

Audit of HIV testing in adult admissions to an Acute Care Unit for medical and surgical patients

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Background

- The 2011 *HINTS* study addressed the feasibility and acceptability of implementing the 2008 National HIV testing guidelines, with the Homerton University Hospital Acute Care Unit (ACU) used as one of the study sites
- The ACU admits adult patients from all medical and surgical specialities. Following *HINTS*, an opt-out testing policy has been in place for all ACU admissions
- Local diagnosed HIV prevalence is 8.25/1000

Audit Aim: review HIV testing rates in ACU admissions from January to April 2014, inclusive, with the testing rate observed during the *HINTS* study phase taken as a standard

Methods

- Electronic patient records (EPR) were searched for all ACU admissions, January to April 2014
- Data were collected on demographics, admitting speciality, presenting complaint, HIV tests and results
- For new positives, data were also collected on time from diagnosis to CD4 count result, baseline CD4 and viral load (VL), time to starting antiretroviral treatment (ART), retention in HIV care and partner notification (PN)
- *Exclusions* from the final analysis: known HIV positives, those on follow-up admissions during the audit period

Results

Demographics of ACU admissions, by speciality	Medicine (n=1806)	Surgery (n=417)	Gynaecology (n=28)
Age (years): Range	16-101	16-99	18-48
Mean	59	48	32
%<60y	48.7%	72.4%	100%
Gender: Male	50.7%	48.9%	
Female	49.3%	51.3%	100%
Black or Black British African	8.4%	7.7%	21.4%

Table 1: Demographics of ACU admissions

Details of New Positives				
Age	59	44	46	34
Gender	Female	Female	Male	Male
Ethnicity	African	African	White British	Turkish
Presentation	Sore throat: Seroconversion	Focal neurology: Cerebral toxoplasmosis	Productive cough, fever: bronchopneumonia	GP referral with peripheral oedema: renal lymphoma
Time from diagnosis to CD4 count	10/7	6/7	1/7	1/7
Baseline CD4, cells/mm ³ (%)	487 (14.8)	55 (4.2)	93 (8.2)	147 (6.4)
Baseline VL, copies/ml	2,871,975	44, 394	96,508	284,485
Time to starting ART	2/12 VL<40 at 4/12	12/7 VL<50 at 3/12	n/a	10/7
Retained in care at 18/12	Yes	Yes	RIP at 3/12: Metastatic non-small cell lung cancer	RIP at 1/12: Renal lymphoma
PN	Done	Done	Done	Done

Table 3: Details of New Positives

	HIV Testing Rate
Overall (n= 2251)	24.3%
Age: <60	33.3%
>60	14.1%
Gender: Male	28.2%
Female	20.3%
Ethnicity: Black or Black British African	37.9%
All others	23.0%
Symptoms: Suggestive of CIC	37.9% (146/385)
Not suggestive of CIC	21.4% (400/1866)
Admitting speciality: Medicine	26.5%
Surgery	15.3%
Gynaecology	10.7%

Table 2: HIV Testing Rates
CIC= HIV Clinical indicator conditions

- 32.6% of admissions who met the *HINTS* inclusion criteria were tested, vs 30% in *HINTS*
- There was a statistically significant difference in HIV testing rates by age, ethnicity, presenting complaint and admitting speciality with higher testing rates for:
 - <60year olds
 - Black or Black British Africans
 - Those presenting with symptoms suggestive of a CIC
 - Medical admissions(p= <0.01, chi-squared test)
- 4 new positives during the audit period
- No further new diagnoses as a result of PN

Conclusions

- The overall testing rate was similar to *HINTS*, showing the feasibility of opt-out HIV testing without the need for extra resources to implement this
- There was some evidence of more testing in higher risk groups; however, there is still much room for improvement
- Locally, the opt-out policy should be reinforced across all specialities, particularly surgery
- Nationally, guidelines need to consider inclusion of surgical admissions for routine testing in high prevalence areas