

Acceptability of HIV Testing for Adolescents and Young Adults by Delivery Model: A Systematic Review and Meta-Analysis

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Introduction

- Despite CDC guidelines recommending routine HIV screening for patient aged 13-64 [1], high school students report low rates of HIV test utilization, even among those sexually active [2]
- HIV testing is fraught with many barriers, including fear of results or stigma, lack of knowledge about testing, and low perceived risk by patients, as well as lack of experience with testing by providers [3]
- Adolescents and young adults face additional age specific barriers such inconsistent guidelines on parental consent requirements [4] and thus may seek out HIV testing differently from individuals in other age groups
- Few systematic reviews have compared the effectiveness of different care delivery models on the rate of HIV test acceptance and subsequent HIV care for adolescents and young adults

Methods

- A systematic review of the literature was conducted of English language peer-reviewed articles according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.
- Studies were included if the participants included adolescents and young adults between the ages of 13 and 25 who were offered HIV testing.
- Patients who were pregnant, acquired HIV via vertical (mother to infant) transmission, or were tested as part of a home-based screening initiative were excluded.

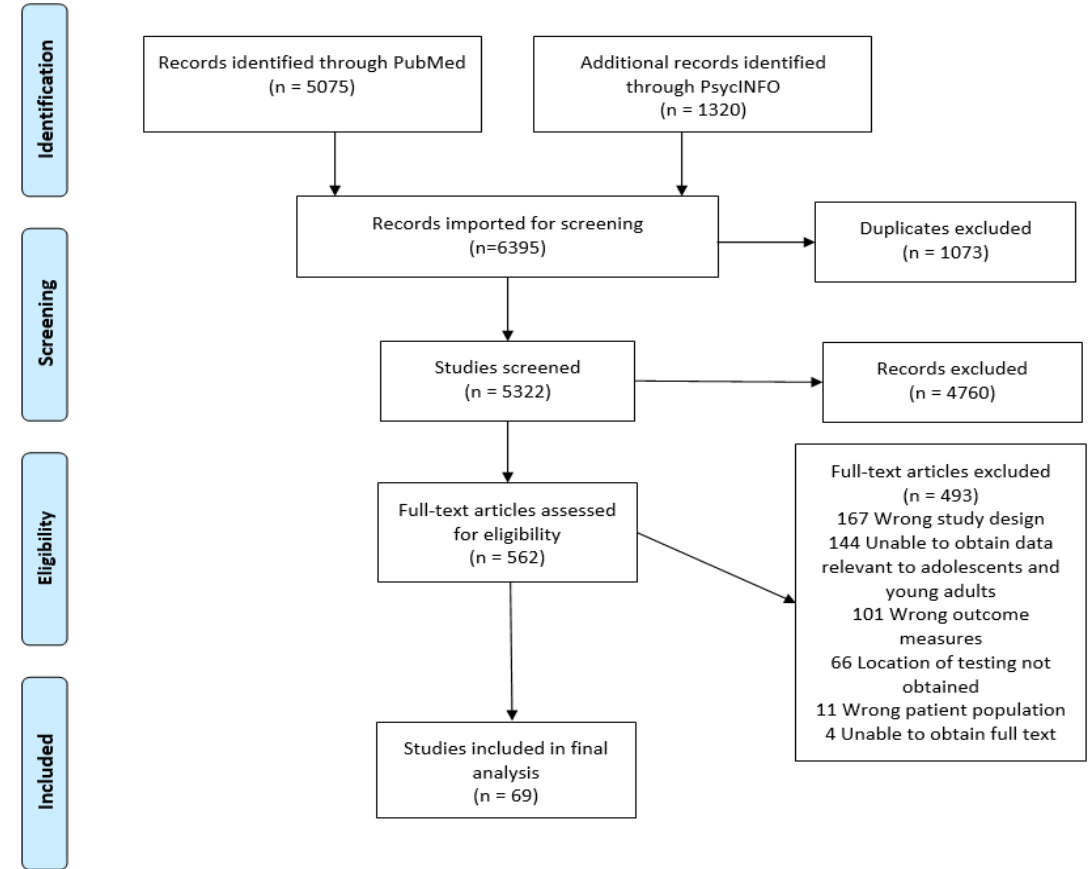


Figure 1: PRISMA flow diagram

Results

- There were 69 studies that met inclusion criteria, and the most studied age cohort was 18-24.
 - By continent, North America is most represented, with 32 studies (30 United States, 2 Haiti) having been performed there. South America does not appear in the data set, likely because publication in English was a requirement for inclusion.
- Of the 45 studies that contained acceptance of HIV testing as an outcome, 17 were conducted in the emergency department (ED), 13 in community-based programs (CBPs), 7 in inpatient or outpatient settings, 7 in sexually-transmitted infection (STI) clinics, and 1 in both primary care and CBPs.
 - Acceptance of testing was greatest for adolescents offered testing in EDs. Five of these studies were performed in pediatric-specific EDs.
 - Acceptance of testing was lowest in the inpatient and outpatient setting.
- Of the 13 studies that had linkage to care as an outcome measures, 4 took place in CBPs, 3 in STI clinics, 2 in EDs, 1 in primary care, and 3 in non-healthcare settings, defined here as STD clinics and community sites.
 - Linkage of care was highest in ED and primary care settings, and lowest in nonhealthcare settings

Conclusions

- Emergency department testing has an important role in stopping the spread of HIV.
- Many ED studies utilized opt-out testing, which may have contributed to their success. Opt-out testing may circumvent barriers to HIV testing such as cost and lack of same-day results that disproportionately affect adolescents and young adults.
- High acceptance of ED testing relative to primary care and inpatient testing suggests that adolescents and young adults will accept HIV testing even when there is not an established relationship between the patient and provider.
- EDs have high acceptance of testing without compromising linkage to care

References

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