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Assessing Linkage to Care Following Opt-Out Routine HIV Screening in Adolescent and Young Adult Patients in a Pediatric Emergency Department.

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HIV Landscape (2019 Pre-Implementation):

- Over 36,000 Americans received an HIV diagnosis.
- Adolescents & Young Adults (AYA, 13-24) comprised 21% of new US diagnoses.
- Chicago: 652 new HIV diagnoses, 146 AYA.
- UCM South Side: Serves neighborhoods with 49.2%-76.8% HIV diagnosis rates/100,000 residents.

Initiative Launch (July 2022):

- Comer Children's Hospital ED implemented routine opt-out HIV screening.
- Backed by CDC & AAP recommendations.
- Adapted a proven HIV screening model from the adult Emergency Department.
- Initial aims involved two key implementation methods.

Primary Key Objectives:

- Increase HIV screening rates for adolescents in the Pediatric ED.
- Effectively link positive individuals to care.
- Decrease HIV transmission in our community.

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Medical Consent for Minors

17+ years of age may consent:

•To outpatient counseling or psychotherapy.

•To donate blood without written permission or authorization from a parent or guardian.

16+ years of age may consent:

•To voluntary inpatient admission to a mental health facility, but a parent or guardian must be notified.

•To donate blood with written permission or authorization from a parent or guardian.

14+ years of age may consent:

•To primary care under certain circumstances if living separate from his/her parents or legal guardian, unable or unwilling to return to parent's residence, and managing his/her own personal affairs.

12+ years of age may consent

•To healthcare services, counseling related to prevention, diagnosis, or treatment of STD

•To STD and HIV testing, including anonymous HIV testing.

No minimum age or legal status provided:

•To sexual assault or abuse diagnosis, treatment, and counseling, including emergency hospital services, forensic services, and follow up treatment.

•To birth control services if failure to provide creates a serious health hazard, if referred by certain individuals/entity, or with parental/guardian consent.



Routine Opt-Out Screening Implementation (July 2022)

- Initiated for patients ≥ 13 when CBC or gonorrhea/chlamydia testing ordered.
- EMR prompt triggered for HIV testing.
- Utilized 4th-generation HIV testing (including HIV-1 RNA).

Resident Education and Assessment (March 2023):

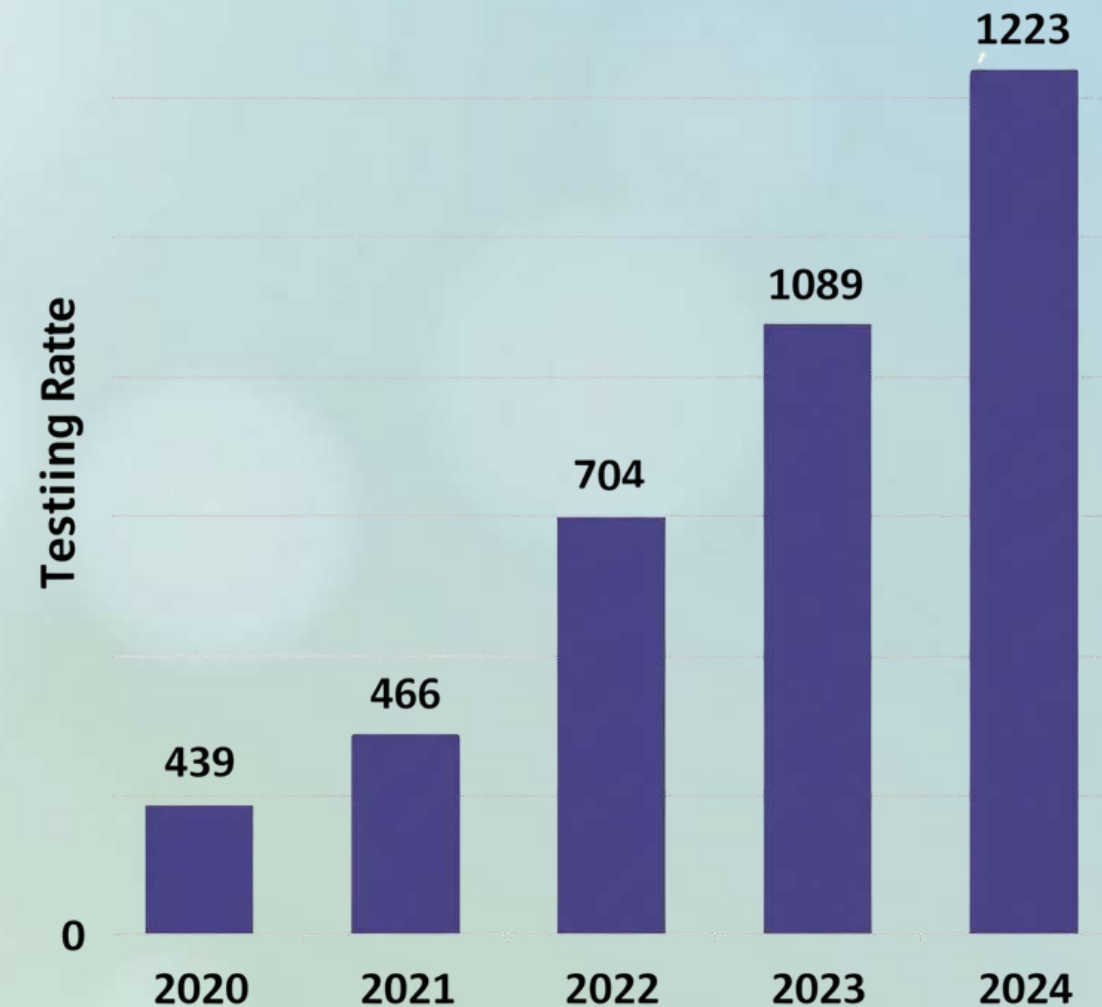
- Residents educated and surveyed on HIV screening knowledge (pre/post video)

