

HRET/CDC

HIV Prevention in the United States: The Role of Hospitals

Literature Resources on Emergency Department HIV Testing

1. Coil C, Haukoos J, Witt M, et. al. (2004 January) Evaluation of an Emergency Department Referral System for Outpatient HIV Testing. *Journal of Acquired Immune Deficiency Syndromes*. 35(1): 52-55.

Study examines the effectiveness of a referral-based outpatient HIV testing system for patients referred from the ED. Only 11% of referred patients followed up by arriving at the HIV clinic and completing pretest counseling. Study calls for changes in the structure of referral systems, or the use of point-of-care testing (ie rapid test).

2. Rothman R, Kretlogetswe K, Dolan T, Wyer P, Kelen G. (2003 March) Preventive Care in the Emergency Department: Should Emergency Departments Conduct Routine HIV Screening? A Systematic Review. *Academic Emergency Medicine*. 10(3):278-285.

Studies multiple EDs to recommend routine screening for high-risk patients or high-risk populations.

3. Rothman, R. Preventive Care in the Emergency Department: Should Emergency Departments Conduct Routine Screening? A Systematic Review. Lecture notes.

Recommends risk-targeted approach to ED-based HIV testing – cost-effective and practical solution.

4. Peckler, B. (2003 December) Emergency Department HIV Testing: Sounds Good, but...? *Academic Emergency Medicine*. Opinion in response to Rothman et. al. Includes reply from Rothman et. al.

Peckler offers weak response to Rothman's recommendation for emergency department HIV testing. Rothman responds with succinct arguments and strengthens his defense.

5. Fincher-Mergi, M, Cartone, KJ, Mischler, J, et. al. (2002 November) Assessment of Emergency Department Health Care Professionals' Behaviors Regarding HIV Testing and Referral for Patients with STDs. *AIDS Patient Care Standards*. 16(11):549-53.

ED health care profs. frequently fail to provide HIV counseling, testing, and/or referral for patients with suspected STD.

Important finding: twenty-seven percent of respondents indicated HIV testing was not available in their ED despite all hospital laboratories reporting HIV testing capability.

6. Kroc, KA, Kendrick, S, Couture, E, et. al. (2002) Acceptance of Rapid HIV Testing and Entry to Care Among Persons Attending a Large, Urban Emergency Department. *American Public Health Association Annual Meeting*.

Point of care rapid testing in the ED is feasible and provides patients with timely results. Entry into HIV care may be facilitated when testing, results, and referral are all provided during one visit.

7. Kroc, Karen A. (2002) Acceptance of Rapid HIV Testing and Entry to Care Among Persons Attending a Large, Urban Emergency Department. Poster presentation powerpoint slides.
8. Kroc, KA, Kendrick, S, Withum, D et al. (2002, March 4-7) Rapid HIV Testing in an Emergency Department. *2002 National STD Prevention Conference*. San Diego, CA.

Rapid testing improves client receipt of results, and is well received by patients. Point-of-care rapid testing is feasible. Implications: STD prevention programs should consider establishing linkages with EDs to foster HIV testing.

9. Kroc KA, Kendrick S, Withum D, et. al. (2002 March 6) Rapid HIV Testing in an Emergency Department. *2002 National STD Prevention Conference*. San Diego, CA. Oral presentation powerpoint slides.
10. Hawes, John. (2001 October 30) IDSA: HIV Testing in Emergency Rooms May Help Reach At-Risk Populations. *Doctor's Guide News*. San Francisco, CA.

Article describes research done by Brabara M. Gripshover and Michelle Kucia, presented at IDSA conference, that shows HIV testing in EDs to identify HIV infection in ethnic minorities.

11. Irvin, Charlene Babcock. (2000 December) Public Health Preventive Services, Surveillance, and Screening: The Emergency Department's Potential. *Academic Emergency Medicine*. 7(12): 1421-3.

Discussion of the role and potential of emergency departments in preventive services. (no specific mention of HIV)

12. Wilson SR, Mitchell C, Bradbury DR, Chavez J. (1999 July) Testing for HIV: Current Practices in the Academic ED. *American Journal of Emergency Medicine*. 17(4): 354-6.

Academic EDs do not routinely test for HIV in patients suspected of having a STD, and have variable testing practices and policies regarding other possible HIV exposures.

13. Irvin, Charlene Babcock. (2000 December) Public Health Preventive Services, Surveillance, and Screening: The Emergency Department's Potential. *Academic Emergency Medicine*. 7(12): 1421-3.

Discussion of the role and potential of emergency departments in preventive services. (no specific mention of HIV)

14. Merchant, RC. (2000 October) Nonoccupational HIV Postexposure Prophylaxis: A New Role for the Emergency Department. *Annals of Emergency Medicine*. 36(4): 366-375.

Emergency departments are encouraged to anticipate the probable demands for nonoccupational HIV postexposure prophylaxis (PEP) by establishing protocols for its rapid provision and ensuring proper follow-up care.

15. Goggin MA, Davidson AJ, Cantrill SV, et. al. (2000) The Extent of Undiagnosed HIV Infection Among Emergency Department Patients: Results of a Blinded Seroprevalence Survey and a Pilot HIV Testing Program. *The Journal of Emergency Medicine*. 19(1):13-19.

Study examined rate of previously undiagnosed HIV cases among patients presenting to an urban ED, also assesses the feasibility of routinely offering voluntary HIV testing in this setting. Concludes that an ED may be an important setting for routinely offering HIV testing, especially for patients who have not been previously tested for HIV.

16. Wilson SR, Mitchell C, Bradbury DR, Chavez J. (1999 July) Testing for HIV: Current Practices in the Academic ED. *American Journal of Emergency Medicine*. 17(4):354-6.

Finds that academic EDs do not routinely test for HIV in patients suspected of having an STD and have variable testing practices and policies regarding other possible HIV exposures.

17. Kelen, G, Shahan, J, Quinn, T & Project Educate Work Group. (1999 February) Emergency Department-Based HIV Screening and Counseling: Experience with Rapid and Standard Serologic Testing. *Annals of Emergency Medicine*. 33(2):147-155.

Rapid testing in the sample EDs were well-accepted and detected a significant number of new HIV infections earlier than might have otherwise been, particularly among patients sent home. The rapid test is best performed on-site and is very sensitive. These results imply that some EDs could play a major role in the national strategy of early HIV detection.