Routine HIV Testing in an Inner City Emergency Department

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Why?

- > 2/1000 prevalence
- 25% patients unaware of diagnosis
- Reduce transmission
- Avoid late diagnosis
Who?

- All patients > 16 years requiring venepuncture in ED

Excluded:

- Patients tested at GSTT in last 12 months unless “high risk”
How?

- Funding
- Staff education
- Blood order sets
- Publicity
- Regular feedback
- Bi-monthly meetings
Routine HIV testing

If you require a blood test whilst in our Emergency Department (A&E) we now include an HIV test with your routine bloods.

We believe this is the safest approach as many people don’t realise they have been at risk of HIV infection.

Detailed information is available in our patient information leaflet.

If you do not want to know your HIV status, speak to one of the team caring for you.

TV doctor Christian Jessen performed an HIV test on the Mayor of Lambeth at St Thomas to raise awareness of the importance of being tested.

Lambeth has one of the highest rates of HIV in the UK. Approximately 10 out of every 1,000 people living in the borough have the condition, more than three times the national average.

Mayor of Lambeth, Donatus Anyanwu, with Dr Christian Jessen, Dr Laura Hunter and nurse, Joel Papertello.

Dr Christian, who presents Channel 4 programmes such as Embarrassing Bodies, and Councillor Donatus Anyanwu, the Mayor of Lambeth, came to St Thomas’ Emergency Department (A&E), where a pioneering new approach to HIV screening is used. All patients having a blood test in the department are also screened for HIV.

Dr Christian says: “Testing for HIV is crucial for prevention. If you get tested and receive a positive diagnosis, you can now immediately go on to receive treatment. “This is why proactive approaches to HIV testing like the one used in St Thomas’ A&E are beneficial both for individual patients and wider public health.”

Dr Laura Hunter, consultant in emergency medicine at Guy’s and St Thomas’, says: “Our new approach to testing is boosting HIV detection rates and saving lives.”
“Any patient who has a blood test in this department also has an HIV test- is that ok?”
Follow up

• Negative: “no news is good news”

• Positive → Recall → Re-test

• HIV team
Results

• 19,569/30,461 (64%) patients tested

• Prevalence 0.9% (n=172)

• 0.3% unaware of diagnosis

• 7.5% aware but LTFU
Demographics

• Median age 36 (18-61 years)

• Male 84%

• Caucasian – 59% (BME- 37%, Asian 4%)

• MSM 50%
• 1/5th seroconverting

• Previous ED attendance 54%

• Reduced in-patient admission 15%
Sustained testing rates >70%
Conclusion

• Opportunistic testing in ED’s with high local prevalence

• Sustain testing rates- feedback/ order sets

• New diagnosis & re-engagement in care
References


• RCEM Position Statement 2012. HIV testing in the Emergency Department

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