





Diagnosing HIV infection in patients presenting with Glandular-fever-like illness in Primary care

- are we missing primary HIV Infection?

Murad Ruf, D Hsu, S O'Shea, S Costello, J Peck, W Tong

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Primary HIV infection (PHI)

> a major driver of HIV epidemics?

Self-resolving syndrome

2-4 wks after infection in ~80% of individuals

Non-specific symptoms:

fever, myalgia, headache, rash

Symptomatic period: 2-3 wks

often only clinical manifestation of HIV before AIDS



Current state

'Despite increased awareness, no improvement in PHI detection 1985-2007' Ratcliffe L et al. Postgrad Med J 2011

UK National Guidelines for HIV Testing 2008:

 HIV test should be considered in the investigation of patients with a mononucleosis syndrome

However:

- Missed opportunities for HIV testing outside traditional genitourinary medicine (GUM) and antenatal settings
- Rates of GP testing, in particular, remain low

Diagnosed HIV prevalence per 1,000 population aged 15-59 years, by local authority of residence: **United Kingdom, 2010**







HIV and STI Department, Health Protection Agency - Colindale

Study question

To examine the HIV prevalence in patients presenting in primary care with GF-like illness (GFLI) to inform local health protection policy

Methods

Unlinked anonymous seroprevalence study

Research Ethics approval obtained

Data source

Primary care GF-screen serum samples to GSTS laboratory serving 2 Central London boroughs, April 2009 and June 2010.

Analysis

- HIV Ab/Ag testing of anonymised samples without concomitant HIV request
- Confirmation of reactive with an HIV antibody only test. Samples with negative HIV antibody further tested for p24 Ag
- Routine Recent HIV Infection Testing Algorithm (RITA-HPA)- antibody avidity testing to identify individuals with evidence of PHI

Results



*Both diagnosed through Antenatal screening (6 and 8 months after initial primary care consultation)

Overall HIV prevalence 1.28% (11/857)
75% of PHI cases missed at initial GP consultation

Commissioning perspective

- Lifetime treatment cost £280,000 to £360,000/patient
- 694 additional HIV tests over 15 months

≻6 HIV

≻3 PHI

Serology test cost	£8 - 10
Est total additional cost	£5,552 - 6,940
Est cost per HIV diagnosis	£ 925 - 1,160
Est cost per PHI diagnosis	£1,850 - 2,310

Reduction of onwards transmission, effective contact tracing

Limitations

• No demographic/ clinical information

• No HIV test offer/uptake data

• Generalibilty <> Local relevance







Conclusion

- Low levels of HIV testing in GFLI patients presenting in primary care
- Undiagnosed HIV prevalence in GFLI group 3 times higher than in local population (1.3% vs est 0.4%)
- High levels of PHI (0,05%)
 - Addition of HIV test to standard laboratory GFLI investigation panel is a practical and cost-effective HIV testing/prevention strategy