

Oxford University Hospitals MHS **NHS Foundation Trust**



How to Enhance Provider **Initiated HIV Testing:**

Review of national speciality guidelines' recommendations for HIV testing in Spain, UK and Estonia (OptTEST)

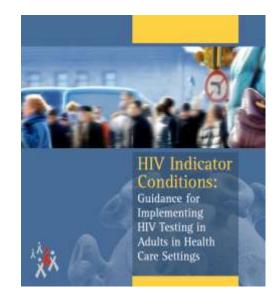
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Oxford University Hospitals NHS Foundation Trust



Background

- HIV testing recommended in:
 - AIDs Defining conditions (ADCs)
 - Indicator conditions (ICs) (associated with undiagnosed prevalence >0.1%)
- Extent to which <u>non-HIV specialty</u> guidelines recommend HIV testing in ICs & ADCs unknown





HIDES 1 & 2

HIDES 1

- Across 8 key ICs:
 - HIV prevalence = 1.8% (95% CI 1.4- 2.3)
 - All associated with prevalence >0.1%

HIDES 2

 HIV prevalence exceeded costeffectiveness threshold of 0.1% among patients presenting with 10/14 ICs

- Sexually Transmitted Infections
- Malignancy or lymphoma
- Cervical or anal cancer/dysplasia
- Herpes zoster
- Hepatitis B/C Virus (acute or chronic)
- Mononucleosis-like illness
- Unexplained leukocytopenia, thrombocytopenia (>4 weeks)
- Seborrhoeic dermatitis/ exanthema





Aims

Step 1:

Pilot a methodology in UK reviewing specialty guidelines to ascertain if HIV was discussed and testing recommended

Step 2:

 Apply methodology across Europe as part of the Optimising testing and linkage to care for HIV across Europe (OptTEST)





Definition of ADC/ICs



AIDS DEFINING CONDITIONS (ADCs)						
Neoplastic	Viral Infection					
Cervical cancer	CMV retnitis					
Non-Hodgkin lymphoma	CMV, other (except liver, spleen, glands)					
Kaposi's sarcoma	HSV ulcer(s) >1 month/bronchitis/pneumon8					
Primary cerebral lymphoma	Progressive multifocal leucoencephalopathy					
Bacterial Infection	Parasitic Infection					
MTB, pulmonary or extrapulmonary	Cerebral toxoplasmosis					
MAC or Mycobacterium kansasil, D/EP	Cryptosporidiosis diarrhoea, >1 month					
Mycobacterium, other/unidentified species D/EP	Isosporiasis, >1 month					
Pneumonia, recurrent (22 episodes in 12 months)	Atypical disseminated leismaniasis					
Salmonella septicaemia, recurrent	Reactivation of American trypanosomiasis					
Fungal Infection						
Pneumocystis carinii preumonia	Histoplasmosis, D/EP					
Candidiasis, cesophageal	Coccidiodomycosis, D/EP					
Candidiasis, bronchial/tracheal/lungs	Peniciliosis, disseminated					
Cryptococcosis, extra-pulmonary						
INDICATOR CONDITIONS (ICs)	And and the second					
Respiratory	Dermatology					
Community acquired pneumonia	Herpes Zoster					
Invasive pneumococcal disease	Seborrheic dermatitis/ exanthema					
Aspergillosis	Severe or atypical psoriasis					
Neurology	Gastroenterology					
Lymphacytic meningitis	Hepatitis A					
Guillain-Barré syndrome	Hepatitis B (Acute Or Chronic)					
Subcortical dementia	Hepatitis C (Acute Or Chronic)					
Peripheral neuropathy	Unexplained weight loss					
Primary cerebral space occupying lesion	Unexplained oral candidiasis					
Mononeutitis	Unexplained chronic diarrhoea					
Multiple scierosis-like disease	Oral hairy leukoplakia					
Cerebral abscess	Salmoneila, Shigella or Campylobacter spp.					
Transverse myelitis	Ear/Nose and Throat (ENT)					
Leucoencephalopathy	Chronic parolitis					
Opthalmology	Lymphoepithelial parotid cysts					
intective retinal diseases	Oncology					
Any unexplained retinopathy	Primary lung cancer					
Haematology	Anal cancer/ dysplasia					
Malgnant lymphoma/Hodgkin's lymphoma	Cervical dysplasia					
leukocytopenia/thrombocytopenia lasting >4 weeks	Vaginal Intraepithelial neoplasia					
idiopathic/thrombotic thrombocytopenic purpura	Seminoma					
Ear/Nose And Throat (ENT)	Head and neck cancer					
Chronic parotitis	Castleman's					
Lymphoepithelial parotid cysts	Renal medicine					
Other	Unexplained chronic renai impairment					
Sexually transmitted infections	Condidaemia					
Unexplained fever	Visceral leishmaniasis					
Unexplained lymphadenopathy	Candidiasis					
Mononucleosis-like illness	Conditions requiring immunosuppression					



