OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

Monitoring and testing in health care settings

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Brussels, 19th September 2017

This work is part of the Optimising testing and linkage to care for HIV across Europe which has received funding from the European Union within the framework of the Health Programme

Table 1: Definitions of indicator conditions and recommendations for HIV testing

1. Conditions which are AIDS defining among PLHIV*

Strongly recommend testing:

Neoplasms:
- Cervical cancer
- Non-Hodgkin lymphoma
- Kaposi's sarcoma

Bacterial infections
- Mycobacterium Tuberculosis, pulmonary or extrapulmunary
- Mycobacterium avium complex (MAC) or Mycobacterium kansasii, disseminated or extrapulmonary
- Mycobacterium, other species or unidentified species, disseminated or extrapulmunary
- Pneumonia, recurrent (2 or more episodes in 12 months)
- Salmonella septicaemia, recurrent

Viral infections
- Cytomegalovirus retinitis
- Cytomegalovirus, other (except liver, spleen, glands)
- Herpes simplex, ulcer(s) >1 month/bronchitis/pneumonitis
- Progressive multifocal leucoencephalopathy

Parasitic infections
- Cerebral toxoplasmosis
- Cryptosporidiosis diarrhoea, >1 month
- Isosporiasis, >1 month
- Atypical disseminated leismaniasis
- Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)

Fungal infections
- Pneumocystis carinii pneumonia
- Candidiasis, oesophageal
- Candidiasis, bronchial/ tracheal/ lungs
- Cryptococcosis, extra-pulmonary
- Histoplasmosis, disseminated/ extra pulmonary
- Coccidiodomycosis, disseminated/ extra pulmonary
- Penicilliosis, disseminated

2a. Conditions associated with an undiagnosed HIV prevalence of >0.1 %**

Strongly recommend testing:

- Sexually transmitted infections
- Malignant lymphoma
- Anal cancer/dysplasia
- Cervical dysplasia
- Herpes zoster
- Hepatitis B or C (acute or chronic)
- Mononucleosis-like illness
- Unexplained leukocytopenia/ thrombocytopenia lasting >4 weeks
- Seborrheic dermatitis/exanthema
- Invasive pneumococcal disease
- Unexplained fever
- Candidaemia
- Visceral leishmaniasis
- Pregnancy (implications for the unborn child)

2b. Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1%

Offer testing:

- Primary lung cancer
- Lymphocytic meningitis
- Oral hairy leukoplakia
- Severe or atypical psoriasis
- Guillain–Barré syndrome
- Mononeuritis
- Subcortical dementia
- Multiplesclerosis-like disease
- Peripheral neuropathy
- Unexplained weightloss
- Unexplained lymphadenopathy
- Unexplained oral candidiasis
- Unexplained chronic diarrhoea
- Unexplained chronic renal impairment
- Hepatitis A
- Community-acquired pneumonia
- Candidiasis

3. Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management despite that the estimated prevalence of HIV is most likely lower than 0.1%

Offer testing:

- Conditions requiring aggressive immuno-suppressive therapy:
  - Cancer
  - Transplantation
  - Auto-immune disease treated with immunosuppressive therapy
- Primary space occupying lesion of the brain.
- Idiopatic/ Thrombotic thrombocytopenic purpura

* Based on CDC and WHO classification system [46]
** References in appendix 2

Updates to the table based on future evidence of HIV prevalence in indicator conditions under 2b can be found at www.hiveurope.eu

Monitoring challenges for HIV testing in IC

- Few IC guidelines recommend HIV testing
- IC specialists are unlikely to consider HIV testing as standard care for IC
- Not part of the routine data collection and required reporting for the IC

Therefore these competing data requirements of the IC service will be the focus of resources – administrative, clinical and IT, in terms of both staff time/priority and financial

Data requirements

National *vs* local

Data

- easily and routinely collected
- automated reporting
- easily accessible reports

- What do we need to know for monitoring?
- What would we like to know (for evaluation)?
- What is obtainable from other sources?

Data required to monitor IC HIV testing programme

- ECDC expert meeting on monitoring – basic principals and key questions

- Minimum number of data items
- This can increase – capacity or with increasing engagement by demonstrating utility

- Consider what can be collected elsewhere if for e.g. robust HIV surveillance, laboratory data or estimated based on research

Data required to monitor HIV IC testing programme in HCS

Minimum

- Number of patients presenting to with IC
- Number having an HIV test
- Number testing positive (reactive/confirmed)

Additional

- Demographic information
- Number offered an HIV test
- Number transferred to care
- HIV stage at diagnosis

Data collection and reporting

- Potentially easier for some ICs, for e.g. STI , HB/CV
  - Commonly part of routine care (not universally)
  - Similar risk behaviours

