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Cost-Effectiveness of HIV Screening in Acute Care

**Gina Pugliese, RN, MS;
Martin S. Favero, PhD
Medical News Editors**

In January 1993, the CDC recommended that acute-care hospitals and associated clinics in which the prevalence of HIV infection was 1% or more offer routine voluntary HIV screening to inpatients and outpatients aged 15 to 54 years. Implementation of such a guideline would have resulted in testing approximately 3 million patients in 1990. The cost-effectiveness of this recommendation is not known.

Dr. Douglas Owens of Stanford University, Stanford, California, and colleagues at Washington University Medical School in St. Louis, Missouri, recently evaluated the cost-effectiveness of a voluntary screening pro-

gram using a decision model. The results indicated that during the first year, an HIV screening program implemented in acute-care hospital settings in which the seroprevalence of HIV infection is 1% or more would result in the identification of approximately 110,000 undetected cases of HIV infection. The program would result in the expenditure of approximately \$71 million for testing and counseling, and expenditures of approximately \$2 billion for incremental medical care for the patients identified as having HIV infection during the first year of screening. When the seroprevalence of HIV is 1%, the cost-effectiveness of screening is \$47,200 per year of life saved. When the effect of early identification of HIV infection on the patient's quality of life also is considered, screening is less

cost-effective. Screening-induced reductions in risk behavior improve the cost-effectiveness of screening by preventing the transmission of HIV.

The authors concluded that the cost-effectiveness of screening for HIV in acute-care settings, when the seroprevalence is 1%, is within the range of other accepted interventions, exclusive of the effect on the quality of life. However, the cost-effectiveness of screening is affected substantially by the effect of screening on the quality of life and by the degree to which persons identified as having HIV infection reduce risk behaviors that may transmit infection.

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