

1292. Integrating HIV and Hepatitis C Screening in a High-Risk Emergency Department Population

Tasleem Chechi, MPH¹; Nam Tran, PhD²; Allyson C. Sage, RN, MPH, CCRP³; Sarah Waldman, MD²; Larissa S. May, MD, MSPH, MSHS³; ¹UC Davis Medical Center- Emergency Medicine, Sacramento, California; ²University of California Davis, Sacramento, California; ³UC Davis Health, Sacramento, California

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Background. With the acceleration of the hepatitis C (HCV) epidemic in the United States and the ongoing public health impact of undetected human immunodeficiency virus (HIV) co-infection, there is a critical need for enhanced secondary prevention efforts where patients accessing care are not routinely screened. The purpose of this program was to implement routine opt-out HIV and HCV screenings in a high-volume urban emergency department (ED) through the use of an EMR enhancement to increase a provider's likelihood of testing eligible patients, and to provide linkage to care for patients identified to have positive tests.

Methods. From November 27, 2018 to March 31, 2019, EMR-based HIV and HCV screening was implemented in a quaternary care ED in Northern California. EMR best practice alerts were developed based on a combination of local and CDC guidelines and populated on registered patients receiving blood laboratories or receiving STI testing. Laboratory HIV/HCV screening utilized a unique two-specimen collection scheme to enable molecular testing without requiring patient return visits. Patients were excluded if they chose to opt out from testing or the provider deemed opt out was not possible. Upon notification of a positive test result through the EMR, a patient navigator was responsible for providing disease education and linking patients to care.

Results. The prevalence of HCV antibody positivity was 9.6% (637/6,627) and 0.97% (55/5,628) for HIV. Of the 255 HCV-RNA positives, 110 were known and 145 newly diagnosed. Of the 90 HIV patients, 31 were known and 8 newly diagnosed. Although current CDC hepatitis C screening guidelines recommend screening all adults born during 1945–1965, we conducted universal screening of adults 18 years or older. Of those screened antibody-positive for HCV 64% fell within the 1945–1965 birth cohort.

Conclusion. Introducing routine opt-out testing using an automated EMR-based screening program is an effective method to identify and screen eligible patients for HIV and HCV in episodic care safety net settings where universal screenings are not routinely implemented. The unexpectedly high rate of HIV seroprevalence suggests the ED environment continues to be an important setting to access populations not receiving routine care despite longstanding CDC recommendations for universal screening.

Figure 1. HIV screening flow chart, November 27, 2018 to March 31, 2019. UC Davis Health Emergency department

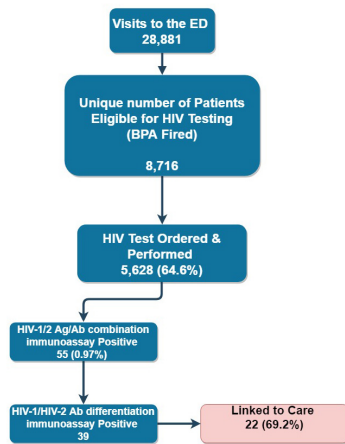
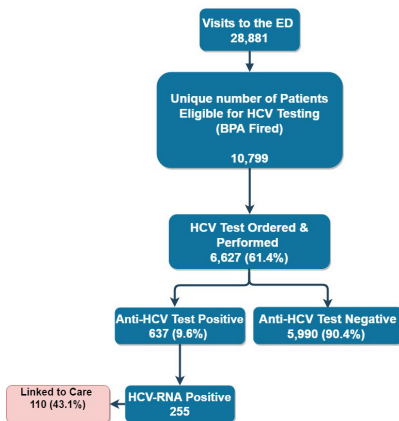


Figure 2. HCV screening flow chart, November 27, 2018 to March 31, 2019. UC Davis Health Emergency department



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1293. Bundled HIV/Hep C testing 4 Years of Implementation at 9 Emergency Departments in the Houston Metropolitan Area

Gilhen Rodriguez, MD; Samuel Prater, MD; Gloria Heresi, MD; James Murphy, PhD; Audrey Wanger, PhD; Daniel Murphy, BA, MA; Gabriela P. Del Bianco, MD; Elizabeth A. Aguilera, MD; James McCarthy, MD; The University of Texas Health Science Center at Houston, Houston, Texas

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Background. Individuals living with HIV infection and/or Hep C infection and unaware of their infected status are at risk of significant morbidity and a risk to public health. It has been recommended that all conscious adults presenting to Emergency Departments (EDs) be tested for HIV and increasingly testing for Hep C. Testing of all arrivals is important because a majority of both infections may not present signature signs or symptoms associated with the reason for the ED visit. For these reasons, the implementation of a bundled HIV/HepC testing protocol is reported here.

