



# Routine, automated and clinician independent universal screening of HIV infection in an emergency department – reducing late presentation by overcoming barriers to testing



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This project results from a partnership with Gilead Sciences's FOCUS Project



## Background

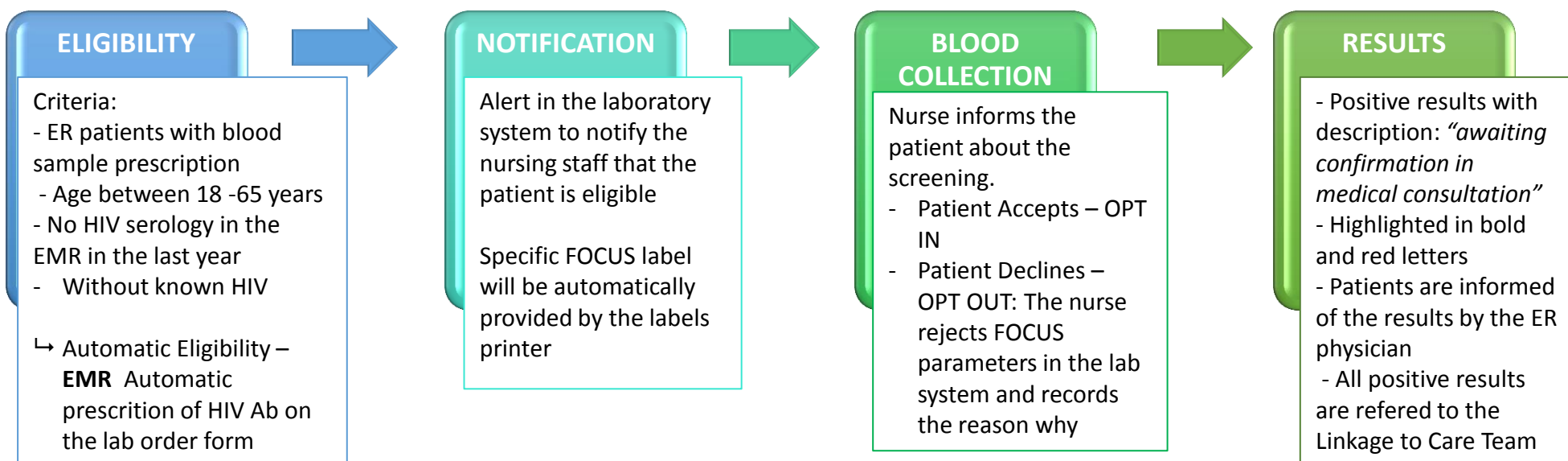
Late presentation of HIV infection, thought to be the main driver of onward viral transmission, is still a major local, national and European problem. Screening and testing awareness campaigns have not had the desired impact in lowering late presentation numbers and there seems to be generalized insufficient HIV testing in different healthcare settings.

We describe the project of a universal, automated and clinician independent HIV screening in a general Emergency Department (ED).

## Material and Methods

Specific changes were made in the Electronic Medic Record (EMR) to automatically integrate HIV screening in the normal clinical flow of the patient. Being completely automated and independent from a clinician's request implies removing the human factor from testing decision.

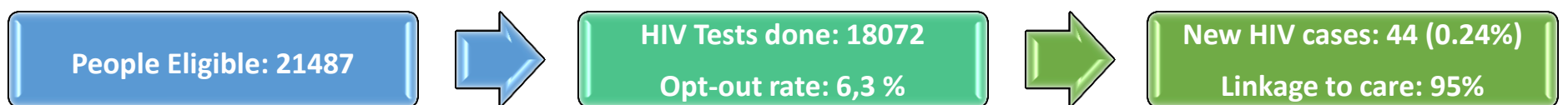
The EMR determines which patients are eligible for screening. An opt-out strategy is adopted.



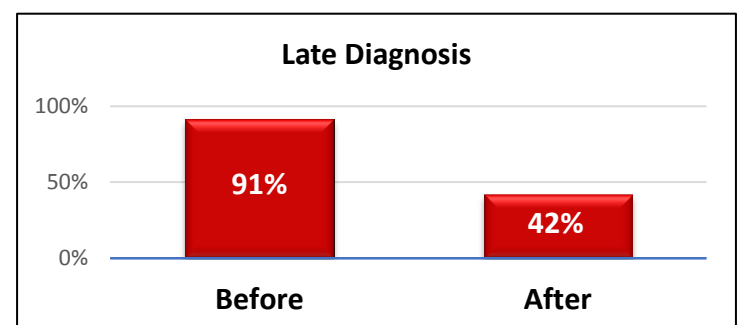
## Results

We present results from the first 16 months of project implementation (Sep/18 until Dec/19).

For our main endpoints we compared this time period with the 16 months before project implementation (May/17 until Aug/18).



	Nr Tested	New HIV cases	CD4+ <350	Average Baseline CD4+	Migrants
May/17 – Aug/18	1892	25	91 %	192	56 %
Set/18 – Dec/19	19185	44	42 %	388	70 %



## Conclusion

- With a completely automated and clinician independent screening program we were able to augment the number of HIV Ab tests in the ER by 925%, over a period of 16 months
- We achieved a significant reduction of HIV late presentation from 91% before the screening project to 42%
- Of significance is that 70% of diagnosed patients were migrants vs 56% before project implementation
- Linkage to care of positive patients was 95%
- Integrating HIV testing in the normal clinical flow makes it possible to bypass commonly identified barriers to testing