Audit Review: Adherence to the National Recommendation of annual cervical screening for women living with HIV, 2015–2018 at Queen Elizabeth Hospital Birmingham

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Background

As women living with HIV (WLHIV) are experiencing longer life expectancy due to increased availability of combined antiretroviral therapy (cART), many remain at high risk of infection with human papillomavirus (HPV), acquiring genital warts, and progressing to cervical and other genital cancers (1). This is the same in both the African sub-continent and in Europe.

An increased prevalence of HPV infection has been reported in HIV positive pregnant women compared to HIV negative pregnant women (2).

These women, especially those with lower CD4 cell counts, have a higher prevalence of anal and cervical HPV cancers (2).

The national guidelines recommend that WLHIV older than 25 years should be offered a cervical screen annually.

Cervical screening testing is mainly carried out by the GP Services in the UK.

Study aim

To investigate the rates of annual cervical screening tests of WLHIV (diagnosed with HIV pre 2015) attending the centre at Queen Elizabeth Hospital Birmingham (QEHB).

Method

We identified WLHIV between the ages of 25 and 65 years from our Department’s database. We recorded women’s most recent HIV viral load (VL) and CD4 counts.

Dates and results of the cervical screens for each woman between 2015 and 2018 were searched on the national database (Open Exeter) held on the National Health Application and Infrastructure Services systems.

We recorded the dates and results (including HPV and cytology status) of the cervical screen of each woman and their follow up plan where applicable.

Results

Table 1 – Patient Demographics

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Median (IQR) or N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>44 (38-50)</td>
</tr>
<tr>
<td>White</td>
<td>50 (41-60)</td>
</tr>
<tr>
<td>Other Black</td>
<td>33 (23-43)</td>
</tr>
<tr>
<td>Asian</td>
<td>14 (11-17)</td>
</tr>
<tr>
<td>Mixed</td>
<td>6 (3-9)</td>
</tr>
</tbody>
</table>

Table 2 – Results of Screening

- Of the 693 cervical screens performed, 37 (5.3%) identified ‘High Grade Dyskaryosis?’ and 41 (5.9%) identified ‘Invasive Squamous Cell Carcinoma’, and 41 (5.9%) were HPV (16/18)+.
- Only 23 women (5%) had cervical screens during each of the four years of the audit period.
- 90 women (20%) had no cervical screens during each of the four years of the audit period.
- Only 23 women (5%) had cervical screens during each of the four years of the audit period.

Discussion

Significant numbers of WLHIV (20%) in our centre have not had a cervical screen during a four year interval.

Only a small number of WLHIV (5%) underwent an annual screen as per the national UK guidelines.

A significant proportion of screened women (8.7%) required further investigation by colposcopy.

Following this audit we introduced a new reminder process for the GPs whereby a generic letter is re-issued to GPs to those women who have not had their annual cervical screen.

We will audit the results of this initiative in the near future.

References