

Importance of Rapid HIV Point of Care Testing in Ambulatory Settings

Amy Runge, MEd, BSN, RN, ACRN, Hazel Gusman, MSN, RN, ACRN, Rachel Summers, BSN, RN and Sharon Warren, MSN, RN, CCM



BACKGROUND

UMC Wellness Center has been pioneering care for patients living with human immunodeficiency virus (HIV) for more than 35 years. Their support towards ending the HIV epidemic initiative by the Health Resources and Services Administration (HRSA) has been ongoing, especially with community access of HIV point of care testing (POCT) for patients 15-65 at all UMC Quick Care clinics.

The trends and numbers for newly diagnosed people with HIV in Clark County highlight the need for testing, treatment and prevention in the community. Normalizing HIV testing in our community supports Nevada Senate Bill 211 in requiring emergency medical services in a hospital, or primary care to offer HIV and sexually transmitted infections (STI) testing to patients 15-65 years old.

METHODS

Continuous education, support and training is ongoing and offered to all ambulatory staff members, reducing the stigma surrounding HIV and STIs.

During triage at the ambulatory clinics, patients between the ages of 15-65 years old are screened for HIV through questionnaires that allow patients to opt-in for a rapid HIV POCT. The process includes a 1-minute finger stick HIV POCT that results in 1 minute and detects HIV 1 and 2 antibodies. If the test is reactive (positive), a confirmatory POCT is ordered. The confirmatory test utilized is the Abbott determine, which detects HIV 1 and 2 antibodies along with HIV antigens. This test results in 20 minutes. Once a patient has a reactive test, the nurse navigators at the wellness center are notified and go to the clinic to establish rapport, provide counseling, education, and link them to care.

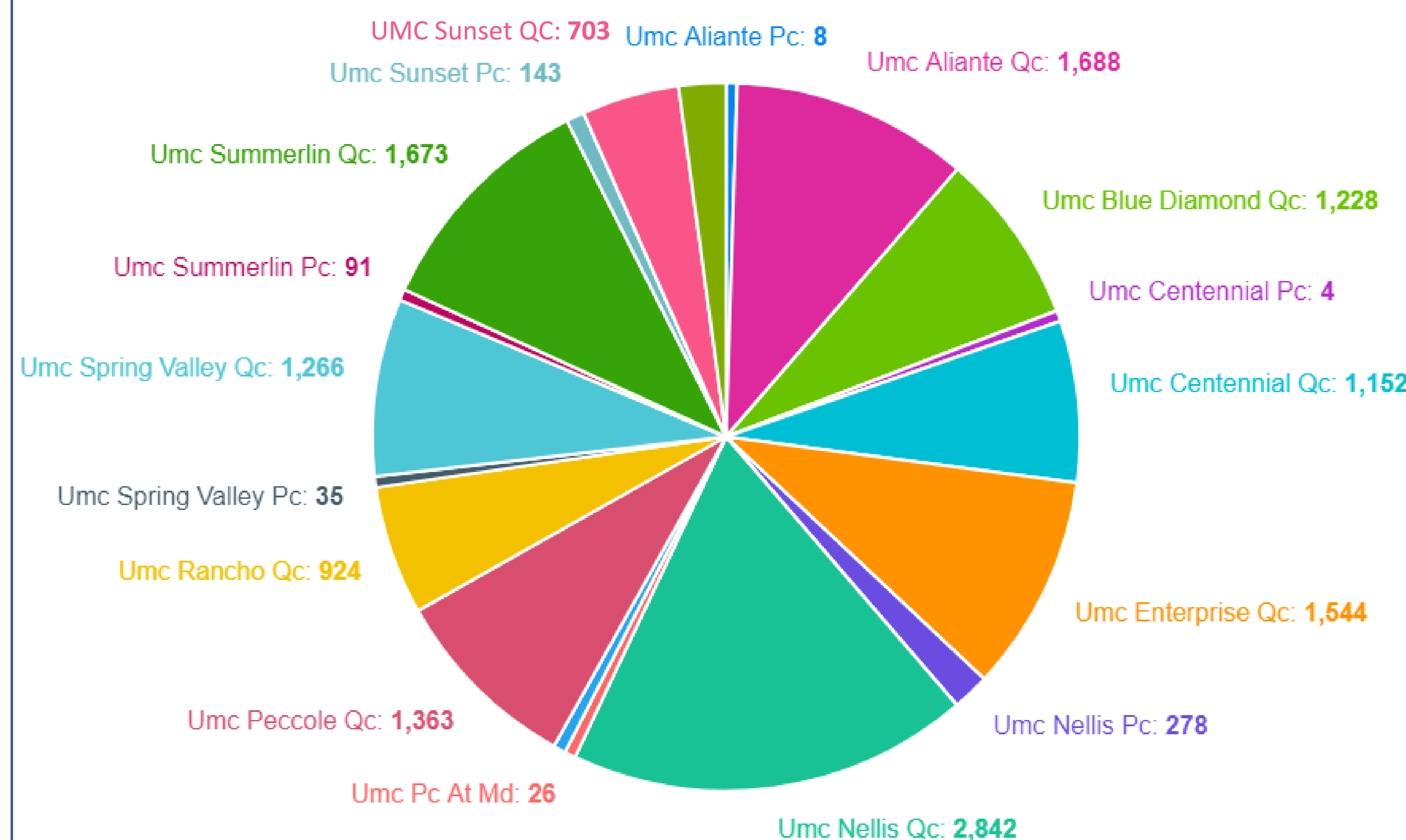
PURPOSE

Providing the opportunity for patients to be aware of their HIV status will help end the HIV epidemic. Through screening of patients in support of NV Senate Bill 211, we are able to offer testing to patients ages 15-65 regardless of their reason for visit to the quick care.

