New Jersey: Emergency Room HIV Testing Works

July 21, 2011 By Tim Horn

Testing people for HIV during visits to hospital emergency departments in New Jersey has yielded the highest percentage of diagnoses of the infection among all publicly funded counseling and testing sites in the state, a finding that underscores the value of routine testing for the virus in trauma centers. The results, which help validate universal testing initiatives targeting hospital emergency departments, were reported Monday, July 18, at the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Rome.

The U.S. Centers for Disease Control and Prevention (CDC) estimates 1.2 million people are living with HIV in the United States. However, 200,000 Americans, or roughly one in five Americans living with HIV, have not been diagnosed and are not aware of their infection. As a result, the CDC recommends all that residents of the United States be screened for HIV in health-care settings as part of routine medical care, in order to identify all people living with the virus and to get them into necessary care.

Voluntary rapid HIV testing through publicly funded counseling and testing sites (CTSs) was implemented in New Jersey in 2003. It is currently offered through more than 70 sites in the state, including federally qualified health centers, community-based organizations, local health departments, mobile vans, prisons and emergency departments.

Nearly 100,000 tests are conducted through CTSs annually.

Voluntary rapid testing at emergency departments was implemented in New Jersey in 2004, following the results of an HIV prevalence study finding that roughly 10 percent of those seeking care through emergency departments in Newark are positive for the virus. Forty percent of those who tested positive for the virus in the study were previously unaware of their HIV status.

As explained by Charlotte Sadashinge, MSS, of the New Jersey Department of Health and Senior Services, 446 of the 6,430 HIV cases (6 percent) documented in New Jersey between 2005 and 2008 were diagnosed at emergency departments.

The percentage of positive tests from emergency department CTSs during this time period, her group's analysis showed, was the highest among all CTS types. Whereas 1.9 percent of those tested for HIV through emergency departments in New Jersey were found to be positive for the

virus, the rate was 1.7 percent in community clinics, 1.4 percent at stand-alone HIV counseling and testing sites, 1.1 percent through drug treatment and corrections programs, 0.6 percent at comprehensive sexually transmitted infection testing sites, and 0.2 percent at family planning/prenatal service centers.

Individuals with no health insurance—which account for nearly 1.3 million residents of New Jersey—often rely on emergency departments for their health care, Sadashinge said. This statistic is notable, given that 36 percent of those who tested positive through emergency departments between 2005 and 2008, compared with 17 percent of those testing positive at all CTSs in the state, did not have health insurance.

Overall, 83 emergency department diagnoses of HIV were made late in the course of the infection—defined as either a concurrent diagnosis of AIDS or the development of AIDS within 12 months of the initial diagnosis.

Thirty percent of those diagnosed through emergency departments were women. African Americans (77 percent) comprised the vast majority of late diagnoses, compared with Hispanics (12 percent) and whites (10 percent). Among the three major transmission categories, 70 percent of the late HIV diagnoses in emergency departments occurred among people exposed through high-risk heterosexual activity, followed by male-to-male sexual transmission (20 percent) and intravenous drug use (10 percent).

In conclusion, Sadashinge commented that expanded testing among emergency department patients is necessary in terms of identifying people who are living with HIV and aren’t aware of their status, particularly those with limited access to health care. Rapid HIV testing through emergency departments, she said, has the additional benefit that patients receive their preliminary HIV test result before leaving the hospital.

“HIV screening in emergency departments integrates HIV services into medical care, and may provide an efficient gateway to HIV prevention and care, particularly for persons with a lower perception of HIV risk, racial and ethnic minorities [and] persons not seeking HIV-specific services,” she said.

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