

Missed opportunities for HIV diagnosis

3 year audit in a large urban cohort

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INTRODUCTION

The BHIVA National Guidelines for HIV testing 2008 aimed to prompt diagnosis and reduce late presentation. An audit of new diagnoses in a large urban cohort was performed to assess local adherence to these guidelines and estimate the proportion of patients presenting who had previous missed opportunities for diagnosis.

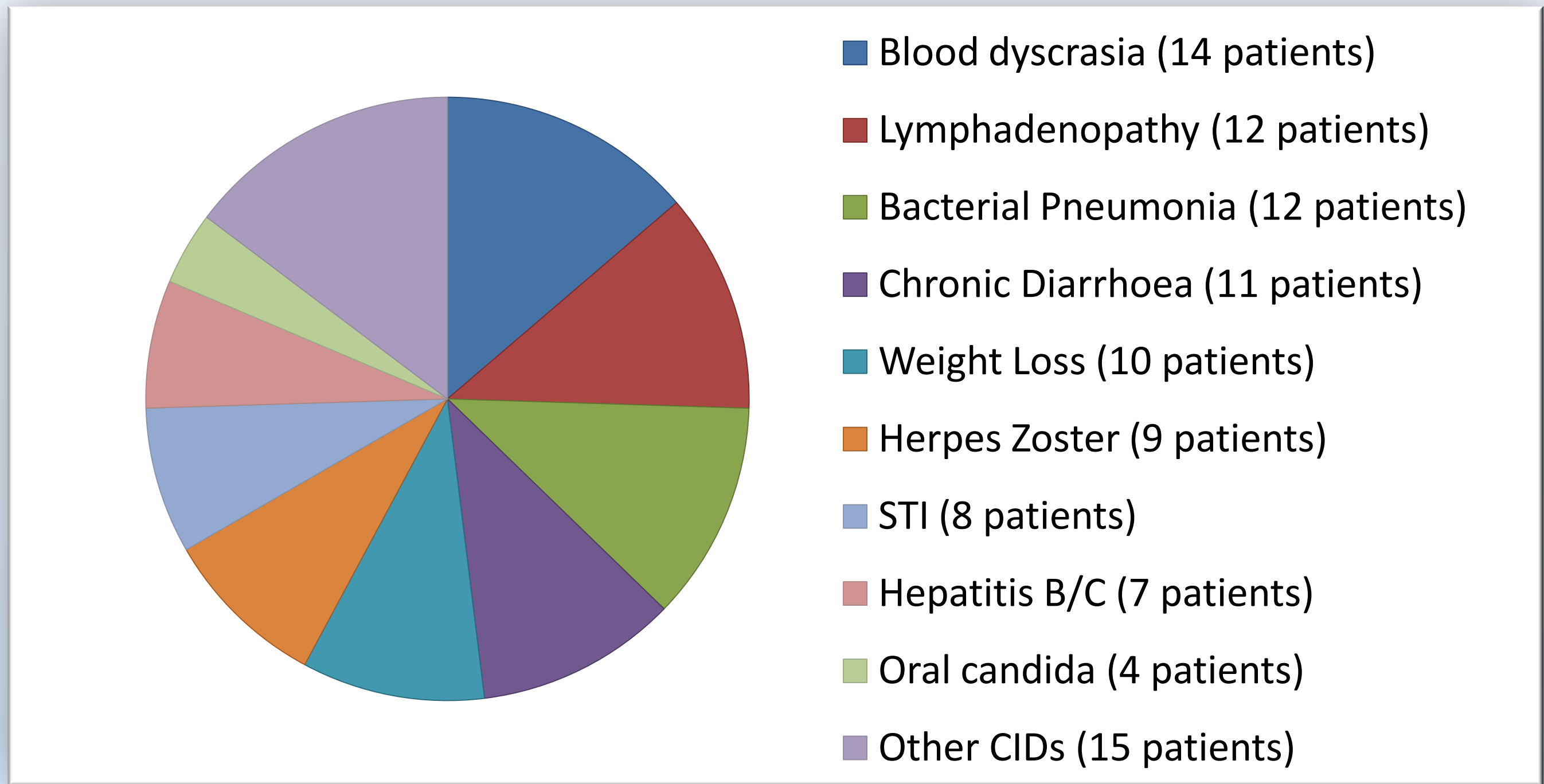
METHODS

A retrospective case note review of 340 patients diagnosed from September 2008 to September 2011 was performed. Documented past medical history was screened for HIV clinical indicator conditions prior to diagnosis in addition to previous review by medical services. Baseline demographics of patients with and without a prior clinical indicator condition were also compared with t test and chi squared statistics.

