



Routine HIV testing as a Vital Sign

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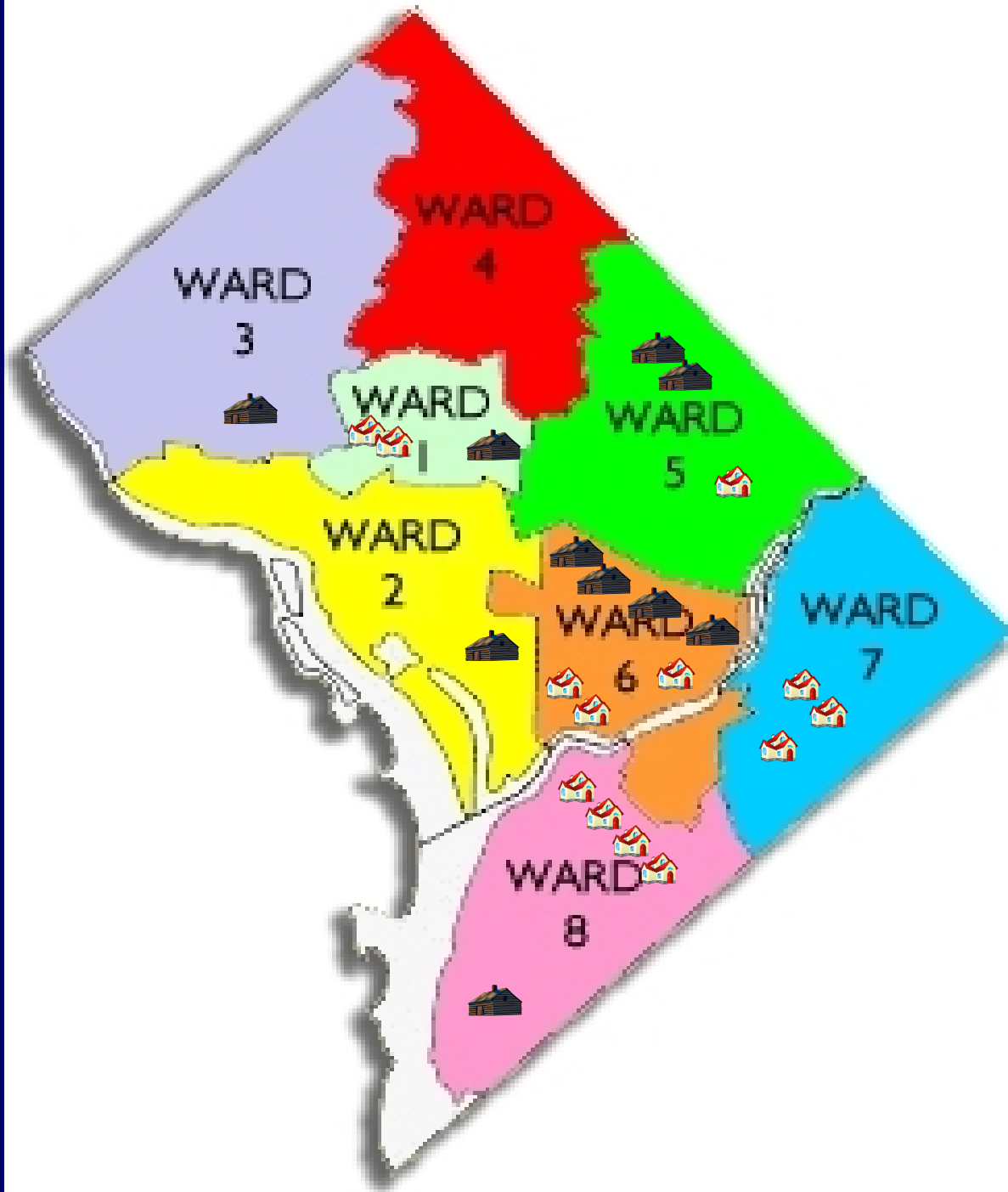
Unity Health Care

- Unity Health Care, Inc. (Unity) was founded in 1985 as the Health Care for the Homeless Project providing primary health care services to homeless individuals and families that resided in local emergency shelters or on the streets of the District of Columbia
- In 1996, the organization expanded as a Community Health Center programs to include the underserved, uninsured and working poor residents of the city



Unity Today

- Total of 29 health centers
 - **13** community based centers
 - **10** Medical sites in homeless shelters
 - **3** School-based health centers
 - **2** Health Services Sites in DC Jails
 - **1** Mobile Outreach Van providing care to homeless persons
- Served more than 90,000 patients
 - Via more than 600,000 visits
- Workforce of more than 1,000 employees as of January 2012

