POSTER 128









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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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.

ELIGIBILITY

Criteria:

- ER patients with blood sample prescription
- Age between 18 -65 years
- No HIV serology in the EMR in the last year
- Without known HIV
- → Automatic Eligibility –

 EMR Automatic

 prescrition of HIV Ab on
 the lab order form

NOTIFICATION

Alert in the laboratory system to notify the nursing staff that the patient is eligible

Specific FOCUS label will be automatically provided by the labels printer

BLOOD COLLECTION

Nurse informs the patient about the screening.

- Patient Accepts OPT
 IN
- Patient Declines –
 OPT OUT: The nurse
 rejects FOCUS
 parameters in the lab
 system and records
 the reason why

RESULTS

- Positive results with description: "awaiting confirmation in medical consultation"
- Highlighted in bold and red letters
- Patients are informed of the results by the ER physician
- All positive results are refered to the Linkage to Care Team

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).

People Eligible: 21487



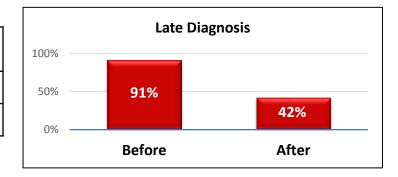
HIV Tests done: 18072
Opt-out rate: 6,3 %



New HIV cases: 44 (0.24%)

Linkage to care: 95%

	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