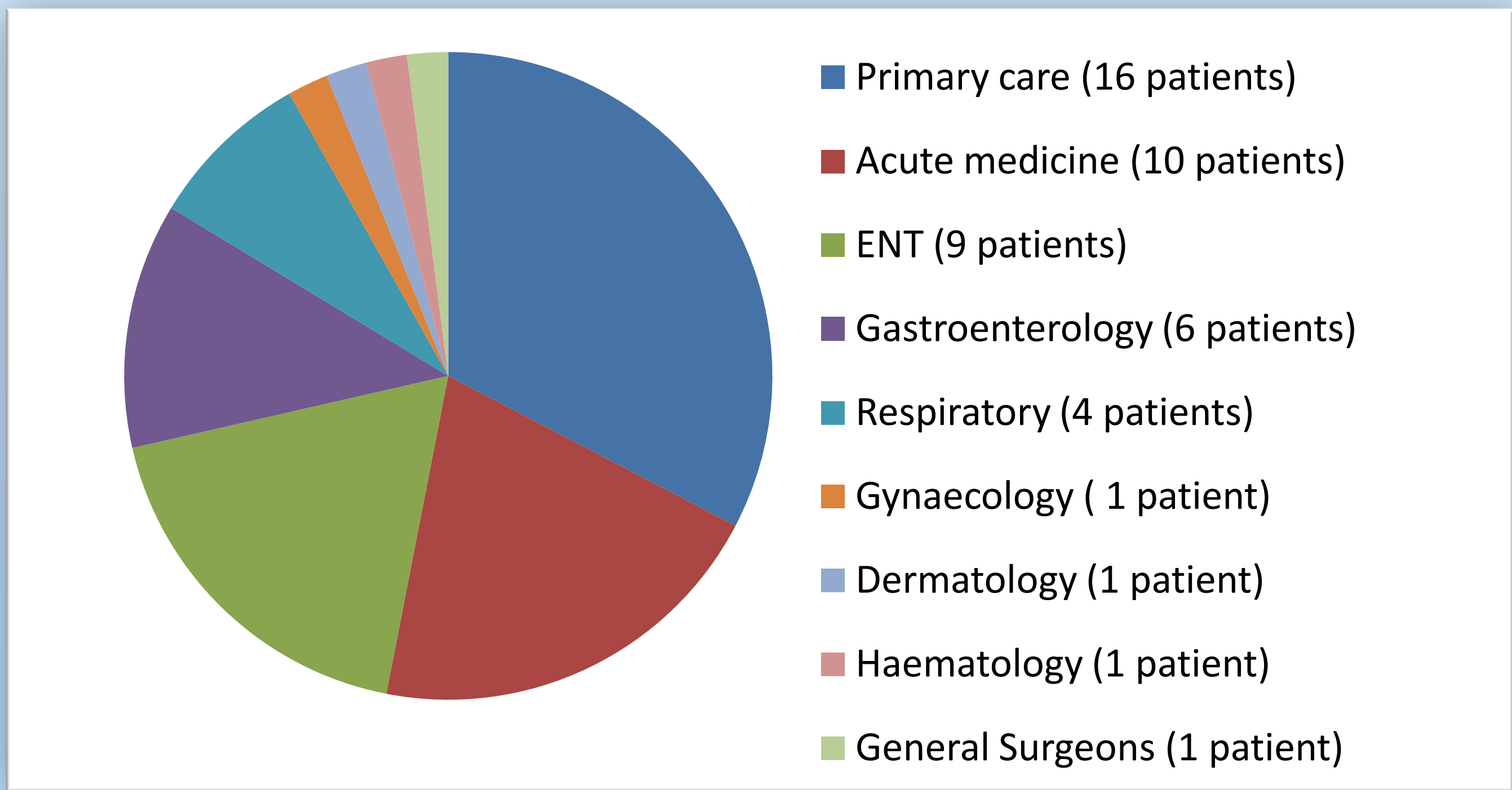


RESULTS

91 patients (37%) had a least one documented clinical indicator condition prior to HIV diagnosis.

