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Editorial

Traditional Targeted Rapid HIV Screening

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EDITORIAL

Patients allocated to this arm underwent risk-based HIV screening using conventional risk questions adapted from and recommended by the CDC prior to 2006 and the USPSTF prior to 2013.9,18 A tool was developed, referred to as the Behavioral Risk Screening Tool (BRST), and an affirmative response to any risk question was considered positive and triggered an EHR prompt for the triage nurse to notify the patient that HIV testing would be performed unless declined; patients who did not indicate any risk were not tested for HIV.

Approximately 35.3 million people across the world are infected with Human Immunodeficiency Virus (HIV). Early and accurate knowledge of HIV serostatus of an individual is the cornerstone of HIV prevention and therapeutic intervention. In addition to allowing timely initiation of antiretroviral therapy of the HIV infection, early diagnosis also provides an opportunity to limit the spread of HIV from the infected individuals to the naive population.

All HIV screening was voluntary and confidential with consent obtained in a verbal manner and separate from general consent for care, and all processes were fully integrated into usual emergency care with HIV test results returning during the ED visit. Central laboratory-based fourth-generation antigen-antibody assays were used at all institutions.

With FDA approval of rapid HIV tests, new opportunities for correctional screening programs currently exist. Rapid HIV-testing technology can be implemented on site with minimal laboratory work, and results can be delivered in approximately 20 minutes in conjunction with result-specific post-test counseling and risk-reduction interventions. This is particularly important in jail systems because high turnover rates are often associated with difficulties in implementing routine testing using standard HIV antibody testing, due to the 2-week time period necessary for results. Correctional testing programs that offer routine HIV testing to all persons entering jail ideally deliver test results prior to release, or in the community following release. It is now possible to deliver rapid test results immediately, in conjunction with post-test counseling, linkage to care, and risk-reduction interventions.

The ExaVir assay measures the in vitro activity of HIV-1 reverse transcriptase recovered from HIV-1 virions in plasma. Since an enzyme activity is measured, there are no primers or monoclonal antibodies required. Therefore, the ExaVir assay is less prone to contamination and independent of HIV-1 subtype, extending its use to the rare HIV-O and HIV-N groups. The assay is very specific and fairly sensitive and compares well with the RT-PCR based gold standard.

Although the risk for each individual depends on their behavior, certain populations are more at risk of HIV infection. MSM, immigrants, and sex workers and their clients require targeted preventive interventions. Epidemics in MSM are re-emerging in many high-income countries. Migrants are at high risk of HIV infection and its consequences, and they have a higher frequency of delayed HIV diagnosis and are more vulnerable to the negative effects of HIV status disclosure. For migrants from countries where HIV prevalence is low, their socio-economic vulnerability puts them at risk of acquiring HIV in destination countries.

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