



Additional Resources

Pennsylvania/MidAtlantic AIDS Education and Training Center.
130 Desoto Street, A427 Crabtree Hall
Pittsburgh, PA 15261
Phone: 412-624-1895
Fax:412-624-4767
www.pamaaetc.org

Selected Websites

AIDS.gov(provides information on types of HIV tests)
www.aids.gov/testing/types/index.html

CDC's HIV testing in health care setting
www.cdc.gov/hiv/topics/testing/healthcare/

CDC's Revised Recommendations for HIV testing of Adults, Adolescents and Pregnant Women in Health-Care Settings
www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

HIV testing in Emergency Departments: A practical guide
edhivtestguide.org

Food and Drug Administration(provides a list of HIV tests approved by the FDA)
www.fda.gov/cber/products/testkits.htm

National AIDS Education and Training Center
www.aidsetc.org/

Authors

Linda Frank PhD, MSN, ACRN
Principal Investigator and Executive Director
Pennsylvania/Mid-Atlantic AETC
Assistant Professor
Graduate School of Public Health
University of Pittsburgh

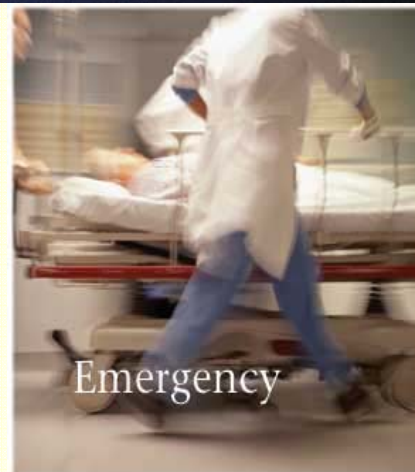
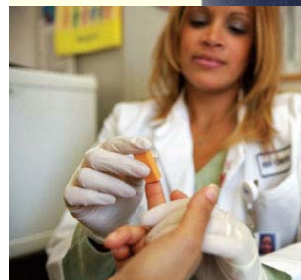
John Acerra M.D
University of Pittsburgh
Department of Emergency Medicine
230 McKee Place, Suite 500
Pittsburgh, PA

Anupama Lochab MBBS, MPH
Post Doctoral Associate
Pennsylvania/ Mid-Atlantic AETC
Graduate School of Public Health
University of Pittsburgh

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Pennsylvania /Mid-Atlantic AIDS Education and Training Center.
University of Pittsburgh, Graduate School of Public Health.
Department of Infectious Diseases and Microbiology.



Emergency Department

Emergency

HIV Testing In Emergency Department

A Guide for Physicians and Clinical Staff

Why should HIV be screened in the emergency departments?

- ◆ The 2006 revised CDC recommendations for routine HIV screening of all patients aged 13-64 years in all healthcare settings including emergency departments.
- ◆ Vital opportunity to reach uninsured and underinsured as emergency visit may be their only contact with health care provider.
- ◆ Cost effective if the prevalence of undetected HIV in population is more than 0.1%.
- ◆ Helps to increase early HIV case finding in patients who are asymptomatic and helps them to link with HIV care and counselors.
- ◆ People who know their HIV status are more likely to take precautions to reduce the likelihood of spreading the virus to others.

Who Needs to be involved?

- ◆ Emergency Department Physician
- ◆ Laboratory director
- ◆ Referral specialist (infectious disease or HIV physician)
- ◆ Medical Center Administrator
- ◆ Department of Public Health/Office of AIDS
- ◆ Testing Personnel



Considerations in planning for HIV Testing in emergency departments

1. Deciding to offer HIV Testing in the Emergency Department.
 - ◆ Review prevalence of HIV in the community/ neighborhood served by the hospital.
 - ◆ Identify community served by the hospital.
 - ◆ List the languages spoken in the community.
 - ◆ Determine primary reasons for which community accesses services in ED.
2. Developing a hospital policy.
 - ◆ Review hospital policies that currently govern HIV testing in the ED.
 - ◆ Identify persons and procedures responsible for developing or changing hospital policies.

