

Outcomes from Partner Notification in the Emergency Department HIV Testing Programme

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Emergency Department (ED) BBV Testing Programme

- In April 2022 a national ED BBV opt-out testing programme was initiated in England in areas of extremely high prevalence.
- Everyone aged 16 and older who has their blood tested in an Emergency Department now has it tested for HIV, hepatitis B and hepatitis C unless the patient opts out.
- Results are managed by the local sexual health services (SHS) who are experienced in communicating results and following the patient care pathway; this includes partner notification (PN).
- We worked with 14 EDs to review index patients and partner notification outcomes during the first year of the programme in order to assess effectiveness and to measure performance against national standards.

Testing for HIV, hepatitis B and hepatitis C

Everyone aged 16 and older who has their blood tested in a London Emergency Department (A&E) now has it tested for HIV, hepatitis B and hepatitis C.

It's important to get diagnosed early as treatment is life-saving and free from the NHS. Your results are confidential.

If you do not wish to be tested, please let a member of staff know.

Sometimes we are not able to test the blood we take from you due to a technical problem.

If you want to know whether your blood was tested, or have any other questions about your test please call the Results Team.

Telephone: 020 3315 6123

To find out more please visit the Fast Track Cities London website:
fasttrackcities.london/testinginae

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U=U Undetectable equals untransmittable

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Emergency Department BBV Testing Programme – Partner Notification Subproject

- 1. Describe index patients:** Analyse how the ED population differs from those diagnosed in more traditional settings.
- 2. Assess PN outcomes:** To determine whether partner notification can lead to further diagnoses outside the ED.
- 3. Assess PN performance:** To assess the effectiveness of partner notification pathways in ED testing and whether the programme is meeting current national standards set in the UK.





HIV Partner Notification

HIV partner notification is a process in which contacts of people with HIV are identified and offered HIV testing.

Apart from breaking the chain of infection effective PN can reduce reinfection rates, prevent long term complications of infection, offer health education opportunities and encourage behaviour change

HIV partner notification is considered an important HIV prevention intervention – with benefits to public as well as personal health.

A range of factors can inhibit patients from engaging in HIV partner notification. Attitudes to HIV partner notification can vary between and within different communities, but stigma around HIV and fear of reputational damage appear to be significant themes.

<https://www.bhiva.org/file/MePGrZDINzScE/May-2012-HIV-Partner-Notification.pdf>

https://www.bashhguidelines.org/media/1070/hiv_partner_notification_standards_2015.pdf

<https://www.nice.org.uk/guidance/qs178/chapter/Quality-statement-6-Partner-notification>



Partner Notification – Process in ED testing

1. Index patient reported (IPR)

Healthcare worker (HCW) contacts index patient (IP)

HCW discusses diagnosis with IP. Encourages IP to contact previous partners.

IP contacts previous partners, informs them of need to be tested.

IP informs HCW of testing outcomes.

2. Healthcare Provider (HCP) verified (HCPv)

HCW contacts IP

HCW discusses diagnosis with PI. Agrees that HCW will contact IP's partners anonymously.

HCW contacts IP's previous partners, informs them of need to be tested.

HCW is informed by IP partners of testing outcomes, or confirms on local patient records if partner tests locally.





Partner notification - Standards

Information collected to measure PN outcomes against national standards:

Index Patients

- We also collected number engaged with services

Total Partners

- Make note of status-known partners (known HIV+, known HIV-, deceased)
- Categorise as contactable or uncontactable

Partners Tested

- Distinguish between IPR and HCPv – each has unique benchmarks.

Testing Outcomes

- Note which are IPR and HCPv

Demographics

- To compare the ED index patients to nationally reported demographics we collected data on age at diagnosis, ethnicity and area of residence



