



# The Role of Emergency Departments (EDs) in Ending the HIV Epidemic

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# Learning Objectives

After this presentation, participants will be able to:

- Identify three ways EDs can help End the HIV Epidemic
- Review current and emerging HIV-related ED programs in LA County as well as other EHE and non-EHE counties in California and Texas
- Support future local ED-related efforts

# Agenda

- Why the ED? – Tom Donohoe
- What work has already been done in LA County:  
Experiences from USC ED – Christian Takayama, MD
- Experiences from Kern County (Bakersfield) and Tarrant County – Tom Donohoe
- What is EDSP? Will it be sustained? – Tom Donohoe
- Syphilis screening in 3 LAC EDs – Julie Tolentino, MPH
- Next steps and Q/A

# Case

Maria is a 28-year-old cisgender woman who has experienced homelessness and methamphetamine use over the past three years. In each of the past three years, she has visited an ED twice each year for issues ranging from heat exhaustion and assault to dizziness. If the ED had done routine HIV, HCV, and syphilis screening, these would have been the results:

Year 1	Year 2	Year 3	Year 5
Visit 1 – Negative	Visit 1 – Syphilis +	Visit 1 – HIV + & Syphilis +	Maria is hospitalized
Visit 2 – Syphilis +	Visit 2 – Syphilis +	Visit 2 – HIV +, HCV +, & Syphilis +	

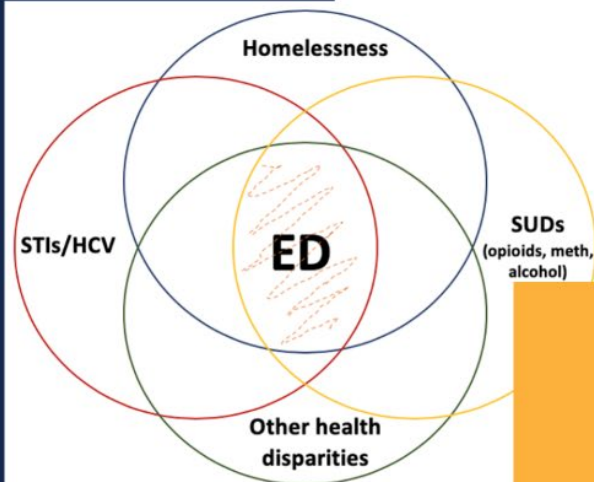
# Brief Interactive Discussion

1. Does Maria feel like a realistic case?
2. Do you feel an ED will screen for HIV/HCV/Syphilis? Why? Why not? What do you feel are potential barriers and facilitators?
3. What kind of HIV-related services could Maria have benefitted from at each ED visit? What would it take to get her connected to such services?
4. Does this case make you feel optimistic or pessimistic?

Tom Donohoe

# Why the ED?

# Where Syndemics Meet



## WHERE SYNDEMICS MEET

### 2018 Newly Diagnosed HIV Cases: California by County

1. Los Angeles- 1,711 (16.6/100K) ↓ from 2,155 in 2014 -EHE
2. San Diego- 379 (11.5/100K) ↓ from 503 in 2014 -EHE
3. Orange- 286 (8.9/100K) ↓ from 352 in 2016 -EHE
4. San Bernardino- 278 (12.8/100K) ↑ from 222 in 2014 -EHE
5. Riverside- 259 (10.7/100K) ↓ from 264 in 2014 -EHE
6. San Francisco- 240 (27/100K) ↓ from 327 in 2014 -EHE
7. Alameda- 200 (12/100K) ↓ from 270 in 2016 -EHE
8. Sacramento- 158 (10.3/100K) ↓ from 185 in 2014 -EHE
9. Kern - 156 (17.2 \* /100K) ↑ from 110 in 2016 -NOT EHE \*second only to SF

