Dr Ann Sullivan
Chelsea and Westminster Hospital, London
OptTEST programme interventions for Indicator Condition HIV testing are effective in significantly increasing HIV testing rates in non-specialist healthcare settings across Europe.

Ann Sullivan
Chelsea and Westminster Hospital, London
on behalf of the OptTEST Study Group
Edinburgh, July 2018
HIV Indicator Condition Guided Testing

Opportunistic healthcare focused strategy
Indicator conditions are conditions associated with an undiagnosed HIV prevalence ≥ 0.1%; cost effectiveness threshold

HIDES I and II

HIV prevalence overall 2.5 [95%CI 2.2–2.8]
Inf Mono like syndrome 5.9 [95%CI 4.6 – 7.2]

History of previous potentially HIV-related presentations representing potential missed opportunities 20-28%

Clinician barriers identified within the study
motivation of colleagues in non-HIV specialties to deliver testing
time pressure on service delivery
skills - education and training of staff
OptTEST:

Optimising testing and linkage to care for HIV across Europe

EU funded programme to increase HIV testing and access to treatment and care

Work streams:
- HIV Indicator Condition testing
- Transfer to Care
- Cost Effectiveness
- Stigma and Legal barriers

Aim: To improve HIV Indicator Condition testing by introducing a clinic policy, utilising implementation tools and delivering quality improvement interventions

Pilot sites:
- Czech Republic, Estonia, France, Greece, Poland, Spain and UK

HIV in Europe:

Shell project and Associate Partners:
- Georgia, Ukraine and Belarus
- Netherlands, Ireland
OptTEST partners and pilot sites
Methods

January 2015 – July 2017

Settings: Primary Care, Emergency Departments, Acute Medical Units, Specialist OPD

Baseline audit test offer, test uptake, HIV prevalence

Routine offer of HIV test to all patients presenting for care with:
- Pneumonia
- Hepatitis B and C
- Infectious Mononucleosis-like syndrome

Data:
- age, HIV status
- test: offer, done, result
- reactive: transferred to care status, CD4 cell count, treatment initiated
Implementation tools were developed, piloted and introduced as appropriate:
- strategic pack: slide set, guideline review protocol
- financial calculator
- interactive service design module
- staff training module
- resource pack

Quality Improvement:
Plan-do-study-act interventions were designed and implemented by local study teams and monitored using run charts.
Missed opportunities
Late Diagnosis
Testing strategies
Why test for HIV?
Barriers
Epidemiology
Narration
In 2014, one in five (21%) English local authorities had a diagnosed prevalence above the 2 per 1,000 threshold recommended in national guidelines as the cut-off for expanded HIV testing into new registrants in general practice and general hospital admissions.
In London all but one of the 33 local authorities had prevalence above this threshold. Outside London, the five local authorities with the highest prevalence in order were: Brighton and Hove, Manchester, Salford, Luton and Blackpool.

Source:
Interactive service design module

- staff roles and responsibilities
- care pathways including transfer to care
- test selection
- results governance
PLANNING

Who will offer an HIV test?

In your service, are there any restrictions on which members of staff can offer an HIV test?

Offering an HIV test should be within the competence of any health care professional.

There is no need for special counselling skills beyond those required for routine clinical practice. Additional training can be found in Tool 3 (education and training for staff).

Are there opportunities to involve other health care workers or other members of the team in HIV testing - phlebotomists, health care assistants, receptionists etc.?

Consider which members of staff could offer an HIV test (with additional education/training/support)

