

Joint RCGP / BHIVA
Multidisciplinary Conference

HIV in Primary Care:
All you need to know

Friday 25 January 2013

Friday 25 January 2013, Royal College of General Practitioners, London



Royal College of
General Practitioners



British HIV Association
BHIVA

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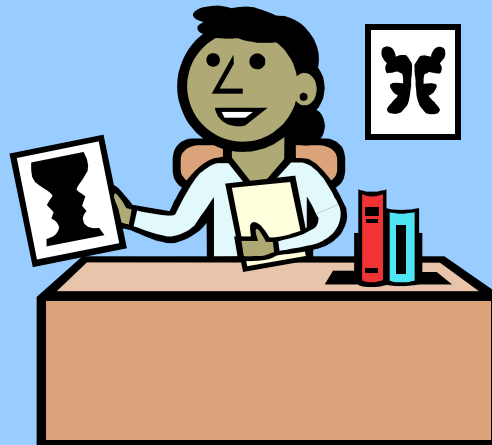
Seminar One:

Dr Philippa James
Cornbrook Medical Practice, Manchester

Dr David Asboe
Chelsea and Westminster Hospital, London

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Testing for HIV in Practice - Seminar



Case History

- 19 year old black African patient registered with the practice 5 years (since age 14).
- Presents in morning emergency surgery with headache and diarrhoea. Temp 37.7, BMI =15.
- Bloods taken including FBC, ESR, CRP and sent CXR.

- ESR = 62, CRP = 32, CXR = normal.
- Returned for results – also had mouth ulcers. HIV, Syphilis, and Hepatitis B screen done.
- Syphilis and HIV positive.

Past History

- 2007 – Shingles rash
- 2008 – worried about weight
- 2008 – cough
- 2009 – cough
- 2010 – sore throat
- 2010 – sore throat
- 2011 – boil on neck
- 2011 – sore throat
- 2011 – viral illness and oral thrush

Case One

- M.W. 45 year old male patient.
- Comes to G.P. with sweats, rash, feeling TATT (one year history).

Options

- A. Advise viral illness and to come back if no better after one month.
- B. Organise general bloods for tiredness such as FBC, Thyroid Function Tests.
- C. Take a sexual history.
- D. Tell him we're all tired and to take more exercise.

- F.B.C. showed slightly raised lymphocytes but nil else.
- Sexual history, gay male, no sexual partners for > 1 year.

One month later

- Returns to see you with resolving shingles rash on buttock, still very tired.

Do You?

- A. Give him Aciclovir for his shingles.
- B. Suggest H.I.V. test.
- C. Other

Outcome

- HIV test positive.

Case Two

- J.S. is a 40 year old woman.
- She has recently heard a rumour that an ex-partner might have HIV.
- She comes to you for advice.

Do you?

- A. Tell her not to worry about it and that the rumour probably wasn't true.
- B. Ask for a more detailed history of risks.
- C. Suggest attends GUM clinic for HIV test (just in case).
- D. Counsel regarding the possibility of HIV positive and arrange test.

- You do HIV test and result comes back positive.
- She is devastated.
- She is extremely worried someone might “find out”, she asks whether the reception staff have to know the diagnosis.

Do you?

- A. Offer to security code her notes so that no-one can see except medical staff.
- B. Tell her that all members of staff sign up to confidentiality clause in contract.
- C. Tell her that the reception staff already know because they see all results as they come into Practice and they were chatting about it over coffee this morning.
- D. Other

- She then asks whether you think her children might be affected.
- It seems from history that contraction of HIV was likely to be after their birth.
- What are the options?

Do you?

- A. Reassure her that her children are fine and no further action is necessary.
- B. Tell her that her children are very likely to be HIV positive and to bring them in for testing.
- C. Explain low risk but suggest testing anyway for peace of mind.
- D. Say it's best discussed in a specialist clinic and tell her to sort it out with HIV consultant.

Case Three

- R.G. 50 year old man.
- Comes to G.P. with constipation, no blood or mucus, weight loss 1 stone in 3 months.
- Bloods show low WCC (2.9), low neutrophils (1.2), slightly raised ALT, raised ferritin.

Do You?

- A. Refer him to gastroenterology urgently.
- B. Tell him not to worry and review in 3 months.
- C. Suggest HIV test.
- D. Ask about HIV risk.

