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# Impact of Rapid HIV Testing in Three Public Venues

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# ABSTRACT: Background

Delayed or non-receipt of HIV test results and delayed entry into care for HIV positive (HIV+) individuals are common problems for public clinics.

The purpose of this study was to assess the feasibility and acceptability of rapid HIV testing (RT) at three high-volume, high-prevalence public venues.

# ABSTRACT: Methods

RT with SUDS® HIV-1 test was offered at 3 sites: an STD clinic, female receiving at a county jail, and a public hospital emergency department (ED).

Patients (pts)  $\geq 18$  years of age, able to provide informed consent, and not known to be HIV+ were eligible.

EIA was also performed on all specimens, and a Western blot on repeatedly reactive specimens.

Health educators performed all counseling, phlebotomy, and RT.

# ABSTRACT: Results

Acceptance of RT and the number of HIV+ pts discovered and who entered into primary care differed at the 3 sites.

More than 98% of all pts received HIV test results before leaving.

Two HIV+ pts expired (1 STD, 1 ED) prior to first primary care visit.

Documented entry into care for HIV+ pts was 100% for the STD clinic (n= 36, median 10 days), 22% for the Jail (n= 2, median 49.5 days), and 80% for the ED (n= 36, median 14 days).

## ABSTRACT: Conclusions

Acceptance of RT was lowest in the ED but the number of new HIV+ patients diagnosed was greater than in the STD clinic where acceptance was highest. Prompt entry into care after RT was high for both settings.

New HIV+ pts discovered by RT in the jail receiving area will require additional efforts to insure entry into care.

# METHODS

The CORE Center STD Screening Clinic (STD)

- Study period: October 1999 – August 2000
- Walk-in STD Clinic for diagnosis and treatment of STDs and for HIV testing
- 10,000 patient visits/year

# METHODS (continued)

## Cook County Jail Female Intake (Jail)

- Study period: October – May 2001 \*
- Largest single-site jail in the U.S.
- 100,000 detainees/year; 15% females

\* SUDS HIV-1 test unavailable for 4 months



# METHODS (continued)

Cook County Hospital Emergency Department

- Study period: June 2001 – February 2002
- Busiest ED in Chicago
- 120,000+ patient visits/year

# METHODS (continued)

- Eligible Criteria: >18 years old, not known to be HIV+
- Counseling and Testing Procedure
  - Three health educators responsible for :
    - Pre-test counseling
    - Obtaining written informed consent
    - Phlebotomy
    - Rapid testing
    - Results and post-test counseling
- Scheduling HIV+ pts for follow-up when receive results

# METHODS (continued)

## Rapid test device

- SUDS® HIV – 1 Test
- Performed point of care
- Reactive SUDS tests repeated in duplicate
- All SUDS tests verified with EIA and WB

# RESULTS

Table 1. Eligibility and Acceptance

	STD	JAIL	ED
# Approach	2641	3055	7072
# (%) Eligible	2018 (76)	2289 (75)	6038 (85)
# (%) Accept RT	1372 (68)	988 (43)	1652 (27)

# RESULTS

Table 2. HIV Prevalence and Entry into Care

	STD	JAIL	ED
# (%) New HIV+	37 (2.7)	9 (0.9)	46 (2.8)
Entry Into Care (median, days)	10	49.5	14

# SUMMARY

- Point-of-care rapid HIV testing is feasible in all three public venues.
- The number of newly identified HIV + pts was greater in the ED than the STD clinic where acceptance was highest.
- Rapid HIV testing improves entry into care in some sites.
- Testing at these sites reaches many individuals who otherwise do not access HIV testing.