

#continuum2025



## 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  $\geq 13$  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):

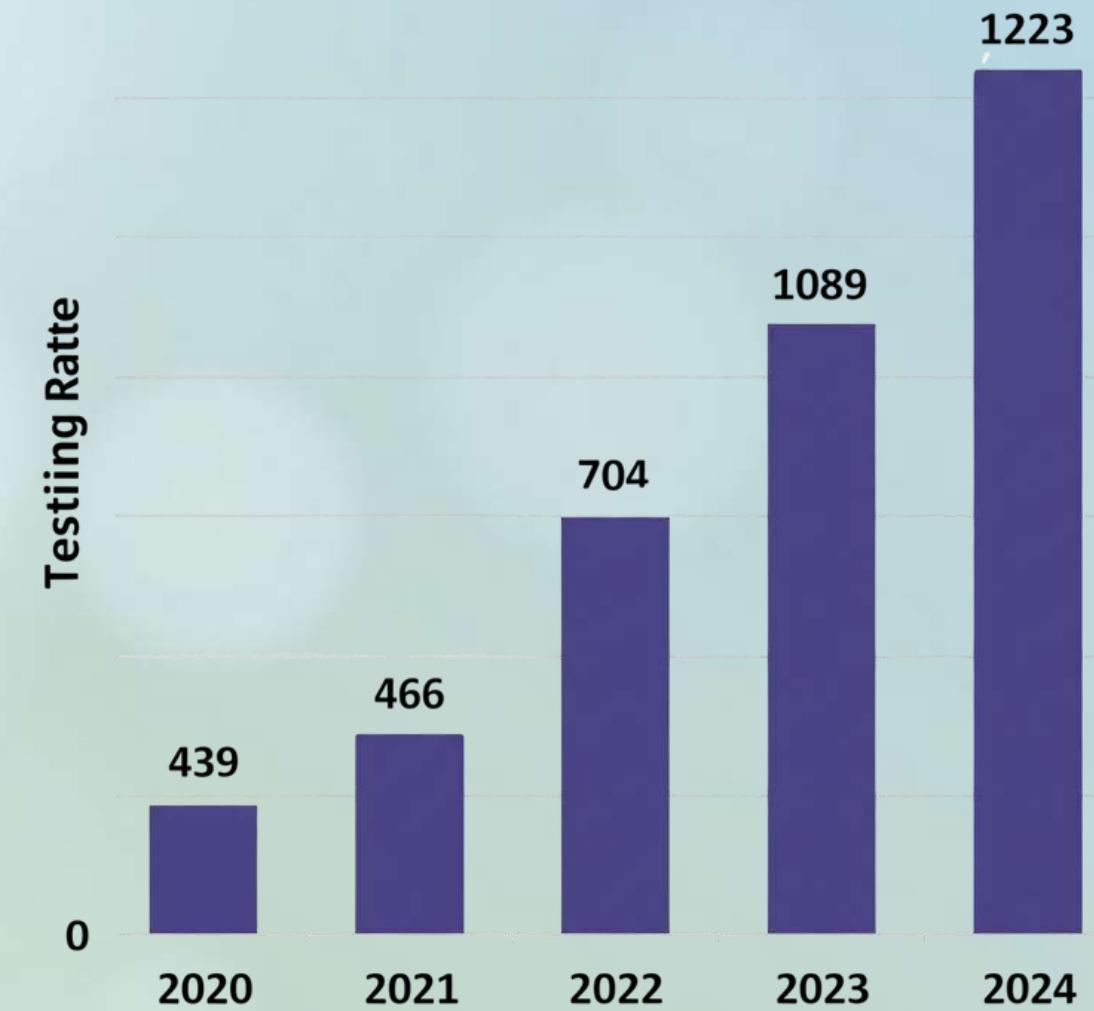
- Residents educated and surveyed on HIV screening knowledge (pre/post video)

