

# HIV Testing in an Asylum Seeker Induction Centre

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## Introduction

Persons claiming asylum and requiring asylum support accommodation are transferred to an initial accommodation centre. As asylum seekers pass through these centres they are entitled to a health care assessment by an independent health care provider not assigned to the UK Border agency.

In 2012 there were 6 initial accommodation centres in the UK. Locally the centre in Huddersfield was open between May 2011 and October 2012 and health care was provided by Locala (a social enterprise).

HIV testing is mentioned in the guidance on healthcare needs and pregnancy dispersal of asylum seekers produced in 2011 but only if the applicant wishes it to be done.

National guidelines recommend HIV testing in all patients coming from a country of high HIV prevalence (>1%).

A review of those patients attending for health care assessments between May 2011 and October 2011 revealed over 20% originated from a country with >1% HIV prevalence whilst only 1 HIV test was offered. This was felt to be a potential missed opportunity for HIV testing. With late diagnosis of HIV continuing to compromise patient outcomes and asylum seekers being highly marginalised and late at attending healthcare we felt this was an opportunity to test, even though their stay in the centre was very transient and movement away from the area usually occurred within weeks if not days in some cases.

Point of care HIV testing was implemented in Huddersfield IA centre for a one year pilot study. We wanted to assess whether offering testing was possible, acceptable to patients and effective.

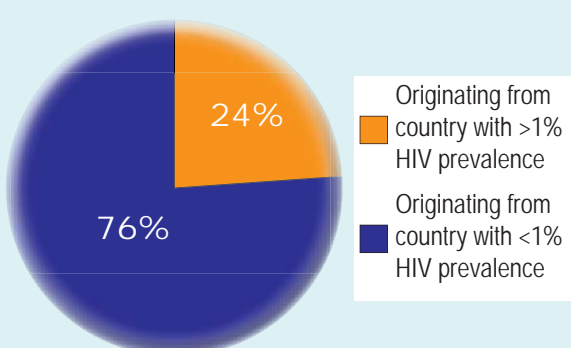
## Methods

Between October 2011 and October 2012, patients at Huddersfield initial accommodation centre were offered a POCT HIV test (Alere Determine HIV 1/2 Ag/Ab Combo) if they were from a country with >1% prevalence of HIV. A small grant from the Department of Health was used to cover test costs.

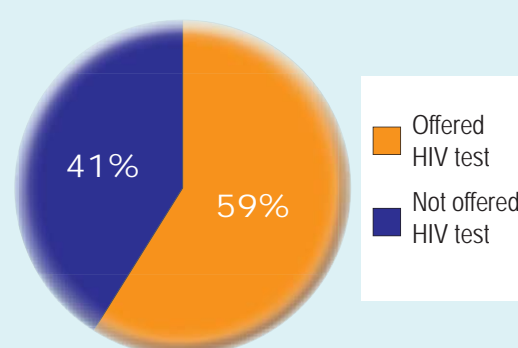
## Results

- Number of health assessments completed **1519**
- Number of patients identified as coming from a country with HIV prevalence >1% **361 (24%)**
- Number offered HIV test **214 (59%)**
- Number of HIV tests done **187 (87%)**
- Number of reactive POC tests **14 (7%)**
- Number of confirmed positive HIV tests **14**
- Number of newly diagnosed HIV patients **9 (5%)**
- 11/14 patients were referred onto local HIV services.
- 1 patient declined to attend and was subsequently transferred to another area.
- 10/14 patients were assessed at our local HIV clinic - five of which were newly diagnosed and five previously diagnosed.
- Of those newly diagnosed who transferred to local HIV care 4/5 had a CD4 count <350 1/5 had a CD4 count <200.
- All accessed clinic within 2 days of diagnosis and all those requiring treatment commenced in a timely manner.
- 6/10 referred to local HIV care were dispersed elsewhere within 12 months.
- 4/10 remained in care locally at 12 months since diagnosis/referral.

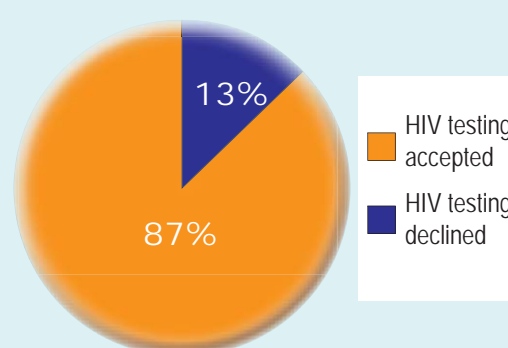
Asylum seekers attending for healthcare assessment



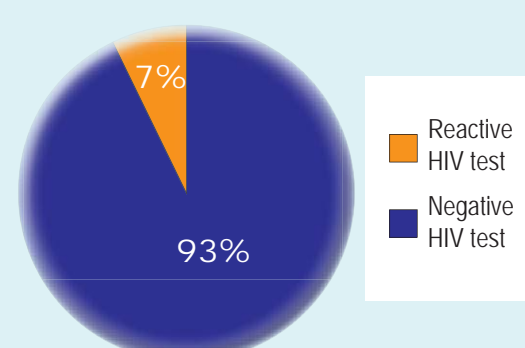
Offer of HIV test



Acceptance of HIV test



Reactive HIV tests



## Patients with reactive HIV tests

Age	Country of Birth	Previous Test	Time in UK before test (years)	Baseline CD4	Baseline VL	Requiring treatment/on treatment	Accessing care 12 months after diagnosis
52	Sierra Leone	No	3	300	0	Yes	No, died
41	Kenya	No	4	410	14440	No	Yes, transferred
32	Gambia	No	0	288	71000	Yes	Yes
34	Congo	No	0	19	622000	Yes	Yes
33	Cameroon	Yes	0	727	0	On	Yes, transferred
37	Gambia	No	0	273	179000	Yes	Yes, transferred
37	Uganda	Yes	0	244	2610	Yes	Yes, transferred
47	Zimbabwe	Yes	2	223	100000	Yes	Yes, transferred
42	Kenya	Yes	0	220	0	On	Yes
28	Gambia	Yes	3	253	118	On	Yes

## Conclusion

Offer of HIV testing within the setting of asylum seeker initial accommodation centre is possible and acceptable to the majority of patients. Less than a fifth of patients declined HIV testing when offered. POCT testing was essential given the rapid turnaround of patients and ensured that patients were offered same/next day referral to sexual health services.

This strategy was successful at identifying both undiagnosed and diagnosed HIV infected individuals requiring care.

## References

1. British Association for Sexual Health and HIV (BASHH), the British HIV Association (BHIVA) and the British Infection Society (BIS) Guidelines for HIV Testing. British HIV Association (2008) Available <http://www.bhiva.org/HIVTesting2008.aspx> (accessed 25th March 2014).
2. UK Border Agency 2012. Health Needs and pregnancy dispersal guidelines. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/257415/healthcare-guidance-.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/257415/healthcare-guidance-.pdf) (accessed 25th March 2014)