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4th generation Ag/Ab HIV testing: 47% of clinics contradict current guidelines



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Current guidelines

BHIVA / BASHH / BIS guidelines recommend 4th generation (antigen/antibody) tests since 2008.

In 2010 BASHH issued a statement on the window period for testing:

“[4th generation tests] will detect the great majority of individuals who have been infected with HIV at one month (4 weeks) after specific exposure”.

Patients ... should not be made to wait 3 months (12 weeks) before testing.

They should be offered a 4th generation laboratory HIV test and advised that a negative result at 4 weeks post exposure is very reassuring/highly likely to exclude HIV infection.

An additional HIV test should be offered to all persons at 3 months (12 weeks) to definitively exclude HIV infection. Patients at lower risk may opt to wait until 3 months to avoid the need for HIV testing twice.

i-Base information services

- HIV i-Base is a community HIV treatment information and advocacy organisation
- Services include a treatment information phoneline an email and online Q&A service
- Mainly HIV treatment but some testing
- Information is based on latest guidelines & research
- Emphasis on self empowerment for any aspect of an individuals health

Awareness & understanding of the BASHH statement

- During 2011 the phonenumber had an increase in calls about HIV testing indicating very varied experiences, many from distressed callers.
- Some clinics refused to test until 3 months.
- Some clinics did not know the tests that were used at their centre.
- Some clinics provided people testing with information that was different to the guidelines.

Quality of access to testing

- From a service-user perspective, are guidelines for national HIV testing being met by clinics during prefatory phone contact?
- What and how is information provided to a worried service-user who is uncertain about attending a clinic for HIV testing?
- What implications do these findings have on access to testing in the UK when currently 1 in 4 positive people are unaware of their status?

Aims

1. To identify what information is provided to the public by sexual health services regarding HIV testing procedures and guidance.
2. To qualify the standard of both the information provided to the simulated service-user and the manner in which the service-user was handled.
3. To establish how closely sexual health services adhere to recent guidelines, specifically relating to fourth generation testing.

Methods

- **Design**

- A simulated service-user rang clinics with a simple standard case. As an open access service, this was designed to minimise impact on clinic work load (<5 minutes).
- The design was to capture the breadth of experiences (good and bad) and not to identify individual good and bad clinics.

- **Population**

- A sample of 112 clinics were randomly selected from the 340 clinics listed on the BASHH website.

- **Instrument**

- A semi-structured questionnaire.

- **Analysis**

- A thematic analysis of the questionnaire.
- A rating system to score clinic responses.
- Differences in mean rating scores between clinics in London and outside of London and differences in mean rating scores between different staff respondents were tested for using an unpaired t test.

Results 1 – “Is it a 3rd or 4th generation test?”

4th generation with detail	24%
4th generation	16%
Gave some indication test was	
4th generation	6%
3rd generation	4%
Both 3rd and 4th	2%
PCR test	1%
Inaccurate or unclear response	8%
Didn't know	31%
Didn't answer	8%

Results 2 – “How accurate are the results/ when should I come in to get tested?”

Come in straight away for accurate test- time of exposure in terms of accuracy not discussed	5%
Worthwhile at 4 weeks but not conclusive, repeat test at 12 weeks	11%
Very accurate at 4 weeks	13%
Worthwhile testing at 6 – 8 weeks but not conclusive until 12 weeks	6%
Very accurate at 6 – 8 weeks	9%
Very/only accurate at 12 weeks	36%
Dependent on other factors	6%
Unsure/unclear response/accuracy and timing not explicit	8%
Didn't answer	6%

Sensitivity of responses

Most sensitive calls

41% of clinics were sensitive and non-judgemental and put patient at ease:

"There's no need to be anxious. A nurse will answer all your questions if you go in for an appointment."

"Even if he was positive, it depends on various factors, like, if he's on treatment and if there's blood-to-blood transmission. HIV is hard to catch so don't worry"

96% of these clinics encouraged clinic attendance in some way

Least sensitive calls

13% were alarmist, insensitive or inaccurate:

"We don't understand it all so I doubt you will either."

"If you don't know much about him, why did you have unprotected sex with him?"

"We only see positive tests amongst heterosexuals who have sex with someone from Africa."

"If you're not prepared for a positive result, don't come in for a test."

95% of these clinics failed to mention confidentiality or discrete service.

Conclusions

- Most clinics provided a thorough response for questions that required non-technical knowledge.
- Standards of information dropped for simple technical details, especially when the call was not taken by a health professional.
- When nurses, doctors or health advisors took calls there was a statistically significant improvement in quality of responses compared to receptionist staff.
- Only 17% of clinics adhered to the BASHH statement on HIV window periods very closely.
- Training all staff who take calls from the public on basics of 4th generation testing, the window period and current guidelines would improve services.

In summary

- People should be able to access tests based on current guidelines. This includes early testing to avoid anxiety and to seek appropriate health care.
- Inaccurate or conflicting information may be a barrier to an individual testing and retesting in the future
- Standardising training in line with current guidelines was identified as an area for improvement in approximately half the clinics surveyed.

i-Base responses

- New i-Base Guide to HIV testing and risk of sexual transmission

(free print and online)

- Phonenumber:
0808 800 6013
- Online Q&A:
www.i-Base.info



Thank you

HIV i-Base

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UK-CAB

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