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Opt-out HIV testing policy implemented as routine standard of care for acute medical admissions in a high prevalence area: Effective and sustainable

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National recommendations

- Approx. 24% HIV undiagnosed
- Prompt diagnoses confer mortality benefits\(^1\)
- High prevalence areas: universal HIV testing in medical admissions and new GP registrants\(^2\)
- Feasibility and acceptability established\(^3\)
- Sustainability not tested beyond pilots

\(^1\) UK CHIC 2011
\(^2\) Joint society guidelines 2008
\(^3\) HPA Time to Test 2011
Croydon – worst of both worlds?

2010 Prevalence \(4.75/1000\)  

Late Diagnosis CD4 <350 \(66\%\)  

Sex & our city 2008 (2006 data)
Methods

- Descriptive study
- Business case presented for lab funding
- All patients aged 16-79y entering AMU to have an HIV test unless declined
- Verbal consent obtained
- Medical proforma amended
- Trust policy commenced July 2011
- Initially supported by HIV staff
- Ownership taken by AMU staff
Methods - interventions

- Patient information
- HA support
- Role play scenarios
- Grand rounds
- Doctors’ induction
- Ward visits
- Posters
- Troubleshooting
- Nurse appraisals
Results: test rate

- Jul '11: 33%
- Aug '11: 41%

p < 0.005
Results: acceptability

Uptake rate:
• Notes review
• In line with other studies:
  o Brighton
  o HINTS
  o CUH

Random sample
n = 396

Admissions 3709

Tested 1390
Accepted 84%

Untested 2309
Declined 16%
Results: demographics

Admissions
- White: 55%
- BA: 6%
- BC: 6%
- Other: 33%
- Total: 100%

Tested
- White: 53%
- BA: 6%
- BC: 7%
- Other: 34%
- Total: 100%

n = 3709

Admissions:
- M: 50%
- F: 50%

Tested:
- M: 56%
- F: 44%
Results: Clinical Indicators

Diagnosis (ICD 10) n = 3709

Non-Tested

Tested

- Unclassified
- Non-indicator
- Resp indicator
- GI indicator
- Haem indicator
- Neuro indicator
- Oncology indicator
- Other indicator

Here for you
Results: reasons for refusal

n = 74

- Believe not at risk: 35%
- No reason: 34%
- Recently tested neg: 24%
- Didn't want to know: 4%
- Communication issue: 2%
- Declined bloods: 1%
## HIV diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>CD4</th>
<th>Age</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea 3/7</td>
<td>1029 (38%)</td>
<td>50</td>
<td>BA (Zimbabwe)</td>
</tr>
<tr>
<td>PCP, candidiasis</td>
<td>187 (12%)</td>
<td>38</td>
<td>BB (MSM)</td>
</tr>
<tr>
<td>Malaria, ARF</td>
<td>781 (21%)</td>
<td>34</td>
<td>BA (Ivory Coast)</td>
</tr>
<tr>
<td>Pneumonia, candidiasis</td>
<td>230 (10%)</td>
<td>37</td>
<td>BC (Jamaica)</td>
</tr>
<tr>
<td>CAP, PCP, KS</td>
<td>249 (11%)</td>
<td>40</td>
<td>BC (Jamaica, MSM)</td>
</tr>
<tr>
<td>PUO (primary HIV)</td>
<td>208 (12%)</td>
<td>48</td>
<td>BA (Nigeria)</td>
</tr>
<tr>
<td>ARF (HIVAN)</td>
<td>275 (17%)</td>
<td>51</td>
<td>BC (Jamaica)</td>
</tr>
<tr>
<td>CAP (<em>strept. pneum.</em>)</td>
<td>131 (6%)</td>
<td>47</td>
<td>BA (Liberia)</td>
</tr>
<tr>
<td>PCP</td>
<td>168 (13%)</td>
<td>40</td>
<td>BO (France)</td>
</tr>
<tr>
<td>Cerebral toxoplasmosis</td>
<td>28 (2%)</td>
<td>41</td>
<td>BA (Ghana)</td>
</tr>
<tr>
<td>CAP (<em>strept. pneum.</em>)</td>
<td>35 (7%)</td>
<td>42</td>
<td>BA (Zambia)</td>
</tr>
</tbody>
</table>
Limitations

Data analysis:
• Not RCT
• Documentation poor
• No qualitative measures of our interventions

Policy:
• Uptake by staff initially poor
• Logistical problems
• Assumption test undertaken
Summary

• Feasible
• Effective
• Low resource requirement
• Nursing ownership is key
• We can do it – so can you
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• Laboratory staff
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