

Targeted HIV testing in Spanish emergency departments

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An Editorial published in the June issue of *The Lancet HIV* highlights an opt-out HIV testing strategy in 33 emergency departments in the UK.¹ 282 new diagnoses were made based on 665 746 tests done over a 9 month period. It is claimed the strategy is cost-effective but the 0.04% positive rate for HIV is below the accepted 0.1% cutoff for cost-effectiveness.²

Compared with the UNAIDS 95-95-95 targets, Spain has figures of 87-97-97.³ To reduce the number of undiagnosed people with HIV, the Spanish Emergency Medicine Society (SEMES), endorsed by the Spanish Society of Infectious Diseases and Clinical Microbiology and with the support of Gilead Sciences, began to work on a targeted opt-in HIV testing strategy to be implemented in Spanish emergency departments. The strategy comprised requesting an HIV test for all emergency department attendees who had any of the following six criteria (which are frequently seen in the emergency department and are associated with high HIV prevalence): sexually transmitted infections, herpes zoster (in individuals aged 18-65 years), community-acquired pneumonia (in individuals aged 18-65 years), mononucleosis, chemsex participation, or request for post-exposure prophylaxis.⁴

Implementation of these recommendations in emergency departments is a priority for SEMES, which is developing structured training for emergency departments through a programme called *Deja tu huella* (*Leave your mark*). The programme has been implemented in 121 Spanish emergency departments, which have done 66 813 HIV tests during 2021 and 2022. The tests have resulted in 901 new diagnoses of HIV, which is a 1.35% HIV detection rate. Analyses of our data show a four times increase in

the number of HIV tests done, and that the six criteria we listed have obtained rates of HIV detection greater than 0.1%. An economic study from 2022 showed that the implementation of SEMES recommendations requires an investment of €20 million over the next 20 years, but would result in potential savings of €4.411 billion.⁵

The requirement for explicit consent for HIV testing is an important barrier to implementing a universal strategy of opt-out testing in Spain. Moreover, a survey done among the heads of 250 Spanish emergency departments showed reluctance towards implementation of a universal HIV screening strategy.⁶ SEMES selected a targeted opt-in strategy, as this could be more effective, cost-efficient, and have a higher approval by emergency department professionals compared with the opt-out strategy. HIV testing in emergency departments is key to increasing detection of new HIV infections in individuals who are unaware of their seropositivity. Therefore, HIV testing in emergency departments should be widely promoted, with strategies adapted to different settings.

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