



Ana García-Martínez  
Miriam Carbó

## The role of hospital emergency departments in identifying patients with unknown HIV infection: an opportunity for diagnosis

Emergency Department. Hospital Clínic, Barcelona, Spain.

### Article history

Received: 30 July 2022; Revision Requested: 20 September 2022; Revision Received: 20 September 2022;  
Accepted: 11 October 2022; Published: 5 December 2022

Sir,

We have read with great interest the review entitled "Past and future of HIV infection. A document based on expert opinion" a superb and very didactic review of the 40-year history of HIV infection [1].

The document also outlines future challenges and highlights the relevance of early diagnosis and rapid access to antiretroviral therapy as one of the key elements to control the viral load which improves patients' prognosis and reduces the incidence of new infections. In Spain, it is estimated that almost 14% of people living with HIV infection are unaware that they are infected [1]. To reduce this ratio, the authors propose to increase the frequency of HIV testing, especially in high-risk populations.

Emergency services provide health care for many patients who consult for conditions associated with or for situations known to be high-risk behaviours for HIV infection. For some of them, the ED will be the only contact with the healthcare system. Promoting serology for HIV in these groups at the ED arise as a cost-effective strategy to detect undiagnosed HIV infections [2]. However, the results of a structured survey indicated that HIV serology is not usually ordered at the ED unless the result of this serology would change the management of the patient during the acute event [3]. Overall, it has been estimated that 28% of missed opportunities to diagnose HIV infection occur in the ED [4].

Given this considerable room for improvement in hospital ED HIV screening, in 2020 the Spanish Society of Emergency Medicine (SEMES) published a consensus document with recommendations for emergency physicians regarding when to order a HIV serology and how to manage the referral pro-

cess to guarantee patient continuity of care after the ED visit [5]. Based on these recommendations, the Catalan Society of Emergency Medicine (Socmue) launched the campaign called "Urgències VIHgila". The aim of this campaign is to promote HIV screening in patients presenting to the ED with one of the following conditions or high-risk behaviours for HIV infection: sexually transmitted infections, mononucleosis syndrome, herpes zoster or community-acquired pneumonia, these last two in patients younger than 65 years of age, and finally, patients who report practice of chemsex or come to the ED asking for post-exposure prophylaxis. These six groups of conditions/scenarios are often seen in ED and are common in patients with HIV-positive tests.

Results obtained by 20 Catalan ED joining this ongoing initiative can be consulted at <https://www.urgencies-vihgila.cat> [6]. As it can be seen, about 1% of serological determinations resulted in a new HIV diagnosis (54 diagnoses in 5997 determinations). This places this percentage above what is considered efficient (>0.1% of seroprevalence) and above what has been found in other approaches based on universal determination in the ED [2].

In view of these preliminary results, we are optimistic about the potential role of the emergency professionals in the diagnosis of patients with unknown HIV infection. Any contribution, although modest, might help to control disease transmission and reduce its impact on patients and on the public healthcare system. And ED are an excellent place to help in the right direction [7].

### FUNDING

None to declare.

### CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

Correspondence:  
Ana García Martínez  
Emergency Department. Hospital Clínic, Barcelona, Spain.  
Phone: (34) 932279833  
Fax: (34) 932275693  
E-mail: [angarcia@clinic.cat](mailto:angarcia@clinic.cat)

## REFERENCES

1. Bouza E, Arribas JR, Alejos B, Bernardino JI, Coiras M, Coll P, et al. Past and future of HIV infection. A document based on expert opinion. *Rev Esp Quimioter*. 2022;35:131-156. DOI: 10.37201/req/083.2021.
2. González Del Castillo J, Fuentes Ferrer ME, Fernández Pérez C, Molina Romera G, Núñez Orantos MJ, Estrada Pérez V. Eficiencia del cribado de VIH en urgencias: revisión sistemática y metanálisis. *Emergencias*. 2022;34:204-12. PMID: 35736525.
3. Miró O, Miró E, García-Lamberechts EJ, Villamor A, González Del Castillo J. Detección de pacientes con infección desconocida por VIH en los servicios de urgencias españoles: actitud actual y predisposición y dificultades percibidas para implementar acciones de mejora. *Emergencias*. 2021;33:254-64. PMID: 34251138.
4. Gargallo-Bernad C, Sangrós-González FJ, Arazo-Garcés P, Martínez-Álvarez R, Malo-Aznar C, Gargallo-Bernad A, et al. Missed opportunities in the diagnosis of human immunodeficiency virus infection in the Region of Aragon. Late diagnosis importance. *Enferm Infecc Microbiol Clin (Engl Ed)*. 2019;37:100-108. DOI: 10.1016/j.eimc.2018.03.007.
5. González Del Castillo J, Burillo-Putze G, Cabello A, Curran A, Jaloud Saavedra E, Marchena MJ, et al. Recomendaciones dirigidas a los servicios de urgencias para el diagnóstico precoz de pacientes con sospecha de infección por VIH y su derivación para estudio y seguimiento. *Emergencias*. 2020;32:416-26. PMID: 33275363.
6. Urgències-VIHgila. Programa pilot de detecció de pacients infectats pel VIH als Serveis d'Urgències de Catalunya. [cited 28 July 2022]. Available from: <https://www.urgencies-vihgila.cat>
7. Ugarte A, Mallolas J. Detectar personas que desconocen su infección por VIH en los servicios de urgencias: ¿una utopía?. *Emergencias*. 2021;33:249-50. PMID: 34251136.