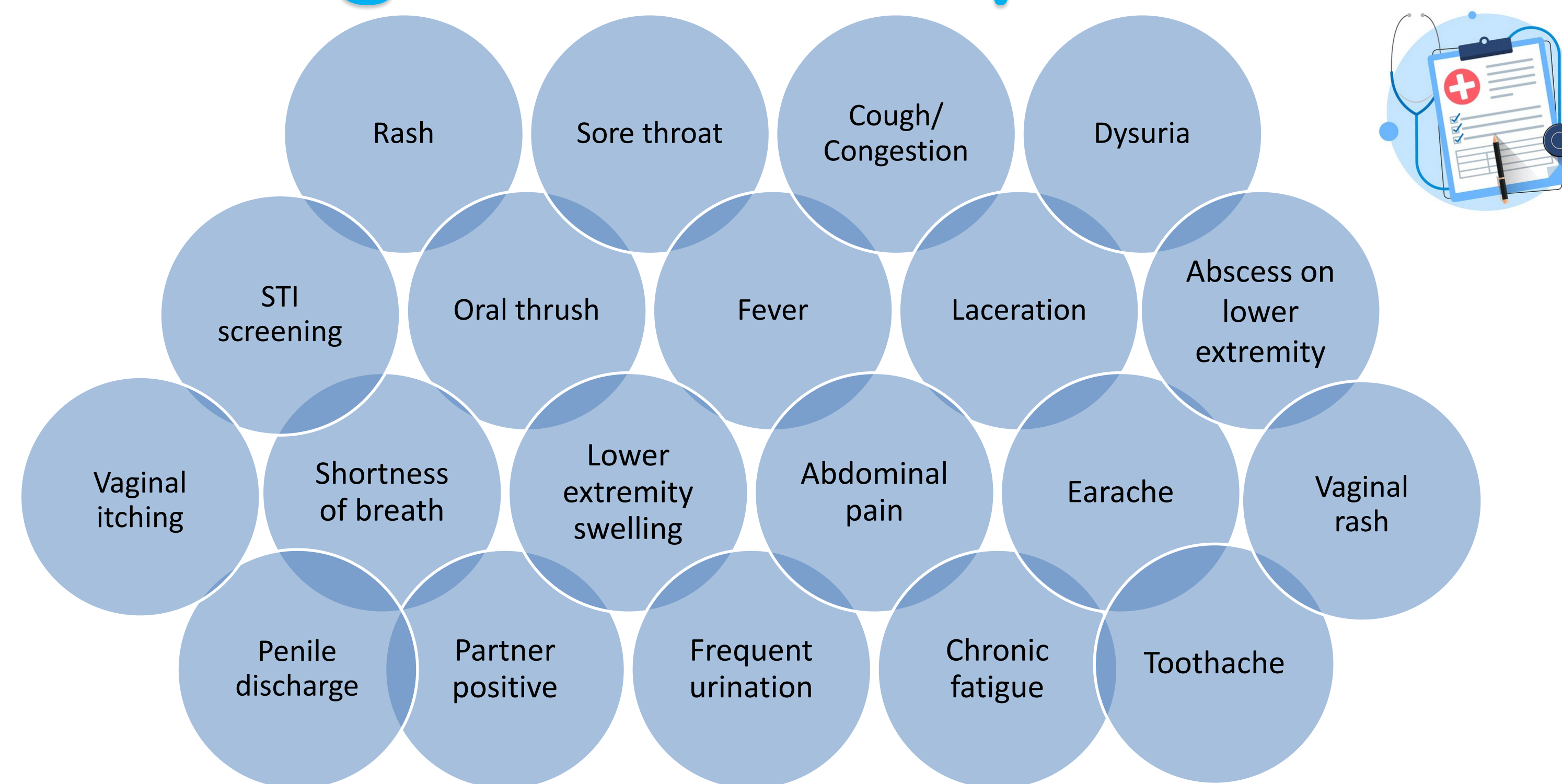
Most patients diagnosed with HIV in the ambulatory clinics came in for reasons not related to STIs. Early identification can lead to better health outcomes and prevent the spread of the virus to others.

Number of HIV POCT performed at ambulatory clinics between November 2021 and September 2024

14,518



The reason for visits for newly diagnosed HIV patients



RESULTS

PATIENTS DIAGNOSED WITH HIV AND REASON FOR VISIT			
Age	STI Related Visit	Non-STI Related Visit	TOTAL
15-19	0	1	1
20-24	5	6	10
25-29	4	4	8
30-34	6	1	6
35-39	2	4	7
40-44	0	4	4
45-49	2	2	4
50 & Older	1	3	4
	20	25	44
	45% STI Related 55% Non-STI Related		

The analysis of the data collected has shown 55% of patients diagnosed with HIV at the quick care or were found to be treatment naive, visited the quick care for non-STI related visits. Therefore, it is imperative that HIV screening is performed for all patients 15-65 years old regardless of their reason for visit to the clinic.

CONCLUSIONS

As of September 30, 2024, the ambulatory clinics have performed over 14,500 HIV POCT, identifying 41 new HIV diagnosed patients and linking 3 additional patients that were out of care. Of these 41 patients, 55% of these patients presented to the Quick Care for non-STI related visits. This data exhibits the importance of screening every patient 15-65 years regardless of their reason for visit.

The availability of HIV POCT in ambulatory clinics allowed access for testing to patients whom then were able to receive immediate care at UMC Wellness Center through the collaborative efforts of the Wellness Center staff. Viral load suppression is obtained within 60 days for 74% of newly diagnosed patients linked to care.

REFERENCES

References available upon request

