Early diagnosis and treatment for human immunodeficiency virus (HIV) can prolong life, reduce transmission, and is a cost-effective public health intervention.

HIV screening has substantial net benefits to individuals and the public health as recognized by the US Preventive Services Task Force (USPSTF) Level A Grading.¹

The USPSTF recommends that clinicians screen for HIV infection in the following populations:

- Adolescents and adults aged 15 to 65 years.
- All pregnant women including those who present in labor who are untested and whose HIV status is unknown.
- Younger adolescents and older adults who are at increased risk for HIV infection.

Emergency department (ED) HIV screening programs deliver the greatest public health impact when:

- Local prevalence of HIV infection is ≥ 0.1%.
- Screening procedures are practical, feasible, and do not interfere with the primary acute care mission of emergency medicine.
- Integration exists between the ED and the resources of the entire health care system.
- Policies and procedures clearly address patient confidentiality, informed consent (state dependent), provider training, opportunities for counseling, and linkage to care.
- Adequate funding or reimbursement is available to meet the operational and personnel costs required for programs sustainability.
- All local and state requirements are met.

HIV testing in the evaluation for acute care conditions in the ED should be available in a timely and efficient fashion similar to testing and results for other conditions.