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| **Author, Year**  | **Study design** | **Comparison groups** | **Location/setting/high or low prevalence population (based on 0.1% prevalence rate)** | **Study timeframe** | **Baseline population characteristics** | **Eligibility criteria** | **Exclusion criteria** |
| Haukoos et al, 201272 | Prospective quasi-experiment (cohort study) | A: Patients offered opt-out rapid testing B: Patients offered opt-in rapid testing | Evaluation of patient acceptance and understanding of opt-out and opt-in rapid HIV screening in the emergency department of an urban hospital in Denver/low prevalence | October to December 2009 | A vs. BAge: 36 vs. 25 yearsMale sex: 45% vs. 45%Race: 52% Hispanic, 26% white, 16% black, 3% unknown/missing, 2% Asian, 1% other vs. 44% Hispanic, 29% white, 21% black, 3% unknown/missing, 2% other, 1% Asian | Ambulatory patients presenting for care who were ≥13 years and able to provide informed consent | None (reported as inverse of inclusion: younger than age 13 years, arrived by ambulance, unable to consent) |
| White et al, 201173 | Cohort study | Opt-in period: screening offered by providers (Feb 1, 2007–July 31, 2007; n=23,236) vs. opt-out period: screening offered by registration staff (Aug 1, 2007–January 31, 2007; n=26,757). | Pre-post evaluation of opt-In vs. Opt-Out testing implementation on screening rates and acceptance of rapid oral HIV screening in Oakland, CA ED.  | February 1, 2007 to January 31, 2008 | Demographic data available only for patients offered testing: Opt-in phase (n=6479): mean age, 39 (SD, 13); 53% male; 43% black, 27% Hispanic, 15% white Opt-out phase: mean age, 42 (SD, 14); 45% female; 45% black, 26% Hispanic, 15% white | Age ≥15 years; medically stable; able to consent for HIV testing (opt-in phase) or complete general consent (opt-in and opt-out phase) | Patients requiring immediate medical evaluation or if staff deemed patient "too ill" |

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| **Author, Year**  | **Number screened/ acceptibility**  | **Clinical outcomes** | **Adverse events** | **Linkage to care**  | **CD4 count at HIV diagnosis** | **Quality rating** | **Funding source** |
| Haukoos et al, 201272 | A vs. B6842 eligible/3993 agreed/886 screened vs. 5985 eligible/930 agreed/389 screened | A vs. BDifference in completed screening: 13% vs. 7% (6% difference [95% CI, 5 to 8])Eligible patients agreeing to testing: 44% difference (95% CI, 43 to 46)Agreed patients completing screening: -21% difference (95% CI, -17 to -27)Screened patients newly diagnosed with HIV: 2 (0.2 [95% CI, 0.02 to 0.8]) vs. 0 (0% [95% CI, 0 to 0.9)Self-reported not being informed about HIV test: 54% vs. 3% (absolute difference, 35% [95% CI, 44 to 59])Agreed (or neglected to opt out) but self-report not agreeing to an HIV test: 38% vs. 3% (absolute difference, 35% [95% CI, 24 to 46%) | Not reported | Newly diagnosed patients linked to care: 2/2 (100%, both from opt-out group) | CD4 counts: 0.047 and 0.085 x 109 cells/L Viral load: 184,272 and 206,878 copies/mL | Fair | Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Colorado HIV/AIDS Prevention Program |
| White et al, 201173 | Opt-in phase: 6479/23,236 eligible (62.9%) offered screening; 4061/6479 (62.7%) accepted screening. Opt-out phase: 20,280/26,757 (75.8%) offered screening; 6273/20,280 (30.9%) accepted screening | Opt-in phase: 21/4053 preliminary positive rapid tests; 10/4053 confirmed positive (0.25% prevalence). Opt-out phase: 28/4679 preliminary positive; 28/4679 confirmed positive (0.60%). When previously known HIV-positive subjects excluded, opt-in identified 8 new cases (0.2% of tested) and opt-out identified 21 new cases (0.4%); p=0.04 | 11/21(52.4%) false-positive preliminary rapid tests; all occurred during first 2 months of study (opt-in phase); cause unknown | 75% of opt-in and 77% of opt-out newly diagnosed cases linked to care within 90 days of diagnosis | Mean CD4 (opt-in): 0.415 x 109 (SD, 0.237 x 109). Mean CD4 (opt-out): 0.307 x 109 (SD, 0.274 x 109). 25% of opt-in and 48% of opt-out newly diagnosed patients had CD4 count <0.200 x 109 | Fair | Centers for Disease Control and Prevention |