Methods. Data from 4 years of HIV/Hep C screening of patients 18 to 64 years old made in 9 EDs in the Houston Metropolitan Area are reviewed. Screening for HIV was using HIV fourth-generation ADVIA Centaur™ Ag/Ab COMBO (Siemens) and Hep C was tested for using Gilead Hep C Ab testing.

Results. During January 2013 until October 2016, 3,976 HIV/Hep C test bundles were performed. There were 40 (1.0%) HIV+ and 407 (10.2%) Hep C positive detected. Nine (0.2%) of these individuals were positive for both HIV and Hep C. A 22.5% of HIV-positive patients were co-infected with Hep C. The population had a median age of 53 years, comprising an equal number of males and females.

Conclusion. A significant prevalence of Hep C (10%) and HIV (1%) was found in patients presenting for any cause of major EDs in the Houston region. Bundled HIV/Hep C testing of all arrivals to EDs is an effective way to identify individuals that need to be directed to antiviral and linkage to care.

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1294. Long-Term Impact of an HIV Testing Program on High-Risk HIV Screening in the Emergency Department

Jillian T. Baron, MD, MPH¹; Alexis Schwartz, LSW²; Ebony Davis²; Julie E. Uspal, MD¹; Brendan Kelly, MD, MSCE¹; ¹Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania; ²Penn Presbyterian Medical Center, Philadelphia, Pennsylvania

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Background. Emergency Departments (EDs) are important sites for HIV testing. However, there is little guidance on how best to implement HIV testing in the ED. The purpose of this study was to evaluate HIV screening practices of high-risk individuals presenting to an ED in the absence (ED1) and in the presence (ED2) of an established HIV testing program within the same academic hospital.

Methods. We performed a retrospective chart review of all individuals 18 years or older presenting to either ED between January 1, 2016 and December 31, 2018. High-risk of HIV infection was determined by receipt of bacterial sexually transmitted infection (STI) testing for Neisseria gonorrhoeae or Chlamydia trachomatis. The primary outcome was receipt of any HIV test in the ED. Overall proportions of patients tested for HIV at the same time of STI testing were compared between sites by chi-square test. Predictors of HIV testing were analyzed by logistic regression.

Results. During the study period, 7,956 individuals received STI testing at ED1 and 10,815 received STI testing at ED2. The majority of individuals receiving STI testing at both sites were female, 81.2% at ED1 and 66.4% at ED2 ($P < 0.001$). Only 4.0% of individuals received HIV testing at ED1 compared with 47.4% at ED2 ($P < 0.001$). Individuals were significantly more likely to receive HIV testing at the time of STI testing in the ED with an HIV testing program (aOR 19.66, 95% CI 17.28–22.37). In the ED without an HIV testing program, individuals were more likely to receive HIV testing if they were male (aOR 3.57, 95% CI 2.78–4.55) and less likely if they were black (aOR 0.57, 95% CI 0.50–0.97). In the ED with an HIV testing program, individuals were more likely to receive HIV testing if they were male (aOR 2.17, 95% CI 1.92–2.44) and more likely if they were black (aOR 1.74, 95% CI 1.37–2.20).

Conclusion. Overall, the presence of an HIV testing program in the ED significantly increased the probability that individuals would receive an HIV test at the time of bacterial STI testing and mitigated disparities in care. The results of this study will help guide ongoing interventions to improve HIV screening among high-risk individuals in the emergency department.

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1295. Mortality of Patients with HIV Infection Admitted to the Intensive Care Unit: A 16-Year Experience

Fernando Rosso, MD, MSCE¹; Diana Marcela Martínez-Ruiz, BSc, MSCE¹; Andres Castro, BSc¹; Claudia M. Parra, MD¹; Jorge Andrés Hoyos²; Daniela Tovar²; Marcela Granados, MD, FCCM¹; ¹Fundación Valle del Lili, Cali, Valle del Cauca, Colombia; ²Universidad Icesi, Cali, Valle del Cauca, Colombia

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Background. The life expectancy of HIV patients has increased with antiretroviral therapy which has reduced the incidence of AIDS-associated illnesses. Longer life expectancy increases noncommunicable diseases cases and the demand for intensive care unit (ICU) care. ICU mortality is higher among HIV patients. Information about