Patient acceptability & feasibility of HIV testing in Emergency Departments in the UK – a systematic review & meta-analysis

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HIV testing in ED

Why increase HIV testing?
13,500 undiagnosed
39% late

Why in ED?
Overall low cost per positive test
Reduce stigma, public & healthcare professionals

HIV testing: increasing uptake among people who may have undiagnosed HIV
Does HIV testing in ED work?

USA - CDC guidelines 2006
All healthcare settings to provide opt-out testing aged 13-64 if HIV prevalence >0.1%

Diagnostic yield
- Reported for local settings only
- Depends on proportion of eligible patients accepting HIV test
Introducing HIV testing in ED: UK

Feasible
- Cost
- Capacity
- Staff willing

Acceptable
- Staff
- Patients

Effective & worthwhile
- Diagnostic yield

Local Authorities in England with diagnosed HIV prevalence >2 per 1,000
This review: Method

Universal HIV testing in UK ED

Patient **Acceptability**

- Number of patients accepting a test, as a % proportion of tests offered

**Feasibility**

- Number of tests offered, as a % proportion of eligible patients
Results

Identification

Studies identified through database searching (n=1871)

Studies after duplicates removed (n=1584)

Study abstracts reviewed (n=64)

Full text articles (where available) assessed (n=9)

Studies included in data synthesis (n=7)

Additional studies identified through other sources (n=2)

Studies excluded: title not relevant (n=1520)

Studies excluded: abstract not relevant (n=55)

Studies excluded: duplicate dataset (n=1), unclear study location (n=1)
Results

Combined sample: **101,975**

**Reporting period**: 1 week – 30 months

**Eligible sample**: 1000 – 44,582 patients

**Locations**: London (5 different EDs)

**Testing style**: Staff offer routine testing: 4 / Opt-out policy: 3
Results

Patients accepting HIV testing, and being offered an HIV test, as a proportion of the eligible sample

<table>
<thead>
<tr>
<th>Study</th>
<th>Accepted</th>
<th>Offered and declined</th>
<th>Eligible but not offered</th>
<th>GRADE score</th>
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</table>
Results

Acceptability of opt-in & opt-out testing: **54.1%** (CI 40.1, 68.2)

Feasibility of routine opt-in testing: **36.2%** (CI 9.8, 62.4)
Discussion

If offered to patients, 54.1% accepted HIV test in ED

When staff offer opt-in test, 36.2% patients are approached

Opt-out testing: it is not known how many times practice deviated from policy, or why

Limitations
- Heterogeneous
- Small number
- London only
- Surrogate measures

Strengths
- Large total sample
- First look at UK data
Conclusion

NICE recommend universal HIV testing in EDs in high prevalence areas

Limited reports of UK and USA practice

“ED staff ... value the service as a mechanism to diagnose undiagnosed HIV infection, a means of destigmatising HIV testing, and of forging relationships between departments in the hospital.” (Rayment 2013)