- Seen by gastroenterologist.
- OGD and colonoscopy normal.
- Returns feeling “awful”, further weight loss, diarrhoea.
- Asked re HIV risk, classifies self as “low risk”
- Encouraged to have test. HIV positive.

Role Play 1

- Divide into pairs – one is GP/Nurse and one is patient.
- Patient to look at scenarios and choose one.
- Aim of the consultation is to bring up offer of a HIV test.
- Five minutes.



How did it go?

- Did everyone manage to offer the test?
- Did you feel comfortable offering the test?
- Did the patient feel comfortable?
- Was anyone offended?

(Plan to repeat the role play later)

HIV testing and prevention

- Be pro-active – target those potentially at risk. NICE guidance MSM, Black Africans, any new patient in high prevalence area (> 2 in 1000).
- Think laterally – other STIs, related illnesses, risk groups
- Use opportunities – any appropriate consultation

Raising the issue

This is a condition that can sometimes be associated with HIV infection and I usually recommend HIV testing in these circumstances. Can we discuss whether you could have been at risk?

You come from an area where HIV infection is very common, have you ever considered having an HIV test

Anyone who has ever injected drugs is at possible risk of chronic viral infections such as Hepatitis B and C and HIV even if they have not done so for a long time – have you ever thought about having these tests?

OK, so you'd like a test for Chlamydia. Would you like a HIV test too

Because two of your partners in the last year have been male, it is possible that you are at a higher risk of HIV. Have you ever considered having an HIV test

There is quite a lot of undiagnosed HIV in this area so we are trying to increase our testing rates as people do much better if they know they have it

We are trying to do a lot more HIV testing because undiagnosed HIV can do a lot of damage and we know the infection responds well to treatment

HIV testing essentials

New HIV testing guidelines recommend:

- Benefits of testing to the individual
- Details of how the result will be given
- Opportunity for the patient to ask questions and answering them

HIV testing - other issues

- Why the test is being suggested
- Explanation of the window period
- Harm reduction and prevention of transmission
- Support and coping
- Six Step Guide to HIV testing (in your packs).

Giving the result

- Think about giving the result – who needs a face to face result?
- Ideally from the same professional involved in pre-test

Role Play 2

- Divide into pairs – one is GP/Nurse and one is patient.
- Patient to look at scenarios and choose one.
- Aim of the consultation is to bring up offer of a HIV test.
- Five minutes.



How did it go?

- Did everyone manage to offer the test?
- Did you feel comfortable offering the test?
- Did the patient feel comfortable?
- Was anyone offended?
- Was it different than last time?

Video Clips of getting a positive test result

[Getting a diagnosis of HIV](#)

Giving the result

- Think about giving the result – who needs a face to face result?
- Ideally from the same professional involved in pre-test
- Ensure privacy and adequate time for questions
- Provide information/advice in written form

Giving a positive result

- Try and make sure it is not on a Friday evening.
- Check their understanding of the result.
- Need second test to check result (best done in HIV clinic).
- Offer appointment with HIV clinic ideally within 48 hours (consider this pathway BEFORE you see the patient).
- Explore their concerns and support needs.
- Offer ongoing support.

Referral Pathways

- Different for different areas and clinics.
- Find out the referral pathway BEFORE you give the result.
- Make sure all the practice team know the referral pathway.

Giving a negative result

- Check if retesting required due to window period
- Discuss how to avoid future risk - safer sex, safer injecting
- Offer HBV and HAV immunisation if required
- PEP and PEPSE
- PrEP

Partner notification (PN)

- HIV PN should be initiated as soon as possible
- Review in specialist service but may be appropriate to initiate especially for primary partner
- Estimate duration of HIV infection and offer HIV testing to all partners (+3 months)
- Identify untested children

Post-Exposure Prophylaxis (PEP/SE)

- Have a clear policy on needle stick injury within the work setting, make sure staff are aware of how to access this and the need for rapid action (most effective if given within 2 hours)
- Be aware of availability of PEP after high risk sexual exposure – know how to refer patients for assessment and treatment in your area

PEPSE

- Small number of indications
- Exposure <72 hours
- Is source on effective cART?
- PEPSE only one of number of interventions to reduce future risk
- Repeated requests consider PreP?

- www.bashh.org

Pre-exposure Prophylaxis (PrEP)

- People at high risk contracting HIV.
- Sero-discordant couples.
- One tablet daily of Truvada.
- Trials have shown reduction in HIV transmission.
- Needs careful monitoring.