Source: California Department of Public Health Office of AIDS, California HIV Surveillance Report, 2018, Table 1c, Page 8.  
[https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California\\_HIV\\_Surveillance\\_Report2018.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2018.pdf)



# Why the ED?

- EDs see people most in need of care who would benefit from engaging in a system of care.
- Patients who frequent EDs will continue to use the ED, even when they have a primary care provider.
- People with HIV are three times more likely to visit an ED and are often uninsured, experiencing housing insecurity, or have a substance use disorder.
- Both new positives and out of care positives will be identified through ED ROOT programs.
- Prevention services, including treatment, can prevent new positives.
- Half of HIV clients screened in ED are not in any type of regular HIV Medical care.

Sources: \*Rothman, R. E. et al. Academic Emergency Medicine, 14(7), 653-657. DOI: 10.1197/j.aem.2007.04.004

Pitts, S. R. et al. Natl Health Stat Report, 7(7), 1-38. PMID: 18958996

Lyons, M. S. et al Public Health Reports, 120(3), 259. Bozzette SA et al. N Engl J Med. 1998;339(26):1897-1904

Christian Takayama, MD

# Experiences from LAC/USC ED

# Universal Screening for HIV

Fellowship Project, July 2011 – June 2012.

- Phlebotomist offered HIV screening (ELISA) to every patient in the North Wing of the ED
- If positive test, HIV fellow paged to help disclose, clinically manage, and link to care.
  - 48 HIV+ tests. Most were new diagnoses
  - 40 linked to care.

Source: Unpublished, internal data.

# Universal Screening for HIV (2)

Expanded to include entire ED in 2013

- Grant for phlebotomist expired
- 4<sup>th</sup> Gen Testing
- **ED staff have continued to routinely screen**
- HIV fellows are paged for all +HIV tests in the ED
- 2023-2024 Academic year:
  - 51 New Diagnoses
  - 93 known Diagnoses, out of care.

Source: Unpublished, internal data.

# Universal Screening for HIV (3)

- Majority of patients had no consistent care prior to diagnosis
- Patients with known diagnosis had many barriers:
  - Unhoused
  - SUD
  - Uninsured
- STI co-infections very common

Source: Unpublished, internal data.



Tom Donohoe

# Experiences from Kern County

# Experiences with Kern County

- Dr. Kristopher Lyon called PAETC-LAA in 2017
- ED applications to state and Gilead same year
- Trainings, PDSA cycles, and “Launch” in 2018/19
- Two EDs screening for HIV/Syphilis/HCV in 2020 and continued to be the #1 screeners during COVID-19
- Third and 4th ED added in 2024
- Four EDSP sites funded in Kern County (including Delano)
- EDs are transformational for screening, rapid ART, and linkage to care, and can be for PrEP and other prevention needs.
- Many national presentations between PAETC, health jurisdiction, TAP-in on Kern ED collaborations.

# Experiences with Kern County (2)

## Kern STD Summary, 2021\*

NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

Disease	Number of Cases	Frequency
Chlamydia	5,973	16 per day
Gonorrhea	2,239	6 per day
Syphilis	1,293	4 per day
HIV	189	1 every other day

<b>Kern County</b>	<b>9,694</b>	<b>1 every hour</b>
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Disease	Number of Cases	Frequency
Congenital Syphilis	36	1 every 10 days

\*2021 data is preliminary

Source: California Reportable Disease Information Exchange (CalREDIE)



Tom Donohoe

Experiences from Tarrant County  
(Forth Worth, Texas)  
TAP-in case handout

# Experiences with Tarrant County

- Jurisdiction asked TAP-in for assistance with potential rapid ART project with #1 identifier of HIV cases, JPS ED
- Douglas White, MD conducted grand rounds with JPS Emergency Department August, 2021
- Working group established between ED Champion, RW Champion (Healing Wings), and stakeholders
- 2021-Present: With EHE resources, established milestones to reduce time to ART and undetectable viral load for patients identified in JPS ED.
- 2024: Identified new EDs that can pilot initiatives in next cycle
- February 2025: Second face-to-face meeting in Fort Worth, RFPs and other potential resources to be reviewed for potential new sites.

