

# Nurse led management of HIV results from Emergency Department opt-out testing

Jessica Pinto<sup>1</sup>, Sarah Edwards<sup>1</sup>, Tristan J Barber<sup>1,2</sup> and Fiona Burns<sup>1,2</sup>

1 Royal Free London NHS Foundation Trust 2 Institute for Global Health, University College London

## Background

As part of the HIV action plan for England 2022-2025, roll-out of Emergency Department (ED) opt-out testing for blood-borne viruses (BBV) in London started in April 2022. We present our local data regarding the management of people identified with a positive or indeterminate HIV test.

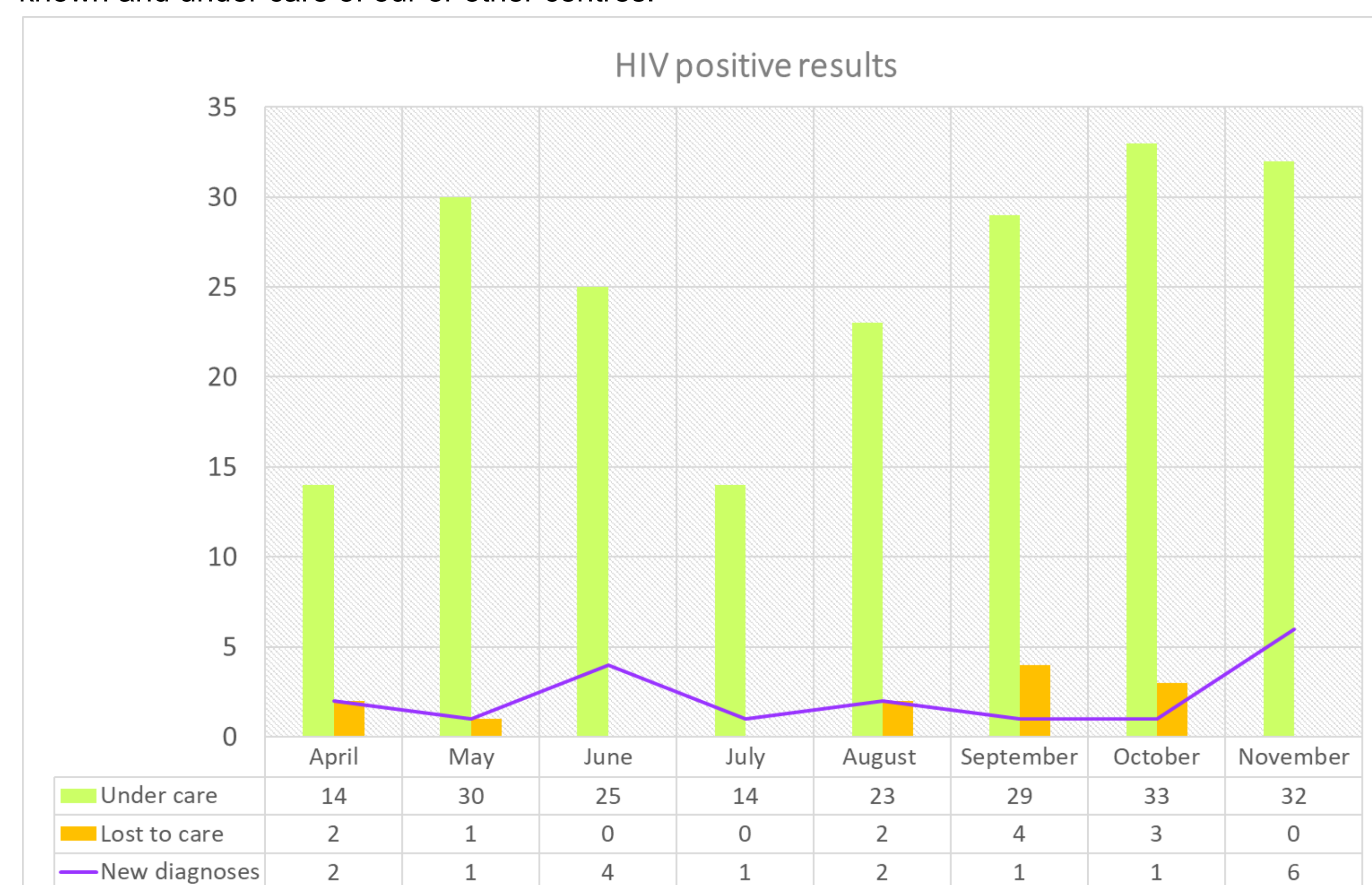
## Methods

HIV results generated by opt-out testing from two EDs at a London NHS Trust from April to November 2022 were reviewed. Management of these results was led by a nurse at our HIV centre who was provided with daily lists of BBV results from the laboratory. Weekly and monthly "failsafe" lists were also generated and passed on to ensure no missed results.

