HIV Screening in the Emergency Department:
Does Testing Methodology Impact the Refusal Rate in Women?

Howard University, Women’s Health Institute, Health Sciences Division, Washington DC, United States
Background

- According to the 2010 Global Report, UNAIDS estimates that women comprise 52% of people living with HIV.

- In the US, women account for 27% of new HIV infections as well as 25% of individuals currently living with the disease.

- DC is in the midst of an epidemic with 3.2% (16,513) of DC residents over the age of 12 years living with HIV/AIDS.

- Black women are 17 times more likely to be living with HIV/AIDS compared to white women.

- Howard University Hospital (HUH) continues to provide routine HIV screening utilizing the opt-out methodology (OOM) to a large minority population who is either under- or uninsured.

- Current Literature: Opt-out testing for stigmatized diseases.

- Objective of study: Identify if the OOM results in fewer refusals among women in an urban hospital setting.
Presented at the 1st Int. Workshop on HIV & Women, 10 - 11 January 2011, Washington DC

Methods

- Free, oral HIV screening was conducted in the Emergency Department (ED) at HUH on consenting women at least 16 years of age.
- Confidentially tested.
- OraSure OraQuick Advance® Rapid HIV-1/2 Antibody Test.
- Opt-out Methodology (OOM) – June 2007 to present.
Results

- During a four year period, 16,112 women were approached for oral HIV screening in the ED; the ethnic/racial breakdown was 84% Black, 4% Hispanic, 2% White and 10% were classified as other.

- Of the women approached, 4,269 (26%) refused screening.

- 2,872 (67%) of those who declined did so during the first seven months when OIM was employed.

- The remaining 1,397 (33%) declined in the last three and half years with the institution of OOM.
## Results

### Table 1: Reasons for refusal

<table>
<thead>
<tr>
<th>Reason</th>
<th>OIM</th>
<th></th>
<th>OOM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (%, n = 2,872)</td>
<td></td>
<td>Number (%, n = 1,397)</td>
<td></td>
</tr>
<tr>
<td>Already HIV+</td>
<td>149</td>
<td>5%</td>
<td>104</td>
<td>7%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>3</td>
<td>0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Required screening</td>
<td>1</td>
<td>0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Screened on a regular basis</td>
<td>319</td>
<td>11%</td>
<td>3</td>
<td>0.2%</td>
</tr>
<tr>
<td>No time to wait</td>
<td>29</td>
<td>1%</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Previously screened</td>
<td>923</td>
<td>32%</td>
<td>753</td>
<td>54%</td>
</tr>
<tr>
<td>Tested offered by healthcare provider</td>
<td>45</td>
<td>2%</td>
<td>86</td>
<td>6%</td>
</tr>
<tr>
<td>Will obtain at a later date</td>
<td>46</td>
<td>2%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>149</td>
<td>5%</td>
<td>16</td>
<td>1%</td>
</tr>
<tr>
<td>No perceived risk</td>
<td>43</td>
<td>1%</td>
<td>13</td>
<td>1%</td>
</tr>
<tr>
<td>Refused screening - no reason</td>
<td>1,165</td>
<td>41%</td>
<td>413</td>
<td>30%</td>
</tr>
</tbody>
</table>
Conclusion

- Our data demonstrates that more women declined oral HIV screening when approached in an OIM versus OOM fashion. This suggests that the current CDC screening recommendations have the potential to reduce stigma by normalizing HIV testing in women screened in an urban hospital setting.
Future Direction

- Strategies must be explored and developed to capture women who are more likely to decline HIV screening.

- Methods for the de-stigmatization of HIV screening should be fostered.
Thank You

- **Routine HIV Screening Program at Howard University Hospital**
  - Ms. Ayda Abdulaha
  - Ms. Kelli Outlaw
  - Ms. Mariba Ferguson
  - Mr. Alem Getahun

- **Center for Infectious Disease Management and Research staff**
References