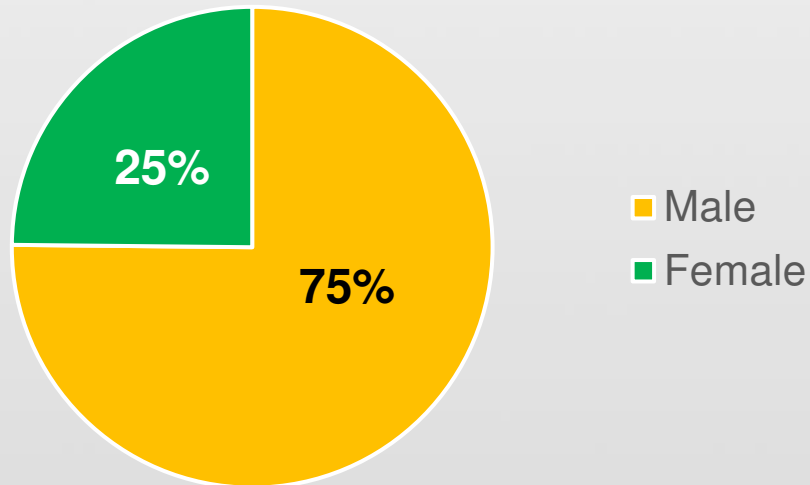


1. Describe index patients

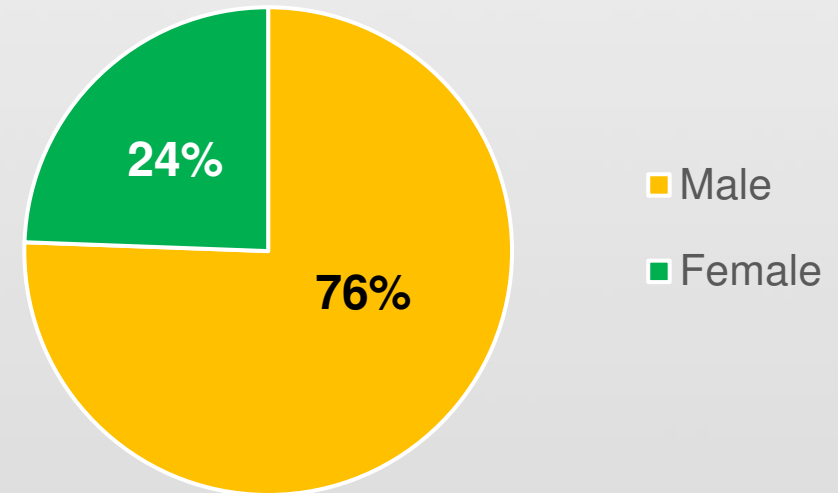
We asked clinics to provide basic demographic data on their index patients to investigate how patients diagnosed through EDs differed from those diagnosed through SHS in England.

<https://www.gov.uk/government/statistics/hiv-annual-data-tables>

Gender of index patients diagnosed through SHS in 2022



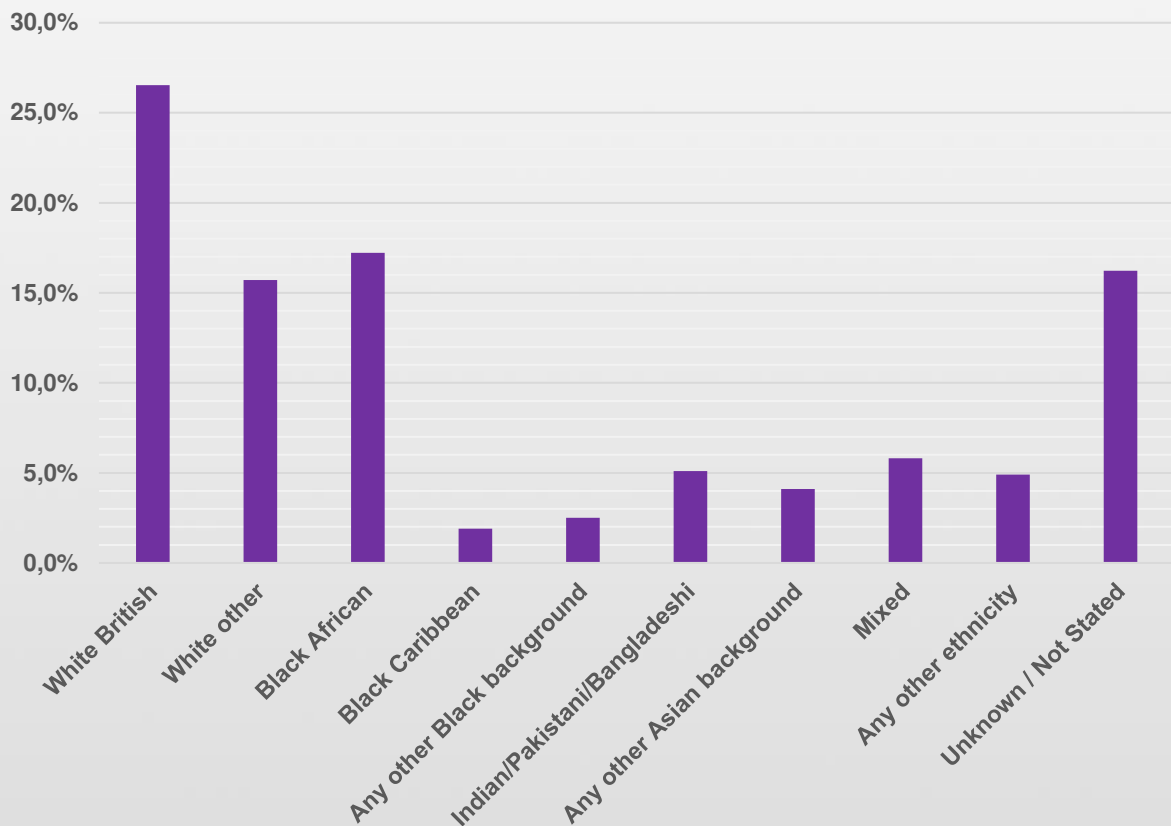
Gender of index patients diagnosed through ED



