

BHIVA Audit 2022: Routine monitoring of adults living with HIV throughout the Covid-19 pandemic

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Conflict of Interest

In relation to this presentation, I declare that I have no conflict of interest

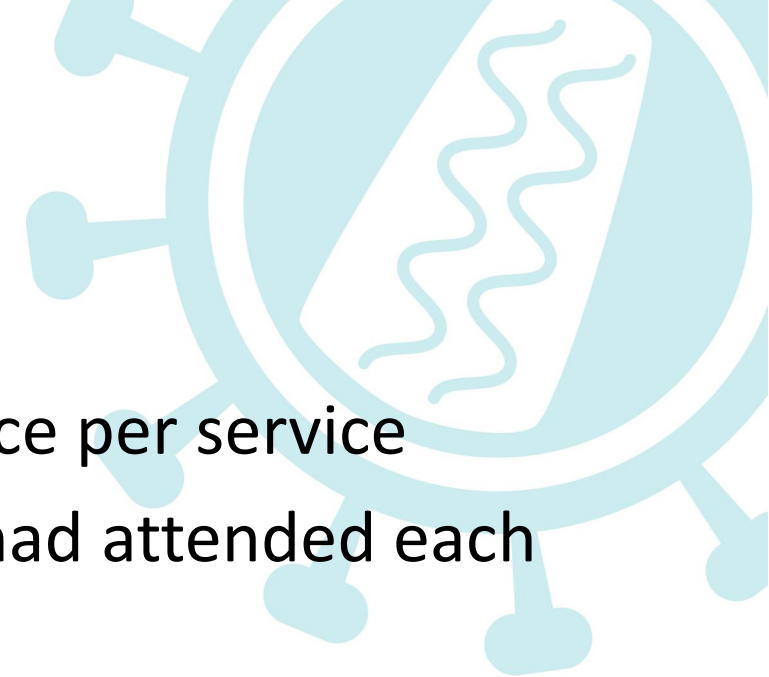


Aims

To get a UK-wide picture of:

- the extent to which routine HIV monitoring was disrupted by the pandemic
- how HIV clinical services worked to maintain care standards, and
- current care delivery

The aim was NOT to assess quality of care provided by individual clinical services, since minimising attendance during pandemic surges was a recommended safety measure



Method

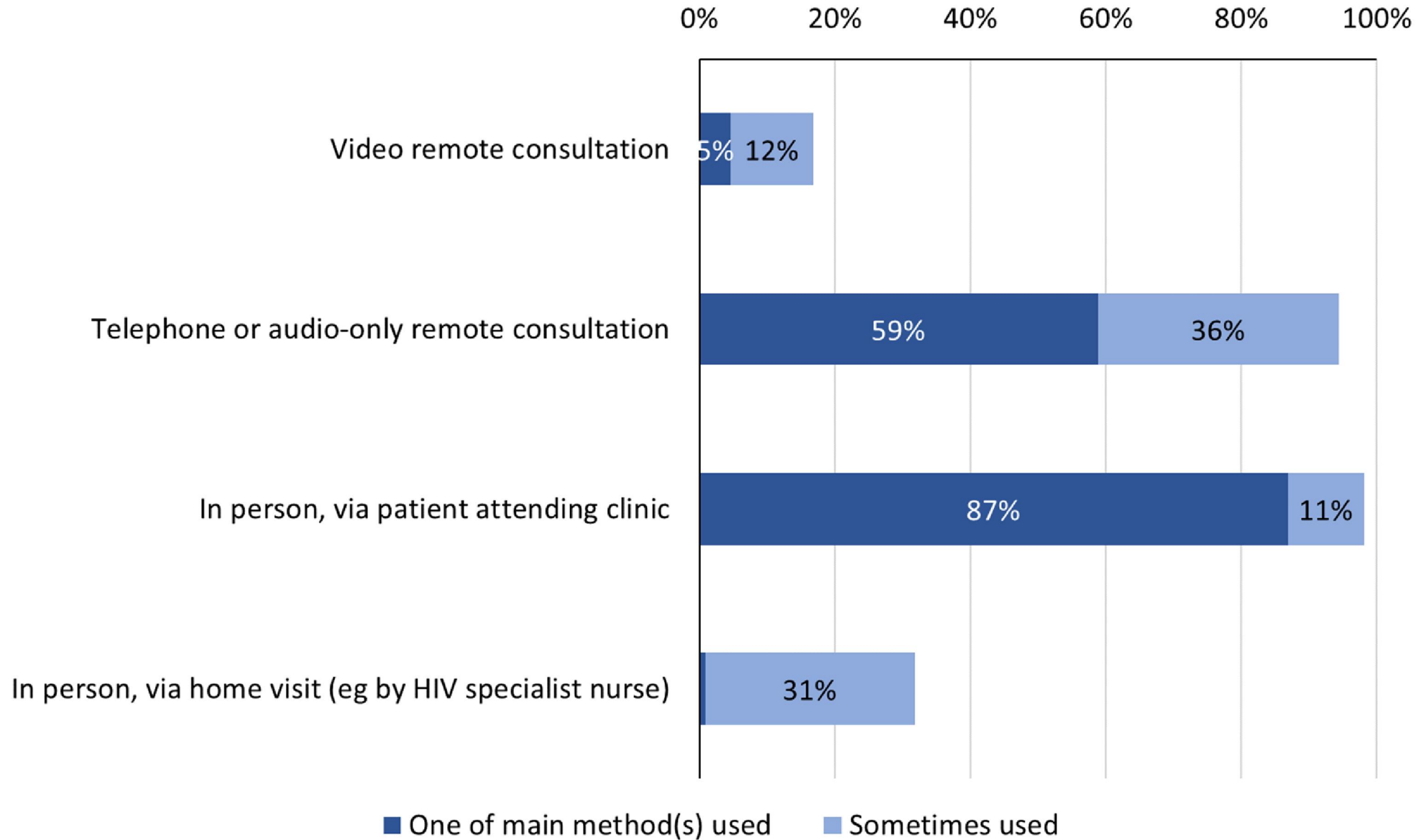
- Brief survey of clinic arrangements – completed once per service
- Case-note review of 20 adults living with HIV who had attended each service during July-December 2019



