BHIVA Audit 2006-7

Survey of patient assessment and monitoring
Set-up phase of cohort audit of patients starting ART from naïve

Survey of patient assessment and monitoring

BHIVA’s first online audit project, a survey covering clinic policy and practice:

- Assessing newly diagnosed patients with HIV
- Immunisation and advice for newly diagnosed patients
- Routine monitoring of stable HIV patients on and off ART.

111 clinical centres took part in October 2006 to January 2007.
HIV caseload – percentage of participating centres

Location of participating centres
Policy on assessment of newly diagnosed patients – sexual health

- **Anal smear (men):**
  - Routine for all: 0%
  - Routine if late stage disease: 100%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **Cervical smear:**
  - Routine for all: 90%
  - Routine if late stage disease: 10%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **GUM screen:**
  - Routine for all: 90%
  - Routine if late stage disease: 10%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **Syphilis serology:**
  - Routine for all: 80%
  - Routine if late stage disease: 20%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

Policy on assessment of newly diagnosed patients – hepatitis B or C co-infection

- **HepC RNA:**
  - Routine for all: 10%
  - Routine if late stage disease: 90%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **HepC Ab:**
  - Routine for all: 60%
  - Routine if late stage disease: 40%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **HepB DNA:**
  - Routine for all: 10%
  - Routine if late stage disease: 90%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **HepBs Ab:**
  - Routine for all: 50%
  - Routine if late stage disease: 50%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **HepBs Ag:**
  - Routine for all: 60%
  - Routine if late stage disease: 40%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%

- **HepBc Ab:**
  - Routine for all: 10%
  - Routine if late stage disease: 90%
  - Routine for other specific groups: 0%
  - Not routine: 0%
  - Unclear or not stated: 0%
Policy on assessment of newly diagnosed patients – other tests

- Chest Xray
- Urinalysis
- HLA B*5701
- HIV resistance

Percent of centres

- Routine for all
- Routine if late stage disease
- Routine for other specific groups
- Not routine
- Unclear or not stated

Difficulties in getting tests done in practice

Few centres reported difficulties in practice in doing tests in accordance with their policy:

- 4 centres each for HIV resistance, hepatitis B DNA, HLA B*5701, cryptococcal antigen, CMV PCR or IgM
- 3 centres for hepatitis B core antibody
- 1 or 2 centres for various other tests
- The main reasons were availability of tests (reported 14 times), funding (10), and forgetting to do the test (9).
Policy on arranging immunisation for newly diagnosed HIV patients – percentage of centres

- Pneumovax
- Hepatitis A vaccine (if non-immune)
- Influenza vaccine (yearly)
- Hepatitis B vaccine (if non-immune)

0% 20% 40% 60% 80% 100%

Policy on topics to be discussed with newly diagnosed HIV patients – percentage of centres

- Cryptosporidial risk
- Toxoplasma risk
- Live vaccines and travel
- PEP for sexual partners
- Plans for pregnancy/contraception
- Correct use of condoms
- Disclosure to sexual partners
- Consent to inform GP

0% 20% 40% 60% 80% 100%
Frequency of follow-up of well HIV patients – percentage of centres

Policy regarding monitoring HIV patients
Conclusions

It is of concern that some centres do not routinely:

- Test newly diagnosed patients for HIV resistance
- Perform GUM screens for newly diagnosed patients
- Vaccinate non-immune HIV patients against hepatitis B
- There is also inconsistency in the methods used in screening for hepatitis B.

Set-up phase of cohort of patients starting ART– preliminary results

Audit of patients starting anti-retroviral therapy from naïve between 1 April and 30 September 2006:

- Data received for 1319 patients from 133 centres
- In this preliminary analysis two patients were excluded as ineligible, leaving 1317
- A further 4 small centres took part but did not submit patient data.
Patient demographics

Patients were:

- 704 (53.5%) male, 576 (43.7%) female, 37 (2.8%) not stated
- 650 (49.4%) black-African, 505 (38.3%) white, 46 (3.5%) black-Caribbean, 84 (6.4%) other, 32 (2.4%) not stated.

CD4 count at starting ART by time since diagnosis – percentage of patients
Timing of ART initiation

- 250 (19.0%) of patients started ART at CD4 <50
- 534 (40.6%) started at CD4 51-200
- 400 (30.4%) started at CD4 201-350
- 126 (9.6%) started at CD4 >350
- For 7 (0.6%) CD4 count was not stated.

Timing of ART initiation – late starting

- Among patients who started ART at CD4 <200, 546 (69.6%) were recently diagnosed (<6 months previously).

However there was also delayed treatment among diagnosed patients:

- 35 (6.5%) patients diagnosed more than six months previously started ART at CD4 <50
- 197 (36.4%) patients diagnosed more than six months previously started ART at CD4 51-200.
Timing of ART initiation – early starting

126 (9.6%) of patients started ART at CD4 >350:
- 81 were known to be pregnant
- 27 started because of symptoms
- 7 because of recent seroconversion
- 9 for “other” reasons, including three with chronic renal failure and one in a clinical trial
- Reasons were stated to be unclear for 1
- No reason was given for 1, who had VL >100,000 and PI resistance.

Pregnancy

215 (16.3%) patients were known to be pregnant:
- For 200 VT prevention was given as a reason for starting ART
- For a further 15 pregnancy was cited as a reason for the specific choice of drugs
- 87.9% of pregnant patients were on ZDV, and 53.4% of patients on ZDV were pregnant
- 24.7% of pregnant patients were on NVP, compared with 16.1% of other patients.
Initial drug “backbones” – percentage of patients

- Others
- Abacavir Lamivudine
- Zidovudine
- Zidovudine*
- Lamivudine Tenofovir
- Lamivudine
- Zidovudine
- Emtricitabine
- Tenofovir
- Abacavir Lamivudine

*All pregnant.

Initial “third” drugs – percentage of patients

- Others
- Fosamprenavir, boosted
- Nelfinavir
- Saquinavir, boosted
- Atazanavir, boosted
- Lopinavir, boosted
- Nevirapine
- Efavirenz

0% 10% 20% 30% 40% 50% 60%
Cohort audit follow-up

- Questionnaires recently circulated – please complete and return!
- Key outcome will be viral load undetectability at about six months after starting ART
- Full results at Autumn conference.

Conclusions

- Late presentation continues to be a problem
- However, it is also of concern that over 40% of patients with known HIV infection delayed starting treatment until CD4 <200.
BHIVA Audit & Standards Sub-Committee

- M Johnson, chair
- G Brook, vice-chair
- H Curtis, co-ordinator