

Acceptability, feasibility and costs of universal offer of rapid point of care testing for HIV in an acute admissions unit: results of the RAPID project

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Impact of late diagnosis

- ✘ Morbidity
- ✘ Mortality
- ✘ Transmission



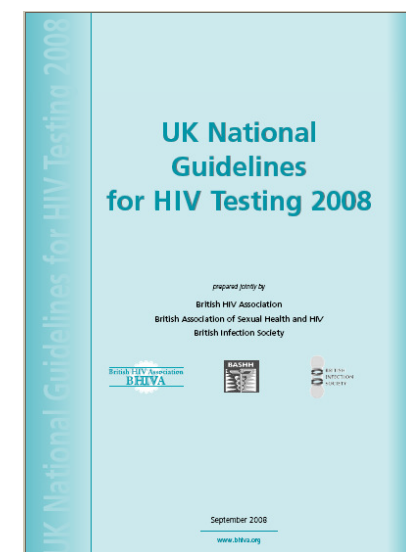
- ✘ USA
 - ✘ 2006 Revised recommendations



- ✘ UK
 - ✘ 2008 National guidelines (NICE 2011)
 - ✘ Testing initiatives

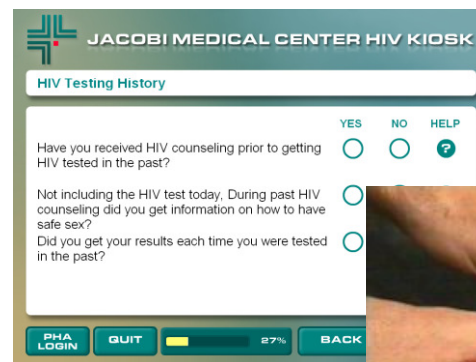
Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings

- ✘ ECDC



Project BRIEF

- ✘ 10/05-1/09
- ✘ 28,365 patients approached in ED settings
 - ✘ 91% eligible
 - ✘ 95% tested (24,495 POCTs)
 - ✘ 116 tested HIV + (0.47%)



RAPID Design

- ✘ Health Advisor
- ✘ Multimedia tool

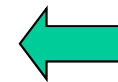
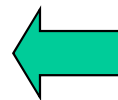
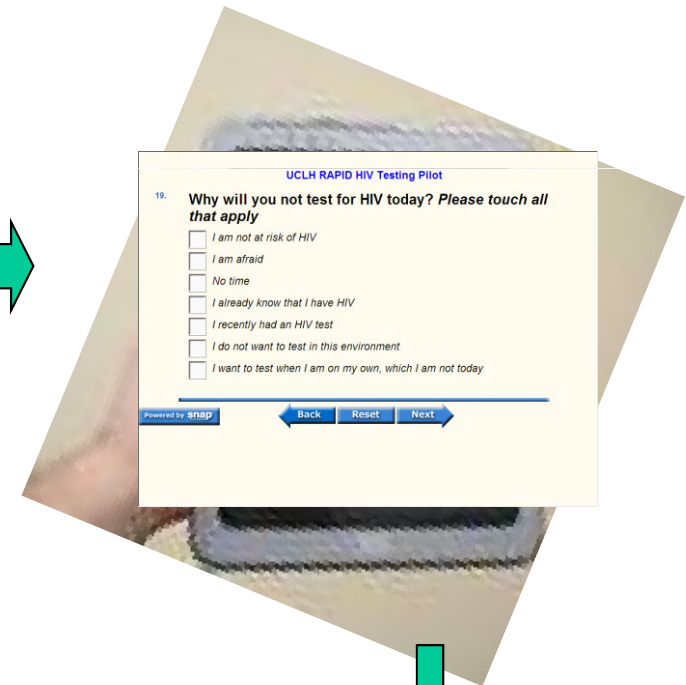
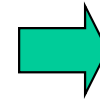
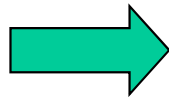
- ✘ UCLH
 - ✘ Acute Medical Admissions Unit

