

**Counter-response to the letter «ED visits and HIV screening, clinical or universal scenarios?»****Contrarréplica a la carta «Visitas a urgencias y cribado VIH, ¿escenarios clínicos o universal?»**

Dear Editor,

Jacob et al. argue in favour of universal HIV screening in hospital emergency departments (EDs), which, as they point out, is cost-effective.<sup>1</sup> In fact, a universal screening strategy has been established in the UK with government support and is proving successful.<sup>2</sup> However, we believe that its implementation in Spain is very complex in clinical practice, for two main reasons.

The first is logistical, as EDs handle 20 million episodes per year,<sup>3</sup> which indicates the number of serological tests that would need to be performed. In addition, this strategy would also require some automation, in order to avoid repeating HIV tests for patients who have already had a previous test, and bearing in mind that in some circumstances, such as a sexually transmitted infection, a repeat test may be indicated despite a previous test having been performed.

Secondly, the need to request verbal consent to perform the test and record it in the patient's medical record affects the development of a universal strategy. This is a major barrier given the characteristics of emergency care, which is performed in situations of time constraints, overcrowding and high caseload, making it difficult to obtain optimal informed consent for patients coming for a non-HIV-related reason.<sup>4</sup>

Considering these difficulties, we believe that a targeted strategy is currently the best option for screening for HIV infection in EDs. This intervention is showing good results in terms of number of serological tests (81,360) and number of new diagnoses established (1124).<sup>5</sup> A very notable aspect of the programme's results is that half of the new diagnoses are being established in situations different from the six entities included in the SEMES [Spanish Society of Emergency Medicine] recommendations.<sup>6</sup> This may be related to increased awareness among emergency department professionals, a cultural change that makes them more aware of HIV in their daily care activities.

However, the study of adherence to recommendations shows that there is still room for improvement to increase the number of serological tests,<sup>6</sup> for which we are actively working to establish analytical profiles and computer alerts to ensure that no patient at risk of presenting HIV goes unnoticed by an emergency department,<sup>7</sup> as recommended by Jacob et al. In addition, the alert strategy is based on computer algorithms that include all diseases for which there is an increased risk of HIV, and not only the six that are included in the current programme recommendations, as well as demographic factors, such as being born in countries with a very high prevalence of HIV infection, in which case serological testing is recommended.

In any case, we think that EDs are an ideal setting for performing serological tests and, more than what strategy to establish, the most important thing is to have a strategy, as studies show the efficacy

of an intervention in this setting and the potential savings for the healthcare system,<sup>8</sup> in addition to the obvious benefits both for the diagnosed patient and in terms of public health.<sup>9</sup>

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**Conflicts of interest**

There are no conflicts of interest in this study.

**References**

1. Pizarro Portillo A, del Arco Galán C, de los Santos Gil I, Rodríguez Salvanés F, Negro Rúa M, del Rey Ubago A. Prevalencia y características de los pacientes con infección por virus de la inmunodeficiencia humana (VIH) diagnosticados de novo en un servicio de urgencias [Prevalence of undiagnosed human immunodeficiency virus infection in an emergency department and the characteristics of newly diagnosed patients]. *Emergencias*. 2016;28:313–9.
2. The Lancet HIV. Opt-out HIV testing in the UK. *Lancet HIV*. 2023;10:e351, [http://dx.doi.org/10.1016/S2352-3018\(23\)00117-0](http://dx.doi.org/10.1016/S2352-3018(23)00117-0).
3. Urgencias atendidas en hospitales del Sistema Nacional de Salud (SNS), frecuentación por 1.000 habitantes y porcentaje de urgencias ingresadas sobre el total de urgencias atendidas según comunidad autónoma. Madrid: Ministerio de Sanidad y Consumo; 2023 [accessed 2 Oct 2023]. Available from: <https://www.sanidad.gob.es/estadEstudios/sanidadDatos/tablas/tabla27.htm>.
4. Reyes-Urueña J, Fernández-López L, Force L, Daza M, Agustí C, Casabona J. Level of impact on the public health of universal human immunodeficiency virus screening in an Emergency Department. *Enferm Infecc Microbiol Clin*. 2017;35:434–7, <http://dx.doi.org/10.1016/j.eimc.2015.06.014>.
5. Programa dejatuhuela. Madrid: Sociedad Española de Medicina de Urgencias y Emergencias [accessed 2 Oct 2023]. Available from: <https://dejatuhuela.semes.org>.
6. González del Castillo J, Miró E, Miguens I, Trenc P, Espinosa B, Piedrafita L, et al. Emergency HIV network investigators. Feasibility of a selective targeted strategy of HIV testing in emergency departments: a before-after study. *Eur J Emerg Med*. 2023, <http://dx.doi.org/10.1097/MEJ.0000000000001078>.
7. González del Castillo J, Perez Elias MJ, Miguens I, Espinosa B, Juárez R, Piedrafita Lozoya L, et al. Decalogue to promote the implementation and improvement of recommendations for the early diagnosis of HIV in Emergency Departments. *Enferm Infecc Microbiol Clin (Engl Ed)*. 2023, <http://dx.doi.org/10.1016/j.eimc.2023.06.001>. S2529-993X(23)00156-9.
8. Moltó J, González Del Castillo J, Navarro C, Castro A, Presa M, Oyagüez I. Targeted screening for human immunodeficiency virus infection in Spanish emergency departments: an analysis of epidemiologic and economic impact. *Emergencias*. 2022;34:21–8.
9. González del Castillo J, Fuentes Ferrer ME, Fernández Pérez C, Molina Romera G, Núñez Orantós MJ, Estrada Pérez V. Eficiencia del cribado de VIH en urgencias: revisión sistemática y metaanálisis. *Emergencias*. 2022;34:204–12.

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