As a final check, there was a Data Manager who independently produced monthly lists of results for reassessment. People with positive results would be contacted to organise an appointment at our clinic for disclosure of result, repeat serology and assessment. With indeterminate results, patients were contacted and informed about result and follow-up.

## Results

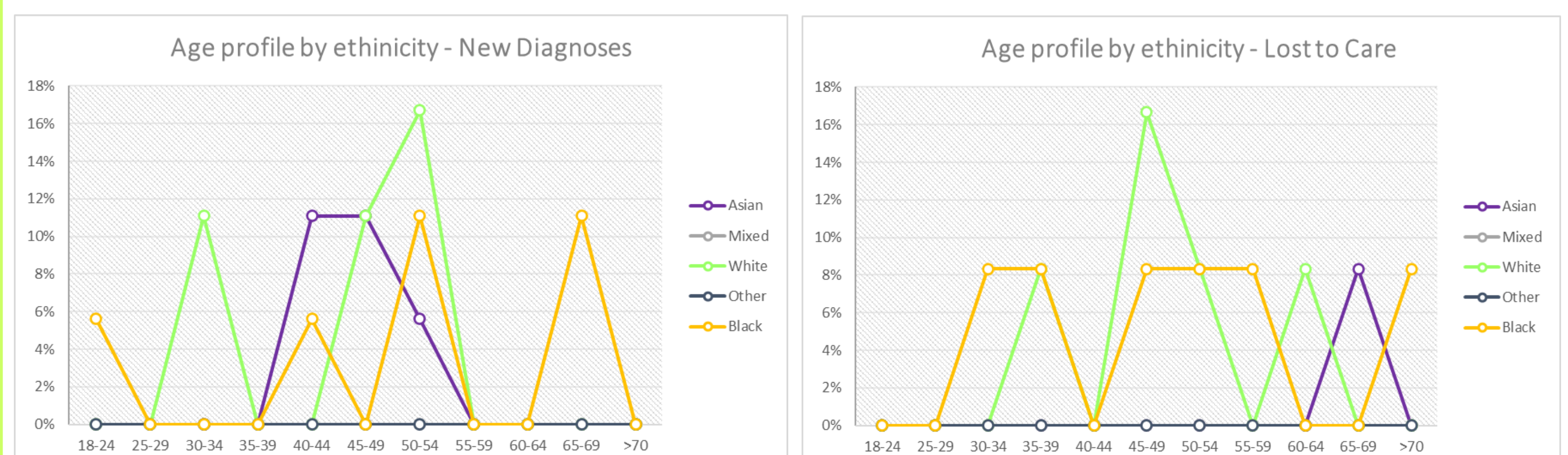
47675 HIV tests were performed in both EDs at the Trust. There were 230/47675 (0.48%) positive results. Eighteen people with new HIV diagnoses (6 cisgender women and 12 cisgender male) were identified (mean average age 46); sixteen of whom are now engaged in care. We found 12 people known to have HIV but disengaged from care, six of whom are now re-engaged, and 200 known and under care of our or other centres.



Patients that were identified as newly HIV diagnosed or were lost to care presented to Emergency department with the following health issues:

Presenting Complaint		
Chest pain	Abdominal pain	Swollen neck
Cough	Feeling generally unwell	Swollen leg
Mental health crisis	Nausea	Perianal pain
Weight loss	Alcohol intoxication	Painful joints

It was possible to note that the percentage of new diagnoses occurred in people from 40 to 59 years old and in people that identify their ethnicity as white.



