



**ELTON JOHN
AIDS FOUNDATION**

King's College Hospital
NHS Foundation Trust



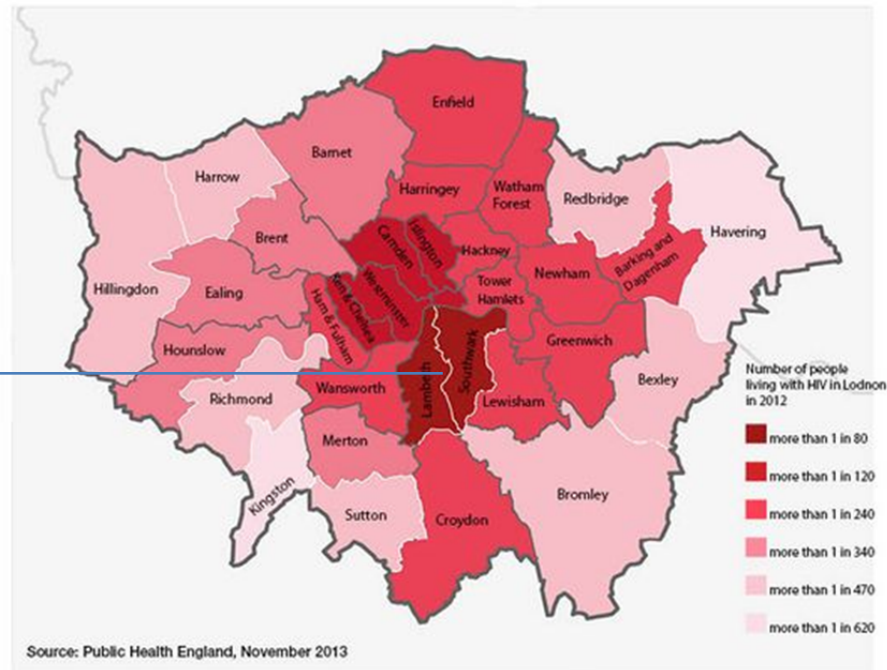
HIV testing in a London Emergency Department - the first 31 weeks

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Hospital

Background

- NICE recommends HIV testing in Emergency Departments in areas of high and extremely high prevalence

King's
College
Hospital



Background

- Opt out HIV testing was introduced on the 8th August 2016
- All patients 18 and over having bloods taken

Alert Summary

Ackno...	Viewed	Docu...	Alert	Priority	Type	Comment	Scope
	✓		ED HIV ORDER	LOW	REMINDER		General

Alert: ED HIV ORDER

Message: **ATTENTION:**
Please do an HIV test unless patient is under 18 or declines.

Expand

Acknowledgement Comment:

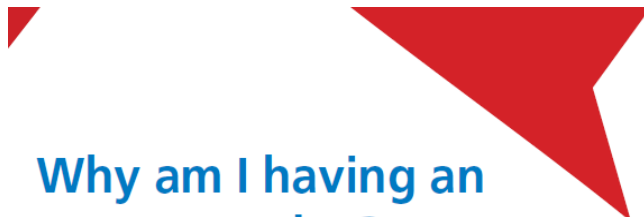
Acknowledge << Previous Alert 1 of 1 Next >>

To view suggested actions for the Full Blood Count order click View Action

To continue with the Full Blood Count unchanged click Proceed.

To return to the Full Blood Count and discard alerts click Go Back.

View Actions... Proceed Go Back Help



Why am I having an HIV test today?

What is HIV?

HIV stands for the Human Immunodeficiency Virus. It is a virus which weakens the body's immune system - the body's defence against diseases. If left untreated people with HIV are at greater risk of certain infections and cancers and can have a reduced life expectancy.

Can HIV be treated?

There is no cure for HIV but it can be treated, sometimes with just one pill a day. **People with HIV can have a normal life expectancy if**

Methods

- A list of all HIV tests done each week is generated by virology
- The number of full blood counts taken over the same week is used as a surrogate for the number of patients having a blood test
- Testing rates calculated each week
- Demographics of the patients diagnosed in ED compared to those tested over the same period in GU
- Electronic notes checked to determine if HIV had been considered when patient newly diagnosed

Results

25,639 adults have had a blood test in ED

12,604 have had an HIV test (49%)