Now please answer the questions on the right
<table>
<thead>
<tr>
<th>Points to Consider</th>
<th>Your Plan for your Service – Based on your Tool 2 Responses</th>
<th>Any Further Action Needed to complete planning?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning - Offering an HIV test in your service</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOW will the HIV test be offered to your patients?</strong> (•Routine offer or •Opt-out?)</td>
<td>ROUTINE OFFER</td>
<td></td>
</tr>
<tr>
<td><strong>Are you required to document CONSENT to an HIV test?</strong> (•Yes – where and by whom? •No, •Don’t know)</td>
<td>DON’T KNOW → →</td>
<td>“Don’t know” response = ACTION: Discuss with your local HIV and/or local information governance team.</td>
</tr>
<tr>
<td><strong>WHO can currently offer an HIV test to your patients?</strong> (•Doctor, •Nurse, •Physician’s Assistant, •Health Care Assistant, •Phlebotomist, •Other – if Other please give details of other staff groups) [56]</td>
<td>DOCTOR, NURSE</td>
<td></td>
</tr>
<tr>
<td><strong>WHO could offer an HIV test with additional training/education/support?</strong> (•Doctor, •Nurse, •Physician’s Assistant, •Health Care Assistant, •Phlebotomist, •Other – if Other please give details of other staff groups) [56]</td>
<td>HEALTH CARE ASSISTANT</td>
<td></td>
</tr>
<tr>
<td>When are patients’ CONTACT DETAILS verified: (•At reception, •When obtaining consent, •When taking blood sample, •Other – if Other, please give details) [57]</td>
<td>WHEN OBTAINING CONSENT</td>
<td></td>
</tr>
<tr>
<td>Pre-test discussion / Patient information leaflet (PIL) Will you use a patient information leaflet in your service? (•Yes: see additional question below, •No) [58]</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
HAVING AN HIV TEST IN THE HEPATITIS CLINIC
Chelsea and Westminster Hospital Foundation Trust

INFORMATION FOR PATIENTS

**HIV** (the human immunodeficiency virus) is a virus that affects the immune system and causes AIDS if left untreated.

HIV is now a manageable infection with medication. Successful treatment depends on identifying the infection at an early stage.

There are some conditions that occur more frequently in people with HIV infection, including Hepatitis B and C.

We are now routinely offering HIV tests to all people with these conditions, as recommended by National Guidelines.

Most people with these conditions will not have HIV infection, but we think it is worthwhile that everyone takes the test.

**During your assessment by the Hepatology team, you will be asked if you agree to have an HIV test. We will conduct this test on a blood sample. You can ask any questions you may have, and you do not have to have the test. Declining to have an HIV test will in no way affect the care you receive.**

The test looks for the presence of antibodies (proteins produced by you) and antigen (virus) in the blood that may indicate whether or not you are infected with HIV.

**The HIV test result may be “negative,” which means you do not have HIV infection, or “reactive” which means you require further tests to see whether or not you have HIV infection. Any patient with a “reactive” test result will be asked to attend the John Hunter Clinic at Chelsea and Westminster for further tests.**

**Taking an HIV test is confidential. Taking the test and testing negative has NO implications for insurance or mortgage applications.**

If you feel you have been at risk of acquiring HIV infection in the past 3 months you should test today, and then repeat the test at 3 months. We can help arrange for you to do this.

**Receiving your test result:**

If your result is reactive – or we need to contact you for any other reason (for example technical problems with your sample) – you will be contacted by a member of our Health Advisor Team at the John Hunter Clinic for Sexual Health.

It is essential that you verify with reception that the telephone/mobile number on our system is the correct contact number for you.

Negative results will be available two weeks after testing. You can obtain this result in one of the following two ways:

Send an email to chelsewest.testline@nhs.net including the following information – your name, date of birth, hospital number and state “Please send me my HIV test result”

Or call our answerphone on 020 3315 6123 and leave your name, date of birth, hospital number, contact telephone/mobile number and state “Please call me back about my HIV test result”

February 2018

Alternately, if you have a follow-up appointment in the Hepatitis Clinic you can ask for your result at that appointment.

You are welcome to call the John Hunter Clinic’s Health Advisor Team on the number below if you have any other questions or concerns regarding your HIV test.

**John Hunter Clinic**
Health Advisers: (020) 3315 6155
Helpline open: 9.30am – 5pm Mon, Tues, Thurs, Fri, 12.30pm – 5pm Weds

Please keep this leaflet for your reference.

Date attended: __ / ___ / 201_

Result due by: __ / ___ / 201_
2. EXAMPLE OF TESTING PATHWAY IN ACUTE MEDICAL ADMISSION UNIT OR INPATIENT WARD - HIGHLIGHTING OPPORTUNITIES FOR HIV TESTING AND PROVISION OF PATIENT INFORMATION

LEAFLET (PIL)

If none of the opportunities to give PIL or offer an HIV test are taken before patient sees the clinician – the clinician can initiate discussion with patient, offer test and take blood.
We will now take you through the steps to produce your own pathway, asking you to identify where there are the opportunities for HIV testing.