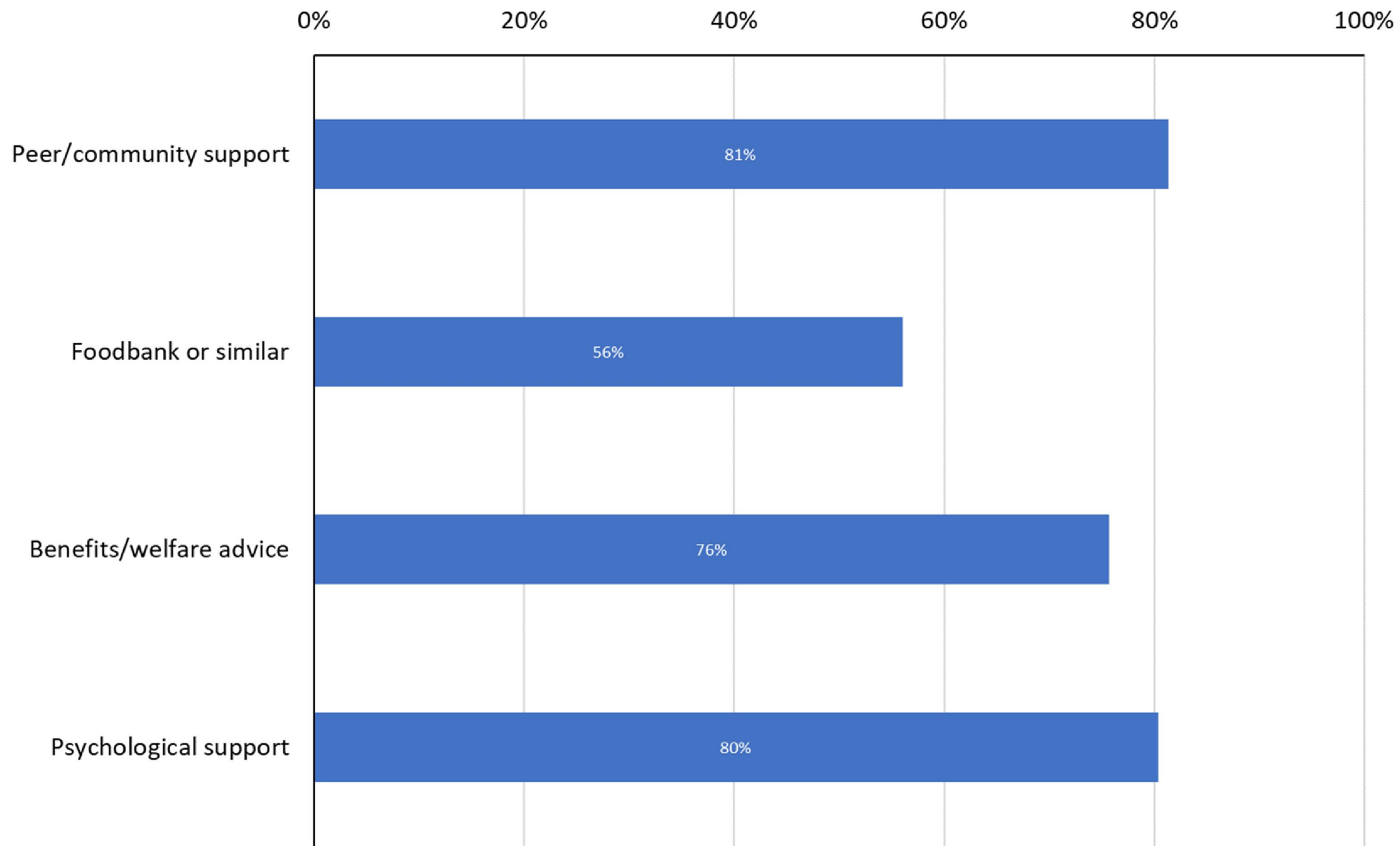
Survey findings

107 valid responses

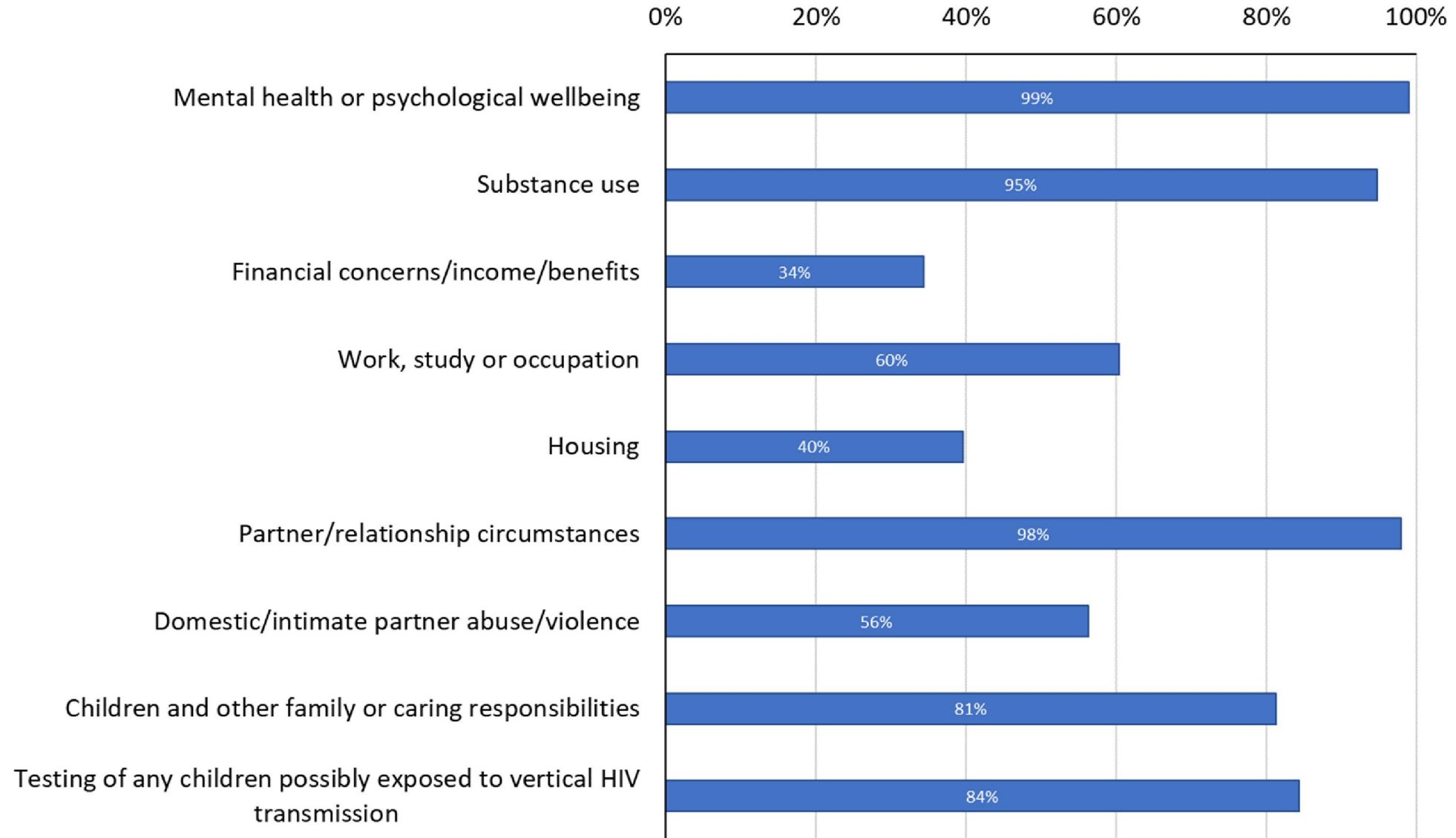
Current arrangements for review of stable patients with HIV



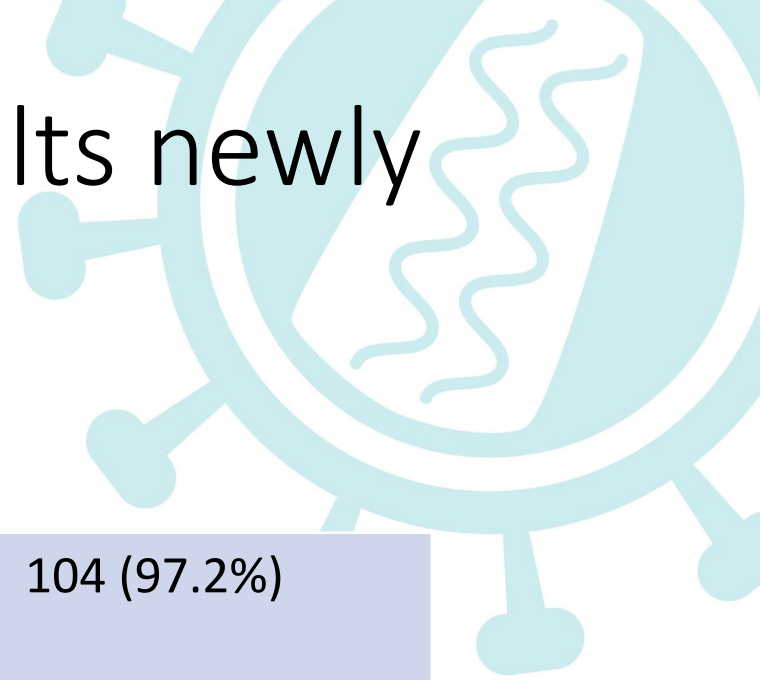
Proportion of HIV services able to refer people to different types of support



Topics included in standard procedure, proforma or checklist for routine review of people with HIV
(among 96 (89.7%) of services having one)



Does your service's workup of adults newly diagnosed with HIV ensure that:



Details of all children are asked about and recorded	104 (97.2%)
All children are assessed (in conjunction with paediatric services) for possible exposure to vertical HIV transmission	97 (90.7%)
Completion of HIV testing of any children possibly exposed to vertical transmission is recorded	100 (93.5%)

