

# Systematic Comprehensive Infectious Disease Screening within an Inpatient Detoxification and Recovery Program

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## Background

- People with substance use disorders (SUD) are at increased risk for infectious diseases (ID) and face many barriers to accessing ID care
- Integration of counseling, testing, and treatment for ID within SUD programs may increase uptake of available interventions for treatment and prevention

## Aims

- Evaluate uptake of ID screening within inpatient SUD program
- Evaluate delivery of co-located ID prevention and/or treatments

## Methods

- Single-center program from September 2022 to February 2023 offering opt-out ID screening to patients in 18-bed detox/rehabilitation unit (**Table 1**)

**Table 1. Comprehensive ID Screening Tests**

HIV	Viral hepatitis	LTBI	STIs
HIV 1,2 w/ multispot	HAV Ab HBsAg, anti-HBc Ab, anti-HBs Ab HCV Ab w/ reflex to RNA	Interferon gamma release assay	Gonorrhea Chlamydia Syphilis Trichomonas

Abbreviations: Ab, total antibody; HAV, hepatitis A virus; HBsAg, hepatitis B surface antigen; HBc, hepatitis B core; HBs, hepatitis B surface; HCV, hepatitis C virus; LTBI, latent tuberculosis infection; STI, sexually transmitted infections

- ID-trained Nurse Navigator (NN) approached patients, counseled on available ID prevention/treatment, offered screening tailored to sexual & medical history
- NN reviewed results and recommendations including HAV, hepatitis B virus (HBV) vaccination; treatment of HIV, HBV, HCV, LTBI or STIs; HIV pre-exposure prophylaxis (PrEP). ID physician evaluated patients prior to new initiation of ART, PrEP, and/or treatment for viral hepatitis

**Table 2. Characteristics of Patients Undergoing ID Screening (n=141)**

Characteristic	n (%)
Male	92 (65)
Median age, years (range)	51 (20-71)
Black race	95 (67)
SUD*	
Cocaine	80 (57)
Opioid	69 (49)
Alcohol	54 (38)
Other	20 (14)
Median LOS days, (range)	16 (1-49)

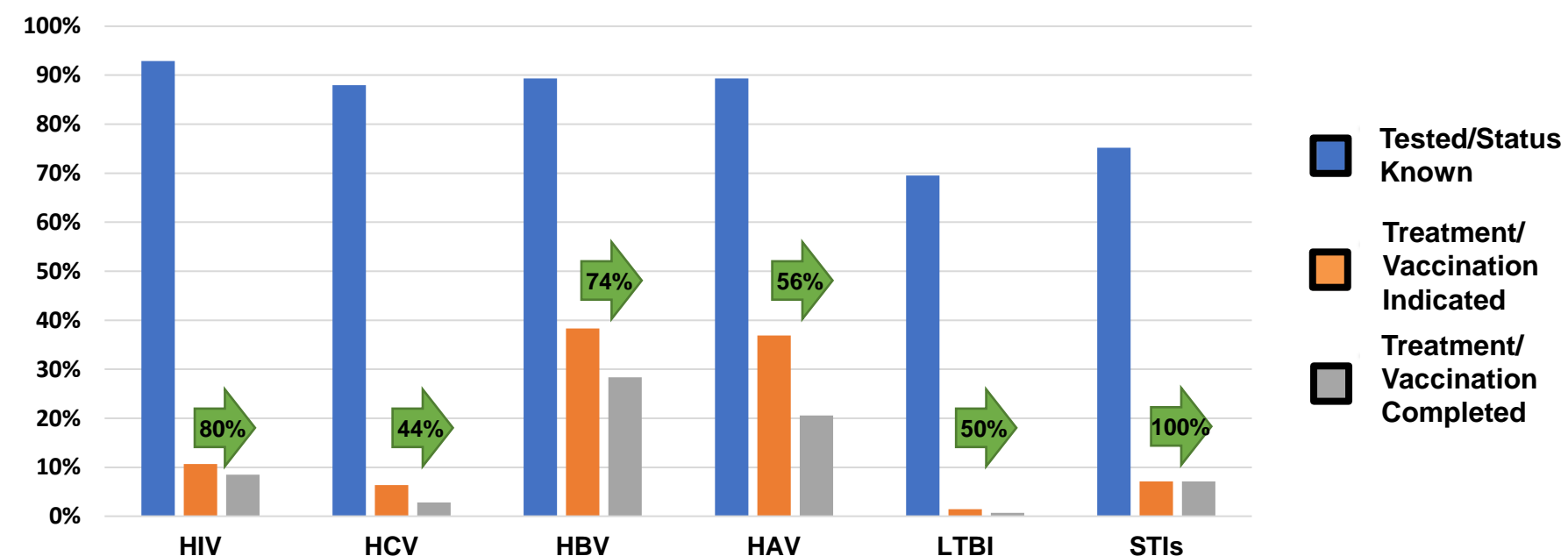
\*Not mutually exclusive. Abbreviation: LOS, length of stay

**Table 3. Interventions Completed During Inpatient Detox and Recovery Admission**

Intervention	Patients eligible	Completed
HAV vaccination	52	56%
HBV vaccination	52	71%
PrEP	6	50%
ART Re-initiation*	9	100%
STI treatment	10	100%
HCV treatment	9	44%
LTBI treatment	2	50%

\*No patients with HIV were ART naïve

**Figure 1. Uptake of ID Screening and Treatment/Prevention Services within an Inpatient SUD Detoxification and Recovery Unit from Sept 2022-Feb 2023 (n=141)**



## Results

- 141 (87.0%) of 162 patients admitted were offered ID screening (**Table 2**)
- 131 patients completed ≥1 recommended test; 72.5% had actionable results (**Figure 1**)
- 19 patients had HIV (47.4% off ART); ART re-initiation was completed in 100% (**Table 3**)
- HCV viremia was observed in 9 patients; 4 initiated HCV treatment within two weeks of testing
- HAV and HBV vaccine series uptake was >55%
- PrEP was started in 3 of 6 people with reported risk factors for HIV acquisition
- NN provided linkage to outpatient care was completed for all people with HIV, viral hepatitis, and PrEP initiators (n=31)

## Conclusion

- Co-location of ID services within inpatient SUD programs reduces barriers to care and allowed for implementation of effective interventions
- Future work is needed to evaluate feasibility and uptake of comprehensive ID screening in outpatient SUD programs

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