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| **Author, Year** | **Type of study/location/ setting/high or low prevalence population (based on 0.1% prevalence rate)** | **Study timeframe** | **Comparison groups** | **Baseline population characteristics** | **Eligibility criteria** | **Exclusion criteria** |
| Haukoos et al, 201068 | Quasi-experiment with sequential time samples in 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 yrs; 57% male, 41% white, 37% Hispanic, 14% black | All ED patients ages ≥16 years and capable of providing consent for emergency mediare 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 |
| Myers et al, 200976 | Pre-post testing intervention in FQHCs in North Carolina, South Carolina, and Mississippi; 0.16% HIV prevalence | 2007 to 2008 (13 months) | HIV testing rate before/after routine rapid HIV test staff training intervention | 66% female; 30% African American, 37% Latino, 26% white; 45% uninsured | Patients ages 13–64 years seen at 6 participating FQHCs | Excluded previously diagnosed HIV-positive patients |
| White et al, 201173 | Pre-post evaluation of opt-in vs. opt-out testing implementation on screening rates and acceptance of rapid oral HIV screening in an ED in Oakland, California | February 1, 2007 to January 31, 2008 | Opt-in period: screening offered by providers (February 1, 2007–July 31, 2007; n=23,236) vs. opt-out period: screening offered by registration staff (August 1, 2007– January 31, 2007; n=26,757) | Demographic data available only for patients offered testing: opt-in phase (n=6479): mean age, 39 years (SD, 13); 53% male; 43% black, 27% Hispanic, 15% white  Opt-out phase: mean age, 42 years (SD, 14); 45% female; 45% black, 26% Hispanic, 15% white | Ages ≥15 years; medically stable; able to consent for HIV testing (opt-in phase) or complete general consent (opt-in and opt-out phase) | Patients requiring immediate medical evaluation or if staff deemed patient "too ill" |

| **Author, Year** | **Number screened/ Acceptibility** | **Clinical outcomes** | **Adverse events** | **Linkage to care** | **CD4 count at HIV diagnosis** | **Quality Rating** | **Funding Source** |
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| Haukoos et al, 201068 | During opt-out phase: 6762/28,043 eligible patients (24%) screened; during diagnostic phase: 243/29,925 eligible patients (0.8%) tested | During opt-out phase: 16 confirmed HIV infections diagnosed (0.24% of tests); during diagnostic phase: 5 confirmed HIV infections diagnosed (2.1% of tests) | 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 was 0.069 x 109 cells/L (IQR, 0.017–0.430 x 109); during diagnostic phase: median CD4 count was 0.013 x 109 cells/L (IQR, 0.011–0.015 x 109; p=0.02) | Fair | CDC, AHRQ |
| Myers et al, 200976 | 16,148/58,619 eligible patients (28%) offered screening; 10,769/16,148 (67%) offered screening | HIV testing rates increased from 3% in year preceding intervention to 18% of those eligible during intervention year; preliminary positive:  39/10,769 (0.36%); confirmed newly diagnosed HIV infection: 17/10,769 (0.16%) | 19/36 (52.8%) who received confirmatory testing were confirmed or probable false-positive rapid HIV tests | 14/17 (82%) confrmed positives linked to care | No data presented | Uncontrolled study; not rated | CDC; Gilead Sciences, Inc. |
| White et al, 201173 | Opt-in phase: 6479/23,236 eligible (62.9%) offered screening; 4061/6479 (62.7%) accepted screening; opt-out phase: 20,280/26,757 (75.8%) offered screening; 6273/20,280 (30.9%) accepted screening | Opt-in phase: 21/4053 preliminary positive rapid tests; 10/4053 confirmed positive (0.25% prevalence); opt-out phase: 28/4679 preliminary positive; 28/4679 confirmed positive (0.60%). When previously known HIV-positive subjects excluded, opt-in identified 8 new cases (0.2% of tested) and opt-out identified 21 new cases (0.4%); p=0.04 | 11/21(52.4%) false-positive preliminary rapid tests; all occurred during first 2 months of study (opt-in phase);  cause unknown | 75% of opt-in and 77% of opt-out newly diagnosed cases linked to care within 90 days of diagnosis | Mean CD4 count (opt-in): 0.415 x 109 cells/L (SD, 0.237 x 109); mean CD4 count (opt-out ): 0.307 x 109 cells/L (SD, 0.274 x 109); 25% of opt-in and 48% of opt-out newly diagnosed patients had CD4 count <0.200 x 109 cells/L | Analyzed as uncontrolled study for this key  question;  not rated | CDC |

AHRQ = Agency for Healthcare Research and Quality; CDC = Centers for Disease Control and Prevention; ED = emergency department; FQHC = Federally Qualified Health Center; IQR = interquartile range; PPV = positive predictive value; SD = standard deviation.