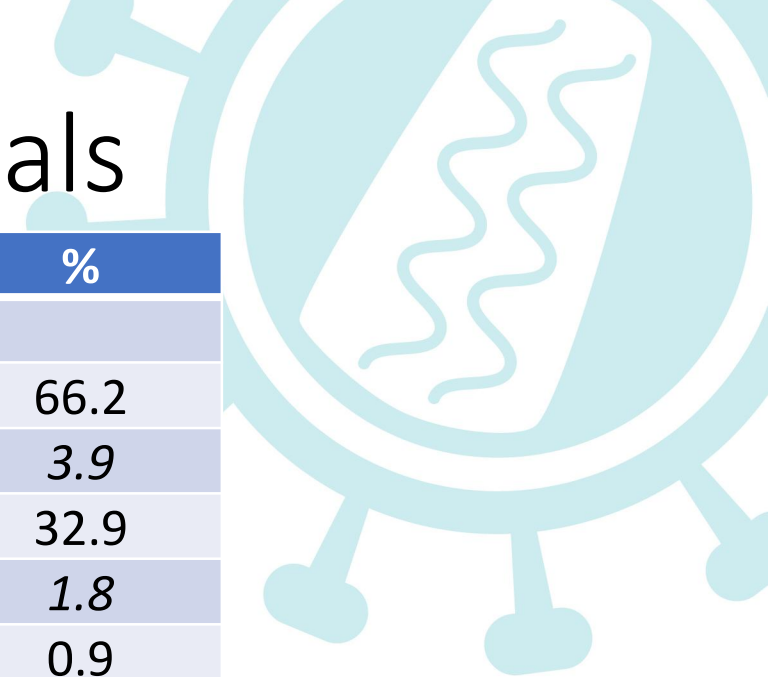


Case-note review

2219 individuals from 117 services

Characteristics of audited individuals

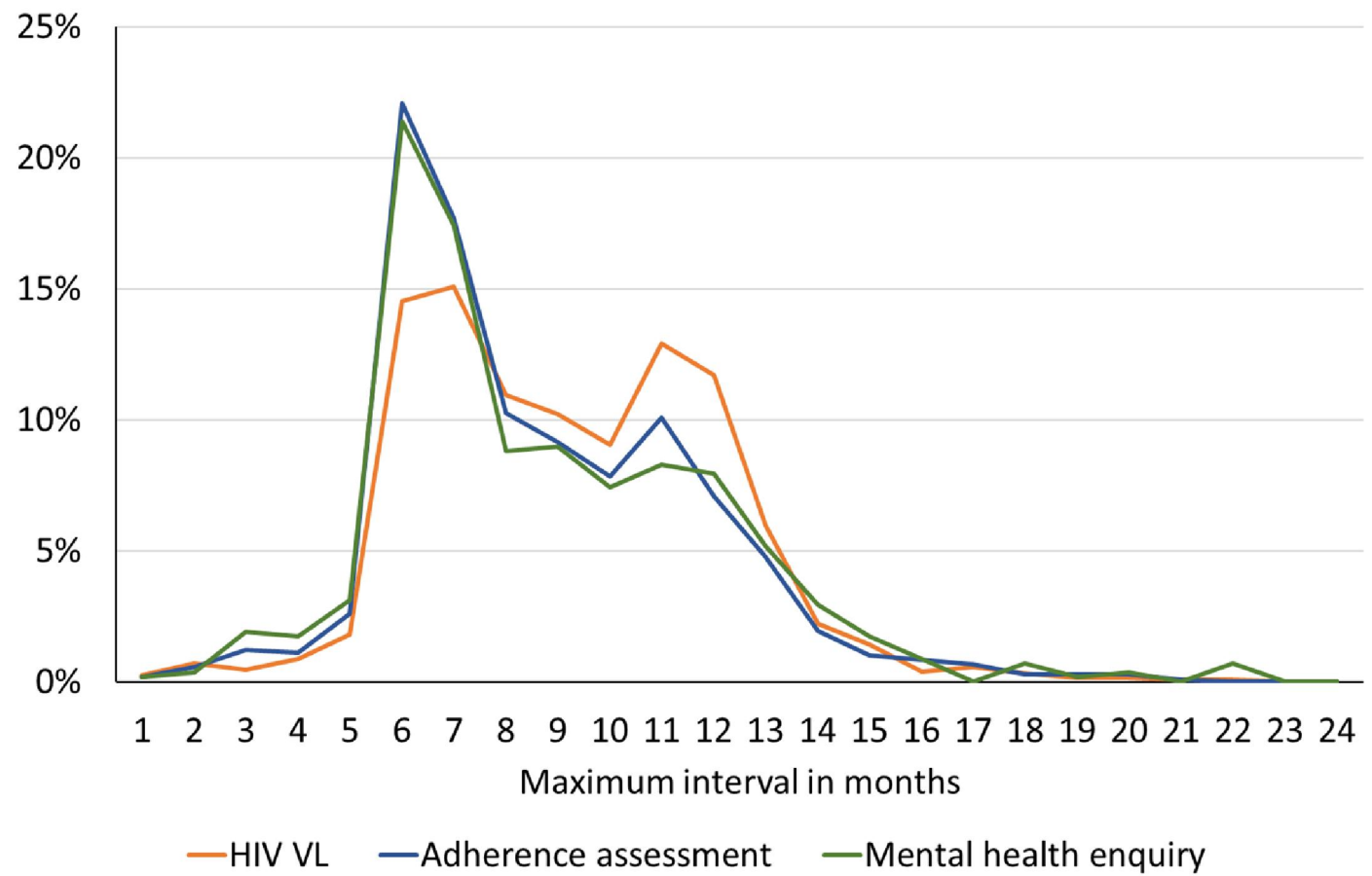
	Number	%
Gender		
Male (including trans man)	1469	66.2
<i>Of whom, trans or gender non-conforming</i>	86	3.9
Female (including trans woman)	730	32.9
<i>Of whom, trans or gender non-conforming</i>	39	1.8
Declined/not answered	20	0.9
Age		
30 or under	102	4.6
31-40	394	17.8
41-50	648	29.2
51-60	661	29.8
61-70	294	13.2
71 or over	96	4.3
Not answered	24	1.1
Total	2219	100.0



