Improving HIV testing for patients presenting with indicator conditions to acute medicine in Gateshead, UK

Dr Alexander Martin1, Dr Fazila Rasul1, Sarah Appleby3, Dr Ruth Petch4, Dr Milo Cullinan5

1 Internal Medicine Trainee, alexander.martin6@nhs.net, 2 Acute Care Common Stem Trainee, 3 Senior Biomedical Scientist, 4 Consultant in Acute Medicine, 5 Consultant in Infectious Diseases/Medical Microbiology

Gateshead Health NHS Foundation Trust, Gateshead, United Kingdom

• People who are newly diagnosed with an HIV indicator condition (IC) should be offered an HIV test [1]

References
1. BHIVA/BASHH/BIA Adult HIV Testing Guidelines 2020

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BACKGROUND
• People who are newly diagnosed with an HIV indicator condition (IC) should be offered an HIV test [1]

AIMS
• To improve HIV testing for patients presenting with ICs to acute medicine at the Queen Elizabeth Hospital in Gateshead

METHODS
• ICs were identified from clinical coding data
• HIV tests were collected from laboratory data
• Three Plan, Do, Study, Act cycles
• Adults aged 18-80 admitted via acute medicine at the Queen Elizabeth Hospital, Gateshead with a new diagnosis of an IC
• Data collection Sep 2021–Jun 2022

RESULTS
89 Other ICs
Grouped for analysis:
• Including candidiasis, varicella zoster, mononucleosis, lung cancer, lymphoma

DOES YOUR PATIENT NEED AN HIV TEST?
Do they have one of the following indicator conditions? If so, consider testing for HIV.

INFECTIONS
• Sexually transmitted infection
• Herpes zoster
• Hepatitis A, B, or C (acute or chronic)
• Mumps or Measles–Like illness
• Unexplained oral candidiasis/Candidiasis
• Community-acquired pneumonia in under 60s
• Varicella zoster
• Invasive pneumococcal disease
• Oral hairy leukoplakia

NEUROLOGY
• Multiple-sclerosis–Like disease
• Neurological dementia
• Rubella–Like syndrome
• Meningitis
• Hepatitis–Like encephalitis

CANCER
• Malignant lymphoma
• Anal cancer
• Hepatitis
• Primary lung cancer

UNEXPLAINED SYMPTOMS
• Unexplained weight loss
• Unexplained neurophysiology
• Unexplained cognitive difficulty
• Arthritis
• Primary lung cancer

DOES YOUR PATIENT NEED AN HIV TEST?

LEARNING
• Teaching interventions increased testing rates and identified barriers to testing, but improvements to testing were lost when doctors rotated out of the department
• Information posters and Trust antimicrobial guidelines provided a reference but did not prevent a decline in testing when doctors rotated

FURTHER WORK
• Further data collection and teaching sessions for rotational and non-rotational staff
• More consistent improvement may be seen with interventions which prompt testing for HIV and persist across rotating junior doctors
• This could include incorporating HIV testing in an electronic record admission bundle [2]