

Improving testing for HIV in patients with community acquired pneumonia in Bradford Teaching Hospitals.



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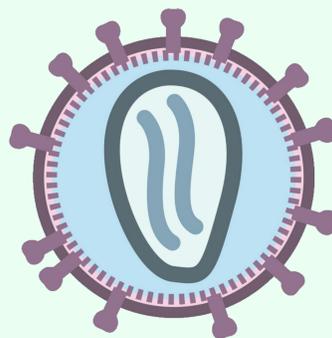
BACKGROUND

Late diagnosis is the most important factor associated with HIV related morbidity and mortality in the UK.

The prevalence of late diagnoses in Bradford was 46% in 2018 (national average 43%).

The 2020 BHIVA HIV testing guidelines state that all patients diagnosed with an indicator condition, should be tested for HIV, to prevent late diagnoses.

Following a significant late diagnosis in our trust we decided to start with an audit to target a common indicator condition, such as Community-Acquired Pneumonia (CAP).



RESULTS

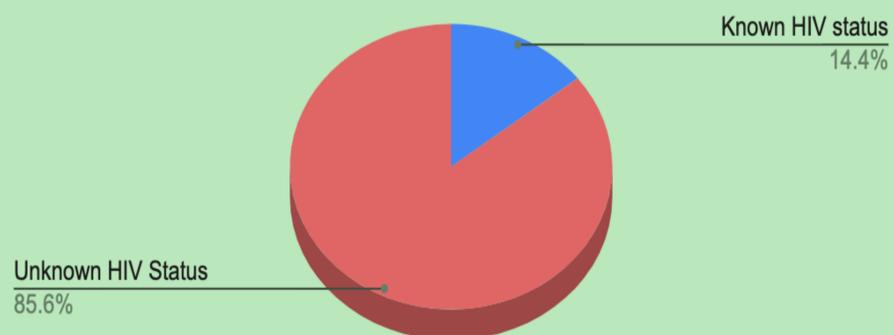
59 cases were identified for the identified time period, 23 of whom had a recurrent CAP. 37.2% (22) were admitted to the Acute Medical Unit (AMU).

Only 1.8% of patients with CAP had an offer of a HIV test during their admission with only 14.5% of patients having previous HIV testing.

After our interventions, we looked at a further 161 patients admitted to the AMU with CAP. 14.4% (15) of these patients had previous HIV testing. However, only 8.5% of these patients had a status documented in their notes.

Of the remaining 146 patients, 21.2% had HIV screening offered or done during their admission, showing an improvement of 19% (11.95 < CI < 26.85) from the initial audit.

HIV Status on Admission



HIV Screening



METHOD

A retrospective review of admissions to Bradford Royal Infirmary (BRI) in April-June 2019 with the working diagnosis of CAP was performed.

Notes were reviewed in order to identify whether:

- 1) Patients were offered HIV testing during their admission.
- 2) Confirmation of HIV status,
- 3) A diagnosis of CAP in the preceding year.
- 4) Subsequent change in HIV status since the admission.

Following analysis of this, posters were put up in the Medical Admissions Unit (MAU) and results discussed with the Acute Internal Medicine Consultants, in order to increase awareness of this screening protocol.

CONCLUSIONS

The results show a modest, but significant improvement in our screening at Bradford. The interventions that we have undertaken have helped increase awareness of CAP as common indicator condition for HIV. In addition to this, further interventions should be identified to improve to NICE standards, possibly following liaison with the Emergency Department.

REFERENCES

1. <https://fingertips.phe.org.uk>
2. <https://www.bhiva.org/HIV-testing-guidelines>

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