Letters to the Editor

Concerns About Hospital-Based Routine Human Immunodeficiency Testing Programs

To the Editor:

We have several concerns about the recent article published by Harris et al[1] that reported their experience with a hospital-based voluntary human immunodeficiency virus (HIV) antibody screening program. As described by the authors, Houston, Texas, has the fourth largest number of diagnosed acquired immunodeficiency syndrome (AIDS) cases among US cities (n>5,000; Centers for Disease Control [CDC], 1991). Since The Methodist Hospital (TMH) is one of the largest hospitals in Houston, with more than 37,000 admissions annually, one would expect that TMH would serve a large HIV/AIDS population. Data provided in the article suggest that for a three month period, 28 persons known to be HIVinfected were admitted to TMH. That figure would project to an annual rate of 112 HIV/AIDS admissions per year, or 0.3% of all admissions to TMH. Assuming that 50% of all Houston AIDS patients are alive and that all the HIV patients at TMH have AIDS, then TMH handled approximately 4% of Houston's AIDS cases. In reality, most HIV-infected persons don't have AIDS, so the actual percentage of Houston's AIDS cases seen at TMH is lower still. That is a strikingly low figure and suggests that TMH sees less than a proportionate share of Houston's HIV/AIDS case load, even considering patients with private insurance alone. At St. Paul-Ramsey Medical Center (SPRMC), we average approximately 12,000 admissions, including approximately 80 known HIV-infected persons (1990) or 0.7% of admissions. St. Paul, Minnesota, is in a low incidence area for HIV/AIDS and has reported only 98 cases of AIDS as of March 25, 1991.

Several of the authors' conclusions bear scrutiny. First, there is no "medical consensus" about widespread voluntary HIV testing as suggested in the first line of the abstract.[2-16] Many HIV/AIDS experts favor a targeted approach to identity persons at risk or who live in high-risk areas, not standard universal testing.[6-9,13] Second, it is misleading to state that the difference between the HIV seroprevalence of persons consenting and not consenting to voluntary HIV testing was not significant. The study sample of persons not consenting was quite small (n = 500), yet there were over twice as many persons (percentage-wise) refusing to be HIV tested who then consented to testing. We believe these data clearly suggest that persons at risk will selectively refuse participation. It is also misleading to state that the program "discovered" 12 new HIVinfected persons. As described by the authors, one of the patients knew he was HIV-positive, and seven were admitted with problems possibly HIV-related (no final outcome data given). Thus, perhaps only four persons were identified to be HIVinfected who would not have been otherwise identified, and they were probably at high risk.

The statement that hospitals are an efficient and practical setting for HIV testing does not seem well supported by the data. The authors' calculation that it would cost $14,550 per HIV case identified suggests to us that their pilot program was very inefficient. If one considers that perhaps only four persons were truly identified to be HIV infected (i.e., independent of appropriate clinical evalua-

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tion), then the figure to identify an unknown HIV-infected person swells to $43,649 (4,535/4 × $38.50/test). It is unclear whether their cost calculation includes counseling time. Experts on the benefits of HIV test-related counseling believe that pre- and post-test counseling can be invaluable even for high-risk persons found to be seronegative.[2,3,14] It would be surprising if the HIV based counseling provided by the cardiovascular surgery service spent much time on risk-reduction counseling, thus missing a key opportunity to prevent HIV infection.[2,3] We would be interested in seeing data as to the content and time allotted to counseling at TMH. We doubt whether TMH or the state of Texas can afford a screening program that is so inefficient. At SPRMC, a public teaching hospital, data from the CDC's sentinel hospital project suggest that it would cost an average of between $6,000 to $12,000 to identify an unknown HIV-positive patient (Henry K. CDC Sentinel Study. Unpublished data. 1990).[17] In addition, the efficiency of hospital-based screening would decrease over time because patients would be recycling through, and therefore one would be measuring more HIV incidence and less HIV prevalence as the program progressed.

We are concerned about why TMH sees so few HIV/AIDS patients. Also, the acceptance of the HIV screening program was 91% on the cardiosurgery service and only 31% on medicine. Those data suggest to us that the program was not broadly accepted at TMH, and that HIV/AIDS patients may be avoiding TMH because of a negative image about aggressive HIV testing practices and because of physician attitudes about HIV/AIDS at TMH. The practice of leaving the enzyme immunoassay results in the TMH computer system despite negative or indeterminate western blot results also concerns us because many healthcare workers still misinterpret those results (Henry K. CDC Sentinel Study. Unpublished data. 1990).[2,18,19] The authors do not provide data as to what advantage the patients actually gained by finding out their HIV status (e.g., did they all easily access HIV care, including early intervention strategies). We interpret their data as demonstrating the inefficiency and relatively poor acceptance (by staff and patients) of an attempt at universal voluntary HIV testing at a private hospital in Houston, a high-incidence area for HIV/AIDS. We agree with the authors that a targeted approach toward HIV testing using local seroprevalence and epidemiologic data is more appropriate.

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The authors were asked to respond to this letter:

Dr. Henry and Mr. Campbell are correct in their observation that several other hospitals in Houston, Texas, care for more human immunodeficiency (HIV)-positive patients than The Methodist Hospital (TMH). The Houston Veterans' Affairs Medical Center, Harris County Hospital

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