

Routine HIV testing in an Inner City Emergency Department – avoiding missed opportunities for testing

L Hunter¹, N. LARBalestier², J Paparello²

¹Emergency Department, Guy's and St Thomas' NHS Foundation Trust, London, UK; ² Department of Genitourinary Medicine Guy's and St Thomas' NHS Foundation Trust, London, UK;

Background

The National Institute for Health and Care Excellence (N.I.C.E) in the United Kingdom recommends routine HIV testing in medical settings where local prevalence is >0.2%.¹ This recommendation is also supported by the Royal College of Emergency Medicine.² HIV testing is key to preventing transmission of the virus. It is estimated that a quarter of patients who have HIV are unaware of their diagnosis and approximately 50% of new cases are believed to have been the result of people who are undiagnosed having unprotected sex.¹ Early diagnosis and engagement in treatment, reduces morbidity, mortality and transmission. In July 2015, we introduced routine HIV testing for patients attending our Emergency Department

Methods

- Patients over the age of 16 years had an HIV test performed if they required venepuncture during their Emergency Department visit
- Tests were ordered using a pre-configured blood order set that included a pre-selected HIV test
- One additional serum bottle was required from each patient to perform testing.
- Patients were informed of the intention to test all attendances and were able to opt out if desired.
- Patients were provided with a written information leaflet on HIV
- Positive or equivocal tests were followed up by our HIV team

Results

Results from First Year Testing

- 66.4% (27, 632) of our Emergency Department attendances were tested for HIV
- Prevalence was 0.9% (n=244)
- 0.3% were new diagnoses (n=76)
- 1/5th of patients were sero-converting at time of testing
- Thirteen patients were aware of their diagnosis but not engaged with services

Positive test results

- Median age 36 years
- Predominantly male (81%)
- Caucasian (61%), BME 36%, Asian 3%
- 51% of patients self identified as heterosexual, 49% as MSM(men who have sex with men)
- 87% of patients of positive patients had attended our Emergency Department ≥ 1 occasion prior to implementation of routine testing

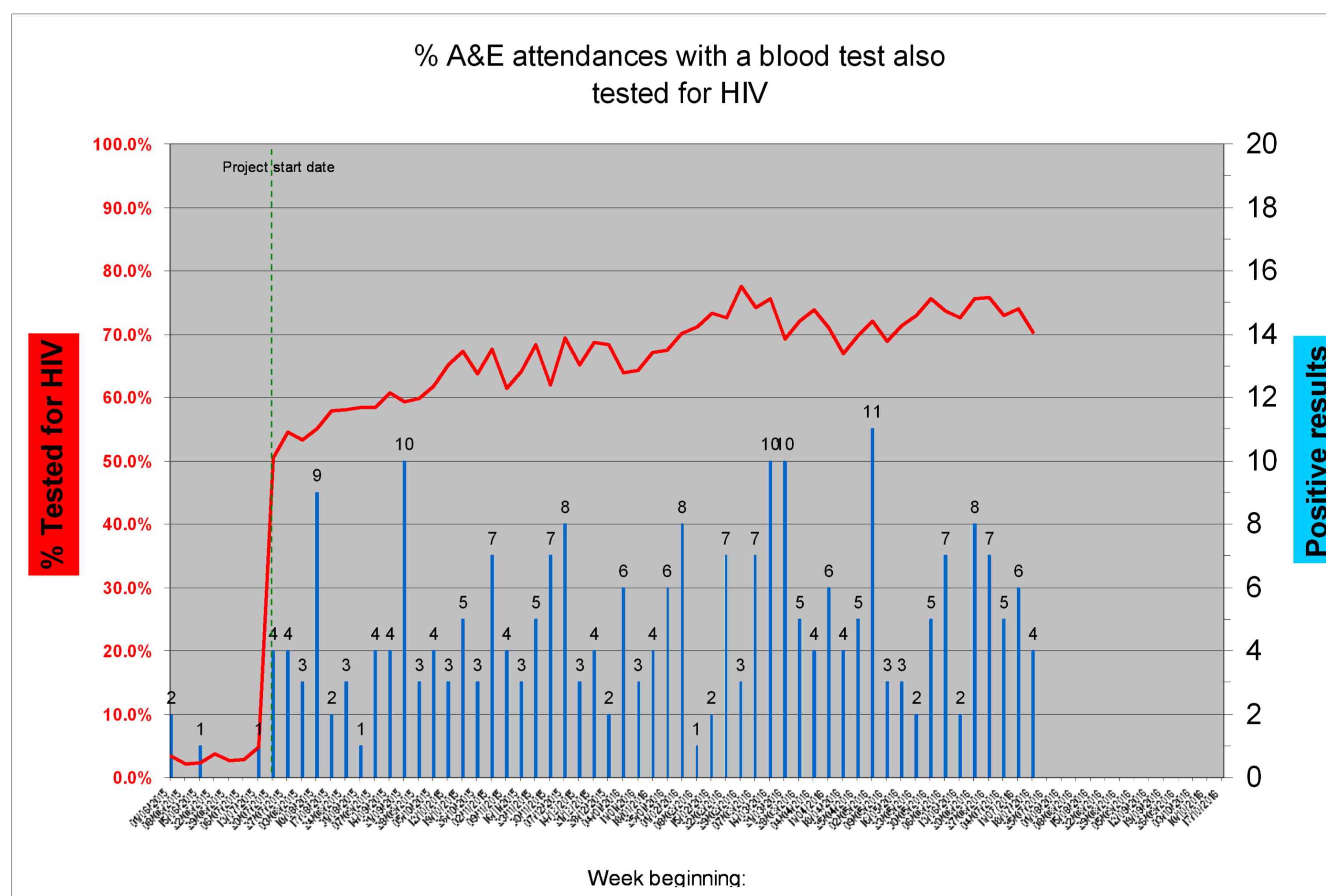


Figure 1: Percentage of attendances tested routinely for HIV

Conclusions

The Emergency Department provides a suitable environment for opportunistic HIV testing in areas of high prevalence. We have maintained testing rates of > 65% of our ED attendances, achieved early diagnosis and treatment engagement in patients who were unaware of their HIV status. We have also identified patients who had been lost to follow up and have now re-engaged in care. Use of pre-configured blood orders sets, regular staff education and local feedback on results in improved testing rates.

References:

- National Institute for Health Care and Excellence available at: <https://www.nice.org.uk/guidance/ng60/chapter/Recommendations#offering-and-recommending-hiv-testing-in-different-settings>
- Royal College of Emergency Medicine Best Practice Position Statement: HIV testing in the Emergency Department available at: www.rcem.ac.uk