3. Making HIV testing available in the ED.

- ◆ Decide the place where testing should be conducted.
 - Point of care? (logistics , trained staff)
 - Laboratory? (24 hr capability, CLIA status)
- ◆ Consider availability of HIV tests in hospital laboratory: Can the tests be done 24/7?
- ◆ Define the process for interpreting HIV test results
 - Determine what is the HIV seroprevalence in the area served by the facility.
 - List what impact of seroprevalence will be on the choice of tests used for rapid testing.
 - Underline how to confirm positive rapid tests with Western blot or IFA—in hospital or external lab.
 - Compare the turn-around time for those test results.
 - Determine how laboratory services can be available 24 hours a day.

4. Considerations in selection of a rapid test product.

- ◆ Recognize the place where test will be done– ED, L&D or laboratory.
- ◆ Define rapid test to be used?
 - oral/ blood
 - which company?
- ◆ Compare sensitivity/specificity of the test with others



5. Insuring the quality of test results.

- ◆ Recognize the need for training to increase proficiency of testing.
- ◆ Plan how often supervision of personnel conducting the rapid tests should be done.

6. Preparing staff to offer HIV testing in the ED.

- ◆ Identify designated staff for HIV testing.
 - ED staff? Or staff from elsewhere in the hospital or community.
- ◆ Plan for staff training for:
 - Pre-test HIV education and post test counseling.
 - Performing the test and interpreting rapid test results.
 - System for on-going training of nursing staff, house officers and physicians.

- ◆ Maintaining Confidentiality:
 - List when, how and by whom HIV testing and test results to be discussed with the patient?
 - Determine availability of interpreter for non English speakers and those with disabilities.

7. Offering HIV testing and treatment.

- ◆ Underline opt- out approach in your state for testing as it is subjected to state laws.
- ◆ Identify education/ information to be provided to the patient prior to testing.
- ◆ Inquire if written materials are available.
- ◆ Find out if written informed consent is mandated by state law or regulation.
- ◆ Determine how HIV and informed consent is documented in the patient's medical record.

8. Documentation and communication of HIV test results.

- ◆ Determine how and where HIV testing is documented in Emergency Department?
- ◆ List how and by whom the HIV testing and test result are documented in the patient's chart?
- ◆ Determine how will preliminary results of rapid tests be communicated to the ED physician?
- ◆ List when and by whom is the HIV test result communicated to the patient?

9. Assuring follow-up and referral for HIV positive and negative results.

- ◆ List how and by whom will positive HIV test results be communicated to the patient's primary care provider?
- ◆ Recognize what HIV care services are already available in your hospital and in community?
- ◆ Identify if referral mechanism exist between the Emergency department and the HIV services?
- ◆ Underline how can ties between HIV services and the Emergency department be strengthened? (e.g. letter of agreement, joint continuing education).
- ◆ Describe how will follow-up care for the patient with a preliminary positive HIV rapid test be assured?
- ◆ List who is responsible for referral for follow-up care.

FDA approved CLIA –waived rapid HIV tests

(CLIA waiver is subjected to state laws)

