Comparison of HIV Risk for Patients that Consent to or Decline Targeted Opt-in ED HIV Screening

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OBJECTIVES

Methods to increase HIV testing consent rates are a topic of current debate, yet the HIV risk among those who decline is not well understood. The objective of this study was to compare the risk profiles of patients who consent to testing to the risk profiles of those who do not consent to testing. We hypothesized that:

- patients who decline targeted emergency department (ED) screening offered by conventional opt-in consent have increased likelihood of undiagnosed HIV infection compared with those who consent
- formal risk-assessment and prevention counseling could increase consent among those initially declining by encouraging recognition of HIV risk

METHODS

This study was conducted in an urban, academic ED which sees a disadvantaged population of about 85,000 patients annually. Counselors provide conventional HIV counseling and testing with signed opt-in consent and non-rapid assays 24 hours per day. The rate of positive tests for the program is 0.9%.

Patients who decline conventional targeted, opt-in ED HIV screening offered by counselors are invited to participate in risk-reduction counseling on a clinical basis. For this study, they were additionally invited to allow risk-assessment information provided during counseling to be recorded for research purposes.

Characteristics of those declining testing were compared to characteristics of patients who had consented to testing during the same time periods. We considered self-reported behavioral risks and other factors as a surrogate marker for likelihood of undiagnosed HIV infection.

RESULTS

Table 1 Characteristics of patients consenting to and declining HIV testing

		Consenters N=106		Decliners N=60		P-Value
Age	(median/range)	27	(18-70)	28	(18-57)	0.578
Sex	Male	44	(42.3)	35	(58.3)	0.053
	Female	60	(57.7)	25	(41.7)	
Race	White	38	(35.8)	21	(35.0)	0.624
	Black	65	(61.3)	39	(65.0)	
	Other, mixed or unknown race	3	(2.8)	0	(0.0)	
Ethnicity	Hispanic	2	(1.9)	0	(0.0)	0.534
SES	No access to primary care	47	(46.1)	32	(53.3)	0.418
	At or below the poverty level	69	(69.0)	31	(53.4)	0.060
Reason for offer	Patient request	1	(1.0)	1	(1.7)	0.802
	Clinical staff referral based on symptoms or illness	1	(1.0)	0	(0.0)	
	Clinical staff referral based on risk	8	(7.6)	2	(3.3)	
	Counselor identified risks	95	(89.6)	57	(95.0)	

Table 2 Self-reported risk profiles of patients consenting to and declining an HIV test

	Consenters		Decliners		P-Value
MSM	3	(2.8)	1	(1.7)	1.000
>1 partner in past year	55	(51.9)	28	(46.7)	0.628
Sex with an at risk partner	34	(32.1)	18	(30.0)	0.862
IDU who do not share needles	4	(3.8)	2	(3.3)	0.885
IDU who share needles	4	(3.8)	1	(1.7)	
Crack use in past year	11	(10.4)	7	(11.7)	0.800
Prior HIV test (ever)	84	(79.2)	54	(90.0)	0.087
Institutionalized For Drugs Or Alcohol more than 1 year previously	7	(6.6)	4	(6.7)	1.000
Institutionalized For Drugs Or Alcohol less than 1 year previously	10	(9.4)	5	(8.3)	
Institutionalized For Psychiatric Condition more than one year previously	12	(11.3)	5	(8.3)	0.725
Institutionalized For Psychiatric Condition less than one year previously	8	(7.5)	3	(5.0)	
Homeless more than one year previously	16	(15.1)	13	(21.7)	0.524
Homeless less than one year previously	16	(15.1)	9	(15.0)	
Incarcerated more than one year previously	45	(42.5)	25	(41.7)	0.956
Incarcerated less than one year previously	24	(22.6)	15	(25.0)	

Between April and June, 2008, 199 eligible patients were approached for HIV testing during study periods. Of these, 106 consented to testing and 93 declined. The primary reason for declining was a prior negative HIV test (73.3%). Of those declining testing, 60/93 (64.5%) consented to the recording of risk-assessment information for study purposes. Characteristics of patients are shown in Table 1. There were no significant differences in HIV risk profiles between patients who declined or consented to testing (Table 2). After prevention counseling, 4/60 (6.7%) who initially declined asked to be tested.

CONCLUSIONS

- The finding that patients who declined testing are at similarly high risk for HIV as those consenting generally supports the need for progressive consent methods, such as are recommended by the CDC, even in settings where patient selection is targeted. This interpretation should be tempered by the fact that nearly three quarters of patients declining testing did so due to a recent prior negative test.
- Risk reduction counseling was rarely associated with reversal of the initial consent decision and may not be an effective means of increasing consent rate among patients targeted for screening.

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