

OptTEST programme interventions for Indicator Condition HIV testing significantly increase HIV testing rates

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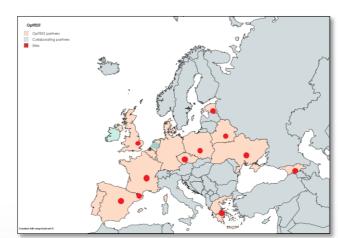
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Background

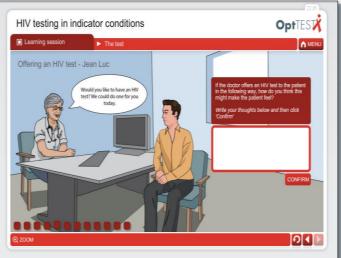
OptTEST is an EU funded project aiming to improve HIV detection and linkage to care across Europe. Part of this programme was to improve HIV Indicator Condition (IC) testing (HICT) by the introduction of a clinic policy, application of implementation tools and delivery of quality improvement (QI) interventions.

Methods

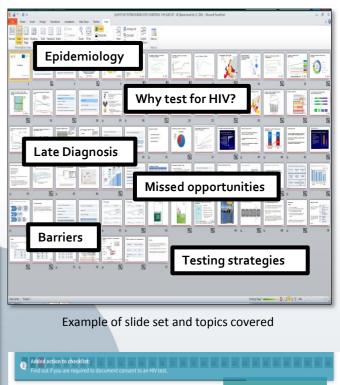
From January 2015, an HICT policy was introduced for up to three Indicator Conditions (Pneumonia, Hepatitis B and C and Infectious Mononucleosis-like syndrome) in different clinical settings (primary care, emergency department, Acute Medical Unit, Specialist OPD) in 10 pilot countries. Audits were performed to determine baseline test offer and test uptake rates. Data collection included IC, age, HIV status, test offer, test performed, test result and transfer of care details if reactive (transferred to care status, CD4 cell count, treatment initiated). Implementation tools were developed (including translation), piloted and introduced as appropriate; these included a strategic pack (slide set, guideline review protocol, financial calculator), interactive service design module, staff training module and resource pack. Plan-do-study-act interventions were designed and implemented by local study teams and monitored using run charts.



OptTEST Partners and pilot site locations



Screen shot from interactive online training module



There are different ways to offer an HIV test. HOW will the HIV test be offered to your patients?

Will your offer of an HIV test be presented to the patient as "Opt-out" or "Routine offer?

Opt-out: The patient is notified that the HIV test is always parformed as part of routine investigations and he/she needs to inform the staff if he/she chooses not to test.

Routine offer: The patient is offered an HIV test and he/she is required to agree to test.

HIV testing is voluntary - the patient should provide informed consent. Is verbal consent sufficient in your setting, or are there requirements to document a patient's consent? If so, where and by whom?

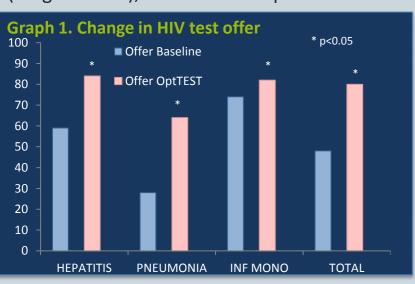
Now please answer the questions on the right

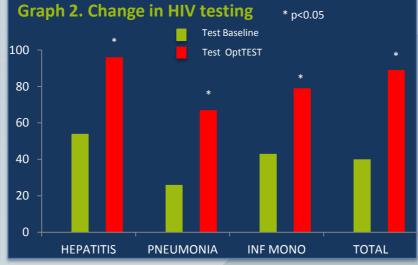
Screen shot from interactive service design module

Results

In total, 43 sites began testing in 8 countries; 37 within the first 12 months. Between January 2015 and June 2017, there were 5839 HIV tests performed of which 78 were reactive: 1.33% [95%CI 1.07-1.66]. Offer (where data available) and testing rates all increased significantly (Graphs 1 and 2 respectively). Uptake of offer was above 90% for all IC at baseline (range 90.03 – 91.58%) and increased significantly for all except IM (range 92.09 – 100%).

Of those patients testing positive data is currently available for 54, of whom 44 (80%) are linked to care, with a median CD4 count of 326 cells/ul (range 4-1041); 56% were late presenters.





HIV prevalence: baseline and during OptTEST					
	BEFORE		OptTEST		
Indicator Condition	HIV +VE (num/denom)	% [95%CI]	HIV+VE (num/denom)	% [95%CI]	р
Hepatitis	20/662	3.02 1.91-4.55	20/3681	0.54 0.34-0.82	<0.05
Pneumonia	11/322	3.41 1.81-5.56	30/1425	2.11 1.45-2.95	NS
INF MONO	17/310	5.48 3.34-8.46	28/733	3.82 2.60-5.40	NS
Total	48/1294	3.70 2.78 - 4.85	78/5839	1.33 1.07-1.66	<0.05

Conclusions

Introduction of HICT policy, supported by implementation tools and quality improvement increased HIV testing offer rate by 66% and testing rate by 102%; this approach is an effective way to increase HIV testing and identify cases of undiagnosed HIV.

























