Correspondence

Implementing Universal Oral HIV Screening in an Urban Emergency Department—Do Demographic Characteristics Impact Acceptance of Testing?

To the Editor—Since 2006, the Centers for Disease Control and Prevention (CDC) have recommended universal human immunodeficiency virus (HIV) screening for asymptomatic adults between 18 and 65 years of age [1]. However, most health care organizations have not implemented these recommendations. We set out to test the feasibility of a universal HIV screening program in the emergency department of an urban university hospital, to assess the prevalence of new HIV diagnoses and the acceptance of testing both overall and dependent on age, race, and sex. We also wanted to assess whether there were logistic or systems issues that may be a barrier to the implementation of a universal HIV screening program.

Patients who were seeking care in the emergency department, regardless of chief complaint, were offered oral HIV testing using OraQuick ADVANCE HIV-1/2 rapid oral HIV kits (OraSure Technologies) [2]. Those patients who were known to be HIV positive or who were non-English speaking were excluded [Q2]. All participants received pre- and post-test counseling, and written consent was obtained by the use of study protocol consent forms and Health Portability and Accountability Act forms. Those who tested positive or whose test results were indeterminate had serum samples obtained on follow-up testing for HIV antibodies in the infectious disease clinic. Study personnel consisted of medical students and residents who were trained in the basic principles of HIV testing and counseling as well as study procedures. The study protocol was approved by the institutional review board at the University of Illinois at Chicago.

Of the 607 patients who were offered testing, 454 (74.8%) accepted (hereafter referred to as the acceptance rate). Of those patients who accepted, 3 (0.7%) had a reactive rapid oral HIV test result that was positive for HIV. [Q3] We found that males, African Americans, and those 35–44 years of age had the highest acceptance rates. Using the χ² test, we found that differences based on age, race, and sex were not considered to be statistically significant. However, using the Mantel-Haenszel χ² test, we identified a significant inverse correlation between age and acceptance rate. One false positive was found, and all patients with a new HIV diagnosis were linked to follow-up care.

According to the CDC guidelines, we found that the patient population seeking care in our emergency department represented a high-prevalence population [1]. We identified an inverse relationship between age and acceptance rate of testing, which suggests that additional health education interventions are needed in these age groups to improve testing acceptance rates. We also found that a significant amount of personnel training and dedicated staff were required to undertake a universal HIV screening program. Consequently, without an adequate budget or the full commitment of emergency department and medical center administrative authorities, the feasibility of implementing the CDC recommendations is problematic, despite legislative efforts by state government to streamline implementation of opt-out testing.

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References


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