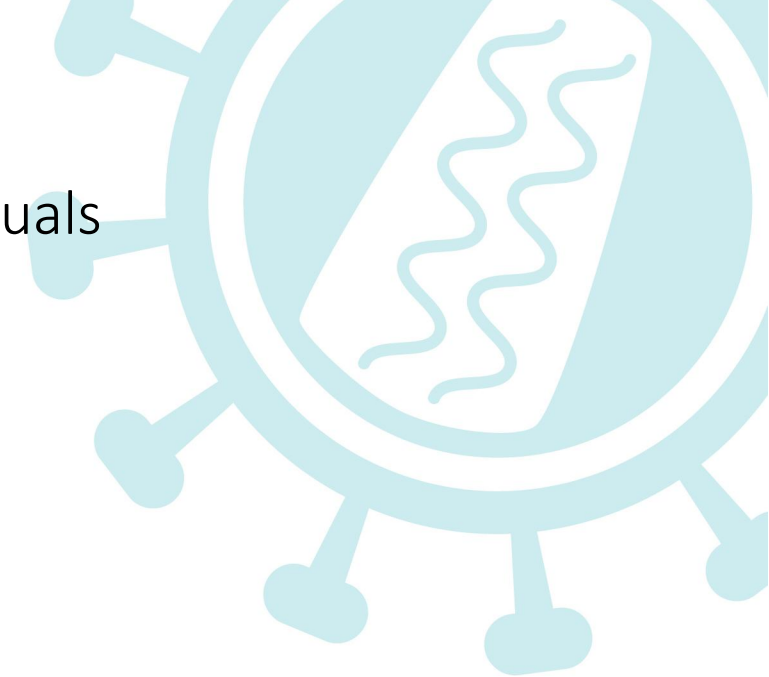
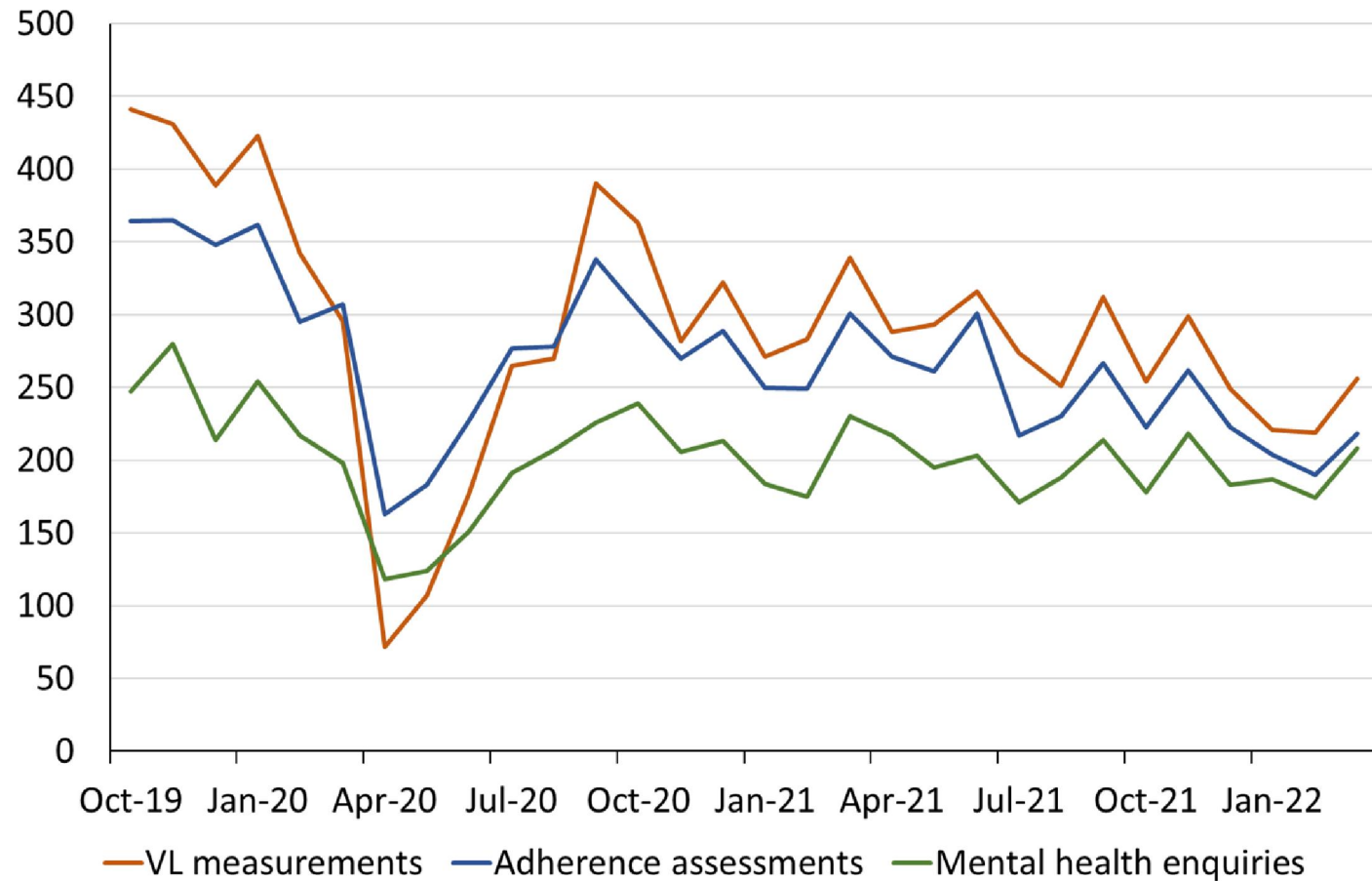
Current status in relation to reporting HIV service

	Number	%
Remains under care at service	1959	88.3
Transferred care	125	5.6
Died	31	1.4
Left UK and no longer under care	24	1.1
Stopped attending/disengaged	59	2.7
Other	13	0.6
Not answered	8	0.4
Total	2219	100.0