HIV Testing Rates

Results:

Increased Testing Rates:

- Dramatic increase in HIV testing rates post-implementation.
- 2,091 adolescents screened in the pediatric ED during initial period.
- Demographics: 80.1% African American, 9.55% Hispanic/Latino.
- Older adolescents tested more frequently
 - (17-year-olds: 27.5%, 16-year-olds: 18.3%).
- Screening numbers continue to increase yearly.
- Routine opt-out screening effectively integrated into ED workflow.





Effectively link positive individuals to care.

- 5 positive cases were identified from 2,091 screenings (4 previously undiagnosed, 1 previously known).
- 864 targeted, non-BPA screenings, resulting in 0 positive results.

Demographics of Positive Cases (n=5):

- Age Range: 16-19 years old (three 16, one 17, one 19)
- Race/Ethnicity: 100% Black/African American
- Sex/Gender: 100% Male
- Prior HIV Screenings: Only 2 on record at UCM
- General Reason for ED Visit: Unrelated to specific HIV risk factors (3),
Potential STI-related symptoms (2)



Process Overview

- HIV results collected daily & distributed to ID & ED teams.
- In-ED positives: Immediate ID specialist consult for in-person notification.
- All positives: ID specialist phone call for results & clinic appointment scheduling (within 7 days).
- Rapid response ensured a seamless transition to clinic/outpatient follow-up.

National Goals:

- Federal NHAS 2025 Goal: $\geq 95\%$ successful linkage to care.
- National Status (2020): CDC reported 82.4% (2020 goal: 85%).
- Typical ED Linkage Rate: 74%.

Linkage to Care



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Outcomes in Our Patient Group

- 100% linked to care within 30 days (average 19.5 days of first appointment).
- All five attended at least one follow-up provider appointment.
- All five were prescribed ART in the ED or at their first clinic appointment.
- As of 2025, four are in care and only one is lost to follow-up.



Key Learnings

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- **Implementing routine opt-out HIV screening significantly increased testing rates in the adolescent ED population.**
- **Crucial for improving early HIV infection identification and timely linkage to care.**
- **Establishing a clear linkage-to-care protocol is paramount for routine screening.**
- **Our mixed-method approach (in-person and phone) effectively connects young people to ID clinics and community partners within seven days.**
- **Early identification and linkage ensure prompt access to vital treatment and support.**
- **Integrating LTC into ED workflow is essential for prompt patient follow-up and maintaining retention rates.**



Future Directions

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- Continue monitoring of key metrics (testing, positivity, linkage, patient outcomes).
- Ongoing monitoring for long-term effectiveness and identification of improvement areas.
- Successfully leveraged our opt-out HIV screening model to integrate routine syphilis testing, thereby enhancing comprehensive HIV prevention efforts (November 2024).
- Further research on barriers and facilitators to LTC among adolescents identified in the ED is warranted.
- Exploring strategies to further expedite the LTC timeline, rapid test, on site consultation, tech advantages?





Conclusion

- Implementation of opt-out HIV screening in Comer Children's Hospital's pediatric ED is a highly effective strategy for increasing adolescent HIV testing rates.
- Improved early HIV identification and ensured prompt linkage to care for young people.
- Model successfully adapted for syphilis testing.
- Serves as a model for other institutions seeking to improve HIV prevention and linkage to care for vulnerable adolescent populations.





Thank you to everyone who made this initiative possible:

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