Guideline literature searches

UK Example: Unexplained leukocytopenia or thrombocytopenia > 4/52

Browsing of relevant society websites for published guidelines
British Society for Haematology [www.b-s-h.org.uk] British Committee for Standard in Haematology [ww.bcshguidelines.com] Scottish Haematology Society [www.scotheam.org]
Searches of national guideline body websites (search string as below)
NICE [www.nice.org.uk/guidance] SIGN [www.sign.ac.uk] NICE clinical knowledge summary [http://cks.nice.org.uk/]
Searches of BMJ best practice (search string as below)
[http://bestpractice.bmj.com/]
Search of <u>www.google.co.uk</u>

Search strings: (Leukocytopenia or lymphopenia or lympocytopenia or neutropenia or thrombocytopenia or leucopenia or leukopenia or low platelets or myelodysplasia)

AND (guideline or guidance or guidelines or protocol or guide)



Guidelines classified into 3 groups

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Anna Vassilenko

Victoria Hernando

Emily Lord



Number of identified guidelines



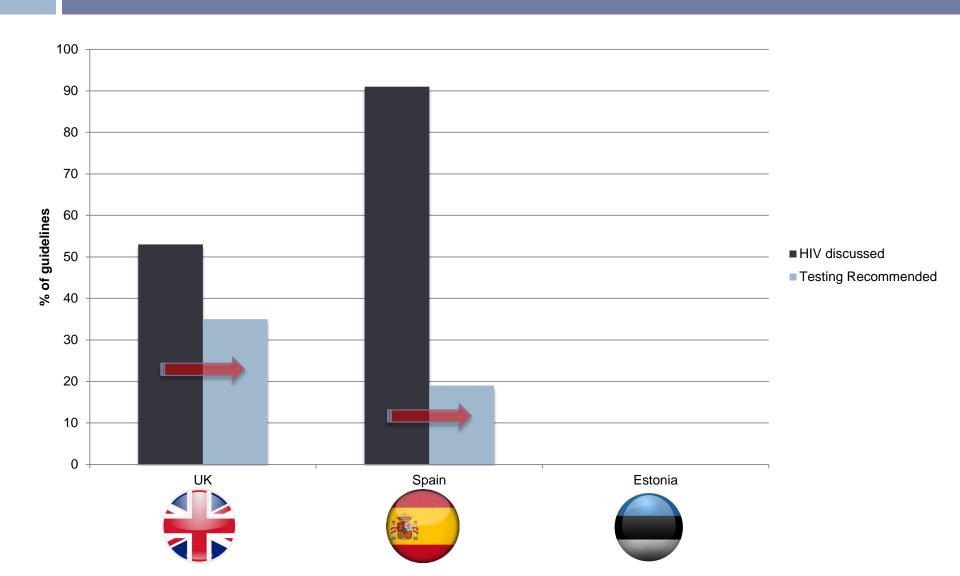


Guidelines for: 60% ADCs 67% ICs





Guidelines reviewed for ADCs



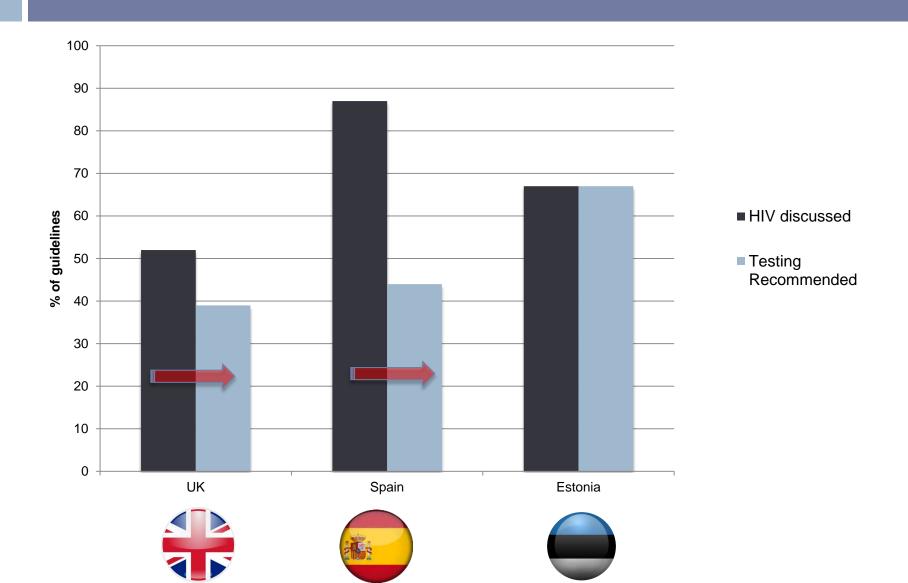




At least one guideline recommended HIV testing for 6 /25 ADCs (24%) At least one guideline recommended HIV testing for 3/25 ADCs (12%) Not one guideline recommended HIV testing for any ADCs



