

# ROUTINE UNIVERSAL SCREENING FOR HIV INTERVENTION



**The Routine Universal Screening for HIV (RUSH) intervention facilitates linkage to and retention in care through an opt-out HIV testing program for people 16 and older who are in an emergency department (ED) or other clinical setting, resulting in improved retention in care and viral suppression rates.<sup>1</sup>**

**Download intervention Implementation guides and explore resources to help you innovate while replicating interventions that link, re-engage, and retain people within HIV care at [www.CIEhealth.org](http://www.CIEhealth.org).**



## Priority Population

People 16 and older who are in an ED or other clinical setting and have an intravenous line inserted and/or have blood drawn



## The Challenge

Of the estimated 1.1 million people with HIV in the United States, an estimated 86 percent have received an HIV diagnosis, 64 percent received care, 49 percent are retained in care, and 53 percent are virally suppressed. In 2006, the Centers for Disease Control and Prevention released a series of guidelines recommending routine screening for HIV in both public and private healthcare settings, intended to reach people who may not otherwise seek out HIV testing or are not offered testing in other settings.<sup>2</sup>



## The Model

The intervention allows EDs and other clinical settings to embed routine opt-out HIV testing into their existing care services to address retention-in-care gaps. By leveraging an organization's existing staff infrastructure and dedicating staff to facilitating client linkage to care, organizations can identify and retain people with HIV who are unaware of their status or have fallen out of care.



## Pilot and Trial Sites

Ben Taub Hospital and Lyndon B. Johnson Hospital in Houston, TX



## Impact

RUSH offers a low-cost, low-burden approach to improve retention in care as well as viral suppression in people with HIV. Outcomes from the original RUSH intervention include an increase in client retention in care from 32.6 percent pre-intervention to 47.1 percent post-intervention and an increase in the viral suppression rate from 22.8 percent pre-intervention to 34 percent post-intervention.<sup>1</sup>

<sup>1</sup>Flash, C. A., Pasalar, S., Hemmige, V., Davila, J. A., Hallmark, C. J., McNeese, M., Miertschin, N., Ruggerio, M., Giordano, T. P. (2015). Benefits of a routine opt-out HIV testing and linkage to care program for previously diagnosed patients in publicly funded emergency departments in Houston, TX. *Journal of Acquired Immune Deficiency Syndromes* (1999), 69, Suppl 1(0 1), S8–S15. [doi.org/10.1097/QAI.0000000000000578](https://doi.org/10.1097/QAI.0000000000000578)

<sup>2</sup>Centers for Disease Control and Prevention. Understanding the HIV Care Continuum. <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>. Published July 2019. Accessed [February 1, 2021].