### 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

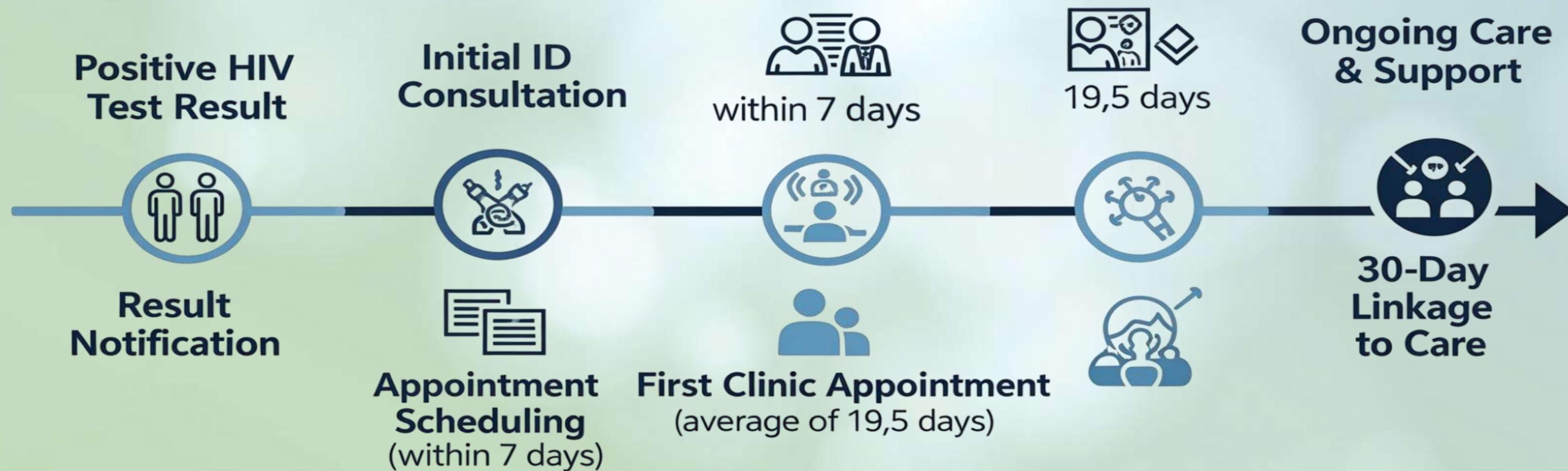


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# Outcomes in Our Patient Group

- 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

- 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

- 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

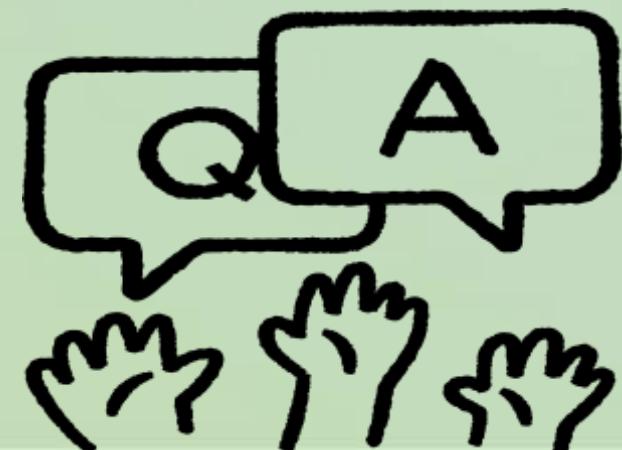
- Implementation of opt-out HIV screening in Comer Children's Hospital's pediatric ED is a highly effective strategy for increasing adolescent HIV testing rates.
- Improved early HIV identification and ensured prompt linkage to care for young people.
- Model successfully adapted for syphilis testing.
- 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:

- **Comer Children's Hospital Emergency Department Staff & Leadership:** For their dedication to patient care and seamless integration of the screening protocol.
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- **Resident Physicians:** For their active participation in education and commitment to routine screening.
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