

HIV Testing in Indicator Conditions: Knowledge and Confidence in Primary Care

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Key points

1. BHIVA guidelines recommend patients diagnosed with an indicator condition should all be offered an HIV test, which often necessitates testing in primary care or other non-sexual health settings
2. HIV late diagnosis remains a key challenge, and by recognising when HIV tests should be offered, we hope to improve outcomes for patients and avoid potential complications
3. Normalising HIV tests, raising awareness and improving knowledge around HIV in primary care are vital

Background

- Late diagnoses in the North East of England remain common, despite of a low prevalence of HIV infection¹
- British HIV Association/British Association for Sexual Health and HIV/British Infection Association published an Adult HIV Testing Guidelines in 2020, included an indicator condition testing recommendations² with a broader evidence base
- Background study conducted at Burn Brae Medical Group (primary care setting) - to look at all HIV patients within the practice
- We found out the practice's diagnosed HIV prevalence aligns with the regional average of 0.06%, however 50% of patients had a CD4 count of <350 cells at diagnosis
- We wanted to assess the frequency and indications for HIV tests performed retrospectively, and also to assess clinician knowledge and use of current testing guidelines
- We hope to identify unmet needs in the region, and to improve HIV testing in primary care

Method

- We performed a retrospective review of all electronic patient records (EMIS) managed at the surgery (n=9934) to identify HIV tests requested between 01/03/2020 and 01/03/2021
- EMIS codes included - HIV screening test, HIV screening, HIV – human immunodeficiency virus test, HIV antigen test, serologic test for HIV-1 and HIV-2
- A semi-structured mixed-methods questionnaire was also distributed within the surgery to investigate clinician (n=11) knowledge and beliefs around HIV testing

Results

- 31 out of 9934 patients were coded to have an HIV test during the study period
- Most frequent indications for testing were antenatal (n=17) or sexual health screening (n=3), rather than diagnosis of an indicator condition (n=7)
- Over 90% of clinicians were not aware that Herpes Zoster, peripheral neuropathy, or chronic fatigue should prompt an HIV test
- Barriers to testing reported by clinicians included lack of confidence in discussing HIV and difficulty discussing sexual risks, perception of stigma, and lack of knowledge of testing processes

References:

1. Public Health England, 25 March 2021. *Annual epidemiological spotlight on HIV in the North East: 2018 data*. pp.3, 4. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973137/NEHIVSpotlight2018.pdf
2. For list of indicator condition testing recommendations see: British HIV Association, British Association for Sexual Health and HIV/British Infection Association: *Adult HIV Testing Guidelines 2020*, appendix 1. Indicator conditions, table 2.

Figure 1:
Number of HIV tests performed between 01/03/2020 to 01/03/2021

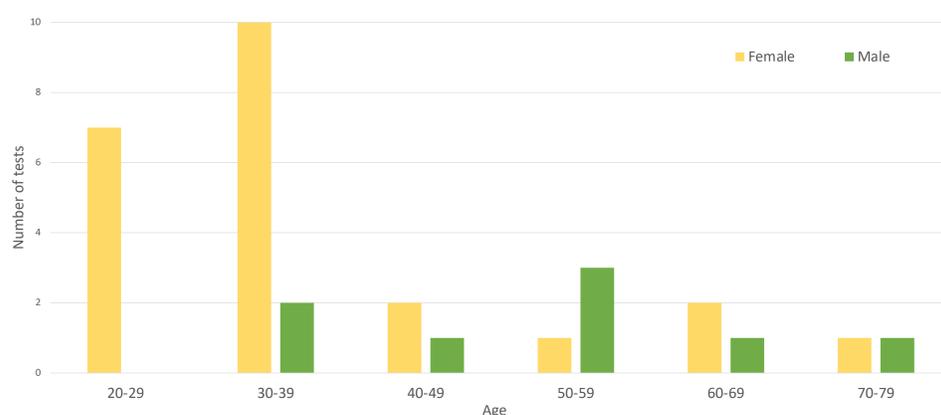


Figure 2:
Number of HIV tests offered per clinician over 12 months period

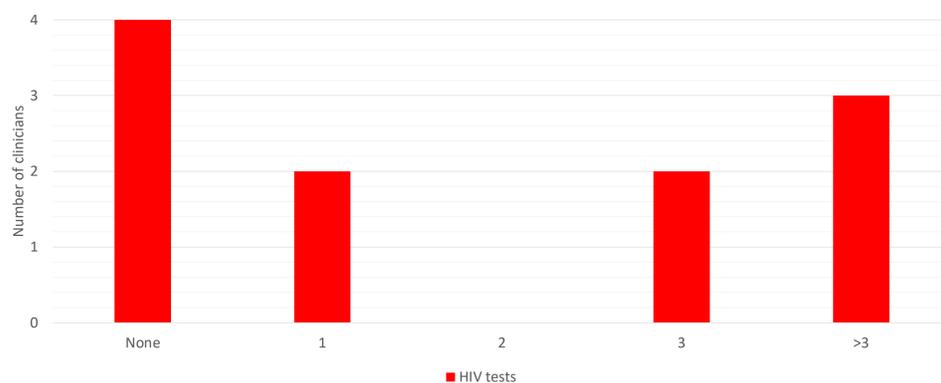


Table 1:
HIV testing in patients diagnosed with an indicator condition during study period

Reason for HIV testing	Number of HIV Tests Done	Total number of patients coded with the condition	% patients tested
Unexplained lymphadenopathy	3	19	16%
Leucopenia	1	3	33%
Chronic fatigue	1	5	20%
HSV	1	21	5%
Oral Candida	1	47	2%
Community-acquired pneumonia	0	8	0%
Herpes Zoster	0	53	0%
Peripheral neuropathy	0	100	0%

Conclusion

- The study highlighted that the frequency of HIV testing within our surgery could be improved
- We identified reasons and potential barriers for providing patients HIV testing
- Results were presented at a practice meeting with more education on HIV delivered to clinicians
- Indicator listing condition recommendation was printed out and offered to each clinician to guide HIV testing
- Further work proposed to enhance clinician understanding of current testing recommendations and specific educational interventions to normalise testing and increase clinician confidence