

EXPANDED HIV RAPID TESTING IN EMERGENCY DEPARTMENTS – CHICAGO, ILLINOIS 2007-2009

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HIV Testing Project Goals

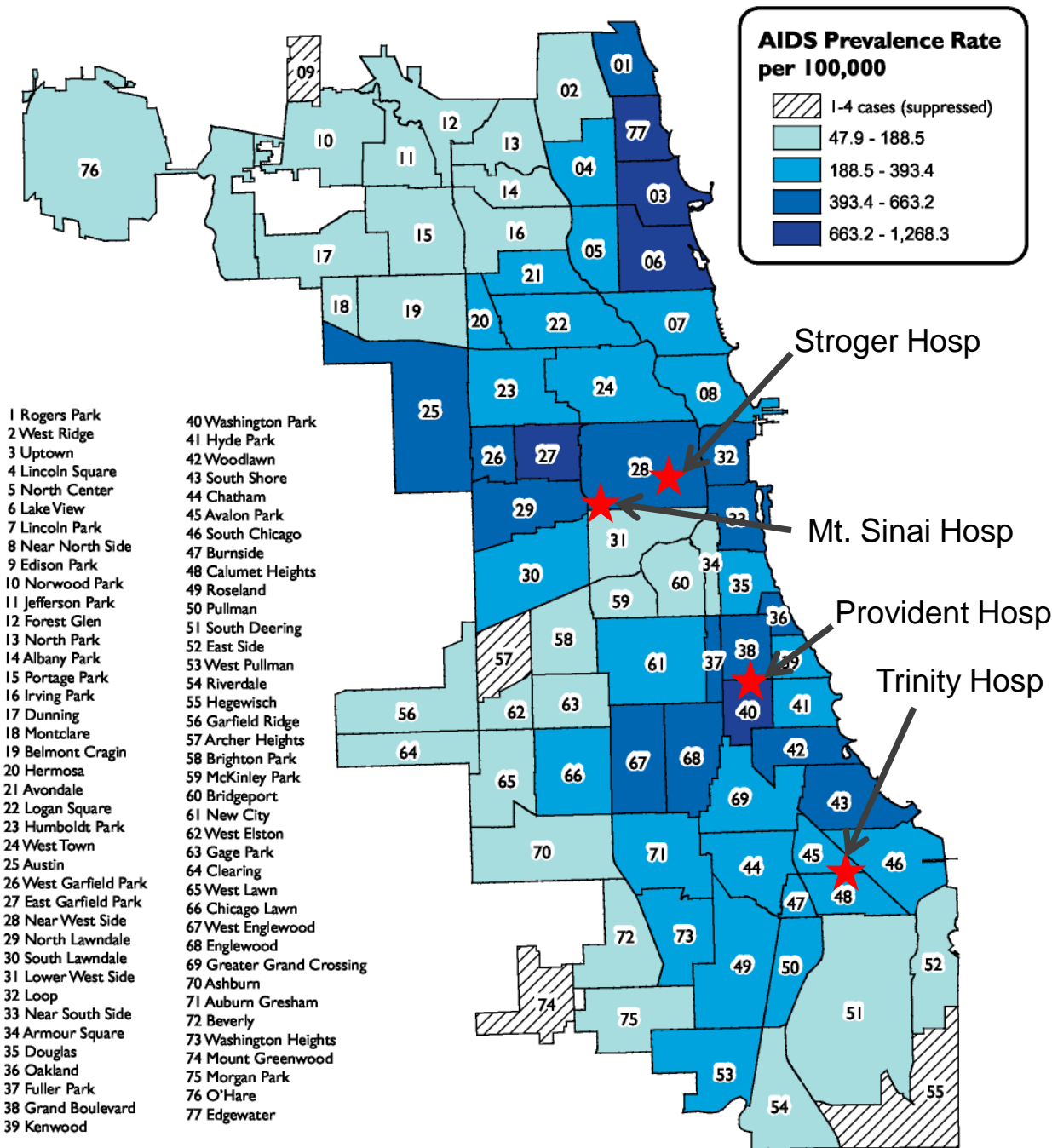
- ◆ Three-year CDC-funded 07-768 project
- ◆ Project goals:
 - ◆ Increase HIV testing among African Americans living in high incidence areas
 - ◆ Increase the number aware of HIV status
 - ◆ Facilitate linkage-to-care

Project Implementation

- ◆ Included four urban hospital-based emergency departments
- ◆ Selection Criteria
 - ◆ High HIV morbidity
 - ◆ Located in community areas of high HIV incidence
 - ◆ Serving communities of color
- ◆ Project conducted by Chicago Department of Public Health with project management by the Public Health Institute of Metropolitan Chicago

Emergency Departments (ED)

Hospital	Type	Size	Annual Patient Census
Mt. Sinai Hospital	Private	26 beds	45,000 patients/year
Stroger Hospital of Cook County	Public	100 beds	125,000 patients/year
Advocate Trinity Hospital	Private	27 beds	35,000 patients/year
Provident Hospital of Cook County	Public	22 beds	40,000 patients/year



Emergency Department HIV Testing Sites and AIDS Prevalence Rate by Community Area – Chicago, 2007

