

HIV testing in general medical admissions – a missed opportunity

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Aims

To assess the rate of HIV testing in general medical admissions to a London teaching hospital.

Methods

All general medical admissions under the acute medical team from 1–14 January 2016 were recorded using the medical take list. The virology results and discharge summaries of all these patients were reviewed to assess whether they had a HIV test.

Results

318 patients were admitted between 1–14 January 2016 under the acute medical team. Of those patients, 6.3% (20) had a HIV test during their admission – none of these tests were positive. Three of the 318 patients were already known to be HIV positive.

Conclusions

Highly active antiretroviral therapy (HAART) has transformed HIV into a treatable condition, with the majority of those on HAART remaining well. HIV testing in community settings has used ‘opt-out’ testing, with high levels of acceptability and a reduction in the proportion of undiagnosed HIV infections. Despite this, one-quarter of HIV in the UK remains undiagnosed – these patients are more likely to present late, with an increased morbidity and mortality.

National guidance advises universal HIV testing in all general medical admissions in areas with a prevalence of HIV above 2 per 1,000; the prevalence of HIV in the local area is 8.37 per 1,000. Therefore, the approximately 9,000 adults per year admitted to our acute medical unit should be offered an HIV test.

Contrary to this, 6.3% of general medical admissions in the first 2 weeks of January 2016 received an HIV test. Barriers to testing include stigma and lack of understanding from both patients and staff. There is also a practical element of testing on a larger scale, such as cost and the logistics of follow-up. Given that routine HIV testing is cost-effective, the fact that

a significant proportion of HIV remains undiagnosed and that late presentations are associated with poor outcomes, it is important that attempts are made to increase the rate of testing.

The current levels of testing indicate a missed opportunity to address this issue. In the first instance, patient and staff education to address misconceptions about HIV would help, but the introduction of routine testing in all medical admissions should be our ultimate aim. This will first require more detailed assessments of the cost-effectiveness and practicalities of this. ■

Conflict of interest statement

Nil.

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