# Sample Tarrant County Outcomes

- Presentations included 2022 USCHA and 2024 RWNC
- Before rapid ART workgroup and pilot, average time from identification in ED to viral suppression was seven months
- With initiation of rapid ART (3 days), newly diagnosed cases in ED now achieve viral suppression in 46 days and 93% have been retained in care
- For the ED rapid start patients since September 2022, 9.6% received rapid ART in JPS ED and 90.4% in Healing Wings
- Rapid ART approach transformational for both sites, and days to viral suppression continues to drop

Source: Unpublished, internal data JPS Health Network.

Tom Donohoe

What is the PHI/Bridge Program?

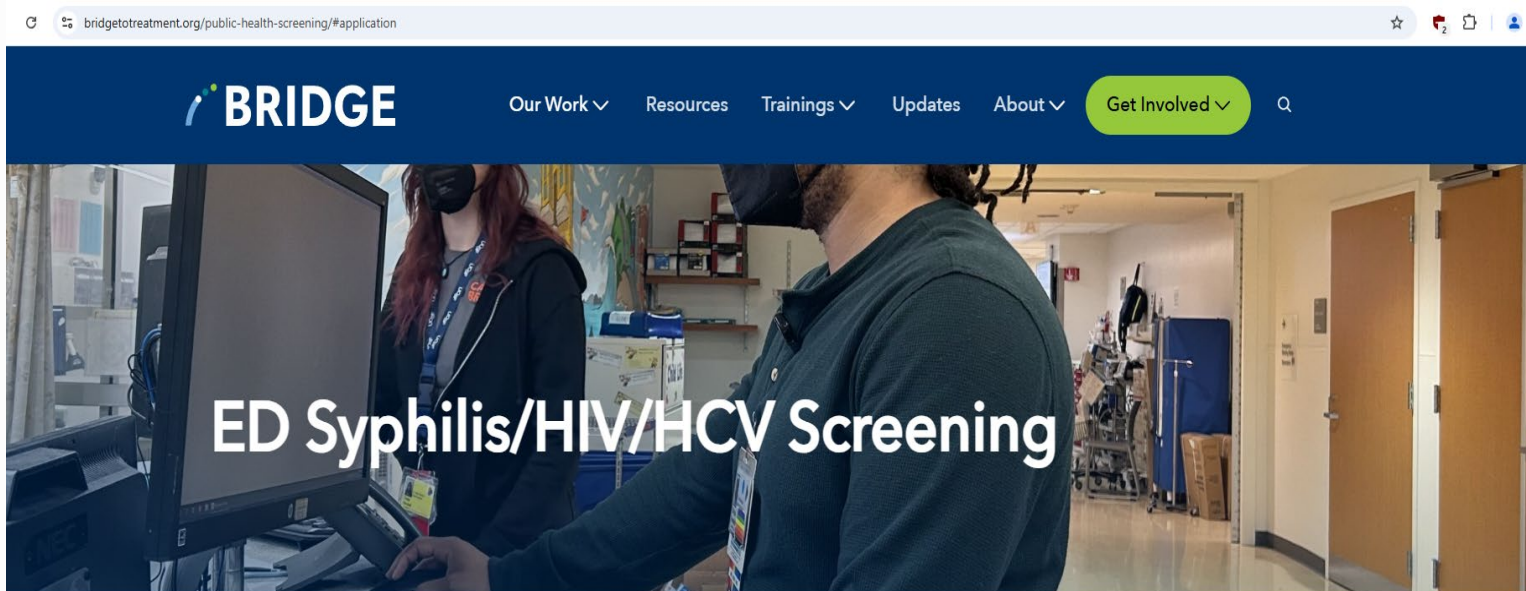
What is EDSP?