- ✘ HIV testing
 - ✘ All stable patients
 - ✘ Aged 19-65
 - ✘ POCT - Insti™

- ✘ Resource use data collected



RAPID in action



Eligible admissions to AAU (n=606)

Male	56.8%
Median age	44 (19-65)

Known HIV +	7 (1.2%)
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Inappropriate or patient not present	307
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Discharged	44
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Patient absent	64
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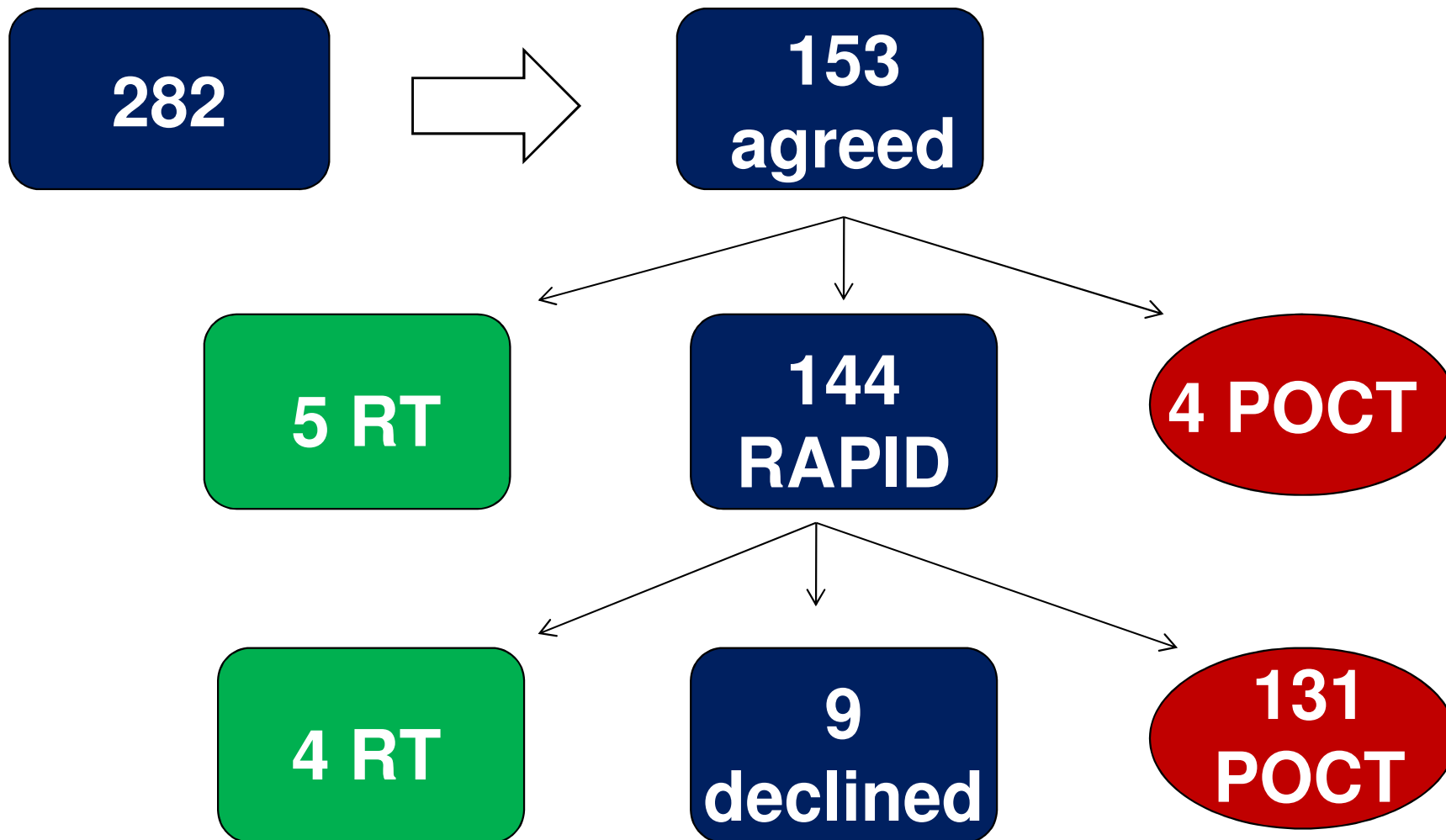
Too unwell	107
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Cannot consent	56
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Other	36
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Tested already	8
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Remaining	282
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POCT uptake $135/144 = 93.7\%$

