

## Introducing Indicator Condition guided HIV, HCV and HBV testing in a dermatovenerology clinic

Partner Organisation(s):  
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<http://santa.lt/index.php>



### OVERVIEW

Indicator Condition guided HIV testing (ICT) has proven to be an efficient and cost-effective strategy to diagnose people infected with HIV earlier in health care settings. Routinely offering HIV testing for specific indicator conditions avoid missed opportunities and helps normalize HIV testing. Still ICT has not been systematically and fully implemented across all relevant sectors and health care settings in Europe, resulting in missed opportunities for diagnosis.

Aiming to expand existing ICT strategies and adapt methods from an HIV context to an integrated testing approach, an 18-month pilot project on integrated testing was conducted at a dermatovenerology clinic (DVC) at Vilnius University Hospital in Lithuania. This pilot project aimed to improve HIV and HCV testing rates by implementing IC guided HIV testing combined with HCV and HBV testing.

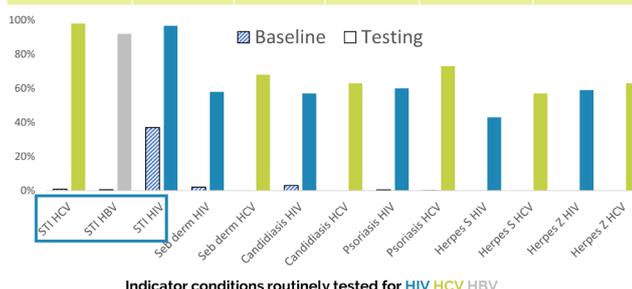
### APPROACH

- 01** Retrospective **12-month baseline audit** conducted on HIV testing performance for ICs (screening for STI, seborrheic dermatitis, candidiasis, psoriasis, H. zoster and simplex).
- 02** Questionnaires on **staff attitudes towards HIV testing** completed twice by clinic staff.
- 03** Phased-in introduction of testing starting with **HIV, HCV testing** added routinely for all **STI patients after 10 months** and to **all presenting IC patients** and HBV for all STI patients **after 12 months**.
- 04** **Training of staff and quality improvement methodology** (frequently performed Plan-do-study-act cycles) utilized to support the roll-out of ICT.
- 05** **An online platform** developed to collect **testing data** (number of individuals with an indicator conditions, number tested & number of positive tests results).

# Country Case Study: Lithuania



Indicator condition	Number of patients	Tested for HIV (%)	Tested for HCV (%)	HIV positivity (including contacts)	HCV positivity (including contacts)
STI	2402	95%	93%	0,08% (0,12%)	0,53%
Herpes simplex	138	37%	37%	0	0
Herpes zoster	76	51%	48%	1,32% (2,63%)	0
Seb. dermatitis	505	53%	55%	0,2%	0
Psoriasis	3401	55%	57%	0	0,43% (0,49%)
Candidiasis	559	53%	52%	0	0



## HIGHLIGHTS

HIV testing rates increased significantly after the introduction of Indicator Condition guided HIV testing and test acceptance rates were high.



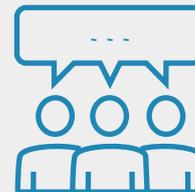
**INCREASE UP TO 71% IN TESTING RATE FROM 10.6% AT BASELINE**



**3.659 PATIENTS AGED 18-65 TESTED**

Further dissemination and communicate to target audiences promoting implementation of IC guided testing in other health care settings is planned.

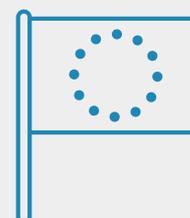
## LESSONS LEARNED



- Initial resistance among staff to perform testing due to extra workload or perceived irrelevance was overcome several months into the project. Staff trainings and regular sharing of testing updates were key to motivating staff, generating support and triggering changes in attitude.



- Substantial increase in the collection of blood samples put a strain on staff capacity, particularly nurses. When planning on expanding the testing services to cover additional diseases it is key to consider the workload and secure necessary staff resources.



- The pilot was successful in bringing STI testing and screening in the DVC in accordance with main European guidelines.