Enter the role corresponding to the staff member the patient would encounter at each step of the pathway against each number below. Entering a zero against a number will remove that part of the pathway.

If your pathway is much more complex please click here to go to a proforma you can adapt.

1 =
2 =
3 =
4 =
5 =
6 =

While it will be technically possible to generate a personalised pathway via these webpages, we don't have that functionality available at the moment. Please enter below the names of staff the patient would encounter as they travel through your service:

1 =
2 =
3 =
4 =
5 =
6 =

Update pathway
Online Staff Training module

HIV testing in indicator conditions

- Interactive
- Testing scenarios
- Assessment
HIV testing in indicator conditions

You can see the list of indicator conditions associated with each specialty by clicking on the buttons below. We recommend that you click on your own specialty at least. Alternatively you can click here to see the full list of indicator conditions.

- Respiratory/Pulmonology
- Neurology and neurosurgery
- Dermatology/genitourinary medicine
- Gastroenterology/hepatology
- Oncology
- Gynecology/Obstetrics
- Haematology
- Infectious Diseases/Internal medicine
- Rheumatology
- Ophthalmology
- Ear Nose Throat
- Nephrology
HIV testing in indicator conditions

You can see the list of indicator conditions associated with each specialty by clicking on the buttons below. We recommend that you click on your own specialty at least. Alternatively you can click here to see the full list of indicator conditions.

Respiratory/Pulmonology
Neurology and neurosurgery
Dermatology/genitourinary medicine
Gastroenterology/hepatology
Oncology
Gynecology/Obstetrics
Haematology
Infectious Diseases/Internal medicine
Rheumatology
Ophthalmology
Ear Nose Throat
Nephrology

Specialty: Dermatology/dermatovenereology/genitourinary medicine

Kaposi’s sarcoma
Herpes Simplex ulcer(s)
Atypical disseminated leishmaniasis
Penicilliosis, disseminated
Seborrheic dermatitis/exanthema
Herpes zoster
Sexually transmitted infections
Hepatitis B or C (acute or chronic)
Severe or recalcitrant psoriasis
Candidaemia
Candidiasis

Yellow: Conditions which are AIDS defining among PLHIV - strongly recommend testing.
Blue: Conditions associated with an undiagnosed HIV prevalence of >0.1% - strongly recommend testing. Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1% - offer testing.
Green: Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management despite that the estimated prevalence of HIV is most likely lower than 0.1% - Offer testing.
Offering an HIV test - Jean Luc

Would you like to have an HIV test? We could do one for you today.

If the doctor offers an HIV test to the patient in the following way, how do you think this might make the patient feel?

Write your thoughts below and then click 'Confirm'.
Offering an HIV test - Jean Luc

Would you like to have an HIV test? We could do one for you today.

If the doctor offers an HIV test to the patient in the following way, how do you think this might make the patient feel?

Write your thoughts below and then click 'Confirm'.

Why does she want me to have an HIV test?
Offering an HIV test - Jean Luc

Would you like to have an HIV test? We could do one for you today.

Why is she suggesting a test? Does she think I have HIV?

Why should I be more at risk of HIV than anyone else?

How dare she suggest I might be at risk of HIV?
HIV testing in indicator conditions

Giving a positive HIV test result - Elena, Peter and Joseph

Patients’ responses to a positive HIV test result can vary greatly. Here are some examples of how you could give a positive result in ways that will help them understand and process this information.

Click on the audio buttons to listen.

You can click here to read Elena’s history

You can click here to read Peter’s history

You can click here to read Joseph’s history

You can click here to view the audio transcript

You can click here to view the audio transcript

You can click here to view the audio transcript
Resource pack
- patient support
- evidence, guidelines

**HIV TESTING GUIDELINES**

**NATIONAL SPECIALTY GUIDELINES - HIV INDICATOR CONDITIONS**

**HIV TESTING RESOURCES**
- European HIV Test Finder (NAM, AIDSmapper)
- BCN Checkpoint (Community centre for PLHIV and LGBTQ)

**TRAINING TOOLS**

**OTHER RELEVANT LINKS**
National Guidelines recommend an HIV test should be part of the investigation of specific medical conditions. The tests you have already requested suggest an HIV test may be indicated.

