An audit of new HIV diagnoses in an urban setting of extremely high prevalence and missed opportunities for testing

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Introduction

HIV late diagnosis is associated with increased morbidity and mortality and likelihood of onward transmission. National HIV testing and NICE guidelines recommend opt out HIV testing in acute medical settings where the prevalence of HIV is greater than 2.1000 as a cost-effective way of reducing late diagnosis. Our Trust is situated in an area with HIV prevalence higher than 5:1000 and does not currently offer routine opt out HIV testing in acute care. To support implementation of testing locally, new HIV diagnoses were audited to explore rates of late diagnosis and missed opportunities for testing.

Aims

• To look at patients with new HIV diagnoses who attended Royal London Hospital, Whipps Cross HIV services in 2017.
• To assess HIV stage at diagnosis including late presentations defined by CD4 count at presentation <350 cells/mm³ and missed opportunities for testing.

Methods

Clinical data of patients newly diagnosed with HIV between 1 January and 31 December 2017 were collected from electronic patient records. Those who were transferring care or diagnosed prior to 2017 were excluded. Missed opportunities were considered to be those who had been seen by a Doctor in the 2 years before diagnosis but not tested.

Results:

• 118 patients identified, mean age 39.2 years (16-58 years).
• 81 men, 37 women. No trans gender patients reported.
• 41% MSM, 54% heterosexual, 6% IVDU.

• Secondary care sites: ENT, Emergency department (ED), Dermatology, Ophthalmology, Oncology, Acute Medicine, ITU, Colposcopy, Gastroenterology and Respiratory.
• Outreach: immigration, HIV charity, drug/alcohol services
• Other/ home test

Discussion and conclusion:

• 24% accessed primary care, 42% seen in secondary care at Barts Health NHS Trust, 7.6% in GUM, 26% seen in ED in 24 months prior to diagnosis.
• 1 year after diagnosis 89% were engaged in HIV care, 5% transferred care, 3% lost to follow up, and 2 patients deceased.

References

5. Routine HIV testing within the emergency department of a major trauma hospital admissions (45% of those previously seen in ED resulted in an inpatient admission at diagnosis).
6. The data available suggests 9% had previous contact with sexual health services but this is likely under-represented as sexual health attendances are not available via the Trust electronic patient record.

Recommendations

• NICE guidelines show that opt out testing in areas of high prevalence is cost-effective with the costs of implementation offset by reduced hospital admissions from fewer late diagnosis with complex management required.
• Opt out testing within ED has been shown to be acceptable to patients and staff in previous studies.
• We therefore recommend that the Emergency department is an appropriate place to implement opt-out HIV testing at Barts Health.
• With identification of undiagnosed individuals living with HIV, treatment can be given thereby reducing risk of onward transmission of HIV, which would ultimately further reduce HIV diagnosis.
• Since this audit, funding has been sourced to start testing at one Barts Health site (Royal London Hospital) and this will start in April 2019 with the aim of finding funding to expand to all 3 EDs.