Will EDSP be sustained?

# What is....EDSP?

- **Emergency Departments are uniquely positioned to identify people with undiagnosed syphilis, HIV, and hepatitis C virus infections.**
- The [California Department of Public Health \(CDPH\)](#) is partnering with the Public Health Institute's (PHI) Bridge program to expand routine opt-out testing for syphilis, HIV, and hepatitis C virus infection (HCV) through the Emergency Department Syphilis/HIV/HCV Screening Program (EDSP).
- Through this program, PHI/Bridge and CDPH aim to increase public health equity and provide immediate care for people at highest risk for sexually transmitted infections, HIV, and HCV. EDs are uniquely positioned to identify and treat those who might otherwise remain undiagnosed and reduce care barriers. ED opt-out screening helps control these growing epidemics statewide.
- Hospitals funded under EDSP will receive a base amount of \$375,000 over 2.5 years (and may qualify for supplemental navigator funding) to establish or grow ED opt-out syphilis/HIV/HCV testing programs. Participating hospitals will be supported to expand capacity to provide patient education, begin treatment, and utilize navigators to link patients to follow-up care.
- This includes a person-centered syndemic approach based on values of human dignity, intersectional and trauma-informed racial and social justice, and harm reduction in the promotion of health equity.

# BRIDGE ED Syphilis/HIV/HCV Screening Program



[HOME](#) » [ED SYPHILIS/HIV/HCV SCREENING](#)

[Overview](#)

[Issue](#)

[EDSP Awardee Hub](#)

[FAQ](#)

[Resources](#)

## Awardee Information

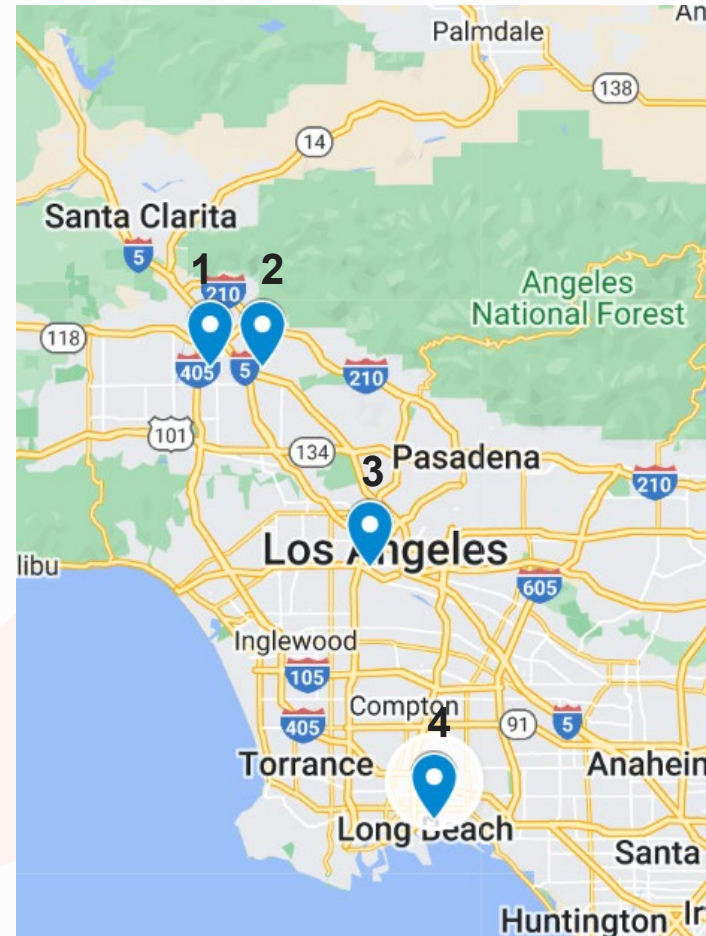
The CA Department of Public Health and Bridge awarded \$13,125,000 in funds to 28 hospital emergency departments in fourteen counties across the state to implement, expand, or sustain a routine opt-out syphilis, HIV, and hepatitis C virus (HCV) infection screening program, and provide patient navigation linkage to treatment and prevention. The awardees represent a diversity of high-volume, mid-volume, and low-volume EDs in urban and rural areas.