Would you like to request an HIV test?

<table>
<thead>
<tr>
<th>Items Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIR-Epstein-barr Virus IgM Ab</td>
</tr>
</tbody>
</table>

Quality Improvement methodology (PDSA, SPC) to increase coverage

Yes - Request HIV test

No - Backout
Results – HIV tests

43 sites in 8 countries (2 in UK)

HIV tests 5839
Reactive tests 78
HIV positivity 1.33% [95%CI 1.07 – 1.66]

Linkage to care data
Data available 54
Linked to care 44 80%
Not linked 10 4 PWID (2 of whom also new HCV)
2 foreign born; left the country

Median CD4 cell count 326 cells/uL (range 4-1041)
Late Diagnosis 56%

Additionally: 3 known positive (not engaged with care a time of testing)
Change in HIV test offer

- Hepatitis
- Pneumonia
- Inf Mono
- Total

Offer Baseline
Change in HIV test offer

- HEPATITIS
- PNEUMONIA
- INF MONO
- TOTAL

* p<0.05

Offer Baseline
Offer OptTEST
Change in HIV testing

- HEPATITIS
- PNEUMONIA
- INF MONO
- TOTAL

Test Baseline
Uptake of offer was above 90% for all IC at baseline (range 90.03 – 91.58%) and increased significantly for all except IM (range 92.09 – 100%).
<table>
<thead>
<tr>
<th>Indicator Condition</th>
<th>BEFORE HIV +VE (num/denom)</th>
<th>% [95%CI]</th>
<th>OptTEST HIV+VE (num/denom)</th>
<th>% [95%CI]</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis</td>
<td>20/662</td>
<td>3.02 1.91-4.55</td>
<td>20/3681</td>
<td>0.54 0.34-0.82</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>11/322</td>
<td>3.41 1.81-5.56</td>
<td>30/1425</td>
<td>2.11 1.45-2.95</td>
<td>NS</td>
</tr>
<tr>
<td>INF MONO</td>
<td>17/310</td>
<td>5.48 3.34-8.46</td>
<td>28/733</td>
<td>3.82 2.60-5.40</td>
<td>NS</td>
</tr>
<tr>
<td>Total</td>
<td>48/1294</td>
<td>3.70 2.78 - 4.85</td>
<td>78/5839</td>
<td>1.33 1.07-1.66</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>
OptTEST HIV testing at 2 Catalan sites
Conclusion

Introduction of HICT policy, supported by implementation tools and quality improvement effectively increased

- HIV testing offer rate - by 66%
- HIV testing rate - by 102%

Acceptability was high at baseline but also increased, suggesting some staff effect (training, familiarity)

This approach is an effective way to increase HIV testing and identify cases of undiagnosed HIV in non-specialist healthcare settings.
The website (www.opttest.eu)
Acknowledgements

Working Group
Caroline Rae
Dorthe Rabin
Ide Sperle
Stine Finne Jakobsen
Lauren Nicolas Combs
Marie Louise Jakobsen
Jens Lundgren
Ruth Lowbury

Pilot Sites
Matt Foxton, David Mummery, Mike Rayment (UK)
Justyna Kowalska (Poland)
Rossi Lugo Colon, Suzi Perez Elias (Spain)
Liis Lemsalu, Kristi Ruutel (Estonia)
Anna Vassilenko (Belarus)
Nino Badridze (Georgia)
Veronika Sikollova (Czech Republic)
Galyna Kutsyna (Ukraine)
and the OptTEST study group

EU: CHAFEA
Cynthia Menel-Lemos

HIV in Europe

OptTEST Steering Committee
Matthias Wentzlaff-Eggebert
Andrew Amato
Brian West
Eberhard Schatz
Jordi Casabona
Lali Khotenashvili
Lara Tavoschi
Luís Mendão
Martin Donoghoe
Massimo Mirandola
Nikos Dedes
Ann-Isabelle Von Lingen
Mariana Vicente
Jorrit Kabel