

## Emergency Departments Should Consider Rapid HIV Testing in Routine Medical Services

Laurie Barclay, MD

Information from Industry

June 22, 2007 —

Emergency departments

Assess clinically focused product information on Medscape.

[Click Here for Product Infosites -- Information from Industry.](#)

(EDs) should consider integrating rapid HIV testing into their routine medical services to identify patients who are unaware that they are infected with HIV and to link them to health and prevention services, according to a report in the June 22 issue of the *Morbidity and Mortality Weekly Report*.

"Approximately one fourth of the estimated 1 million persons living with human immunodeficiency virus (HIV) in the United States are unaware that they are infected with HIV and at risk for transmitting the virus to others," write E. E. Telzak, MD, from the Bronx Lebanon Hospital Center in New York City, and colleagues. "In April 2003, [the Centers for Disease Control and Prevention] (CDC) announced a new initiative, Advancing HIV Prevention: New Strategies for a Changing Epidemic, aimed at reducing barriers to early diagnosis of HIV infection and increasing access of persons infected with HIV to medical care and prevention services. A priority strategy of this initiative is to make HIV testing a routine part of medical care."

To evaluate the feasibility and acceptability of offering rapid HIV testing as a routine part of healthcare in EDs, a testing program was implemented in April 2004 in one ED in Los Angeles, California, and one in New York City. In January 2005, the program was also implemented in an ED in Oakland, California. Of 9365 persons tested at these 3 EDs during January 2005 to March 2006, 97 (1.0%) ED patients had newly diagnosed HIV infection. Of those 97 patients, 85 (88%) were linked after diagnosis to HIV care and treatment, defined as having at least one medical follow-up visit for HIV care and treatment.

All 3 sites placed posters and brochures in waiting rooms and registration areas advertising the availability of free rapid HIV screening. Persons who, when asked, responded that they were HIV negative or did not know their HIV status were offered testing and had tests performed if they agreed to be tested and provided specific written consent. Preliminary testing was conducted with oral mucosal transudate specimens or finger-stick whole-blood specimens using rapid HIV test kits (OraQuick Advance Rapid HIV-1/2 Antibody Tests). Patients with positive rapid tests received risk-reduction counseling and were asked for a whole-blood or oral specimen for confirmatory testing by Western blot.

Of 186,415 persons who sought care at the 3 participating EDs during the study period, HIV testing was offered to 34,627 (18.6% overall; 47.7% in Oakland, 3.6% in Los Angeles, and 2.1% in New York). Overall, 19,556 (56.5%) of those offered testing agreed to be tested (98.3% in Los Angeles, 84.0% in New York, and 52.8% in Oakland). The proportion of patients actually tested during the ED visit among those who agreed to testing was 99.8% in Los Angeles, 99.4% in New York, and 38.5% in Oakland. Of the 97 patients who were newly diagnosed with HIV, 85 (88%) were then linked to healthcare services.

"The findings in this report suggest that offering HIV testing as an integrated part of routine health-care services in EDs, rather than relying on a clinical- or risk-based approach to testing, is a feasible strategy for identifying persons with previously undiagnosed HIV infection who might

not otherwise access HIV-testing services," an accompanying editorial notes. "The majority of patients (56.5%) offered HIV testing at the three sites agreed to be tested, indicating that opt-in testing is acceptable in ED settings. If a risk-based approach to testing (e.g., testing only those persons reporting male-to-male sexual contact, injection-drug use, commercial sex work, or STD diagnoses) had been used in these three ED demonstration projects, 48% of the persons with newly diagnosed HIV infection would not have been offered testing."

The editorial also notes that revised CDC recommendations for HIV testing in healthcare settings that were published in September 2006 call for HIV testing to become a routine part of medical services using a voluntary, opt-out approach.

Limitations of these findings include failure to offer HIV testing to all patients or to a statistical sample of patients visiting the participating sites. Data on linkage to follow-up healthcare might not include information for some patients who sought care outside of the three EDs included in this report, so the reported proportion of persons with newly identified HIV infection who were linked to care is a minimum estimate.

"Routine testing might increase the linkage of HIV-positive persons to health and prevention services earlier in the course of infection, which might result in improved long-term prognosis and reduced HIV transmission," the editorial concludes. "A combined approach, using dedicated HIV testing personnel in collaboration with existing staff members, might increase testing capacities in EDs, maintain a high rate of acceptance of HIV testing, and facilitate implementation of the opt-out testing approach outlined in the revised CDC recommendations for HIV testing in health-care settings."

An accompanying report describes rapid HIV testing among racial and ethnic minority men who have sex with men (MSM) at 11 gay pride events held in 9 US cities from 2004 to 2006. Of 543 attendees who reported at the time of the event that they had not been previously diagnosed with HIV infection, 133 (24%) were tested for HIV during the event. Eight (6%) of those tested during the event had a positive rapid test result, and subsequent Western blot testing confirmed that all 8 of these were HIV-positive. Four of the 8 newly identified HIV-positive MSM reported having had a negative HIV test result during the preceding year, 1 had never been tested for HIV, and 3 had unknown testing histories.

"Testing at gay pride events provides an opportunity to identify new HIV infections among MSM outside of health-care settings, particularly those from racial/ethnic minority groups," write T. Dowling, MA, MPH, from the San Francisco Department of Public Health in California, and colleagues.

An accompanying editorial describes several challenges faced by community-based organizations (CBOs) and health departments conducting rapid HIV testing at gay pride events, including the amount of resources that can be dedicated to such events and the need for proper follow-up of persons with newly diagnosed HIV infection.

"Future analyses of outreach activities such as the ones described in this report can be used to understand barriers to HIV testing among MSM and help determine the cost-effectiveness of such activities for health departments and CBOs," the editorial notes. "Expansion of HIV testing opportunities for racial/ethnic minorities outside of health-care settings, combined with culturally appropriate behavioral interventions, are important components of ongoing CDC activities to reduce HIV transmission and eliminate disparities in the rates of HIV infection by race and ethnicity."

*MMWR Morb Mortal Wkly Rep.* 2007;56(24):597-601, 602-604.