

Testing in people with indicator conditions

(Hand round TiPs questionnaire on indicator conditions – to do in pairs – 5 minutes)

<http://www.medfash.org.uk/uploads/images/file/ASSESSYOURTEAMDiagnosticTestingforHIVTEAMQUIZ2JAN2015.pdf>

Case Example 1

- CW – 19 year old black African male.
- Headaches and diarrhoea, seen in emergency surgery. Bloods taken (not HIV) but considered HIV after left.
- Follow up arranged and HIV test done 1 week later.
- HIV positive (*and syphilis*)

Previous History

- Presented 10 times over previous 4 years.
- 2007 – shingles
- 2008 – weight loss & cough
- 2009 – cough and sore throat
- 2010 sore throat
- 2011 boil on neck, sore throat, headache

Case Example 2

- MA – 38 year old single mother 2 children.
- Long term brittle asthma – increasing admissions with exacerbations requiring HDU on two occasions.
- Came to surgery for HIV test as had heard through the grapevine that previous partner was HIV positive.
- Tested – positive – after treatment, asthma improved.

Case Example 3

- MH – 22 year old bisexual male.
- Presented with abnormal LFTs and diarrhoea, admitted hospital and treated for cryptosporidium (no HIV test taken).
- Came back to GP practice one year later – previous history noted and HIV test suggested.
- HIV positive.

Case Example 4

- 37 yr old male seen in OOH GP with 2 weeks viral illness and 1m sore throat, cervical lymphadenopathy.
- Had co-amoxiclav bought in Morocco but given Pen V at OOH GP.
- Seen GP again –persistent sore throat & LNs
- Had UPSI with male partner who is HIV +
- HIV test +ve – pt had been suspecting that but was still shocked at result
- Onward referral to local service arranged before giving result in person

Case Example 5

- 40yr old male diagnosed with chlamydia and was treated.
- Came to see practice nurse to request BBV screen.
- Grew up in Africa came to UK few months before.
- Tested for all BBV and HIV +ve
- PN informed result and onward referral

Common Indicator Conditions in GP

- STIs
- Bacterial pneumonia.
- Mononucleosis type illness.
- Herpes Zoster/Shingles.
- Severe seborrheic dermatitis.
- Anaemia
- Unexplained bloods – WCC, platelets, LFTs
- Oral thrush.
- Weight loss / diarrhoea.
- Unexplained fever.
- Lymphadenopathy.

Results: HIV diagnoses per Indicator Condition

	HIV test	HIV +	Prevalence (95%CI)	
Total	3588	66	1.84	(1.42-2.34)
STI	764	31	4.06	(2.78-5.71)
On-going mononucleosis-like illness	441	17	3.85	(2.26-6.10)
Leuko/thrombocytopaenia	94	3	3.19	(0.66-9.04)
Herpes Zoster <65yo	207	6	2.89	(1.07-6.21)
Seborrheic dermatitis	97	2	2.06	(0.25-7.24)
Cervical or anal dysplasia	542	2	0.37	(0.04-1.32)
Hepatitis B/C	1099	4	0.36	(0.10-0.93)
Malignant lymphoma	344	1	0.29	(0.01-1.61)

Predictive Power of HIV Clinical Indicators in the THIN model

<http://bjgp.org/content/63/611/e370>

Indicator Condition	Odds Ratio
Bacterial Pneumonia	47.7
Oral candidiasis	29.4
Herpes Zoster	25.4
Weight Loss	13.4
Non-Hodgkin's Lymphoma	12.6
Lymphadenopathy	11.3
Sexually Transmitted Infection	10.8
Pyrexia of Unknown Origin	7.2
Blood Dyscrasias	5.7
Diarrhoea – one consultation only	3.7
Diarrhoea – two consultations	4.4

HIV testing

Point of care testing



Alere determine
4th generation

INSTI
3rd generation



Orasure
3rd generation

Self-testing

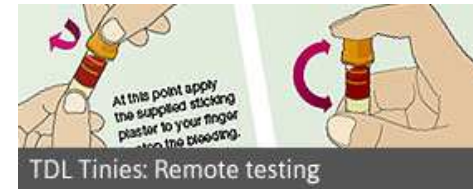
Biosure
3rd generation



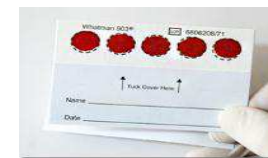
Laboratory testing (serology)



Laboratory testing (postal)



The Doctors Laboratory – 'Tines'



Dried blood spot testing

HIV testing (pros and cons)

Point of care testing

- Quick and simple to do
- No wait for results
- Cheap
- Requires some staff training
- Good for 'needle phobics'
- No time to 'plan' for giving results
- A screening test so needs confirming with serology

Self-testing

- Quick and simple to do
- No wait for results
- Self-managed
- Current only available privately (£30)
- Concerns around support and access to care
- Screening test so needs confirming with serology

Laboratory testing (serology)

- Existing blood taking process
- Can be added to other tests (stigma)
- Shortest window period
- Have to wait for results
- Requires an HCP

Laboratory testing (postal)

- Quick and simple to do
- No wait for results
- Cheap
- Acceptable to those who can't or won't easily access clinic testing
- Requires a good 'return rate'
- Needs confirmatory test

Who should be offering the test?

- Role of GP
- Role of Practice Nurse.
- Role of Health Care Assistant.
- Role of other members of the team – reception, admin.

Barriers – discussion with group

Patient and HCP barriers

Patient

Health Care Professional

Lack of
Knowledge, not
considered at-risk

Need for
counselling

Lack of
training

Fear of Stigma
& judgement

Time in
consultation

Low prevalence
area – no point

GP surgery
set-up-
confidentiality

How to manage a
positive result

Service structure
(getting paid, not
GP's job)

Positive Result

- Know local referral pathways – BHIVA guidelines recommend referral within 48 hours.
- Immediate advice about PEPSI for contacts, basic information (leaflets).
- Ongoing support – don't underestimate role of GP).
- Third sector support – THT, GHT, others.

Video of positive result experience

- Show video from “healthtalkonline”
- Lasts 1 minute, 3rd video on scroll “he thought that a positive result was a good thing”
- <http://www.healthtalk.org/peoples-experiences/chronic-health-issues/hiv/interview-23>

Observed Role Play

Patient attending GP surgery with shingles.

Patient attending GP surgery with infectious mononucleosis symptoms.

Post-diagnosis HIV support - National

www.myhiv.org.uk – THT's member site with online support (counselling, online forums, discussion boards and peer support)

THT Direct Helpline: [0808 802 1221](tel:08088021221)

www.i-base.info – Treatment info site, online support (Q&As for treatment issues by community experts) and [Phoneline 0808 800 6013](tel:08088006013)

www.nam.org.uk – Treatment info site, including www.namlife.org.uk – NAM's 'Living with HIV' micro-site

www.positivelyuk.org/Project-100 - Positively UK's Peer Mentor support and training programme

<http://www.lifewithhiv.org.uk> - NAT's 'living with HIV' micro-site