- [View the 2023 EDSP Awardee list](#)

# LA County EDSP

1. Mission Community Hospital - Panorama Campus
2. Pacifica Hospital of the Valley
3. California Hospital Medical Center - Los Angeles
4. St. Mary Medical Center - Long Beach

**EDSP funding is scheduled to end April 30, 2026.**



# Successful Emergency Department Syphilis Screening in Three County Hospitals

Julie Tolentino, MPH

Shobita Rajagopalan, MD, MS, MPH

Sonali Kulkarni, MD, MPH

Division of HIV and STD Programs







# Syphilis Screening Implemented in Three Emergency Departments (EDs)

## County Hospital Partners

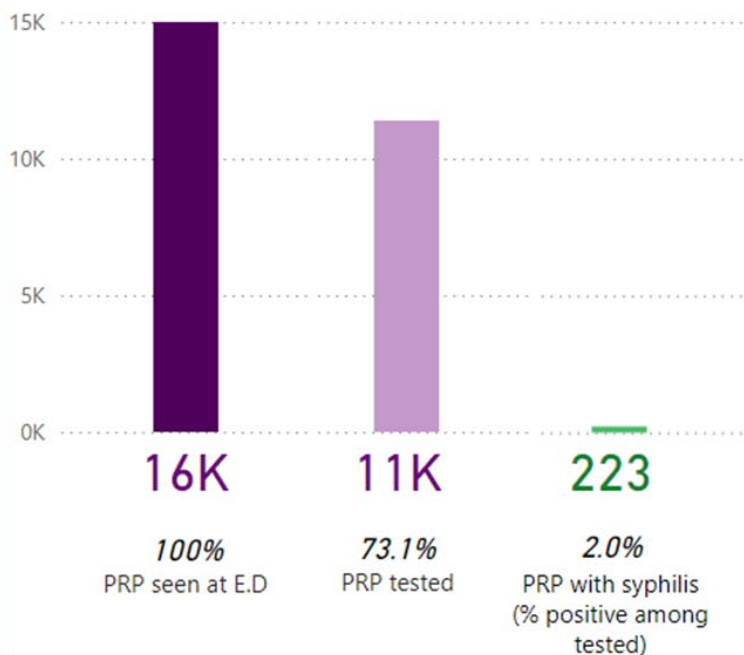
1. LA General Hospital
2. Harbor UCLA Hospital
3. Olive View UCLA Hospital

- Automatically add a syphilis screening test for **any patient who can get pregnant (age 18-44) who is already getting their blood drawn.**
- DHSP agreed to be ordering provider and conduct follow-up with patients.
- Project kick-off date January 9, 2024.

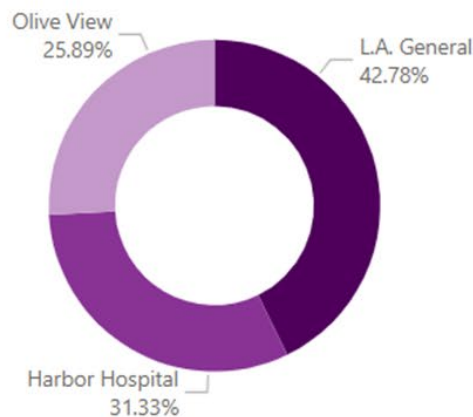


**Of the 16,000 eligible persons seen at an ED between Jan-Sept 2024, 11,000 were tested. Of those, 223 (2%) were diagnosed with syphilis.**

