Dr Michael Rayment
Chelsea and Westminster Hospital, London

6-8 April 2011, Bournemouth International Centre

HINTS
HIV Testing in Non-traditional Settings

Michael Rayment
On behalf of the HINTS Study Group

BHIVA Annual Conference
Thursday 7th April 2011
HINTS Study

BHIVA/BASHH/BIS Guidelines for HIV Testing advocate the development of routine HIV testing programmes in areas of HIV prevalence >2/1000

HINTS Study involved the establishment of testing programmes in four, general medical settings in London, all in areas of high HIV prevalence.

HINTS Study Primary Study Outcomes

- **Feasibility** of delivering routine HIV testing in non-traditional setting
- Staff and patient **acceptability** of testing method and site
- Experience of individuals diagnosed with HIV within this project
- Efficacy of pathways into care for newly diagnosed HIV-positive individuals
HINTS Study Sites

- Chelsea and Westminster Emergency Department (ED) Kensington & Chelsea PCT 7.77/1000
- North End Medical Centre Primary Care (PC) Hammersmith & Fulham PCT 7.76/1000
- Homerton: Acute Care Unit (ACU) City and Hackney PCT 7.70/1000
- Kings College: Outpatients – Dermatology (OPD) Lambeth PCT 11.92/1000

Methods

- Mixed methodology, multi-site study
  - quantitative data including HIV testing behaviour, patient demographics and responses from patient and staff questionnaires
- All 16-65 year olds, not known already to be HIV positive, routinely offered HIV test
- Testing modality:
  - Oral fluid: ED, OPD, PC
  - Serology: ACU
Methods

**PRE-TESTING PHASE**
- Patient and Public Engagement
- Oral fluid testing validation
- Patient questionnaires
- Staff questionnaires & focus groups

**TESTING PHASE**
- 3 Months
- HIV testing
- Patient questionnaires
  - test accepters
  - test decliners
- Staff meetings

**POST-TESTING PHASE**
- Patient interviews
  - test accepters
  - test decliners
  - newly diagnosed
- Staff focus groups
- Sustainability models

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**Test offer and uptake results**

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<td>Newly diagnosed individuals; Prevalence (per 1000) (95% CI)</td>
<td>8 (1.9 [0.6 – 3.2])</td>
<td>0 – 10.1</td>
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<td>Proportion transferred to care</td>
<td>100%</td>
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Two further individuals diagnosed by partner notification

### Multivariable Analysis of Factors associated with HIV test uptake – total population offered tests (n=6194)

![Adjusted Relative Risk of HIV Test Uptake Stratified by Site (95% CI)](chart.png)

* = p <0.05; Wald statistics p value

- **Age bracket**: 
  - <27
  - 28 - 35
  - 36 - 47
  - >47

- **Gender**: Male, Female

- **Profession of Test Provider**: Medical Student, Nurse, Non-clinical, Doctor
Questionnaire Respondents (n=1003)

- Systematic differences with total sampled population
- Predictors of test uptake in multivariable analysis:
  - Gender (male sex: RR 1.46 [95%CI 1.06 - 2.02])
  - Previous HIV testing behaviour (previously tested: RR 0.65; [95%CI 0.49 – 0.89])
  - MSM uptake comparable (RR 1.23; [95%CI 0.58 – 2.61])
  - “It is acceptable to me to be offered an HIV test in this setting”
    - 92% overall agreed with this statement

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<tr>
<td>Accepted test</td>
<td>97%</td>
<td>&lt;0.001</td>
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<tr>
<td>Declined test</td>
<td>85%</td>
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Staff attitudes towards HIV testing

- 96% staff were supportive of the need for increased HIV testing, and 84% thought it acceptable for HIV testing to be offered in their Department (n=146)
- BUT only 63% staff agreed they would feel comfortable offering HIV tests themselves
**Staff Attitudes towards HIV Testing**

- Most staff felt they would require further training to offer HIV tests, in addition to identifying operational barriers in many settings.

![Bar chart showing staff attitudes](chart.png)

- "I would require additional training before routinely offering HIV tests to patients" (~50% of staff)
- "I don't have time to include routine HIV testing as part of patients' care in this department" (~20% of staff)
- "I am concerned that patients would have questions I could not answer" (~30% of staff)

**HINTS Study - Key Messages**

- Routinely offering HIV testing in non-traditional settings is a highly acceptable strategy to both patients and staff.

- Uptake was high across all groups.

- It is as an effective strategy, identifying previously undiagnosed individuals and transferring them to care.

- It is feasible to deliver HIV testing in these settings but sustainable testing will critically depend upon capacity building and training among all staff groups.
Acknowledgements

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Mike Brady  Matt Pearn

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