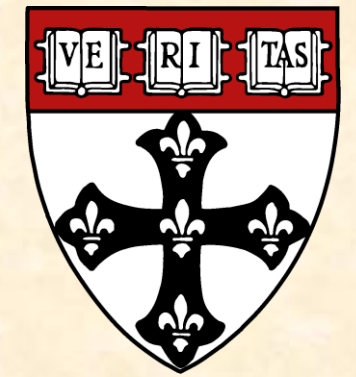


Do emergency department patients want to be screened for HIV?

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OBJECTIVE

The Centers for Disease Control and Prevention and other groups recommend that US emergency departments (EDs) conduct HIV screening programs. Patient acceptance of ED-based HIV screening methods will impact the success of these programs. We surveyed patients on their history of HIV testing, assessed their uptake of “opt-in” rapid HIV screening, and evaluated their satisfaction with being screened for HIV in the ED.



METHODS

At an academic medical center ED in New England, a random sample of 18-55-year-old patients with a sub-critical illness or injury were surveyed about their history of HIV testing and were offered non-targeted, “opt-in,” rapid HIV screening. Variations in patient history of HIV testing and uptake of screening were analyzed with multivariable logistic regression models. Odds ratios (ORs) with corresponding 95% CIs were estimated. Patients tested for HIV were surveyed about their satisfaction with the HIV testing process.

RESULTS

HIV Testing History (n=2099)

- **54.5%** had previously been tested for HIV; **42.5%** within the prior year
- Demographic characteristics associated with never having been tested for HIV:

- ❑ **Male vs. female:**
OR 1.32 [1.37-2.73]
- ❑ **White vs. non-white race:**
OR 1.93 [1.37-2.73]
- ❑ **Married vs. not/never married:**
OR 1.53 [1.12-2.08]
- ❑ **Private vs. government/no insurance:**
OR 2.10 [1.69-2.61]
- ❑ **Age:** The relationship between ages and HIV testing history was U-shaped; younger and older patients were less likely to have been tested
- ❑ **Years of education:** History of HIV testing and years of formal education were not related

Uptake of HIV Screening in the ED (n=2069)

- **39.3%** agreed to HIV screening in the ED
- Demographic characteristics associated with greater uptake of HIV screening in the ED

- ❑ **Female vs. male:**
OR 1.04 [0.85-1.27]
- ❑ **Non-white vs. white race:**
OR 1.28 [1.04-1.58]
- ❑ **Not/never married vs. married:**
OR 1.82 [1.44-2.28]
- ❑ **Government/no vs. private insurance:**
OR 1.40 [1.13-1.74]
- ❑ **<40 years-old vs. ≥40 years-old:**
OR 1.61 [1.32-2.00]
- ❑ **≤12 years vs. >12 years of education:**
OR 1.43 [1.16-1.75]

HIV Screening Satisfaction (n=561)

- **92.5%** believed that their medical care was “not at all” delayed because of being tested
- **94.1%** believed that testing did “not at all” divert attention from the reason for their ED visit
- **80.9%** thought that testing in the ED was “not at all” stressful
- **90.7%** thought that their privacy was “very much” respected while being tested
- **61.3%** would be likely or very likely to undergo testing even if it prolonged their ED visit



CONCLUSIONS

In this “opt-in,” non-targeted, ED-based HIV screening program, patient uptake of HIV screening varied by patient demography. This finding indicates that this approach will not result in universal screening. Patients who agreed to be tested appear to be highly accepting of ED-based HIV screening efforts.