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The impact of opt-out hiv testing among hospitalized patients on number of cases detected and linkage to care: a systematic review

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Background: The WHO released a policy statement emphasizing the importance of increasing knowledge of HIV status in expanding treatment and care. Routine opt-out screening is one approach meant to remove barriers to HIV testing by informing all patients that an HIV test will be performed unless they decline testing.

Objective: This study aims to describe the implementation of an opt-out HIV testing strategy in hospitals and report outcomes in terms of number of new HIV cases identified and linked to care.

Methods: A systematic search through PubMed/MEDLINE, EMBASE, CENTRAL, Science Direct, JSTOR, and SCOPUS was done. Studies were included if they involved a routine opt-out HIV screening program that elaborated on the process of its implementation at a hospital, the number of HIV cases identified and linked to care. Studies and data involving pediatric populations, health care personnel alone, out-patient department setting, or known HIV status, were excluded.

Results: Database search identified 564 studies and 16 studies met our inclusion criteria. Thirteen were situated in acute care units, two in the medical or surgical wards, and one in both acute care and general in patient units. Seven studies integrated their testing protocol to existing hospital pathways, and did not require more staff. Across all studies, the most common reason for eligible patients to decline testing was the perception that they were not at risk for HIV infection. The opt-out HIV testing strategy had an average acceptance rate of 60.5%, average new cases detected of 0.8%, 81.4% of which were linked to care.

Conclusions: Opt-out HIV testing in the context of in-hospital care is found to be acceptable and feasible by several institutions worldwide. This strategy may result in a greater number of cases detected and earlier linkage to care. Further studies must be done, focusing on cost-effectiveness, and application in third-world or resource-limited contexts.

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