Opt-Out HIV- Hepatitis C (HCV) Testing in Columbia, SC: Who Gets Tested and Who Opts Out of Testing?

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INTRODUCTION

South Carolina (SC) remains one of the of the most heavily affected states for both HIV and HCV infections.
Males account for the majority of cases.
Implementation of universal opt-out testing has improved screening rates but not much has been published describing the characteristics of those who opt out of testing.

AIM

Describe the demographic characteristics of the opt-out population

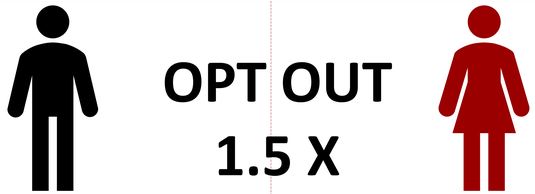
BASELINE DEMOGRAPHICS

	Number (N=1253)	Percentage (%)
Gender		
Female	828	66.1
Male	425	33.9
Age		
18-29	87	6.9
30-39	141	11.3
40-49	179	14.3
50-59	351	28.0
60-69	338	27.0
>70	157	12.5
Race		
Asian	6	0.5
Black	958	76.5
Caucasian	231	18.4
Hispanic	39	3.1
Other	19	1.5
Insurance Status		
Insured	988	78.9
Uninsured	265	21.1

METHODS

Between February and August 2019, we conducted a quality improvement (QI) project which implemented opt- out HIV-HCV testing at a single primary care resident clinic in SC.
Persons were considered eligible for testing if they were between the ages of 18-65 years for HIV and 18-74 years for HCV prior to the updated USPSTF 2020 guidelines which recommends HCV screening for adults ages 18-79.
A retrospective chart review was used to obtain screening rates, opt status and demographic data.

RESULTS



MALES were **1.5 X** more likely to **Opt- Out** of **HIV** and **HCV** testing than their **FEMALE** counterparts.

RESULTS CONT'D

1253 patients were seen between May 1, 2019- July 31, 2019.

HIV

- 985 (78%) were eligible for HIV testing.
- 212 (22%) of eligible patients opted out of HIV testing.
- Males were 1.59 times more likely to opt out (p=0.008).

HCV

- 1136 (90.7%) were deemed eligible for HCV testing.
- 244 (21%) opted out of HCV testing.
- Males were 1.47 times more likely to opt out of HCV testing (p=0.017)

Persons without a genitourinary chief complaint were 1.2 times more likely to opt out of testing (p=0.02).

CONCLUSION

1 in 5 eligible patients chose to opt out of HIV-HCV testing.
Males were more likely to opt out despite accounting for the majority of newly diagnosed HCV cases.
Future studies investigating drivers for opting-out in the male population could improve testing and assist with early diagnosis

REFERENCES

Available on request

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