Integrate

Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

HIV Testing Protocol

VULSK, Lithuania

INTEGRATE pilot study protocol

Vilnius University Hospital Santaros Klinikos, Centre of Dermatovenerology

This pilot study focuses on indicator condition (IC) guided integrated HIV screening of patients presenting to Vilnius University Hospital Santaros Klinikos, Centre of Dermatovenerology (VUHSK DVC).
The following ICs are included:

- Z11.3 Encounter for screening of STIs
- STIs:
    - A51–53 Syphilis
    - A54 Gonorrhoea
    - A59 Trichomoniasis
    - A60 Anogenital herpes viral infections
    - A63 Anogenital warts
    - A65 Chlamydia
- L40 Psoriasis
- L21 Seborrheic dermatitis
- B00 Herpes simplex infections
- B02 Herpes zoster
- B37 Candidiasis

A routine HIV point-of-care testing programme during the study period is fully integrated into the operational policy of the Centre of Dermatovenerology. The programme begins in June 2018.
The pilot study consists of:

1. An audit of the patients with an IC in the 12 months before the pilot study:
    a. to determine the number of patients presenting to the department with an IC;
    b. to determine the proportion of these patients screened for HIV.
2. Staff questionnaires completed at baseline, and 3, 6 and 12 months later.
3. Routine HIV screening of patients aged 18-65 years presenting to the outpatient department with an IC.
4. Monthly reports are generated and entered into a proprietary database

Testing procedures

1. Physicians and nurses of the department are instructed and trained to inform the eligible patients that they will be offered testing for HIV in line with other medical testing, and the assent is inferred unless the patient declines ("opt-out" approach). A patient is provided a leaflet explaining the procedure and benefits of testing and offered the opportunity to ask questions or to decline testing. Confidentiality of the test results are reassured. The centre staff (physicians and residents) is also trained to answer all arising questions concerning testing, HIV infection and the meaning of positive or negative test results. Consent for HIV screening is incorporated into the patient's general informed consent for medical care on the same basis as are other screening or diagnostic tests. The usual pro-forma for HIV testing is adapted to allow staff to document test offer.
2. All patients aged 18-65 years, presenting to the outpatient department with an IC are offered routine opt-out HIV screening:

    a. if a patient accepts to be tested, a rapid test (TOYO anti-HIV 1/2 test WB/S/P) using capillary blood is performed;
    b. if a patient refuse HIV screening, a reason of refusal is noted by the treating physician
2. Patients with negative results are informed by a physician or a nurse of the department without systematically providing post-test counselling.
3. In patients with indeterminate/equivocal results, a venous blood sample is obtained and sent the central Vilnius University Hospital laboratory. If the result is still equivocal, HIV specialist follow-up is arranged beforehand in Infectious Diseases Centre of Vilnius University Hospital Santaros Klinikos indicating the exact time and place of an appointment with an HIV specialist.
4. In case the rapid test is reactive, a venous blood sample is obtained and sent for confirmation to the central laboratory of Vilnius University Hospital and the National reference centre laboratory. The National reference centre laboratory notifies the department about the positive test result in writing. After having received a written form with a confirmed HIV test result, a patient is recalled as soon as possible, and the test result is given personally and confidentially by a senior physician only providing post-test consultation. HIV specialist follow-up is arranged, the exact time and place of the appointment are given to the patient ensuring the link to HIV care in Infectious Diseases Centre of Vilnius University Hospital Santaros Klinikos. All senior physicians are provided with contact details of HIV specialists. Non-attending patients are repetitively recalled by telephone.
5. Data for analysis about all prescribed tests and their results are captured in the laboratory electronic database.
6. Patients determined to have already been infected with HIV or incapable to consent are excluded from the study.