Maximum interval between reported tests/assessments: of those remaining in care with 4 consecutive events



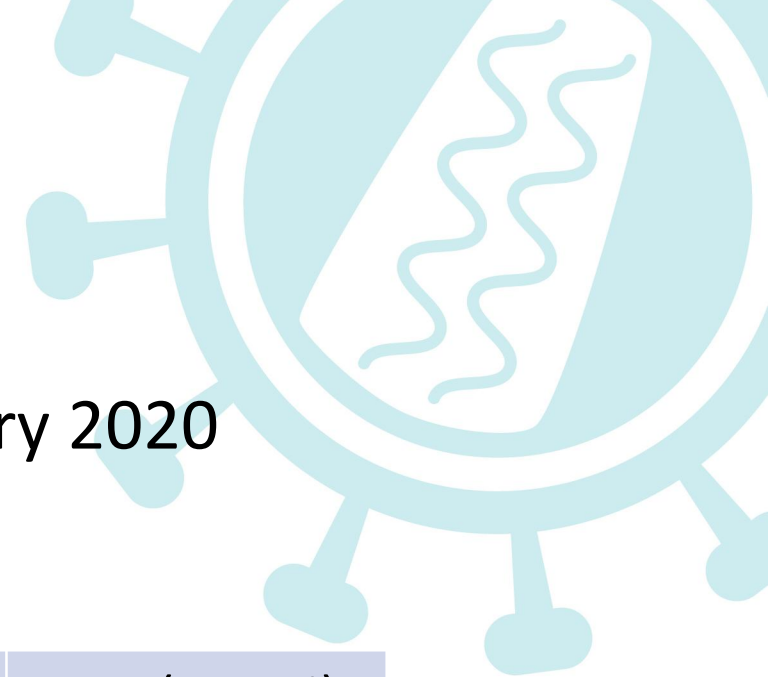
Number of assessments by calendar month: all audited individuals



Clinical extreme vulnerability (CEV), shielding and declining/postponing face to face contact

- 208 (9.4%): were CEV and advised to shield
- 174 (7.8%): not CEV but shielded (perhaps briefly) following incorrect advice
- 191 (8.6%): declined/postponed offered blood test or face to face appointment because of concerns about covid-19 exposure
- Most (106; 55.5%) of those who declined/postponed face to face were *neither* CEV nor shielding





ART switches

523 (26.9% of those on ART): switched since 1 January 2020

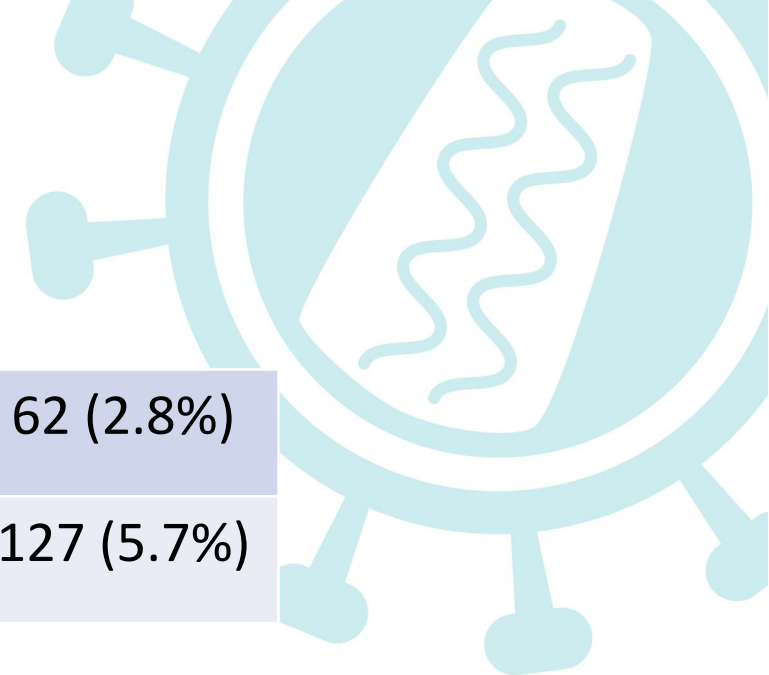
Among those who switched:

Reason was not related to the pandemic	480 (91.8%)
For simplification or less frequent/intense monitoring during pandemic	28 (5.4%)
Because specific medication not available where locked down	1 (0.2%)
Other possible pandemic-related reasons	17 (3.3%)

ART interruptions

Interrupted ART (even if briefly) during the pandemic	62 (2.8%)
There were difficulties, but interruption was avoided	127 (5.7%)

- Many interruptions were travel/lockdown related but some reflected previous inconsistent engagement with care
- Some measures to avoid interruption were simple (eg home delivery)
- Others involved finding suppliers outside UK or family/friends delivering medication