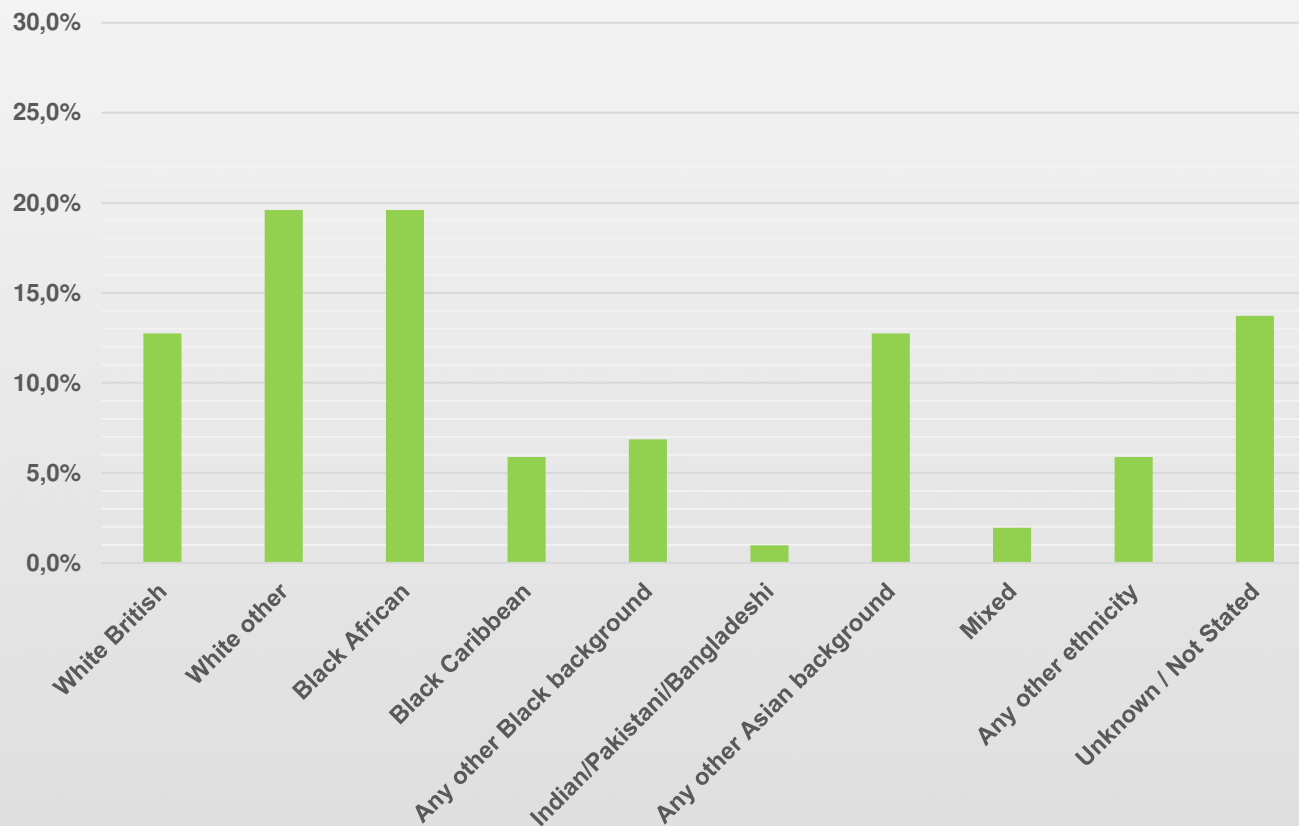


Describe index patients - Ethnicity

Ethnicity of index patients diagnosed