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Background

OptTEST, an EU co-funded project, aimed to improve HIV detection and linkage to care across Europe. Part of this programme was to improve HIV Indicator Condition (IC) testing (HICT) by introducing a clinic policy, utilising implementation tools and delivering quality improvement (QI) interventions.

Methods

From Jan 2015, an HICT policy was introduced for up to three ICs (Pneumonia, Hepatitis B and C, Infectious Mononucleosis-like syndrome (IM)) in different clinical settings (primary care, emergency department, Acute Medical Unit, Specialist OPD) in 10 pilot countries.

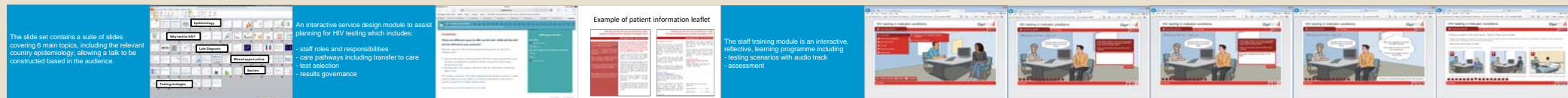
Baseline retrospective audits were performed; capturing HIV test offer, number of tests performed and number of individuals presenting with the IC.

Programme data collection included IC, age, HIV status, test offer, test performed, test result and transfer to care details (including CD4 cell count and treatment initiation).

Implementation tools included a strategic pack (slide set, guideline review protocol, financial calculator), interactive service design module, staff training module and resource pack. These were all adapted for the local situation and available in English. The slide set has been translated to Estonian, Polish, Spanish and Russian.

Plan-do-study-act interventions were designed and implemented by local study teams and monitored using run charts.

Examples taken from the slide set, service design and staff training modules:



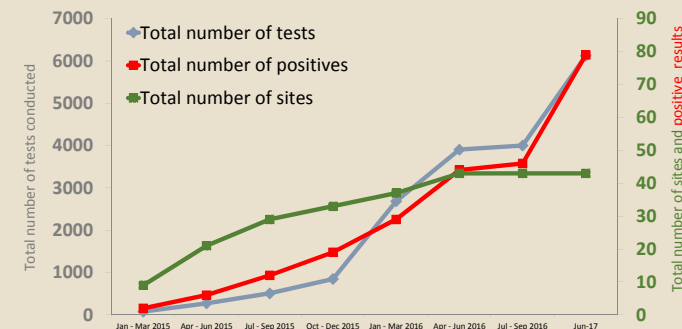
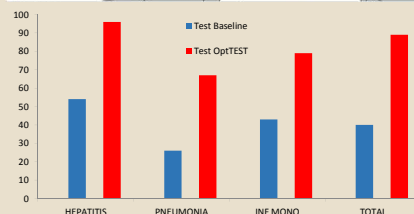
Results

To the end of July 2017 testing had commenced at 43 sites in 8 countries: Belarus, Czech Republic, Estonia, Georgia, Greece, Spain, Ukraine and United Kingdom. Of the 9661 HIV tests performed 97 were positive: 1.00% [95%CI 0.82-1.22].

Offer (where data was available) and testing rates both increased significantly: 48.12% [46.24-50.00] to 93.1% [92.5-93.58] and 39.82% [38.10-41.57] to 90.8% [90.27 – 91.37] respectively, both $p < 0.05$.

Uptake of offer was above 90% for all ICs at baseline (range 90.03 – 91.58%) and increased significantly for all except IM (range 92.10 – 99%).

Of those patients testing positive, data is currently available for 95, of whom 74 (78%) transferred to care, with a median CD4 count at diagnosis of 345 cells/ul (range 2-1304); 53% were late presenters.



HIV prevalence: baseline and during OptTEST

Indicator Condition	BEFORE OptTEST		OptTEST		p
	HIV +VE (num/denom)	% [95% CI]	HIV+VE (num/denom)	% [95% CI]	
Hepatitis	20/662	3.02 [1.91-4.55]	23/7053	0.33 [0.21-0.48]	<0.05
Pneumonia	11/322	3.41 [1.81-5.56]	36/1558	2.31 [1.65-3.15]	NS
Infectious Mononucleosis-like syndrome	17/310	5.48 [3.34-8.46]	38/1050	3.62 [2.61-4.88]	NS
Total	48/1294	3.70 [2.78 - 4.85]	97/9661	1.00 [0.82-1.22]	<0.05

Conclusions

Introduction of HIV Indicator Condition Testing policy, supported by implementation tools and Quality Improvement Interventions increased HIV testing offer rate by 81% and testing rate by 128%. This approach is an effective way to increase HIV testing and identify cases of undiagnosed HIV in non-specialist healthcare settings.