Asking about intimate partner/domestic abuse

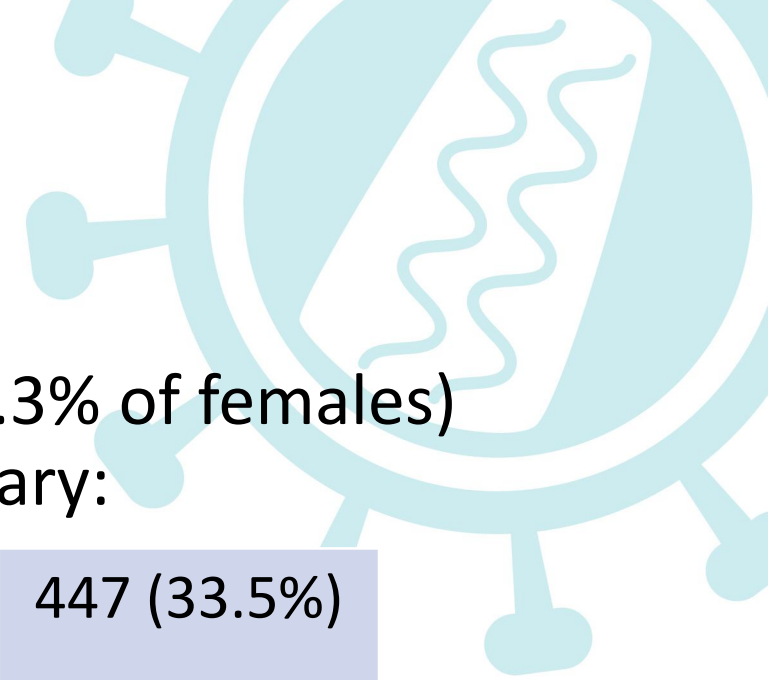
After excluding 509 (22.9%) individuals for whom this was not applicable because living alone/no partner:

Enquiry recorded in both 2020 and 2021	277 (16.2%)
In 2021 but not 2020	124 (7.3%)
In 2020 but not 2021	72 (4.2%)
Not recorded in either year	1197 (70.0%)
Not answered	40 (2.3%)

Sexual health screen

After excluding 884 (39.8% of all, 35.3% of males, 49.3% of females) individuals for whom this was considered not necessary:

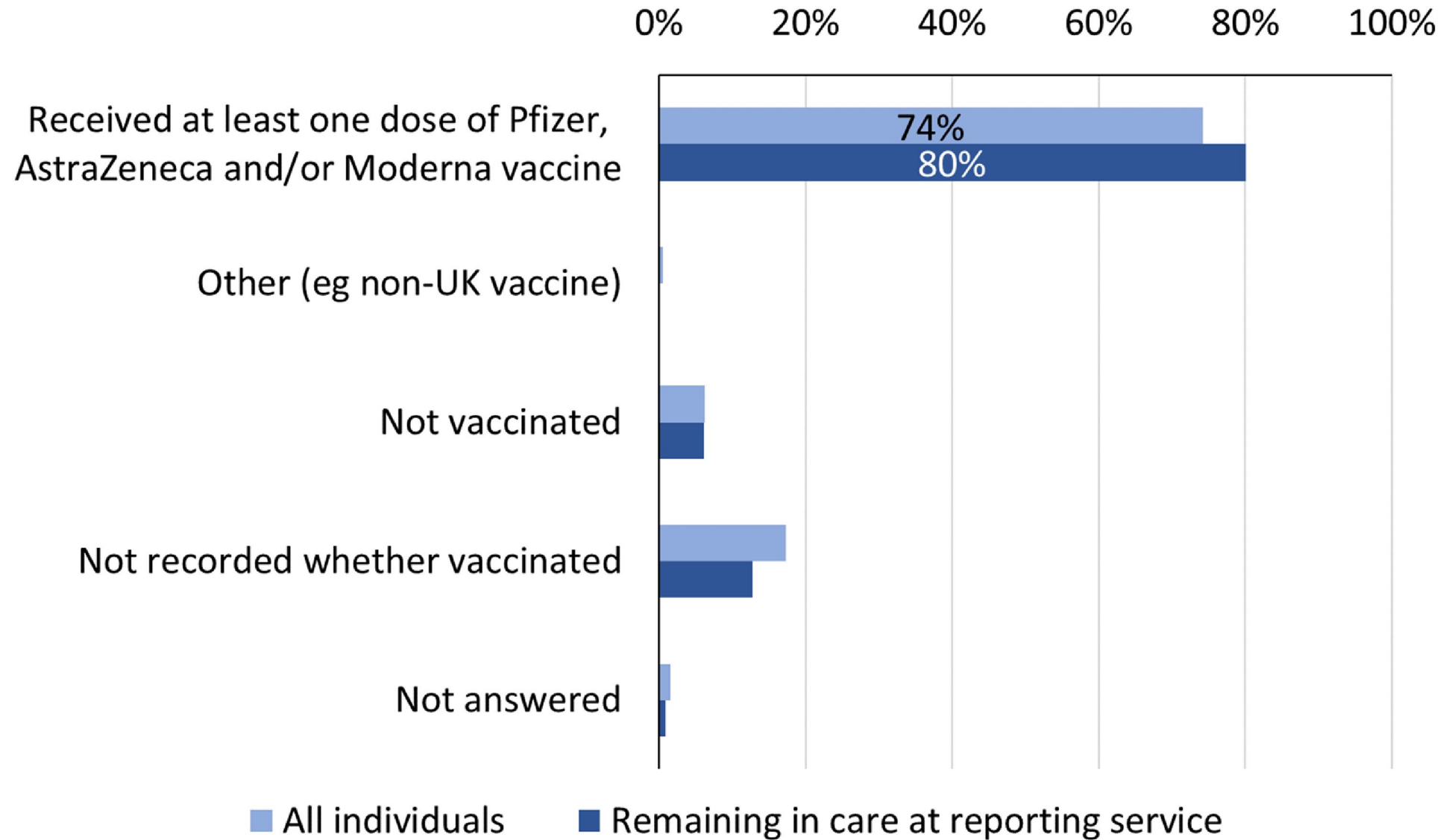
Recorded in both 2020 and 2021	447 (33.5%)
In 2021 but not 2020	183 (13.7%)
In 2020 but not 2021	166 (12.4%)
Not recorded in either year	510 (38.2%)
Not answered	29 (2.2%)