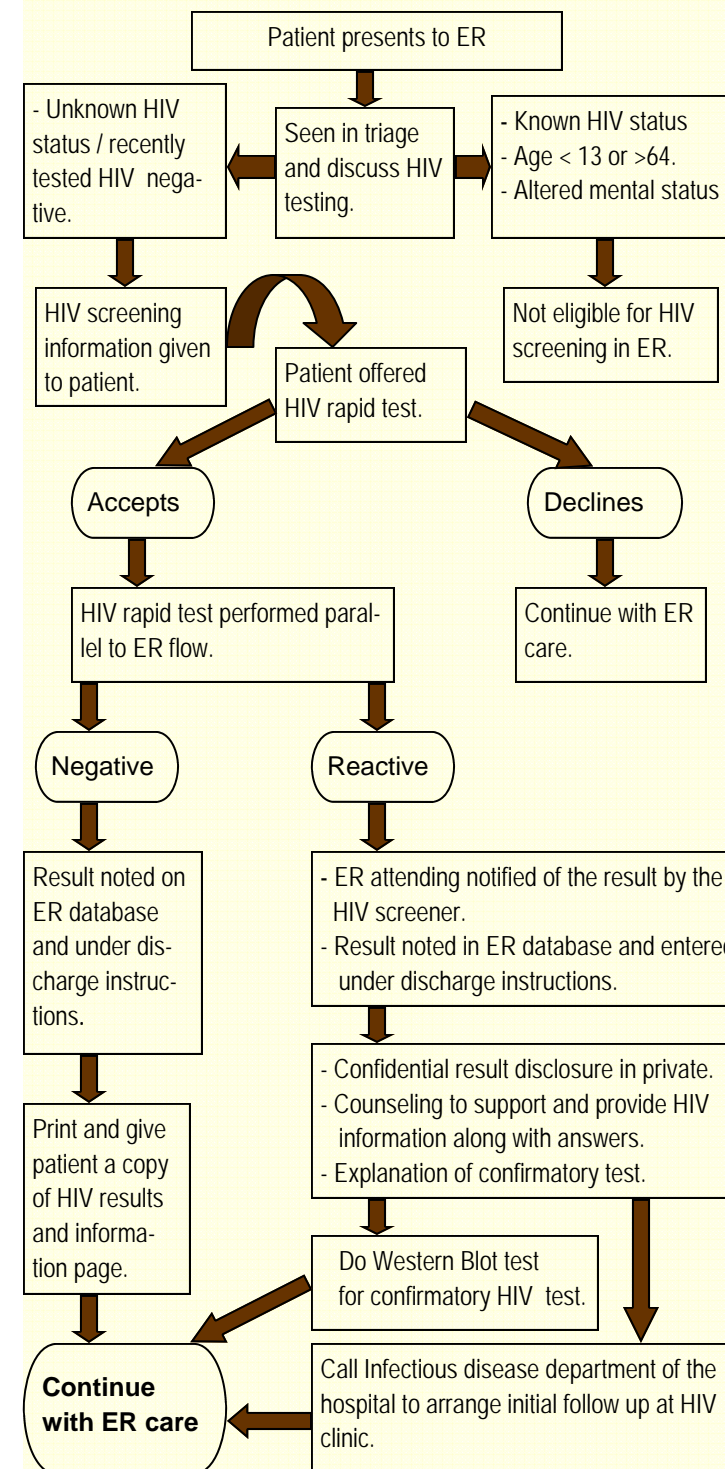
- ◆ **OraQuick ADVANCE (OraSure)**
 - Oral, whole blood by fingerstick or Venipuncture.
 - Results in 20 minutes, 20 minutes interpretation window.
- ◆ **STAT-Pak Assay (Inverness)**
 - Whole blood by fingerstick or venipuncture. Results in 15minutes, 5minutes interpretation window.
- ◆ **Uni-Gold Recombigen HIV (Trinity)**
 - Whole blood by fingerstick or venipuncture. Results in 10 minutes, 2 minutes interpretation window.



HIV Testing and Disclosure Process in Emergency Room

- ◆ **Pre-test counseling**
 - Provision of written materials.
 - Counseling according to state laws.
- ◆ **Abbreviated consent**
 - Separate and written- according to state laws.
 - **Opt out approach:** recommended in the revised CDC guidelines, that HIV testing is a routine part of services offered to all patients aged 13-64 years and will be performed unless the patient declines to be tested.
- ◆ **Post-test counseling**
 - Disclosure and provision of written materials for those who test negatives.
 - Face-to-face counseling for positives test results.
 - Concentrate efforts on who tested positive on screening test.
- ◆ **Negative results**
 - Disclosed at bedside- variable privacy.
 - Written handouts on negative results and information on preventing HIV and its transmission.
- ◆ **Preliminary Positive Results**
 - Confidential disclosure at private place.
 - Counseling to provide support and answer the questions
 - Confirmatory testing explanation.
 - Follow up and patient linkage to HIV care and treatment

Possible Routine HIV Testing Flow in Emergency Room



Staff models to perform HIV testing



Possible Models:

- Tester + ED staff +/- HIV counselor
- ED staff + Lab +/- HIV counselor
- ED staff +/- HIV counselor
- HIV counselor + Lab

Please confirm current laws for routine HIV testing in your state as they might differ from CDC recommendations for HIV testing.

Please also check CDC website for recent updates and recommendations for routine HIV testing in acute care settings. As recommended in 2006, routine HIV testing is new and current data is being collected from ongoing studies across the country.

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