

1537. The AHKER Study: Assessing HIV Knowledge of Emergency Residents

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Background. Acute HIV infection, acute retroviral syndrome (ARVS), presents as a mononucleosis-like illness in up to two thirds of cases. 20% of people unknowingly infected with HIV are responsible for over 50% of new infections annually. A high index of suspicion is needed to screen for ARVS as there are no unique characteristics that distinguish it from other viral illnesses. We strive to determine Emergency Medicine residents' practice behaviors for considering ARVS in the presentation of an acute viral illness.

Methods. Two versions of an electronic survey was developed. Each had the same clinical vignette of a patient with symptoms suggestive of a viral illness; one version stated the patient's homosexual orientation (Sexual Orientation Qualifier "SOQ") while the other did not (No Qualifier "NQ"). The survey contained four sections including treatment options for the scenario, knowledge of ARVS symptoms, likelihood of ordering a rapid HIV test, and recommendations following a negative result. All U.S. based EM residency training programs were randomly assigned to receive one of the two versions of the survey. The survey link was sent to program directors with a request to forward it to their residents.

Results. 703 responses (414 NQ; 289 SOQ) were received from 101/158 EM programs (63% from NQ and 64% from SOQ). Knowledge of homosexual orientation

resulted in greater use of HIV testing (14.8 NQ vs 56.4% SOQ $p<0.01$). >85% of respondents correctly identified the most common symptoms of ARVS however <27% were likely to order a rapid HIV test on patients with these symptoms (Table). 76% of respondents recognized a repeat HIV test was needed following an initial negative rapid test.

Likelihood of ordering a rapid HIV test

Patient Type	NQ	SOQ
Sexual assault victim	84%	85%
Female prostitute	84%	87%
IV drug user	78%	81%
Homosexual male	62%	73%
Rash, wt. loss & diarrhea	59%	53%
Positive chlamydia	61%	63%
Homosexual female	28%	31%
Fever, sore throat & swollen lymph nodes	25%	26%
Hypoxia, cough & dyspnea	24%	23%

Conclusion. EM residents do not consider ARVS in their differential diagnosis in patients with symptoms of viral illness, particularly in the absence of a high risk qualifier. This deficit in knowledge application may have significant negative public health consequences in the fight against HIV transmission.

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