through SHS



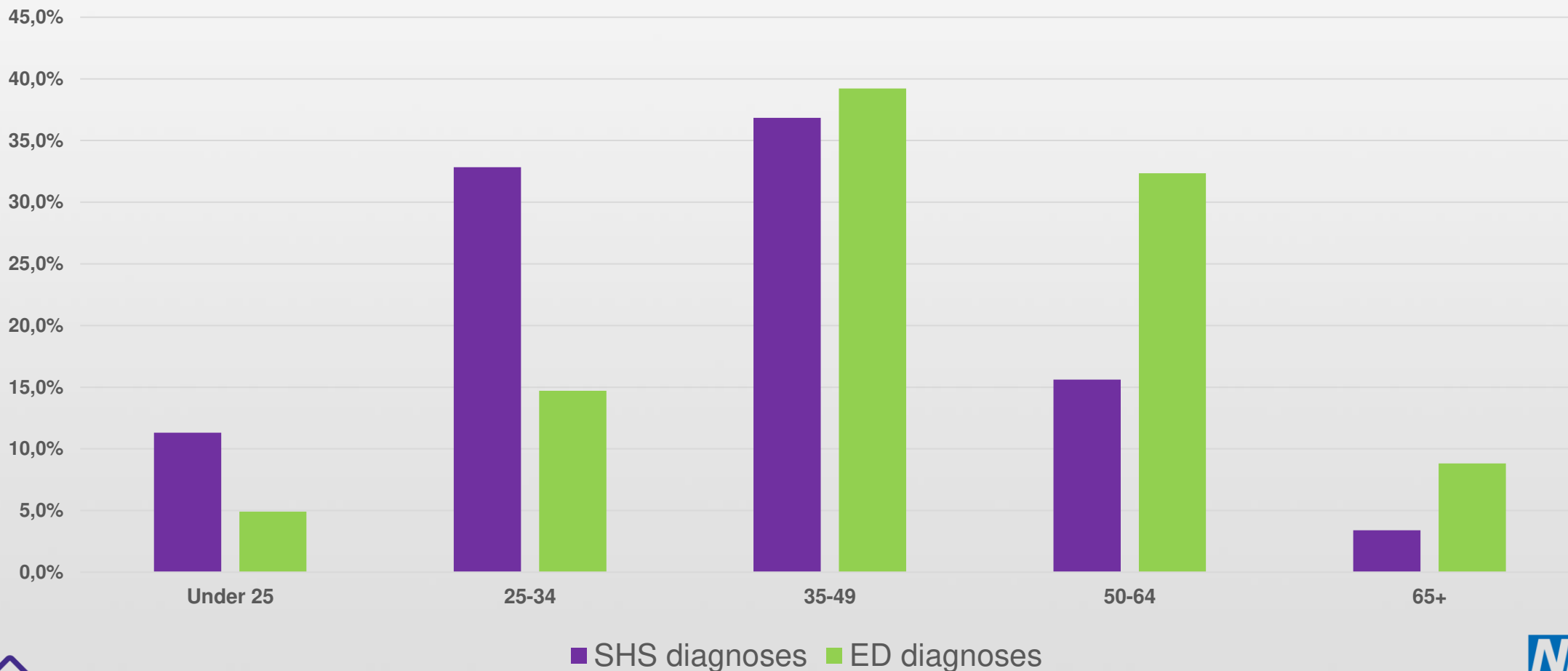
Ethnicity of index patients diagnosed through ED