- Different approaches for national, regional and local monitoring, with different objectives and uses

Regional and National level

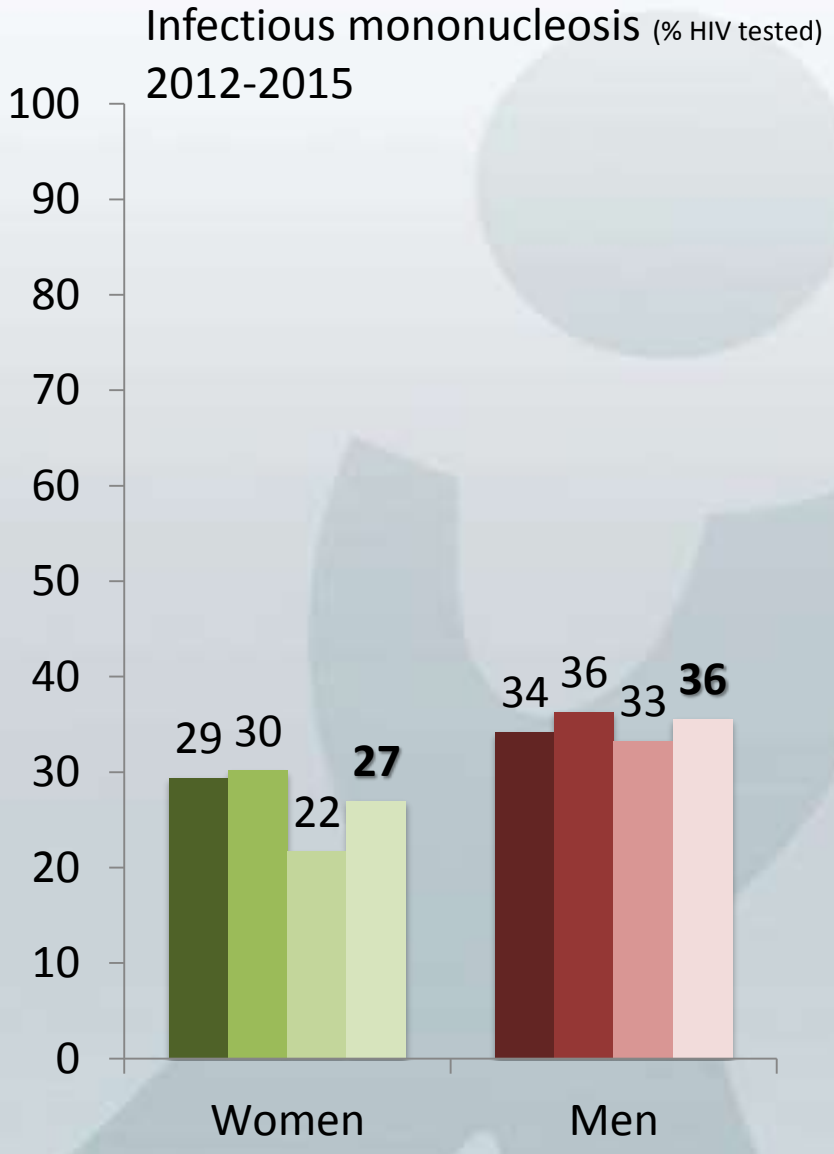
Estonia

Bill based analysis using the Estonian Health Insurance Fund and ICD-10 coding for STIs and 4 other ICs

Catalonia – exploring using regional surveillance data

National surveillance – UK, Netherlands

- site of testing
- site of HIV diagnosis



Local service level

- Light touch, ideally requiring no extra input from clinician other than testing
- Timely reports with local feedback to increase engagement

Data collected directly or by analysing other data in conjunction e.g. laboratory, research, the latter often evolving due to the former not being available

Minimum data set

- Number of patients presenting to with IC
- Number having an HIV test ✓
- Number testing positive (reactive/confirmed) ✓

Denominator

ICD-10

Activity reports

EPR/IT system reports

Laboratory data – requests, positive results

HIVTEST

National Guidelines recommend an HIV test should be part of the investigation of specific medical conditions. The tests you have already requested suggest an HIV test may be indicated.

Would you like to request an HIV test?

Items Ordered
VIR-Epstein-barr Virus IgM Ab

IT report of individuals having an IC linked investigation and their HIV test status and outcome

Yes - Request HIV test

No - Backout

Denominator

Laboratory report of number of an IC related investigation e.g. EBV Ab and HIV test status. Need to be able to exclude other indications for investigation.