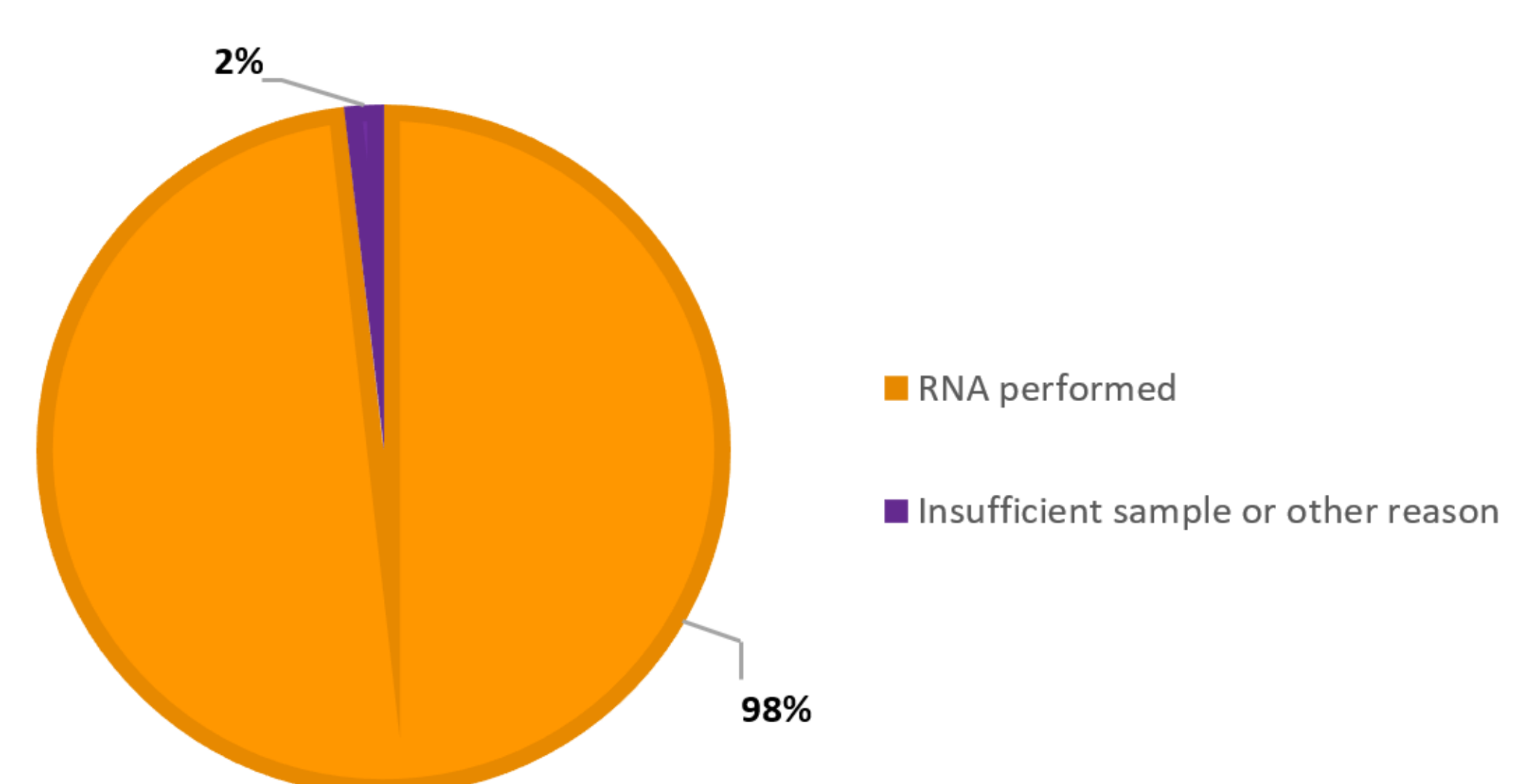
From the new diagnoses, 33% people required hospital admission under the HIV team. Concerning people that were lost to care, there were 3 admissions. Patients were identified in different stages of HIV infection as reported below.

	New Diagnoses	Lost to Care
CD4 count	$\bar{x} = 249^*$	$\bar{x} = 329^{**}$
Viral Load	$\bar{x} = 786084$ copies/ml*	$\bar{x} = 900345$ copies/ml**
Admissions under HIV team	6	3

(\* time of diagnosis \*\*first results after re-engaging with care or available results from last appointment)

There were 110 indeterminate HIV results, Virology guidance is that serology should be repeated – to date 37.3% have attended for repeat serology.

## INDETERMINATE RESULTS



## Conclusion

Nurse led management of HIV results has been successful at our clinic. Challenges have arisen with indeterminate results where getting people to attend has been harder to achieve, however the nursing team is monitoring this and escalates concerns.

Nurses making the first contact and arranging follow-up has allowed the different teams within our department to communicate easily and organise services to improve management of new diagnoses, and those lost to care, hopefully facilitating better long-term outcomes.