Project Adoption

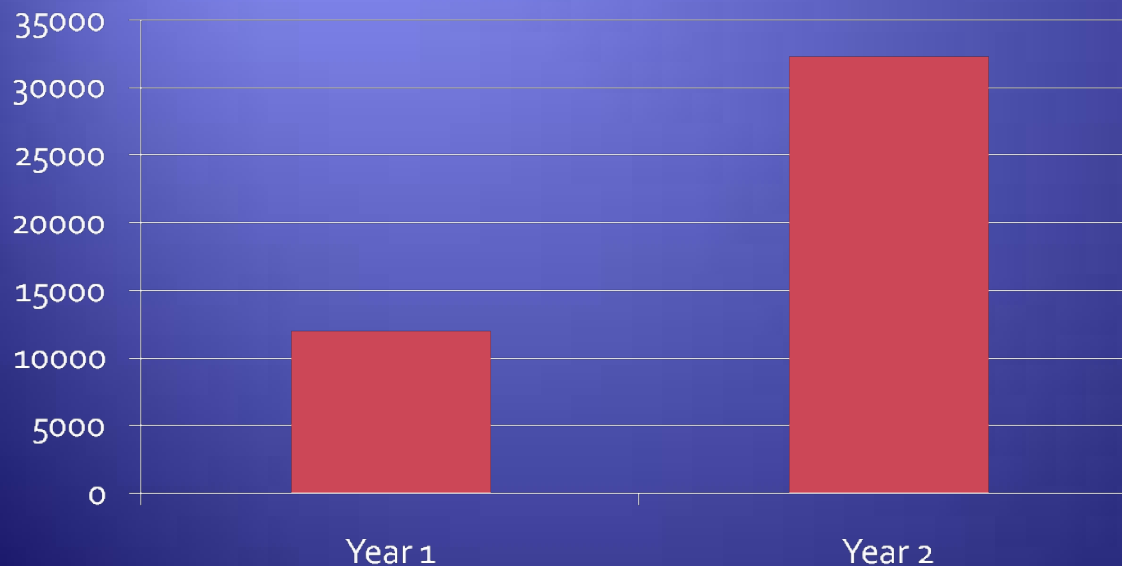
- ◆ Two of the four ED sites had prior experience with HIV rapid testing and two sites implemented testing for the first time
- ◆ Key hospital stakeholders were involved in designing the local implementation
 - ◆ ED staff
 - ◆ Laboratory staff
 - ◆ Administration
 - ◆ HIV clinic staff
- ◆ Rapid test device was chosen at each site

HIV Testing and Linkage-to-Care

- Health educators hired in all EDs to offer HIV screening to all ED patients during working hours
- Brief pretest counseling conducted
- Separate written consent was obtained at three of the ED sites; the fourth ED integrated consent for HIV testing with in general consent for medical care
- Linkage to care was integrated into the testing process for those found to be HIV positive
 - Three of four ED sites had access to a Ryan White Care Act-funded HIV clinic on-site
 - Fourth ED site referred clients to care to local health centers

Expanded HIV Rapid Testing in Emergency Departments

Number of Rapid HIV Tests Performed in
Emergency Departments -
Chicago, 2007-2009



Demographics of Tested Population

Median Age 56 years

Sex

Female 54%

Male 46%

Race

Black 71%

White or
Other 29%

HIV Positivity among Persons Screened in Emergency Departments – Chicago, 2008-2009

- ◆ Of 32,269 screening tests performed,
 - ◆ 195 HIV cases were confirmed
 - ◆ 140 HIV diagnoses were newly identified
- ◆ HIV prevalence was 0.6%
- ◆ Risk factors among HIV+ persons identified:
 - ◆ 38% Men who have Sex with Men
 - ◆ 38% Female
 - ◆ 23% Heterosexual male
 - ◆ 7% Injection drug use

69% of patients found to be positive were reported as linked to HIV care

Results

Two sites – Mt. Sinai and Stroger reported 102 positives, of which 85% have reported CD4 counts

- ◆ Average CD4 at Mt. Sinai – 298 cells/dl
- ◆ Average CD4 at Stroger – 284 cells/dl
- ◆ 45% of patients at these two sites with reported CD4 counts had CD4 counts less than 200 cells/dl

Lessons Learned

- ◆ Rapid HIV testing in Emergency Departments is feasible and reaches a population that may not have otherwise been tested for HIV
- ◆ Testing reached an at-risk population during their medical care visit in the emergency department
- ◆ Hiring health educators was necessary to provide high volume testing
- ◆ Health educators provided HIV prevention services and help facilitate linkage-to-care

Patient and Staff Acceptability

- ◆ Patient acceptability of ED HIV testing was high
- ◆ One health educator states “patients accept and expect the rapid test as part of their adult ED visit”
- ◆ Each site had varied levels of acceptance by ED staff
- ◆ The longer HIV testing was done in the ED the greater acceptance there was by staff

Health Educator Lessons

- ◆ Counselor scripts and informational pamphlets were beneficial to ensure that testers would provide the necessary pre- and post-test counseling
- ◆ Understanding ED flow was critical in gaining ED staff support and allowed testing staff to become part of the ED team
- ◆ Finding the 'right fit staff' was crucial and often required multiple attempts to find

Continuous Project Development and Innovation

- ◆ Each site continued to expand testing by working to identify in new areas of the ED
- ◆ These areas included:
 - ◆ Triage
 - ◆ Waiting area
 - ◆ Fast track
 - ◆ Offering testing to friends and family of patients

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