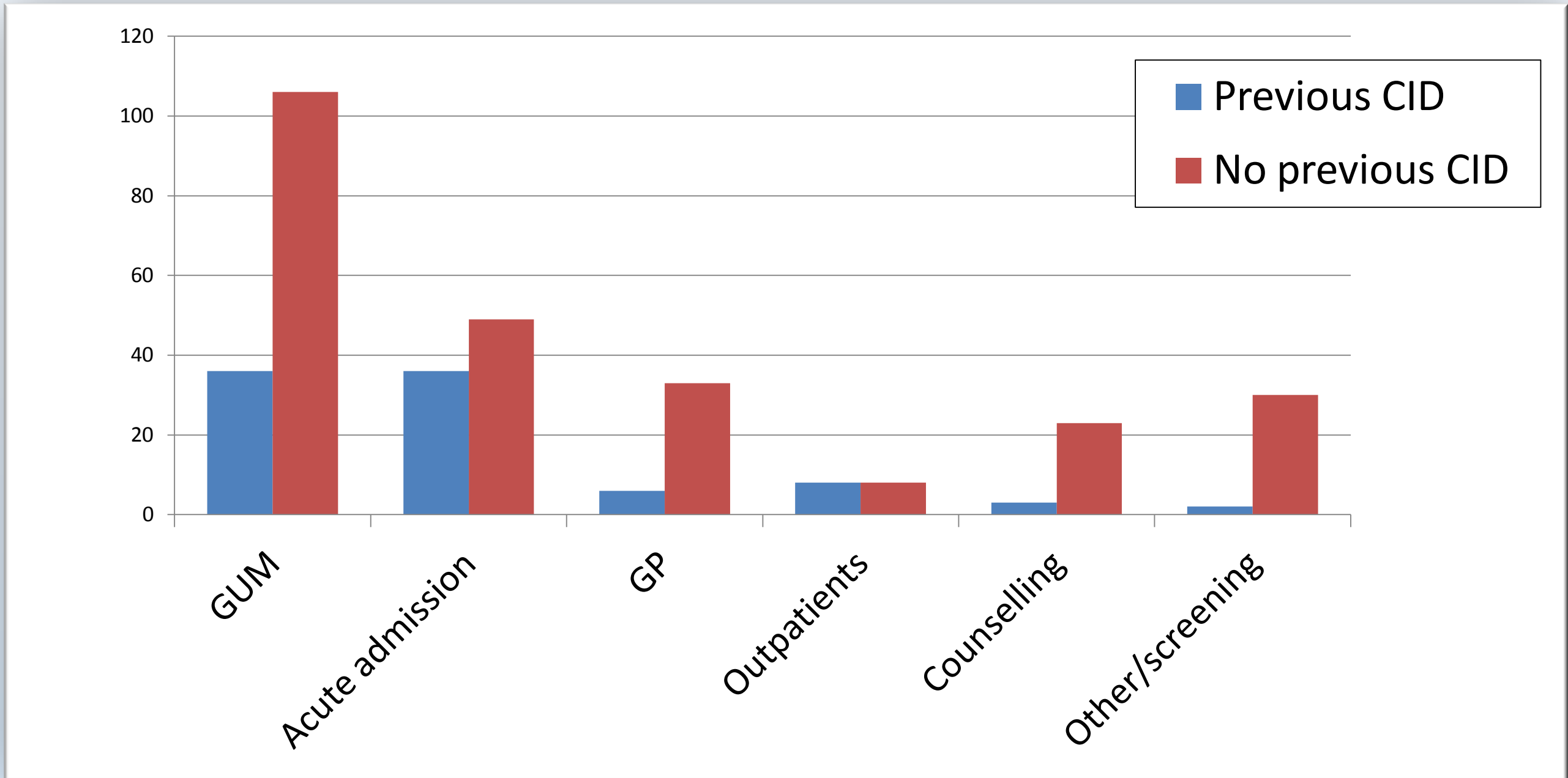


56 patients (16%) had documented contact with a least one medical speciality prior to diagnosis.



13 patients had potentially unnecessary investigations performed including colonoscopy, lymph node biopsy, bronchoscopy and open lung biopsy.

40% of patients with a previous clinical indicator condition, compared to 20% of those without, were diagnosed during an acute admission ($p=0.0002$).



Patients with a previous clinical indicator condition had a lower CD4 count and were more likely to be severely immunosuppressed at diagnosis.

	CID	No CID	P value
Baseline CD4 count (cells/cmm)	255	393	0.0002
Proportion with CD4 <50 cells/cmm	30%	9%	0.00002
Proportion with AIDS defining diagnosis	30%	8%	0.000001

CONCLUSION

Additional resources and education are required to increase adherence to the current HIV testing guidelines within primary and secondary care in order to prevent ongoing late presentation with both individual clinical and widespread economic implications.