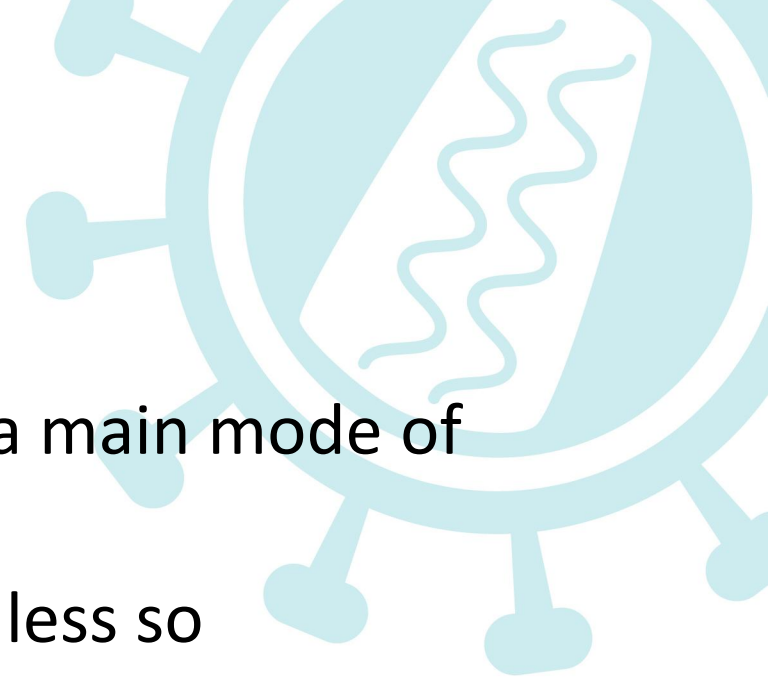


Screening children of newly diagnosed patients

Recording of children	76 individuals newly diagnosed in 2019
Obvious from record that individual has at least one child	28 (36.8% of all newly diagnosed 81.0% of females 20.4% of males)
Obvious that individual has no children	38 (50.0%)
Information not obvious/easily accessible	10 (13.2%)
Assessment/testing of children	28 individuals with child(ren)
Completed	20
In progress	1
On hold/incomplete because child(ren) outside UK	2
Incomplete for other reason	2
Information not obvious/easily accessible	3

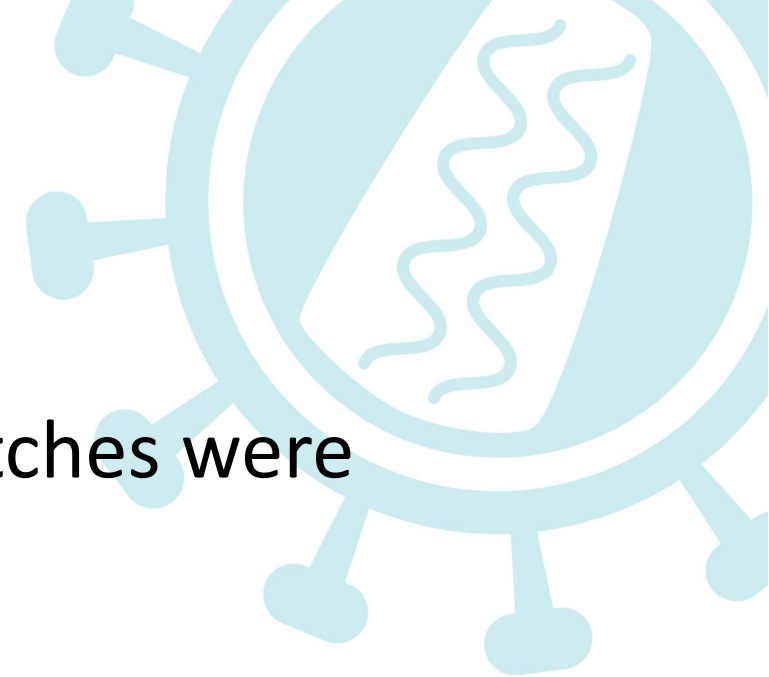
Covid-19 vaccination status





Key conclusions

- Nearly all services have returned to face to face as a main mode of consultation
- Telephone consultation is widely used, video much less so
- VL, adherence and mental health assessments fell precipitately in March/April 2020
- Monitoring intervals longer than 14 months appeared uncommon, but there were data quality issues



Key conclusions, continued:

- Pandemic-related ART interruptions and switches were uncommon (2.8% and 2.1% of individuals)
- A further 5.7% experienced difficulties in accessing ART but avoided interruption
- 8.6% declined/postponed face to face healthcare because of concern about Covid-19 – these were mainly not CEV



Key conclusions, continued:

- 3/4 services can refer people for benefits/welfare advice, but most do not include income/benefits/housing in monitoring proformas
- After excluding individuals living alone, 70.0% did not have a recorded enquiry about intimate partner/domestic abuse
- After excluding those for whom it was unnecessary, 38.2% did not have a recorded sexual health screen
- 9.3% of services did not routinely assess all children of newly diagnosed adults for vertical transmission



Recommendations

Services should consider how to:

- Be prepared for future pandemics or sudden shocks, eg by:
 - Pre-identifying individuals who are more vulnerable
 - Enabling access to different modes of consultation, venepuncture and medication supply
- Identify individuals experiencing financial hardship and refer them for appropriate support
- Routinely screen for intimate partner/domestic abuse
- Ensure identification and assessment of all children with possible vertical exposure to HIV

Acknowledgements

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BHIVA Audit and Standards Sub-Committee: A Brown, F Burns, D Chadwick (Chair), E Cheserem, S Croxford, A Freedman, L Haddow, P Khan, R Kulasegaram, N Larbalestier, N Mackie, A Mammen-Tobin, R Mbewe, F Nyatsanza, O Olarinde, E Ong, T Pillay, S Pires, R Raya, C Sabin, A Sullivan, A Williams, E Williams

Co-ordinator: H Curtis



Questions?