Describe index patients - Age

Age recorded for index patients diagnosed with HIV through SHS and EDs





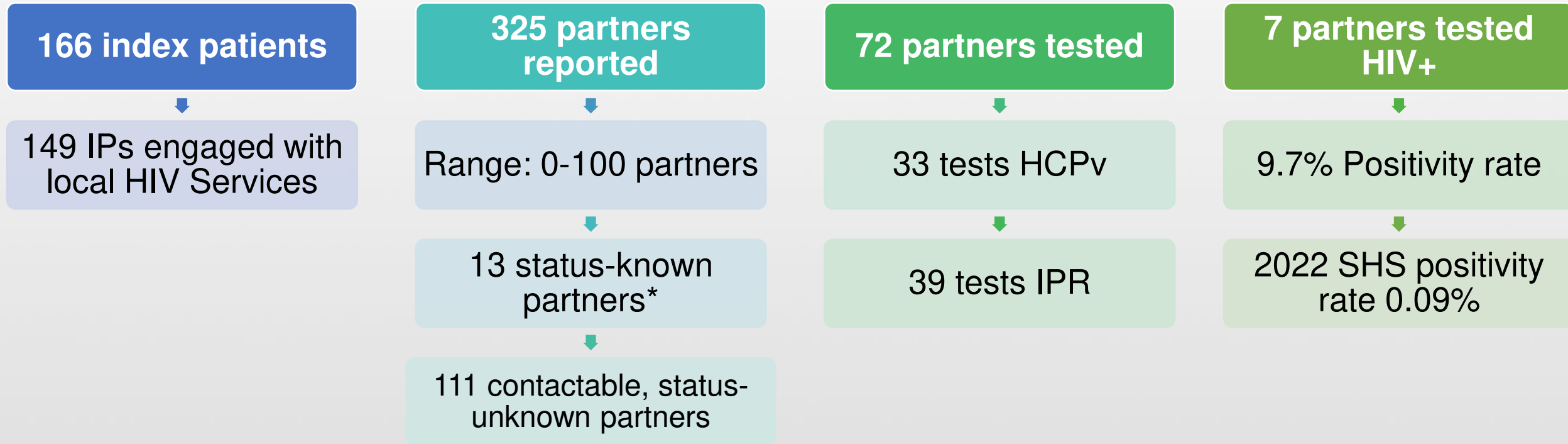
Describe index patients – Summary

- Group being diagnosed with HIV through EDs are a distinct population from those diagnosed in SHS.
- In particular, this is an older and more ethnically diverse cohort compared to SHS attendees.
- More research is needed to describe those being diagnosed through EDs and to look at intersection of different demographics in order to properly connect with and engage patients.





2. Assess PN outcomes



*Status-known: Known HIV+, Known HIV-, Deceased



3. Assess PN performance - Standards

Primary outcome: Number of partners tested per total number of index cases

Formula

$$\frac{\text{Number of status-known contacts} + \text{Number of contactable status-unknown contacts tested}}{\text{Total number of index cases}}$$

Standard

HCPv: 0.6
HCPv / IPR: 0.8

Secondary outcome: Proportion of contactable partners tested

Formula

$$\frac{\text{Number of status-known contacts} + \text{Number of contactable status-unknown contacts tested}}{\text{Number of status-known contacts} + \text{Number of contactable status-unknown contacts}}$$

Standard

HCPv: 65%
HCPv / IPR: 85%





Assess PN performance – Primary outcome

Primary outcome: Number of partners tested per total number of index cases:

$$\frac{\text{Number of status-known contacts} + \text{Number of contactable status-unknown contacts tested}}{\text{Total number of index cases}}$$

HCPv (Standard = 0.6)

$$\frac{13 + 33}{166} = \mathbf{0.28}$$

HCPv or IPR (Standard = 0.8)

$$\frac{13 + 33 + 39}{166} = \mathbf{0.51}$$





Assess PN performance – Secondary outcome

Secondary outcome: Proportion of contactable partners tested:

$$\frac{\text{Number of status-known contacts} + \text{Number of contactable status-unknown contacts tested}}{\text{Number of status-known contacts} + \text{Number of contactable status-unknown contacts}}$$

HCPv (Standard = 65%)

$$\frac{13 + 33}{13 + 111} = 37.1\%$$

HCPv or IPR (Standard = 85%)

$$\frac{13 + 33 + 39}{13 + 111} = 68.5\%$$





Partner Notification in EDs – Summary

- 1. Describe index patients:** An older, more ethnically diverse group is being diagnosed through EDs compared to SHS.
- 2. Assess PN Outcomes:** PN can successfully amplify the reach of HIV opt-out testing and bring in individuals who didn't realise they are at risk.
- 3. Assess PN Performance:** Outcomes looking at proportion of partners tested fall below national standards; there may be several reasons for this that need to be addressed so the reach of PN can be improved.





Partner Notification in EDs – Next Steps

- It may be that additional resources are required to provide alternative PN routes than typically used in sexual health services.
- Research is needed to determine pathways to ensure a higher proportion of reported partners are tested for this unique demographic.
- Further analysis of demographics diagnosed through ED would allow for more targeted communication and outreach.
- May want to explore integration of peer support networks into PN pathway.





Thank you!

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