



Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

## **Physician information leaflet**

VULSK, Lithuania

## INTEGRATE pilot study (HIV, HCV, HBV)

All **18–65 y.o.** patients with the following diagnoses are offered **HIV and HCV** rapid tests at least once per year. For **STI group: additionally, HBsAg test is performed in the central laboratory:**

- **L40 – Psoriasis**
- **L21 – Seborrheic dermatitis**
- **B37 – Candidiasis (including nail candidiasis)**
- **B00 – Herpes simplex**
- **B02 – Herpes zoster**
- **Z11.3 – Encounter for screening of STIs**
- **All STIs:**
  - A51–53 – Syphilis
  - A54 – Gonorrhoea
  - A56 – Chlamydia
  - A59 – Trichomoniasis
  - A60 – Genital herpes simplex
  - A63 – Anogenital warts

### Testing procedure:

1. The patient is given an information leaflet, if needed.
2. If the patient accept testing, he/she is referred to the procedure room with an ICD code and ID sticker provided.
  - a. Patient status in HIS is recorded as follows: in case **HIV and HCV express tests negative, patient's paper file will be marked with an orange sticker; for STI patients – venous sample will be additionally obtained for HBsAg test.**
  - b. If the test result is (+), a nurse will inform you about the result, and the supervising physician will provide you with following instructions:
    - i. Referral to an infectious disease specialist (form: F027), ICD diagnosis B23.8 or Z11.4, the treating physician is responsible for scheduling an appointment with an infectious disease specialist.
3. If the patient refuses to be tested for HIV or HCV, or the test has been recently performed – the patient's data are recorded in the Patient refusal form, which are collected for review on a regular basis. Reason for test refusal needs to be recorded.
4. Monthly reports will be provided to the department and numbers of attended and tested patients will be reviewed.