-morbidities that were newly diagnosed within the first 6 months of linkage to care.



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Results

Of 4,978 individuals tested for HIV during this time period, 56 tested seropositive for HIV. Of the entire population tested, 57% were women and 43% men. African Americans comprised 72% of the population tested, foreign-born individuals 13%, Hispanics 10% and Caucasians 4%. Of the 56 individuals testing positive, 43% were women and 57% men. Eighty-six percent were African American, 6% Caucasian, 4% Hispanic and 4% foreign-born.

Previously undiagnosed chronic co-morbidities among those testing HIV-positive included hypertension, diabetes mellitus, coronary artery disease, chronic hepatitis C, chronic renal insufficiency, depression and early stage colon cancer. Previously diagnosed but untreated co-morbidities included chronic hepatitis C, depression, hypertension and diabetes mellitus.

Conclusion

HIV-testing provides important opportunities to link HIV-positive individuals to critical treatment and care services. Routine HIV testing among African Americans and uninsured urban populations can also foster timely diagnosis and management of other undiagnosed or untreated health conditions.