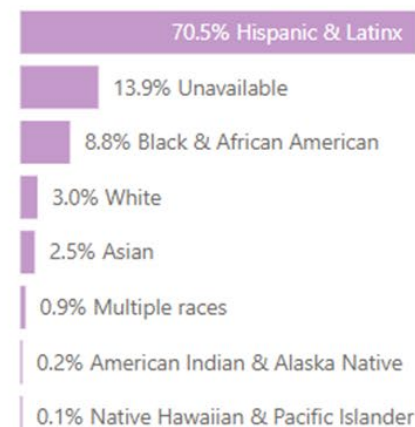
### Program Cascade



### PRP seen at ED



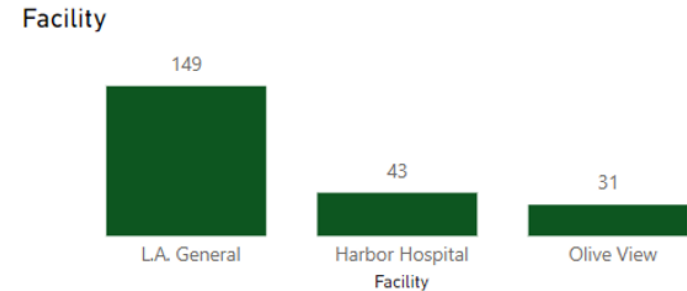
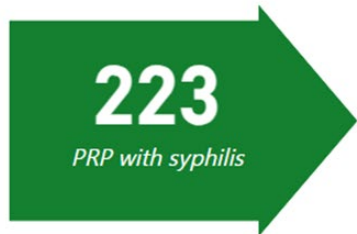
### PRP tested



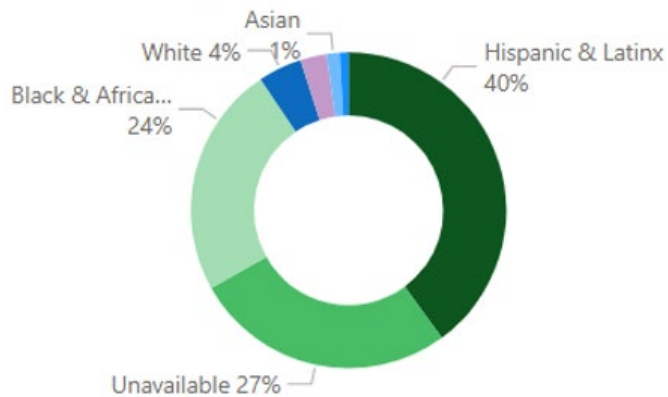
\*PRP: Persons of reproductive potential



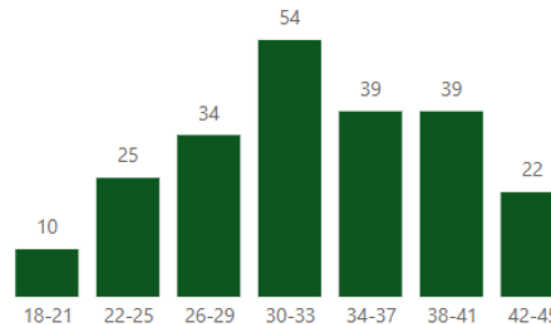
**Of the 223 cases, 164 were new cases that had never had syphilis before and 38 cases were cases identified within the last 90 days, but not treated.**



