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Human immunodeficiency virus screening: Is it appropriate in hospital emergency departments?☆

Cribado del virus de la inmunodeficiencia humana: ¿es apropiado en los servicios de urgencias hospitalarios?

Dear Editor,

We have read with interest the short article "Study of the impact at a public health level of universal screening for the human immunodeficiency virus in an accident and emergency department".[1] We agree with the authors on the importance of interventions aimed at reducing the delay in diagnosis of infection with the human immunodeficiency virus (HIV), but we would like to make a number of comments.

First of all, we believe that there are multiple reasons for not implementing voluntary screening measures in a hospital Accident and Emergency (A&E) department. The A&E departments in our environment routinely reach saturation level, and there is also pressure from the health service itself to reduce and rationalise costs.[2] In this context, adding a voluntary screening programme would not only increase costs, but would slow down the care process for all patients, especially those with a positive result. It should be noted that informing a patient that they have HIV is a task that requires expert counselling, and must be carried out in an appropriate environment and with the necessary time.[3,4]

Secondly, the low prevalence of new diagnoses in their study (0.15%) is striking. It is below the prevalence observed in the general population of Catalonia (0.4%)[5] and in recent studies conducted in our environment (0.6%).[6] We therefore wonder whether there might have been a selection bias, given the low rate of risk practices for transmission of HIV in the surveyed population.

In our opinion, rapid HIV diagnostic tests in A&E should target groups at risk for HIV transmission[7] and in situations that suggest immunosuppression, such as atypical presentations of prevalent diseases,[8] but not as part of a voluntary screening programme.

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