Emergency department visits and HIV screening, clinical or universal scenarios?

Visitas a urgencias y cribado VIH, ¿escenarios clínicos o universal?

Dear Editor,

We read with great interest the article by Salmerón-Béliz et al. entitled "Evaluation of emergency department visits prior to an HIV diagnosis: missed opportunities".[1] Its title already expresses an interesting reflection on the missed opportunities of emergency departments. Although the work is focused on hospital emergency departments (EDs), this is also the case in primary care.[2] This is not a trivial problem and has to be considered as a threat to public health. There have been, are and will be many missed opportunities for HIV diagnosis, but in the field of emergency medicine, important steps are being taken to improve this situation. There are currently hidden infection screening programmes in EDs. "Deja tu huella" [Leave your mark] or "Urgències VIHgila" [Emergency HIVigilance] are examples of this, but these are carried out in a series of specific clinical scenarios of certain diseases, which are known to have a higher prevalence of HIV.[3–6] While this strategy appears to be more efficient than universal screening, and is a good starting point, we believe that serious consideration should be given to extending ED screening to universal screening. It is suggested that universal HIV screening in the emergency department is efficient, considering that the results have a prevalence of hidden HIV infection above 0.1%.[7] Furthermore, it has to be taken into account that selective screening has a high organisational complexity. It requires continued training of healthcare staff to maintain the correct rate of adherence to the recommendations to request serological testing for the established reasons for consultation. Strategies that can facilitate compliance with these recommendations must be established, such as creating specific microbiological profiles with HIV serological testing in certain clinical cases, or creating automated alerts that facilitate care work. Without forgetting that any screening requires that positive cases have access to reliable source and contact tracing, treatment and follow-up. We would like to stress the fact that we are talking about universal screening. In many cases, EDs see patients whose first contact with the health system is the ED visit itself. We do not wish to ignore the fact that generalised screening in the ED presents major difficulties. And we must not only think of the usual strain on emergency departments, which makes any change difficult, although the capacity for adaptation of EDs has been amply demonstrated.[8] There are a number of invisible barriers that need to be broken down, as has also happened in hepatitis screening, for example.[9,10] To overcome these barriers, it is important to motivate the health professionals who have to carry out this screening, and to convey the importance of this action, not only for the individual, but also for the community and global benefits for public health. Also to be particularly sensitive in certain higher prevalence groups, as is currently being done. And to strengthen the fight against the stigmatisation of HIV infection. In conclusion, we should implement universal HIV screening in EDs, in primary care emergency units. Would that be the way not to miss opportunities? A question with different answers to be debated, without a doubt.

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