Reducing the barriers to HIV testing – a simplified consent pathway increases the uptake of HIV testing in a high prevalence population

Mr Joel Paparello
Dr Laura Hunter
Mr Richard Betournay
Dr Jessica Doctor
Dr Nick Larbalestier
Background

- High rates of undiagnosed HIV
- Avoidable morbidity, mortality and ongoing HIV transmission
- Traditional opt-out testing pathways have limited success and are difficult to sustain
- Testing uptake is really a proxy for the offer of a HIV test
- Previous ED attendance is common (40%) for newly diagnosed HIV in-patients
Methods

- Target population – all patients attending the ED and *already* having a blood test (n= 68,000).

- Staff use pre-configured EPR order-sets (for all bloods) with a *pre-selected* HIV test

- All patients over 16 to be screened

- EPR alert for known positives (or tested in the previous 12 months)

- Patient information leaflet – to inform patients of the **intention** to test

- Individual clinician level testing data – fed back weekly
Patient information leaflet

• Rational for testing (local prevalence, effective treatment and transmission)

• Positive results management

• Challenges misconceptions about HIV testing

• Patients can still opt-out if they do not wish to test (but rarely do)
HIV new diagnosis team

• We receive an e-mail alert as soon as a reactive result is validated in the lab

• A dedicated Health Advisor contacts patient directly

• Patient informed of the result and recalled directly to the HIV clinic for confirmatory testing and treatment (linkage to care)

• Patients can be seen by the clinical team the same day if required
% ED attendances who had a blood test and who were also tested for HIV

Target 85%

Week beginning:
Results (week 36)

- 19,569 / 30,461 tested for HIV (64%)
- 172 / 19,569 tests were positive (0.9%)
- 68 / 19,569 were new diagnoses (0.3%)
- 13 / 172 were lost to follow-up (LTFU)
- 81 / 172 contacted & offered care
- 52 / 81 elected to have care at GSTT
- 8 / 81 patients – informed but not yet engaged
Demographics (n= 68)

- Median age = 36 (18-61)
- Heterosexual 50% MSM 50%
- Black & Minority Ethnicity 37% - Caucasian 59% - Asian 4%
- Male 84%
- Female 16%
Surrogate markers (n = 52/68)

CD4 > 500  16/52 (31%)
CD4 200-499  24/52 (46%)
CD4 < 200  12/52 (23%)

• Median baseline VL  49,844 copies / ml
• 15/68 diagnosed with primary infection (22%)
Previous ED attendance (n = 68)

1st attendance 31/68 46%
2nd attendance 17/68 25%
3rd attendance 7/68 10%
4 or more times 13/68 19%

• 16/ 68 required admission (23 %)
Acute HIV pathway (n=52/69)

- Median time to first nurse appointment: 6 days
- Median time to first CD4 count result: 7 days
HIV in-patient episodes 2011-16

15% drop in in-patients episodes
Conclusions

• Simplified consent pathway increases the uptake of HIV testing

• > 70 % testing rates achieved (and sustained)

• High rates of undiagnosed HIV (including LTFU) in this ED population (4:1000)

• 22% new diagnoses had HIV seroconversion

• 54% new diagnoses had previously attended the ED (missed opportunity)

• In-patient episodes fallen by 15% since the start of this initiative