

 Audit of management pathways for new HIV diagnoses

Complete for adults (16 or over) first seen in your service as newly diagnosed with HIV1 between 1 January 2018 and 31 March 2019:

- *Include* individuals assessed in your service, regardless of where the HIV test was done
- *Exclude* individuals diagnosed with HIV2
- *Exclude* individuals who were not new diagnoses, eg those assessed because they were new to the UK but had previously received HIV care elsewhere.

Please include individuals assessed in your service even if they subsequently transferred care elsewhere or stopped attending. In most cases responsibility for including an individual in this audit rests on the service within which the individual was first seen by an HIV specialist after having tested reactive/positive for HIV. An exception would be if an individual was initially diagnosed and seen by an HIV specialist during an inpatient admission, before post-diagnosis assessment for ongoing care and ART initiation at a separate outpatient service. In this situation the outpatient service should include the individual in the audit.

If your service had 40 or fewer eligible cases between 1 January 2018 and 31 March 2019, please audit them all. Otherwise please audit the last 40 such cases.

In the event of any query, please contact BHIVA's clinical audit co-ordinator, Hilary Curtis, hilary@regordane.net, 07984 239556.

There are 29 questions in this survey

Your service

[]

The token/site-code you entered is for the following clinic or department:

{TOKEN:ATTRIBUTE_1}

{TOKEN:ATTRIBUTE_2}

{TOKEN:ATTRIBUTE_3}

Please choose **all** that apply:

Please tick to confirm this is the correct clinic/department

The rest of the questionnaire will appear if the box is ticked.

If yours is not the department/clinic named above, then please consult your service's lead for HIV clinical audit to request the correct token/site-code. If s/he is not able to provide this, then please contact BHIVA's clinical audit co-ordinator, Hilary Curtis, hilary@regordane.net 07984 239556.

If the department/clinic above is correct except for minor details, eg a change of name, then please tick the box to proceed.

Patient characteristics

[]Please assign a number for this patient, from 1 to 40, to make it easier to identify the record in case of any query about the data.

Only numbers may be entered in this field.

Please write your answer here:

Please keep a list of patients entered in the audit for your own records, matching the number you've entered here to the patient's clinic number or bar-code sticker.

[]Current gender:

Please choose **only one** of the following:

- Male
- Female
- Non-binary or other
- Information not available, or individual declined to say

[]Gender assigned at birth, if different to current gender (leave blank if unchanged):

Please choose **only one** of the following:

- Male
- Female
- Information not available, or individual declined to say

[]Age in years:

Only numbers may be entered in this field.
Your answer must be at least 16

Please write your answer here:

[] Probable HIV exposure:

Please choose **only one** of the following:

- Sex between men
- Heterosexual sex
- Injecting drug use (IDU)
- Other
- Not known

[] Ethnicity:

Please choose **only one** of the following:

- A White British
- B White Irish
- C Any other White background
- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background
- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background
- M Black or Black British Caribbean
- N Black or Black British African
- P Any other Black background
- R Chinese
- S Any other ethnic group
- Z Not stated

Letters shown are standard ONS/NHS codes.

[] Has it been documented that there are difficulties in communicating with this individual?

Please choose **all** that apply:

- No, there is no documented difficulty in communication
- Yes, because the individual does not understand/speak English proficiently
- Yes, because the individual has disabilit(ies) affecting communication or understanding
- Other difficulty, please describe::

Circumstances of HIV testing

[]What type of HIV test gave the initial reactive or positive result leading to this individual's HIV diagnosis?

Please choose **only one** of the following:

- Laboratory test - ie specimen sent to lab for testing (including self-sampling and/or on-site laboratory machine)
- POCT (point of care test) - ie kit enabling specimen to be tested and result obtained on the spot (including self-testing)
- Not known

[]Where was the specimen taken for this initial test?

Please choose **only one** of the following:

- GUM/sexual health or HIV clinic
- Other outpatient clinic setting
- General practice
- In-patient setting
- Emergency department
- Admissions unit/AMU
- Community/voluntary organisation or outreach setting
- Self-sampling, eg at home
- Self-testing, eg at home
- Don't know
- Other, please state:

[]Date of initial reactive or positive HIV test, if known:

Answer must be less or equal to 31/03/19

Please enter a date:

If not known, leave blank. For a laboratory test, enter date of result if this is known, otherwise date specimen taken.

All dates should be entered in dd/mm/yy format. Please check them carefully as they are a key part of the audit data.

Management of new HIV diagnosis

[]Date first seen by an HIV specialist clinician following reactive or positive HIV test result:

Answer must be between 01/01/18 and 31/12/19

Please enter a date:

Please answer this question for *all* newly diagnosed individuals. An HIV specialist clinician means a health professional able to assess an individual newly diagnosed with HIV, eg a specialist doctor or clinical nurse specialist. For those diagnosed via POCT testing in an HIV/GUM/sexual health clinic setting, the date entered here may be the same as the date of testing. If so, please confirm this by re-entering the date here.

All dates should be entered in dd/mm/yy format. Please check them carefully as they are a key part of the audit data.

[]Date of first recorded discussion with an HIV specialist clinician about ART initiation:

Answer must be between 01/01/18 and 31/12/19

Please enter a date:

This may be the same date as that given in the previous question. If no discussion of ART has been recorded please leave blank and ignore the next two questions.