Uptake

Uptake of video by age 0.001

40+ years 43.4%

<40 years 64.2%

Uptake of test by age 0.476

40+ years 71.8%

<40 years 76.9%

No difference in uptake of video or test by gender

Acceptability

Patients

- | | |
|----------------------------------|-------|
| ✘ POCT in AAU a good idea | 97.5% |
| ✘ HIV testing in AAU appropriate | 96.7% |
| ✘ Video answered questions | 81.5% |
| ✘ Liked information via video | 89.9% |

Staff (n=88)

- ✘ 90% useful or very useful
- ✘ 75% more likely to test
- ✘ 100% should continue



Risk profile of RAPID participants*

- ✘ 44% born outside of UK
- ✘ 60% never previously tested
- ✘ Of those previously tested
 - ✘ 31% tested >5 years
 - ✘ 15% did not receive result of last test

- ✘ 21.5% reported behavioural risk
 - ✘ 9% sex between men
 - ✘ 2.5% IDU or sex with IDU
 - ✘ 8% previous STI
 - ✘ 4% sex with known HIV +

Risk profile of those not tested

No difference in gender, ethnicity, indicator disease status or length of stay in those participating or approached compared to those not.

- ✘ 75 indicator disease admissions
- ✘ 71% not tested

- ✘ 27 Africans admitted
- ✘ 63% not tested

New diagnoses

- ✘ 135 tests
- ✘ 3 reactives – all confirmed HIV positive
- ✘ $3/135 = 2.2\%$

- ✘ Prevalence diagnosed HIV:
 - ✘ $10/606 = 1.7\%$

New diagnoses

- ✘ British man, 48yr – PCP
 - CD4 20
- ✘ Nigerian woman, 42yr – Bacterial pneumonia
 - CD4 40
- ✘ British man, 60yr – Bleeding Haemorrhoids
 - CD4 590

Cost estimates for first 1000 patients

Health Advisor

Cost per hour	€ 43
Training	€ 1612.59 (37.5 hours)
Start-up costs	€ 2042
3 Tests per hour	
Cost per patient	€ 25.48
Cost per case identified	€ 1293.60
6 Tests per hour	
Cost per patient	€ 18.99
Cost per case identified	€ 964.32

Cost estimates for first 1000 patients

	Health Advisor	Health-care Assistant
Cost per hour	€ 43	€ 16.72
Training	€ 1612.59 (37.5 hours)	€ 1254.24 (75 hours)
Start-up costs	€ 2042	€ 2042
3 Tests per hour		
Cost per patient	€ 25.48	€ 16.66
Cost per case identified	€ 1293.60	€ 845.93
6 Tests per hour		
Cost per patient	€ 18.99	€ 14.14
Cost per case identified	€ 964.32	€ 717.87

Conclusions

- ✘ Offering of HIV POCT acceptable to patients
- ✘ HIV POCT feasible
- ✘ Effective
- ✘ Digital media liked
- ✘ Cost efficient: €25 per patient screened (?€ 14)
 €1294 per case identified (?€718)

But

- ✘ Substantial proportion remain untested
- ✘ High proportion possibly diagnosed anyway

Supports recommendation of HIV testing all acute medical admissions

Acknowledgements

✘ UCLH AAU staff & patients

✘  Camden & Islington Sexual Health Commissioners

✘ Gilead

UK AND IRELAND
FELLOWSHIP

PROGRAMME