



Routine HIV testing as a vital sign two years experience

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Introduction

HIV prevalence in the District of Columbia (DC) was high at 3.2% in 2009.¹ Following CDC recommendation² and the DC HIV testing initiative Unity Health Care Inc. (UHC) serving 80 000 patients in 24 health care sites throughout Washington city implemented a program called “5th vital sign”. In this program rapid HIV testing is offered to patients once a year at vital signs intake. The objective is to integrate routine HIV testing to existing health care system. We present our experience for the years 2010 and 2011.

Methods

Health care sites posted signs about routine HIV test offers. Written consent by patients and pre-test counseling was not required. When patients age 14-84³ years old present for primary care visit the medical assistant offers an oral swab rapid HIV test as part of the vital signs. If patient declines provider will be alerted in the electronic medical record. Provider then discusses importance of testing and offers to add HIV test to the blood work. This is called the “double knock” approach. All rapid HIV test results are delivered by providers in the regular patient visit time. In addition providers order serum HIV test at any encounter if patient did not have HIV test. Data was collected from electronic medical record. HIV tests made on clinical indications are excluded.

HIV test by Rapid and conventional	N	%
total positive	177	100
Female	61	34.5
Male	116	65.5
African American	164	92.7
others	13	7.3
Median CD4 count	372	-
Mean CD4 count	392	
CD4 count < 200	38	21.5
New patient to Unity	127	71.8
linked to care	153	86.4

Table 1. HIV positive patients tested by rapid and ELISA in years 2010 and 2011

Rapid HIV Test	2010	2011
confirmed positives	65	42
female	24	12
male	41	30
African American	60	40
other races	5	2
median age	35	33
median CD4	376	354
CD4 < 200	12	9

Table 2. confirmed HIV positive patients tested by rapid HIV test in years 2010 and 2011

Serum HIV Test (ELISA)	2010	2011
total positives	33	37
female	14	11
male	19	26
African American	31	33
other races	2	4
declined first offer	6	7
median age	30	38
median CD4	391	320
CD4 <200	6	11

Table 2. confirmed HIV positive patients tested by ELISA in years 2010 and 2011

Results

In 2010 and 2011 total of 45532 HIV tests (29414 females and 16118 males) were made of these 23020 were rapid oral swab tests. Of those tested by oral swab test 36 women and 71 men have confirmed positive results. Of those tested by serum HIV test (ELISA) 25 women and 45 men have confirmed positive results out of which 13 patients had declined the first offer but were tested through double knock approach. 14 patients had prior negative HIV tests in the preceding year. 38 patients had CD4 count below 200. No problem was encountered with patient flow.

Conclusion

- Routine HIV testing is feasible and acceptable to both patients and health care workers.
- It does not require extra personnel and space.
- Routine testing independent of presumed risk factors should identify patients who are not aware of their HIV status.
- Our approach is replicable, and serves as a model for health facilities

References

1. District of Columbia Department of Health HIV/AIDS Hepatitis STD and TB Administration (HAHSTA) Annual report
2. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, MMWR September 22, 2006 / 55(RR14):1-17
3. Come Together DC – Get Screened for HIV, Government of the District of Columbia, Department of Health Administration for HIV policy and Programs

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