



Background & Objectives

Two kinds of point of care rapid HIV tests are currently approved by the FDA. One uses whole blood obtained from a finger stick, and the other uses a swab of the oral mucosa. We hypothesized that the acceptance rates for a routine HIV test in the emergency department would be the same regardless of which kind of test was offered.

Materials and Methods

The DC Dept. of Health has supplied point of care HIV test kits to the George Washington University Hospital Emergency Department HIV screening program since 2008, but switched the test from the oral to the finger stick test late in September 2011. We determined the acceptance rate for the finger stick test (Clearview Complete HIV 1/2) over a 6month period, and compared it to the acceptance rate of the oral test (OraQuick Advance Rapid HIV-1/2 Antibody Test) over the same 6-month period in the prior year. A one-month learning period (October 2011) was not included in the analysis which compared the six month period from November 1 2011-April 30, 2012 when the finger stick test was offered with the six month period from November 1, 2010-April 30, 2011 when the oral test was offered. Over the study periods there were usual turnovers in the staff that offer the test, but no other changes in the administration of the test itself.

EFFECT OF CHANGING FROM AN ORAL SWAB TO A WHOLE BLOOD FINGER STICK HIV TEST ON RATES OF ACCEPTANCE

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PERIOD

NUMBER APPROACHE

ACCEPTED

DECLINED

ACCEPTANCE RATE

A two tailed data analysis was performed using the Chi-squared test with Yates' correction. X^2 =6.936 with one degree of freedom. The *P* value was 0.0084.

Conclusions

Our hypothesis that there would be no difference in the acceptance rates for the point of care test was not supported. The acceptance rate for a routine opt out HIV test in an urban emergency department showed a statistically significant decrease when the program switched from a point of care oral test to one that required a finger stick. Since the acceptance rate is critical to large scale HIV testing programs, this effect, if confirmed, should be considered when programs are determining which kind of HIV test to offer patients.

	ORAL SWAB	FINGER STIF
	11/1/10-4/30/11	11/1/11-4/30/12
ED	5938	3661
	3224	2003
	1791	1259
	64.3%	61.4%



