HIDES (The HIV Indicator Diseases across Europe Study)

Audit Protocol

Version 1.0 (11 November 2011)

Executive committee:

Nathan Clumeck, CHU Saint-Pierre, Brussels, Belguim
Jose Gatell, Hospital Clínic de Barcelona, Barcelona, Spain
Brian Gazzard, Chelsea and Westminster Hospital, London, England
Jens Lundgren, University of Copenhagen and Rigshospitalet, Copenhagen, Denmark
Antonella d'Arminio Monforte, Clinica delle Malattie Infettive, Milan, Italy
Jürgen Rockstroh, Medizinischen Universitätsklinik, Bonn, Germany
Amanda Mocroft, University College London Medical School, London, England

Coordinating Centre: Copenhagen HIV Programme
University of Copenhagen
Panum Institute, Building 21.1
Blegdamsvej 3B
2200 Copenhagen N
Denmark
www.cphiv.dk

Audit Coordinator: Dorthe Raben
T: 45 3545 5782
F: 45 3545 5758
dra@cphiv.dk

Content

1. Background

HIV in Europe has since the initiation of the initiative in 2007 raised concern that at present not all occurrences of AIDS-defining events lead to HIV testing in many countries, a situation that is in particularly urgent need of attention from national policy-makers. This has also been shown in a study assessing the rate of HIV screening among patients diagnosed with potential AIDS defining events and without existing HIV diagnosis. The study shows that only 4.3 % patients were screened for HIV with any AIDS defining events and 12,5% with multiple potential AIDS defining events.

As part of HIDES 2, HIV in Europe recommends that countries initiate audits of HIV testing among patients presenting with indicator diseases (AIDS-defining conditions and other indicator diseases).

The aim is to audit European/national clinic policy and practice regarding HIV testing, more specifically the offer and uptake of HIV test among patients presenting with indicator diseases (AIDS-defining conditions and other indicator diseases) in order to assess the percentage of individuals with indicator diseases that are currently being tested for HIV.

2. Aim

Launch, implement and evaluate an audit system of the performance of HIV testing of persons presenting with AIDS-defining as well as non-AIDS defining indicator conditions.

List of diseases

The following diseases/conditions are recommended for auditing:

1. Tuberculosis
2. Non-hodgkin's lymphoma
3. Anal cancer
4. Cervical cancer
5. Hep B and C
6. Candida esophagitis

Procedures:

One audit assesses HIV test prevalence for one specific disease/condition for a specific segment of the population within a specific setting (see Aim above for diseases to be studied). The setting can perform more than one audit on other diseases or conditions.

Inclusion/Exclusion Criteria:

Audits should include all consecutive patients 16-65 years who have presented with the ID within the last year (or >100 consecutive patients).

Conduct of the audits:

Clinics/departments can participate in the study by reviewing retrospectively, how many of the patients presenting with one of the ID and who were not yet know to be HIV positive, were offered and accepted an HIV test. Within a period of one year all consecutive patients (or >100 consecutive patients).

HIV in Europe (Coordinating Centre) will develop an online survey system where clinics can enter the data.

3. Ethical approvals

Appropriate local and national ethical approvals will need to be obtained. Audits are retrospective and will not include person specific data.

4. Data collection and submission of data

Variables include the diseases/condition, number of patients seen in the clinic with the disease/condition and whether an HIV test was performed. It is encouraged to also collect and report data on result of the test and number of tests offered but not accepted, if this information is available. The data will be collected at the centre through medical reports and should be sent to the coordinating centre. There will be a possibility to submit this electronically in an online format or via fax or email.

Example of format in annex 1.

5. Ownership of data

The investigator responsible for completing the audit is the owner of the data and can freely publish the data as she/he sees fit. By submitting the data however to the Coordinating Centre, the person responsible for the audit allows for the data to be used in a metanalyses of the situation across the continent.

Incentive for submitting report on audit

Audits fulfilling the minimum criteria will be reimbursed.

Incentive for submitting data to central survey database:

For surveys fulfilling the above mentioned criteria, the principal investigator will become part of the study group and involved in the analyses and reporting of the results.

Membership of the study group

The study group will be responsible for the meta-analysis of the audits across the continent. A group with representation from the EACS executive committee (Nathan Clumeck, Antonella d'Arminio Monforte, Jose Gatell, Jens D. Lundgren), from BHIVA (Brian Gazzard), the scientific coordinator of the project, members

of HIV in Europe leadership, and all persons responsible for one
or more audits submitted will constitute the study group moving this project forward.

6. Timelines and evaluation of the project

The project will be launched in Fall 2011. Audits completed retrospectively from the beginning of 2010 can be included.

Appendix 1: Audit Report Centres

Questionnaire survey for completion by all services that provide medical care to adults presenting with …[indicator diseases (AIDS-defining conditions and others)]

Background to your service

_____
_____

Clinic policy regarding HIV testing of patients with [indicator diseases (AIDS-defining conditions and others)]

_____
_____

Offer and uptake of HIV test

How many patients with [indicator diseases (AIDS-defining conditions and others)] and who were not yet known to be HIV positive have you seen in your clinic within the last year?

_____

(How many of these have been offered an HIV test?) _____ *(optional)*

How many of these have been HIV tested? _____

(How many were HIV positive?) _____ *(optional)*