

Peer-referral programs can increase HIV-testing in emergency departments

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Researchers at the University of Cincinnati (UC) have found that incorporating a peer-referral program for HIV testing into emergency departments can reach new groups of high-risk patients and brings more patients into the hospital for testing.

Co-author and assistant professor of [emergency medicine](#) Michael Lyons, MD, says [public health officials](#) study multiple approaches to increasing early diagnosis of HIV. These approaches include a recent emphasis on expanding testing in health care centers, particularly emergency departments (EDs) that treat disadvantaged, at-risk populations.

"There's another high-yield way to identify people, which is to take those who are at risk of infection or who are HIV-positive and have them refer their social contacts or partners for testing," he says. "This 'social network testing' is typically used in public health departments to efficiently identify high-risk populations by targeting the social network of those high-risk or HIV-positive individuals."

But he says researchers do not know which program is more important, or, if used together, whether they inefficiently target the same population within a community.

In their prospective observational study, Lyons and fellow researchers implemented a social network and partner testing program from May to September 2011 in an urban academic health center ED.

Through an ED-based targeted HIV testing program, they recruited high-risk or HIV-positive individuals to participate in a paid coupon program, in which individuals receive coupons for HIV testing to give to their friends or partners. If an individual recruited a friend to come to the ED for HIV testing, that friend could also participate in the [coupon program](#).

During the process, researchers reviewed hospital records to determine whether people tested by the peer-referral program also had study-site ED visits or [HIV tests](#) within the previous five years.

At the end of the study, the program had diagnosed four new cases of HIV. Of the participating individuals, 34 percent had no prior visits to the ED and 69 percent had never been tested by the ED HIV testing program.

Lyons said the results show that social network programs can be implemented in health care settings, providing valuable access into high-risk, uninsured populations with minimal difficulty.

"We were able to use an existing ED-based program to reach out into the community beyond what the ED would otherwise be able to do. This suggests the two HIV-testing approaches may be complementary rather than fully redundant, illustrating the ways in which health centers can feed social network and partner testing programs."

Provided by University of Cincinnati Academic Health Center

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