Guidelines reviewed for ICs



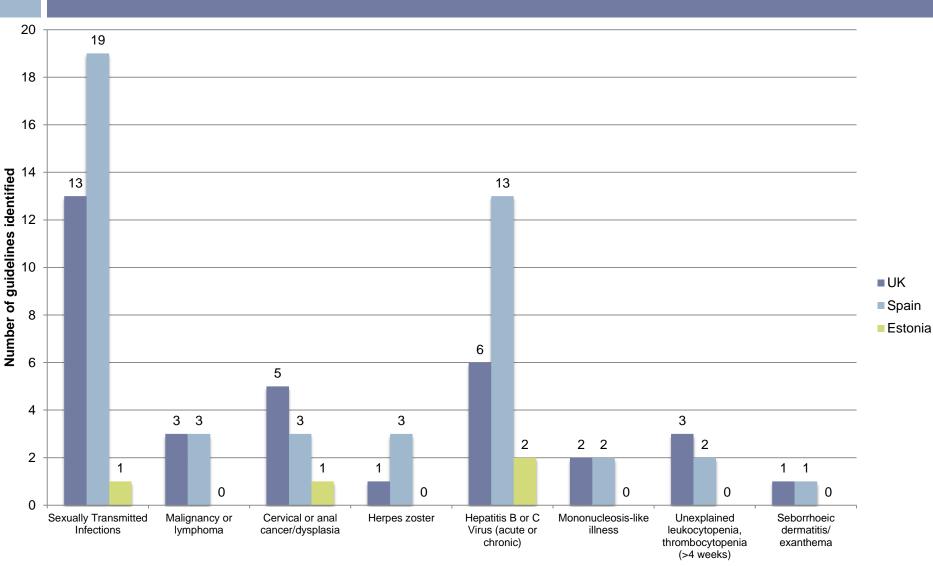




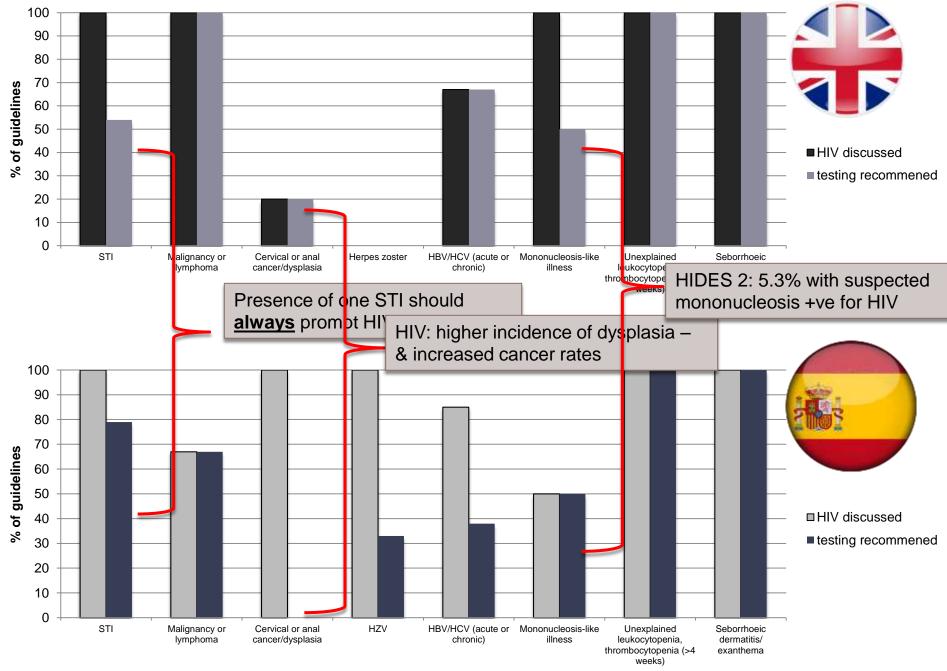
At least one guideline recommended HIV testing for 16 /49 ICs (33%) At least one guideline recommended HIV testing for 17/49 ICs (35%) At least one guideline recommended HIV testing for 4/49 ICs (8%)



HIDES: 8 Key ICs: no. of guidelines identified



HIDES key ICs



HIDES Key ICs



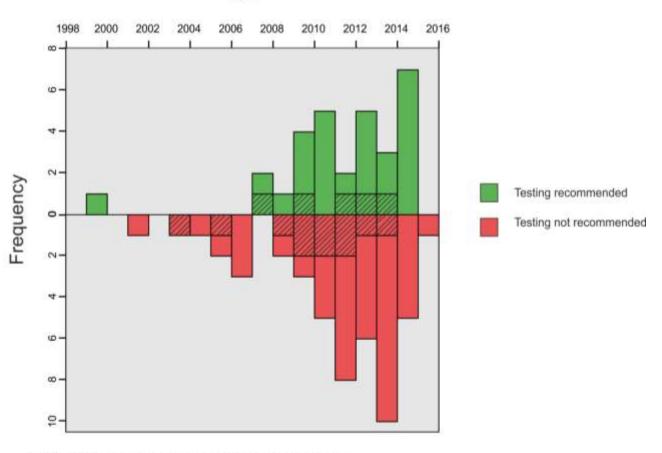
Date of publication of guideline

Year



Recommendation for HIV testing in ADCs and ICs, stratified by year of guideline publication:

<u>no</u> association observed between publication year and recommendation to test (p=0.620)



AIDS defining conditions are indicated by shaded boxes



Further data:



Similar	ogtecomes Guidelines	to data p	resen	ted ^{ICs}			
		HIV mentioned	Testing advised	HIV mentioned	Testing advised		
Ireland Niamh Lynn	ADC: n=2 IC: n=6	100%	100%	50%	0%		
Belarus Anna Vassilenko	ADC: n=6 IC: n=20	83%	67%	80%	75%		



- Lack of established methodology for searching for national guidelines
- Not all conditions have a specific guidelines
- Degree of subjectivity to determination of a testing recommendation
 - In some cases guidance was ambiguous



- Indicator condition guided HIV testing is acceptable and feasible
 - Important part of the strategy to disrupt HIV transmission and promote earlier diagnosis
- Medical specialists managing ICs may be unaware of:
 - Testing recommendations
 - Prevalence of undiagnosed HIV among patient with ICs
 - Cost of not making an early diagnosis



- Sullivan AK, Raben D, Reekie J, et al. Feasibility and effectiveness of indicator condition-guided testing for HIV: results from HIDES I (HIV indicator diseases across Europe study). PLoS One. 2013; 8:e52845.
- Raben D, Mocroft A, Rayment M, et al. Auditing HIV Testing Rates across Europe: Results from the HIDES 2 Study. PLoS One. 2015; 10:e0140845.
- Initiative HiE. HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings. 2012.
- British HIV Association BAoSHaHaBIS. UK national guidelines for HIV testing. London,

http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest0 8.pdf, 2008.