

Rapid HIV testing in the ER boosts diagnoses, screening

October 25 2008

One in every 50 people screened for a suspected sexually transmitted infection (STI) in the Emergency Department at Henry Ford Hospital was found to be infected with HIV using a rapid blood sample screening test.

Henry Ford researchers hope their study heightens awareness and directs more focus on implementing future prevention strategies in the HIV/AIDS epidemic. They say testing in the ED could diagnose new HIV infections, expand the reach of screening, and help get patients into counseling and treatment programs.

The study comes on the heels of a report by the U.S. Centers for Disease Control and Prevention that showed an estimated 56,300 HIV infections occurred in the United States in 2006, up by more than 16,000 from a previous estimate earlier this year. The CDC said the difference was due to the use of a more precise method of technology for estimating HIV incidence. The report was published in the Aug. 5 edition of the *Journal of the American Medical Association*.

The CDC noted that while the new estimate did not represent an actual increase in new infections, it showed that the HIV epidemic is worse than previously known. An estimated 275,000 U.S. adults were living with undiagnosed HIV infection in 2006.

"This sobering news should underscore a need to look at new ways of expanding the reach of HIV testing," says Indira Brar, M.D., an

Infectious Disease specialist at Henry Ford and lead author of the study.

"We know that people are more likely to modify risk behaviors and less likely to transmit or acquire infection if they know whether they are HIV positive or not. By offering more testing resources, as our study reflected, we can boost ways to diagnose infections and accelerate progress in reducing the HIV epidemic."

The study will be presented at the annual Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) and the Infectious Diseases Society of America (IDSA) Oct 25-28 in Washington D.C.

Hoping to increase efforts to better track HIV/AIDS prevalence and incidence, the CDC is working with states to implement a national system for estimating HIV incidence based on direct measurement of new HIV infections, closing a previous loophole for tracking the epidemic. The agency also says the new system, when available, will provide the "clearest picture to date" of HIV infections in the country. The new system, the CDC says, will allow better target prevention and measure progress in high-risk populations.

HIV prevalence, defined as people living with HIV/AIDS, increased from 2003-06 nationally, while HIV incidence, defined as new HIV infections, remained stable.

According to the Henry Ford study, patients who sought treatment for a STI in Henry Ford's Emergency Department from 2004-08 were screened for HIV using a rapid antibody test. The test, administered with a finger-stick for a blood sample, provides results for HIV infection in 20 minutes.

Of the 2,575 patients tested for a STI, 56 were newly diagnosed with HIV, the virus that causes AIDS, and a majority of them also tested

positive for gonorrhea, chlamydia or syphilis. Patients received counseling with their results, and were given access to follow-up care within three days.

According to national and state figures, the rate of new HIV infection among African Americans is eight times that of other ethnic groups. In the Henry Ford study, 90 percent of the new diagnoses occurred in African Americans and 75 percent were in men.

The Henry Ford study also found that 55 percent of the ER patients were infected through high-risk heterosexual sex and 35 percent were infected through male-to-male sex, in contrast to 2006 Michigan and national figures in which nearly half of all people diagnosed with HIV in the United States in 2006 were infected through male-to-male sexual contact.

Source: Henry Ford Health System

Citation: Rapid HIV testing in the ER boosts diagnoses, screening (2008, October 25) retrieved 26 April 2024 from <https://medicalxpress.com/news/2008-10-rapid-hiv-er-boosts-screening.html>

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