Reports of routine order sets and HIV test status, for e.g. ‘Hepatitis first visit bloods’

Link to a routine investigation that every attendee would be expected to receive, e.g. FBC/U+E

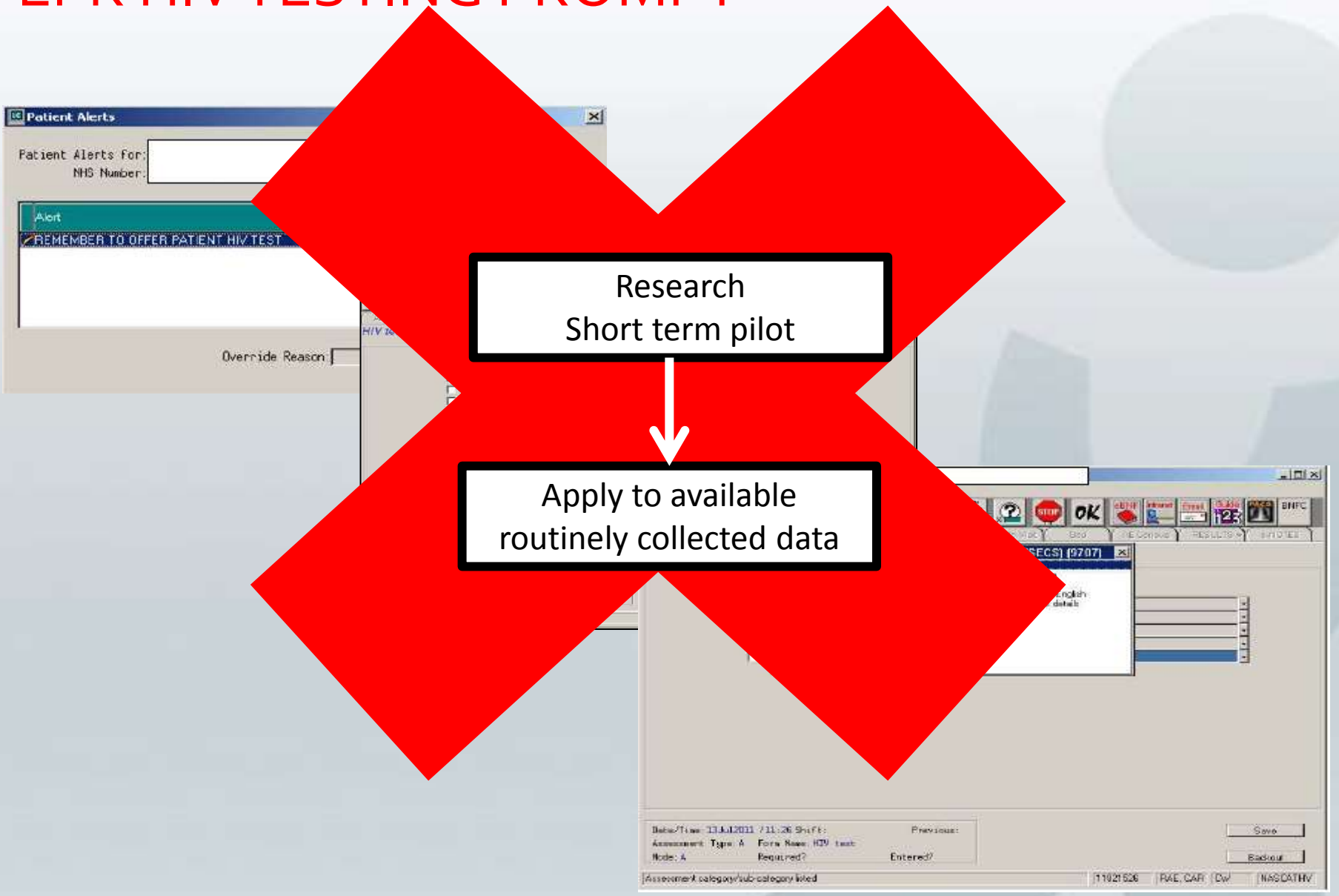
Data required to monitor HIV IC testing programme

- Number of patients presenting to with IC
- Number having an HIV test
- Number testing positive (reactive/confirmed)

Additional

- Demographic information
- **Number offered an HIV test**
- Number transferred to care
- HIV stage at diagnosis

EPR HIV TESTING PROMPT



The website (www.opttest.eu)

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Co-funded by the 2nd Health Programme of the European Union

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Optimising testing and linkage to care for HIV

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News:

OptTEST Newsletter #9
Read about OptTEST national Continuum of Care meetings in Greece and Poland, national cost-effectiveness seminars in France, Spain and Estonia - and other activities and upcoming events here.

Cost-effectiveness
WP6 presented results at a national level meeting in Estonia on the 19th December. The meeeting took place in the Ministry of Social Affairs. The aim was to introduce the methods and