

HIV: Are we testing appropriately?

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Introduction

HIV is a treatable medical condition and many of those diagnosed remain well on treatment. Approximately 88,769 people are living in the UK with HIV and 1 in 4 of those are undiagnosed, posing significant risks to health and of passing the virus unwittingly onto others. An audit by the British HIV Association (BHIVA) in 2006 found that half of all HIV deaths were a direct consequence of late diagnosis. Many of these patients had presented to health care services in the recent period prior to diagnosis, which leads to increased morbidity and mortality, reduced response to treatment and increased costs to healthcare services. In 2008 BHIVA created UK National Guidelines for HIV testing, defining clinical indicator conditions in which patients should be offered an HIV test.¹

Objectives and Methods

- An audit was conducted at a District General Hospital in 2014 to assess whether HIV testing is offered in appropriate conditions.
- 50 sets of notes from the general medical ward were analysed using a proforma and compared to audit data collected within another District General Hospital (DGH) within the region
- A survey was conducted in September 2015 to explore reasons for under-testing and identify ways in which we could improve.

North East UK HIV Data

- In 2015, there were 18,923 HIV positive people living in the North of England (18% of total diagnoses in England).²
- Prevalence varies across the region:
- In 2015, the prevalence of HIV in Newcastle-upon-Tyne was 2.03 per 1000 people, the highest in the region.
- The lowest prevalence was Northumberland at 0.4 per 1000).

Results

HIV testing in accordance with BHIVA guidelines was poor. 52% of patients required an HIV test, yet only 15% of those were offered testing. 30% patients required an HIV test in their past medical history, yet only 7% had been offered the test. The results are comparable to a previous audit conducted within the region. An education session was performed, highlighting conditions in which testing is required and posters were placed on all medical wards, however testing failed to improve. 20% of patients required an HIV test, yet only 10% were offered a test.

	HIV Test Indicated (Presenting Complaint)	HIV Test Offered (Presenting Complaint)	HIV Test Performed (Presenting Complaint)	HIV Test Indicated (Past Medical History)	HIV Test offered (Past Medical History)	HIV Test performed (Past Medical History)
Original Data	52% (26/50)	15% (4/26) 2 ICU	15% (4/26) 2 ICU	30% (15/50)	7% (1/15)	7% (1/15)
Re-audit	(20%) 10/50	10% (1/10)	10% (1/10)	15/50 (30%)	0% (0/50)	(0%) (0/50)
Comparable DGH	16% (8/50)	12% (1/8)	12% (1/8)	24% (12/50)	8% (1/12)	0% (0/12)

Fig 1. % of patients requiring and offered an HIV test.

Survey Results

- Despite education to increase both education and awareness, results failed to improve.
- 20% were unaware of the BHIVA guidelines.
- 28% were unaware of which conditions should prompt testing.
- 40% felt there was a stigma amongst medical professionals regarding HIV testing.
- 36% cited fear of causing upset as a reason for not testing.
- Over a third claimed that the risk of HIV was low and therefore, testing was not felt to be indicated.

Conclusion

Late diagnosis of HIV has significant implications for patients and society. Despite education and awareness, there is a failure amongst doctors' to test for HIV. More research is required to further understand the resistance to testing amongst health care professionals and to explore new approaches to education and training.

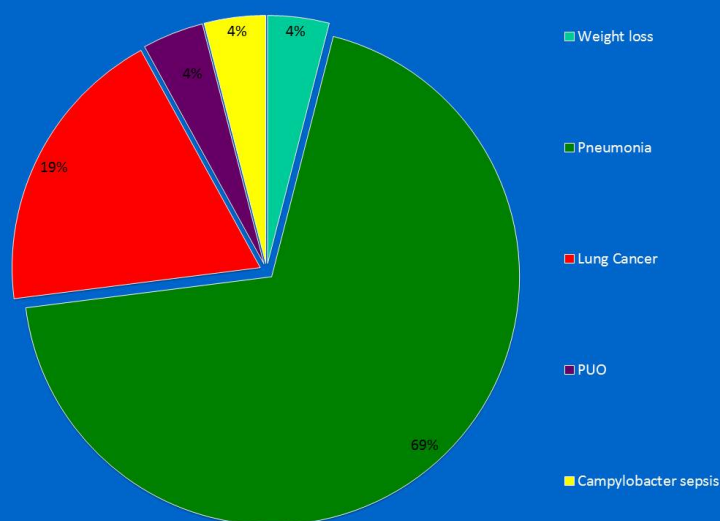


Fig 2. Clinical indicator conditions requiring an HIV test

References

- British HIV Association (2008). UK National Guidelines for HIV Testing. Available via (<http://www.bhiva.org/documents/guidelines/testing/glineshivtest08.pdf>)
- Public Health England (2016). HIV diagnoses, late diagnoses and numbers accessing treatment and care: 2016 Report. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561098/HIV_diagnoses_late_diagnoses_and_numbers_accessing_treatment_and_care_NB181016v4.pdf (Accessed 01/11/2016)