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HIV CASE FINDING – P-U12

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HIV Screening in Emergency Departments: Linkage Works But What About Retention?

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Background

- Universal opt-out HIV screening programs in emergency department (ED) settings successful link persons with HIV (PWH) into care.
  - New HIV diagnoses & out-of-care known HIV positives
- Most of these programs fail to report retention rates.
- The actual impact of ED screening programs on the HIV care cascade remains unknown.

Objective

To evaluate rates of linkage to care and subsequent retention in care associated with an ED-based universal opt-out HIV screening program in San Diego[1]

Methods

- Newly HIV-diagnosed individuals and known out-of-care PWH were identified through EMR-based universal opt-out HIV screening in an ED setting.
  - Known out-of-care PWH was defined as >12 months without a clinic visit
  - All individuals were between the ages of 13 and 64
  - Individuals were identified at University of California San Diego EDs between July 2017 and September 2019.
- Case managers focused on (re)linkage efforts
  - Individuals were (re)linked to care: finding providers, and making appointments, until the individual had their first appointment scheduled.
  - Case management was ceased at the time of (re)linkage.
  - Retention in care was assessed at 6 and 12 months following initial (re)linkage to care.
- Univariate and multivariable binary logistic regression models
  - Assessed demographics, transmission risk behaviors, and social determinants of health (derived from existing literature[2-4]) as predictors of successful linkage and retention in care. **TABLE 1.**
  - Substance use, unstable housing and imprisonment were assessed within 6 months of ED screening.
  - Variables with a p-value <0.2 in univariate analysis were included in the multivariable model. Variables in the final model were selected with a stepwise forward procedure.

After being (re)linked to care, **37% of people with HIV** had fallen out of HIV care within 6 months.

Methamphetamine users were less likely to be retained in care.

Results

- A total of 139 PWH were identified
  - 40 of 47 (85%) newly diagnosed PWH were linked to care
  - 48 of 92 (52%) known out-of-care PWH were re-linked to care
- **Those who had been out of care for >12 months were significantly less likely to be relinked to care** (48% of known out of care PLWH were not linked to care, p=<0.01)
- Newly diagnosed PWH at 6 month follow-up (n=33)
  - 23 (70%) still in care
  - 5 (15%) confirmed to be out of care
  - 5 (15%) unable to be contacted
- Known PWH at 6 month follow-up (n=26)
  - 14 (54%) still in care (not significantly different from newly diagnosed)
  - 11 (42%) confirmed to be out of care
  - 1 (4%) unable to be contacted
- **Methamphetamine use was significantly associated with falling out of care in the multivariable model (**43% of Meth users confirmed out of care, p=0.03) **TABLE 1.**

Table 1: Methamphetamine use associated with falling out of care at 6 months

Model	n = 55	OR	95% CI	p	aOR	95% CI	p
		Univariate Model			Multivariable Model*		
Age (per year)	40.45 ± 12.24	1.04	0.99 – 1.09	0.16	n.s.		
Female Sex at Birth	11 (20%)	1.00	0.25 – 3.95	1.00			
Female Gender Identity	15 (27%)	0.81	0.24 – 2.74	0.73			
Hispanic Ethnicity	23 (42%)	1.05	0.78 – 1.40	0.76			
If male, sex with men (MSM)	26 (47%)	0.87	0.77 – 1.04	0.120	n.s.		
Transperson who has sex with men	5 (9%)	0.93	0.74 – 1.17	0.55			
Injection Drug Use	12 (22%)	0.86	0.74 – 1.00	**0.05**	n.s.		
Methamphetamine use	21 (47%)	0.82	0.68 – 0.98	**0.03**	0.82	0.69 - 0.98	**0.03**
Other Substance Use (excluding alcohol and marijuana)	19 (35%)	0.85	0.72 – 1.01	0.06	n.s.		
Psychiatric Illness	29 (53%)	0.87	0.72 – 1.06	0.17	n.s.		
Unstable Housing	35 (64%)	0.86	0.68 – 1.08	0.65			
Previous Imprisonment	7 (13%)	0.91	0.79 – 1.06	0.21			

*x2 = 1.937; P = 0.164 Hosmer–Lemeshow; forward Wald binary logistic regression.

Abbreviation: OR=odds ratio; aOR=adjusted odds ratio

Conclusions

- While our universal opt-out ED HIV screening program achieved high rates of (re)linkage to care, 37% PWH fell out of care within 6 months (again).
- Persons using methamphetamine may benefit from continuous case management that goes beyond initial linkage to achieve higher rates of retention in care and increase the impact of ED HIV screening programs.

References

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