New diagnoses of HIV through multi-centre Emergency Department opt-out HIV testing

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Background

Emergency department (ED) opt-out HIV testing in high HIV prevalence areas in the United Kingdom is recommended in BHIVA1 and NICE2 guidance. Funding was made available for ED opt-out HIV testing in extremely high prevalence areas from the National HIV Action Plan3. This practice normalises testing, reduces preventable morbidity and mortality through early diagnosis and contributes to ending HIV transmission.

Manchester has an extremely high HIV prevalence (>5 per 1,000 population4) and opt-out testing for adults 16 years and over having bloods in ED has been rolled out stepwise across three Manchester University Foundation trust sites: Manchester Royal Infirmary, Wythenshawe Hospital and North Manchester General Hospital from December 2021, ongoing for 12, 7.5, 3 months per site respectively to date of ending data collection.

Methods

Opt-out HIV and hepatitis C testing are automatically requested on a routine full blood count in the ED.

Electronic records of individuals diagnosed with HIV through opt-out ED testing were analysed for 22.5 site-months from 1st December 2021 to 1st December 2022. Demographics, clinical presentation, HIV parameters and subsequent engagement with care data were reviewed.

Results

• 26 people with a new HIV diagnoses were identified through the initiation of opt-out HIV testing in the EDs

Demographics (n=26)

77% male
Median age 40 years (range 24-60 years)
31% were white British
62% had a Manchester postcode

5 individuals could not be contacted following their diagnosis

HIV risk factors (n=21)
48% were men who have sex with men
48% were born or previously lived in a country of high HIV prevalence.

Other risk factors included:
- Intravenous drug use and chemsex (n=2)
- Partner living with HIV (n=1)
- Previous blood transfusion outside of the UK (n=1)

Engagement in care

All contactable individuals (21) are engaged in care, taking antiretroviral therapy and have been offered valuable 3rd sector support including co-designed online information for those diagnosed via ED and ongoing support at the point of initial diagnoses.

Further diagnoses

As of the 1st April 2023 there have been a further 11 new HIV diagnoses through ED opt-out testing

Discussion

• Over 70% of individuals did not present with HIV-related conditions so would have left the hospital without being tested or diagnosed.

• 46% were discharged from the ED/left against medical advice emphasizing the importance of testing at presentation

• 42% and 33% of individuals presented ‘very late’ (CD4 <200) or ‘late’ (CD4 200-350) respectively and so are at risk of increased morbidity and mortality. Individuals diagnosed late have an 8-fold greater mortality within 1 year.

• This data show that ED opt-out testing is likely to diagnose both individuals who are unlikely to be offered a test and those who are more at risk of significant morbidity and mortality from HIV.

• Opt-out ED testing results in earlier HIV diagnoses, prevention of HIV-associated morbidity and mortality and reduction in HIV transmission.

• It also reduces health inequalities by establishing HIV status regardless of presentation or demographics.

• Additional successes of the programme have been:
  • re-engagement - 18 individuals previously aware of their HIV diagnoses but lost to care, now engaged in care
  • Making new diagnoses of Hepatitis C infection

Future considerations

• Ensure opt-out HIV testing available via all urgent care pathways (for example Same Day Care, Urgent Treatment Centre)

References

vHC(M0) To... date of ending data collection.
van Halsema Clare (R0A) MFT,
2023-03-14T22:23:57.838

vHC(M1) People with new diagnosis of HIV
van Halsema Clare (R0A) MFT,
2023-03-14T22:24:41.290

vHC(M2) Not quite equivalent - white British, and Black African? Or Caribbean? Could you give that info?
van Halsema Clare (R0A) MFT,
2023-03-14T22:26:36.451

MO(MUNF2) 0 Agree with clare needs changing
McQuillan Orla (R0A)
Manchester,
2023-03-15T18:32:53.339

vHC(M3) AIDS
van Halsema Clare (R0A) MFT,
2023-03-14T22:26:44.909

vHC(M4) Just made this lower case
van Halsema Clare (R0A) MFT,
2023-03-14T22:27:05.997

vHC(M5) As of DATE
van Halsema Clare (R0A) MFT,
2023-03-14T22:27:16.812

vHC(M6) Perhaps add needs funding for expansion to high prevalence areas
van Halsema Clare (R0A) MFT,
2023-03-14T22:28:35.033

vHC(M7) Any positive/negative feedback from them about process of being diagnosed? Can we say anything about 3rd sector referrals?
van Halsema Clare (R0A) MFT,
2023-03-14T22:28:53.697

MO(MUNF8) I would phrase as 16 and over
McQuillan Orla (R0A)
Manchester,
2023-03-15T18:30:08.805

MO(MUNF9) Do we think the sexual assault is a risk factor? I would probably remove
McQuillan Orla (R0A)
Manchester,
2023-03-15T18:38:40.418

MO(MUNF10) This isn’t going to happen I don’t think so is not a realistic aim I would remove
McQuillan Orla (R0A)
Manchester,
2023-03-15T18:45:19.398

vHC(M11) These are AIDS-defining so perhaps put under 1.
2023-03-14T22:28:53.697
And could you put a couple of indicator conditions under 2?