**Race/ Ethnicity**



**Age groups**



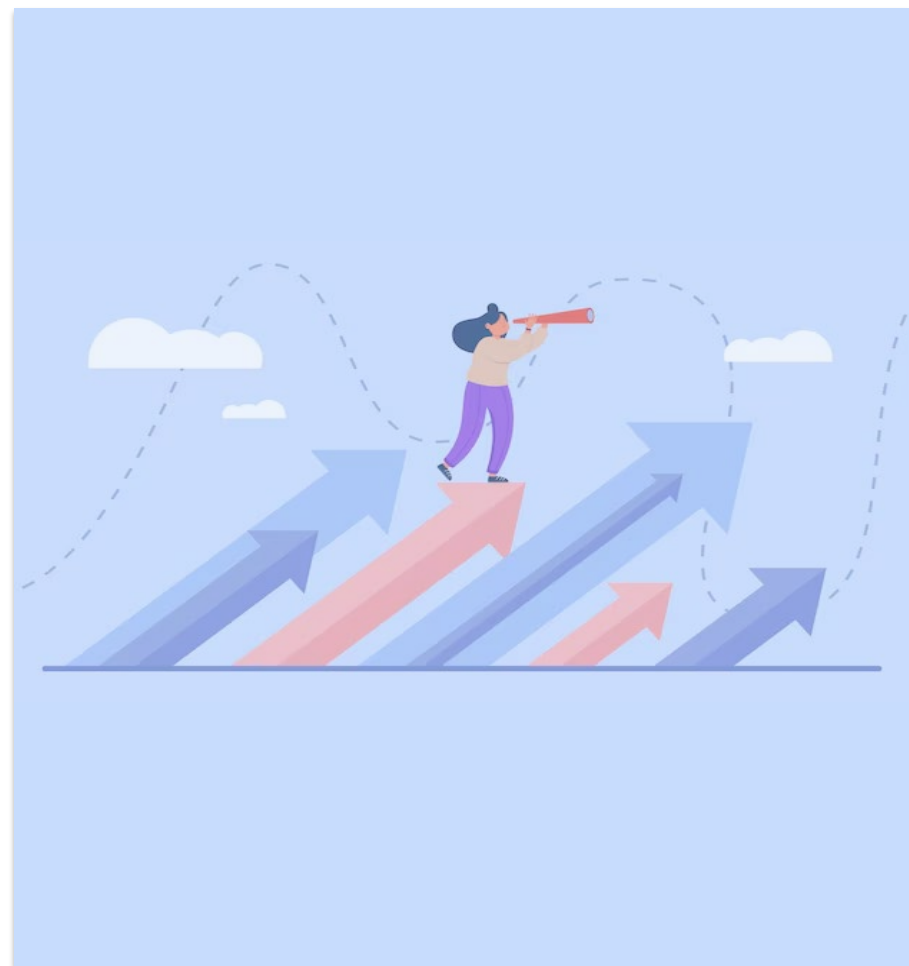
**PRP characteristics**

**26%**  
**Unhoused**

**2%**  
**Pregnant**

## Future Directions

- DHS is planning to expand to their urgent cares.
- DHSP plans to partner with 5 community hospitals to implement **routine HIV, syphilis, and hepatitis C screening in 2025**
  - Modeled after the California Department of Public Health Bridge ED Screening Program (EDSP)





*Thank You*

# Who provides HIV-related resources to EDs?

- Federal grants (CDC, HRSA EHE, etc.)
- State grants (OA and others)
- EDSP (State grant, ends April 2026)
- FOCUS program (Gilead)
- Foundations
- Others

# Resources / More Information

- TAP-in Innovations in the ER: Collaborations among Emergency Departments, TA Providers, & Health Jurisdictions to Identify and Treat HIV, HCV, and Syphilis: <https://targethiv.org/library/innovations-er-collaborations-among-emergency-departments-ta-providers-health-jurisdictions>
- How AETCs, Emergency Departments, and Health Jurisdictions Can Identify and Treat HIV, HCV, and Syphilis: <https://targethiv.org/presentation/how-aetcs-emergency-departments-and-health-jurisdictions-can-identify-and-treat-hiv>
- Tarrant County case
- CHPRC Implementation Models for Linkage to HIV Prevention Services in California Emergency Departments: <https://chprc.org/publications/implementation-models-for-linkage-to-hiv-prevention-services-in-california-emergency-departments/>

THANK YOU

Q/A