All dates should be entered in dd/mm/yy format. Please check them carefully as they are a key part of the audit data.

[]At the time of first discussion of ART initiation (ie answer to previous question) were the results of the following tests available?

Please choose the appropriate response for each item:

	Yes, result available	No, result not yet available	Not recorded
Confirmation of initially reactive HIV test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV viral load (VL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CD4 T-cell count	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV genotypic drug resistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HLA-B*57:01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B and C serology (or known status)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STI screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]Were the following topics covered during (or before) the first discussion of ART initiation:

Please choose the appropriate response for each item:

	Yes	Not at/before first discussion of ART initiation, but covered later	Not recorded as covered
Benefits of ART to individual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence that VL suppression on ART means person cannot transmit HIV to sexual partners, ie U=U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner notification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of peer/community support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]Result of first HIV VL test, in copies/mL:

Please choose **only one** of the following:

- Undetectable or <50 (for example elite controller)
- Detectable, but ≤ 1000
- 1001-10,000
- 10,001-100,000
- 100,001-1 million
- >1 million

[]Result of first CD4 T-cell count, in cells/mm³:

Only numbers may be entered in this field.

Please write your answer here:

[]Did you conduct a look-back review to see if there had been possible earlier missed opportunities for HIV testing?

Only answer this question if the following conditions are met:

Answer was less than or equal to '200' at question '17 [CD4]' (Result of first CD4 T-cell count, in cells/mm³.)

Please choose **only one** of the following:

- Yes
- No
- Not sure

[] Did you identify any clear missed opportunities for HIV testing?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '18 [Lookback]' (Did you conduct a look-back review to see if there had been possible earlier missed opportunities for HIV testing?)

Please choose **only one** of the following:

- Yes, there had been at least one definite missed opportunity for earlier HIV testing
- It's likely but uncertain that there had been missed opportunit(ies)
- There was no evidence of missed opportunities

[] At the time of diagnosis, did the individual have:

Please choose **all** that apply:

- Suspected or confirmed primary HIV infection (PHI)?
- AIDS-defining infection?
- Other AIDS-defining illness?
- Other serious bacterial infection?
- Other signs or symptoms of possible HIV-related disease?

[] You have said the specimen for HIV testing was taken in an in-patient setting. Was the reason for the admission HIV-related?

Only answer this question if the following conditions are met:

Answer was 'In-patient setting' at question '10 [SpecimenWhere]' (Where was the specimen taken for this initial test?)

Please choose **only one** of the following:

- Yes
- No
- Not sure

[] Has ART been initiated for this individual within your service? *

Please choose **only one** of the following:

- Yes
- No

This question requires an answer.

[]Date ART initiated (ie date first prescribed):

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '22 [ARTinit]' (Has ART been initiated for this individual within your service?)

Answer must be between 01/01/18 and 31/12/19

Please enter a date:

All dates should be entered in dd/mm/yy format. Please check them carefully as they are a key part of the audit data. If not known, leave blank.

[]Was ART initiation delayed for any reason?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '22 [ARTinit]' (Has ART been initiated for this individual within your service?)

Please choose **all** that apply:

- Individual did not wish to start ART when first offered
- Individual postponed or re-scheduled appointment(s)/attendance(s)
- Individual did not attend booked appointment(s)
- Time to receive results of tests
- Virtual clinic approval required for non-standard regimen
- ART delayed for clinical reasons because of concomitant illness/medication
- Other source of delay, please describe:

[]Which test(s) led to the delay?

Only answer this question if the following conditions are met:

Answer was at question '24 [ARTdelay]' (Was ART initiation delayed for any reason?)

Please write your answer here:

[]Please briefly describe the clinical reason(s) for delaying ART:

Only answer this question if the following conditions are met:

Answer was at question '24 [ARTdelay]' (Was ART initiation delayed for any reason?)

Please write your answer here:

[]Why has ART not been initiated within your service?

Only answer this question if the following conditions are met:

Answer was 'No' at question '22 [ARTinit]' (Has ART been initiated for this individual within your service?)

Please choose **all** that apply:

- Individual transferred care to another service
- Individual has declined ART
- Individual has been lost to follow-up
- Individual has died
- Other reason, please describe:

[]If there is something you wish to add to explain your previous answer(s), then please write it here:

Only answer this question if the following conditions are met:

Answer was 'No' or 'Yes' at question '22 [ARTinit]' (Has ART been initiated for this individual within your service?)

Please write your answer here:

[]Please check that you are happy with your answers above, and then click on "Submit" to record the data for this individual. Your answers are not saved until you do so. After submission you will be able save the completed form for your own records before following other options, including entering data for another individual.

Only answer this question if the following conditions are met:

((ARTinit.NAOK == "N" or ARTinit.NAOK == "Y"))

Thank you. Your answers for this individual have been saved. If you would like a printable copy of the completed form for your own records, please click on "Print your answers" below - do this now, before clicking any other link. It will open in a new tab or new window.

- [Please click this link to go back to the start of the form to enter audit data for another patient](#)
- [Or, please click this link to go to the BHIVA website.](#)

If you have *completed* data submission for all eligible patients (up to 40), then [please click here to record the names of individuals participating in the audit from your service and receive your certificate of participation.](#)

Submit your survey.

Thank you for completing this survey.