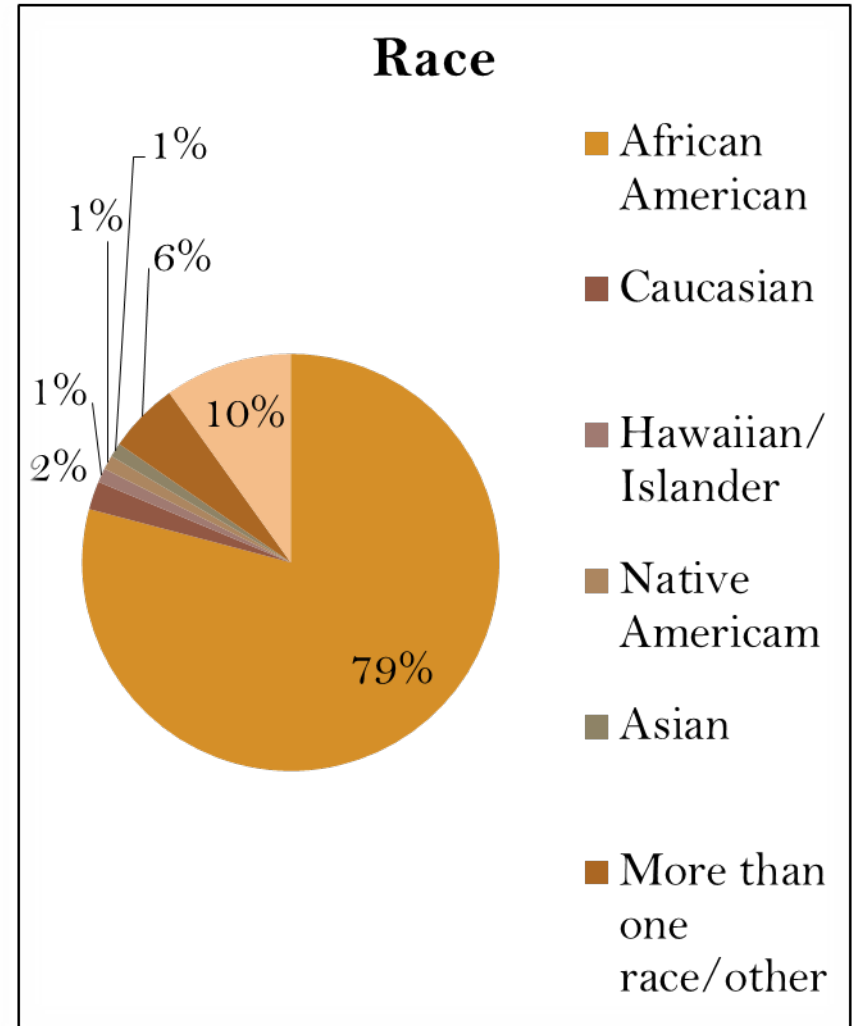


 Health Centers

 Homeless shelter sites

Unity Serves

| Income as percent of poverty level | |
|------------------------------------|-----|
| 100% and below | 76% |
| 100%-200% | 14% |
| More than 200% | 4% |
| Unknown | 6% |



Routine HIV Testing Objective

- HIV prevalence in the District of Columbia was high at 3.2% in 2009.
- Following CDC recommendation and the DC HIV testing initiative
- Unity Health implemented a program called “5th vital sign”
- In this program rapid HIV testing is offered to all patients ages 13 -84 once a year.

Routine HIV Testing 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 13-84 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 offers to add HIV test to the blood work. This is called the “double knock” approach.

Routine HIV Testing

- 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 within a year.
- Data was collected from the electronic medical record
- HIV Tests done on clinical indications are excluded

Results

- In 2010 and 2011 total of 45532 HIV tests were made of these 23020 were rapid oral swab tests

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

| 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 2. confirmed HIV positive patients tested by rapid HIV test 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 ELISA 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 |

- 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

Results

- 127 of 177 (72 %) of those who tested Positive for HIV Test were new to Unity Health Care, test was done on the first or second visit.
- The Median CD4 count of 367 (DC Median CD4 count in 2010 391)
- Patients with CD4 count below 200 at diagnosis was 21.5% goes along with (DC trend drop b 31.7 from 2006 to 2010)
- Linkage to care 86.4 % using the definition (DC: at least 1 CD4 and viral load measurement -76%)
- The male to female ratio of 65.5 to 35.5% was higher than DC 72 vs. 28% (HAHSTA 2011 Annual report)

HIV Testing

Since January 2012 to mid October

- Total of 79 patient are diagnosed with HIV
- 35 of the newly diagnosed were through rapid HIV testing
- 35 (44%)patients are female
- No significant problem was observed by using finger stick
- Stigma



Lab order and drawing by patient visit

| 1/1/12 - 6/30/12 | Patients | % |
|--|-----------------|----------|
| Total patients with primary care visit | 69,955 | 100% |
| Patients with no lab order for blood draw | 10,063 | 14% |
| Patients with lab order, but no blood draw | 25,875 | 37% |
| Patients with blood drawn | 34,017 | 49% |

Conclusion

- Routine HIV testing is feasible and acceptable to both patients and health care workers.
- It does not require extra personnel and space and work flow is integrated within the standard care work flow.
- 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

Acknowledgment

- All Unity Health Care employees in implementing the 5th Vital sign
- The District of Columbia, Department of Health, HIV/AIDS Hepatitis, STD and TB Administration for providing the HIV testing kits and strong support for the program
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- Patrick Sullivan. Emory

Thank you

Prevention

- Are we there yet?

HIV Test rate by patients who visited sites by each year

