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| **Author, Year** | **Study design** | **Location/setting/high or low prevalence population (based on 0.1% prevalence rate)** | **Study time frame** | **Comparison groups/ intervention** | **Baseline population characteristics** | **Eligibility criteria** | **Exclusion criteria** |
| Cunningham et al, 200970 | Cross-sectional  | Acceptance of opt-out standard testing implemented in an urban FQHC, New York City | July 2007 to March 2008 | Characteristics of those accepting testing (n=105) compared with those not accepting testing (n=195) | Mean age, 53 years (range, 18–92); 70.2% female; 55.7% black, 37.7% Hispanic; 66.0% public insurance  | Patients seeing 1 of 5 participating providers; age ≥18 years; English-speaking; not pregnant; not known to be HIV-infected | None |
| Haukoos et al, 201068 | Quasi-experiment with sequential time samples (cohort study) | Large urban ED (Denver) where rapid HIV testing (Uni-Gold Recombigen) performed as opt-out x 3 months vs. diagnostic (physician-directed) testing x 4 months over 2 years (3 cycles each); local estimated HIV prevalence, 0.7% | April 15, 2007 to April 15, 2009 | Opt-out vs. diagnostic (physician-directed) timeframes | During opt-out phase: mean age, 36 years; 56% male; 40% white; 37% Hispanic; 14% black During diagnostic phase: mean age, 36 years; 57% male; 41% white; 37% Hispanic; 14% black | All ED patients age ≥16 years and capable of providing consent for emergency medical care | If unable to provide consent for HIV testing; detainees/ prisoners; seeking care after sexual assault; seeking care after occupational exposure; self-identified as HIV-infected; left ED prior to being placed in treatment room |
| Weis et al, 200969 | Cross-sectional | Feasibility study of rapid HIV testing (Oraquick Advance Rapid HIV-1/2 with oral fluid or Uni-Gold Recombigen with finger stick) implementation in 3 rural primary care FQHCs in Aiken County, SC; low prevalence (estimated 0.01%; actual prevalence during study 0%) | Dec 2006 to July 2007 | Not relevant (descriptive report of screening acceptability) | Mean age not reported; 43% age ≥50 years; 71% female; 59% black; 36% white; 52% self-pay/no insurance; 29% public insurance | All patients age ≥13 years presenting for care at participating FQHCs during first 8 months after rapid HIV testing implementation; multiple tests allowed | Patients missing demographic data (n=36; 4% of 990 unique patients attending clinic during this period) |

| **Author, Year** | **Number screened/ acceptibility** | **Adjusted variables for statistical analysis** | **Clinical outcomes** | **Adverse events** | **Linkage to care** | **CD4 count at HIV diagnosis**  | **Quality rating** | **Funding source** |
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| Cunningham et al, 200970 | 300 of 319 eligible patients approached (94%) 105/300 (35%) agreed to be HIV-tested | Age, race, HIV tester, other blood test during visit | 105/300 (35%) eligible patients approached agreed to screening. In multivariate models, younger age (AOR, 0.97 [95% CI, 0.96-0.99]), Hispanic race (AOR, 1.78 [CI, 1.01-3.14]), and having other blood tests done during visit (AOR, 6.36 [CI, 3.58-11.28]) were associated with test acceptance. 0 HIV-positive tests. | Not reported | N/A (no one confirmed HIV positive) | N/A (no confirmed positives) | Uncontrolled study - not rated | RWJ, New York Academy of Medicine, NIH, Center for AIDS Research at Albert Einstein College of Medicine, Montefiore Medical Center |
| Haukoos et al, 201068 | During opt-out phase: 6702 of 28,043 eligible patients (24%) screened; during diagnostic phase: 243 of 29,925 eligible patients (0.8%) tested | Unclear. Adjusted for “potential variation between study groups” | Universal opt-out rapid screening vs. physician-directed targeted rapid screening:Testing: 24.7% or 6933/28,043 vs. 0.8% or 243/29,925; RR, 30 [CI, 26-34]Testing uptake: not reported  | Across both phases, 6/7656 tests performed were false-positive tests (0.08%). PPV: 82.4% | During opt-out phase: 30/31 (96.8%) of preliminary positives attended at least 1 appt. in HIV clinic. During diagnostic phase: 5/5 (100%) preliminary positives attended initial HIV clinic visit. | During opt-out phase: median CD4 count, 0.069 x 109 cells/L (IQR, 0.017-0.430 x 109 cells/L). During diagnostic phase: median CD4 count, 0.013 (IQR, 0.011-0.015 x 109 cells/L; p=0.02). Of 15 confirmed HIV infections identified during opt-out testing, 9 (60% [CI, 32%-84%]) had an initial CD4 count <0.200 x 109 cells/L whereas all 4 confirmed HIV infections (100% [CI, 40%-100%]) had an initial CD4 count <0.200 x 109 cells/L. | Fair | CDC, AHRQ |
| Weis et al, 200969 | 954/954 (100%) eligible patients offered screening during 985 visits; 574 (58%) visits accepted HIV screening | Center, gender, race/ethnicity, age, insurance, and history of prior HIV testing | 574 (58%) visits accepted screening; 411 (42%) visits declined screening; in multivariate models of test acceptance, African American race (AOR, 1.53 [CI, 1.15-2.04]), age ≥50 years (AOR, 0.28 [CI, 0.28- 0.98]), and Medicare insurance (vs. self-pay) (AOR, 0.61 [CI, 0.40-0.94]) associated with acceptance of HIV testing. | 3/3 (100%) preliminary HIV-positive tests were false-positive (PPV=0); all in the first month of testing.  | N/A (no one confirmed HIV positive) | N/A (no one confirmed positive) | Uncontrolled study - not rated | CDC |

AHRQ = Agency for Healthcare Research and Quality; AOR = adjusted odds ratio; CDC = Centers for Disease Control and Prevention; CI = confidence interval; ED = emergency department; FQHC = Federally Qualified Health Center; NIH = National Institutes of Health; PPV = positive predictive value; RWJ = Robert Wood Johnson Foundation.