102 patients have tested positive

19 newly
diagnosed

77 known
positive

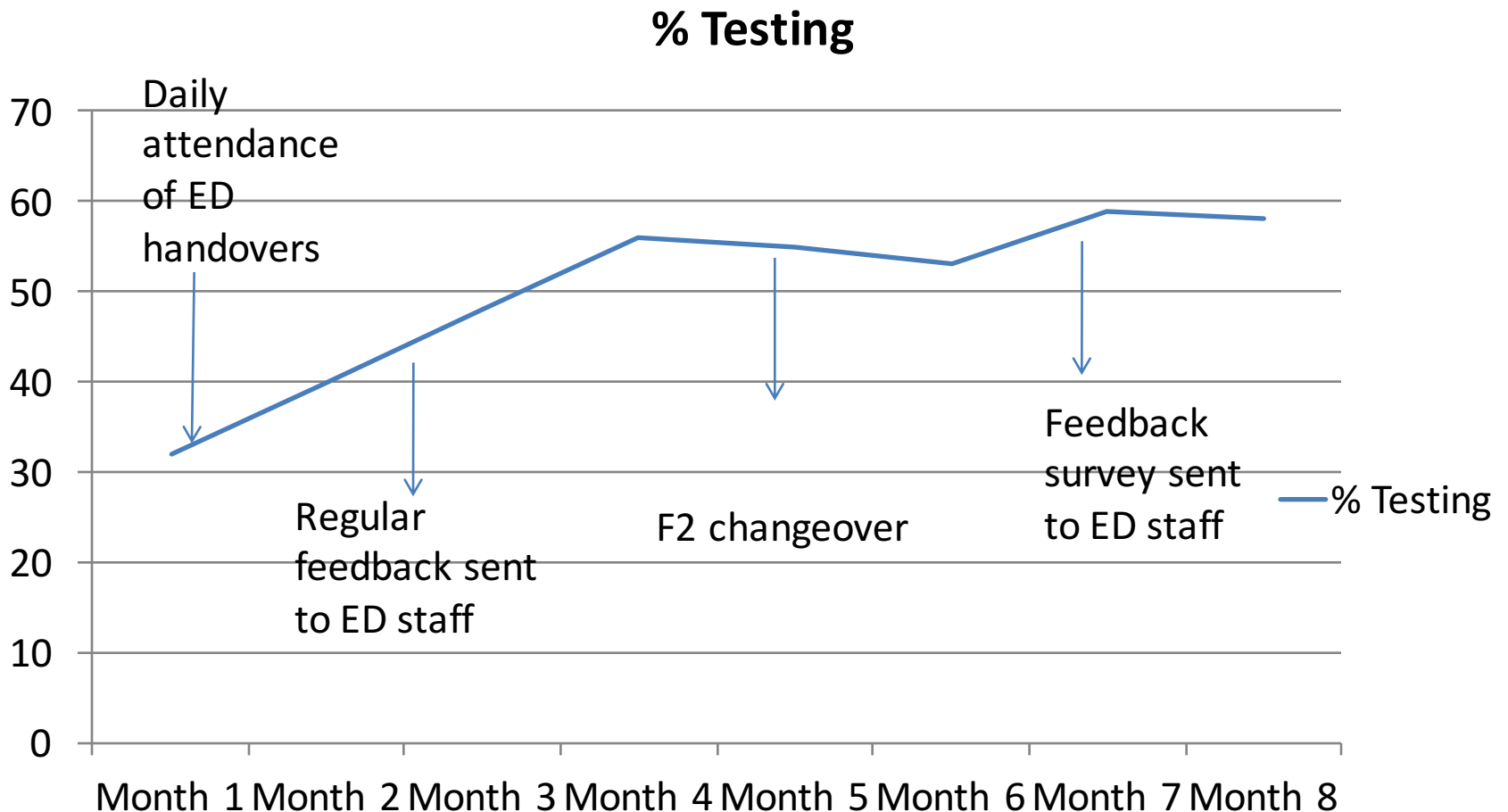
6 are
untraceable

18 in care

72 in care

5 had
disengaged

Testing rates



19 % tested in 1st week – 62% tested in 31st week

Demographics

	Emergency Department	GUM
Number newly diagnosed	19	15
Number tested	12,604	5918
Point prevalence undiagnosed HIV	1.5/1000	2.5/1000
Age – mean (range)	42 (21-61)	38 (24-56)
Ethnicity	10 Black African/Caribbean	10 Black African/Caribbean
Risk - MSM	4/19	9/15
CD4 at diagnosis – mean (range)	233 (13-738)	522 (24-884)
Retained in care	1 has not engaged	4 have not engaged
	1 has transferred care	1 has moved away

19 new diagnoses

6 had AIDS defining conditions, 2 were seroconverting

Case	Age	Gender	CD4	Diagnosis	Admitted	HIV considered?
1	50	M	65	Toxoplasmosis	N	N
2	43	M	17	Toxoplasmosis	Y	N
3	42	M	44	Cryptococcal meningitis	N	N
4	28	M	423	Seroconversion	Y	N
5	47	F	179	Seroconversion	Y	N
6	49	M	13	PCP	Y	Y
7	35	M	19	PCP	Y	Y
8	26	F	148	Toxoplasmosis	Y	Y

Discussion

- Testing patients who are presenting to ED and having bloods skews towards more advanced presentations
- 10/19 were diagnosed very late
- Issues with patients being untraceable
- Point prevalence of undiagnosed HIV is less than we anticipated

Discussion

- ED testing provides an excellent opportunity to diagnose HIV
- Linkage into care greater than in sexual health services
- Patients diagnosed are primarily Black African/Caribbean heterosexual
- Prompt appropriate management where AIDS defining condition

The next steps

- Local commissioning secured
- Consider expansion to patients not having bloods taken
- Ongoing monitoring to determine if mean CD4 count rises

Acknowledgements

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