

O11: A multi-centred review of PN in new HIV diagnoses through opt out emergency department testing

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#NHIVNA24



Conflict of Interest



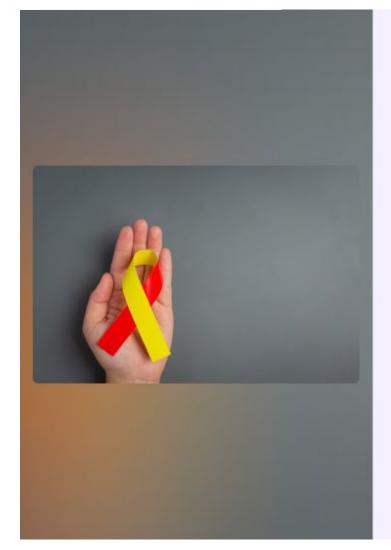
In relation to this presentation I declare that I have no conflict of interest

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Review of Partner Notification in New HIV Diagnoses through Optout Emergency Department Testing of a multi-centre Trust.

Jen Kendrick

Manchester University NHS Foundation Trust.



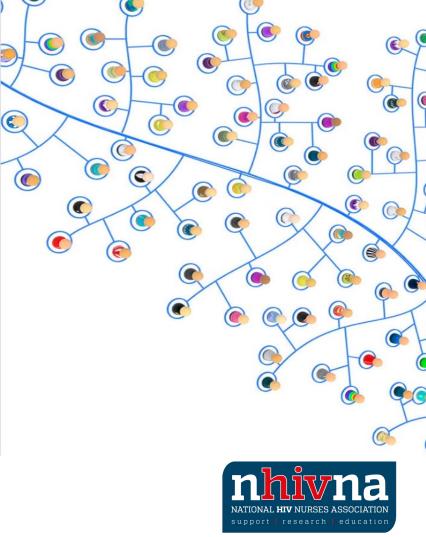




Background on Partner Notification

Partner notification (P.N) is critical to identify and test the contacts of individuals newly diagnosed with HIV. This process can help prevent onwards transmission, improve linkage into care and provision of PEP/PREP.





Guidance on Partner Notification

GUIDELINE

2012 BASHH statement on partner notification for sexually transmissible infections

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SSHA

Society of Sexual Health Advisers

BASHH 2 BHIVA SSHA 38 HIV partner notification for adults: definitions, outcomes and standards Authors: Art Sulkon, M Payment, Y Alad, G Ball, H McDean, V Delpech, J Cassel H Curlis, M Mukries, C Estimat **Bockground and purpose** HV partner notification (PN) is a process it which contacts of people with HV are identified and pleast HV testing. The strategy provide considerable opportunities to reach from at regime the of HV and reclass inward transmission tracking approaches auch as post-POT and per-organize perpairies (POT), and well estimated intervention. This a declare with POT context sends to include an analytic testing where dispose and an applications, with pendits public health by persimple the spread of indeclars. Achieving whether HV POT context testings to care, with pendits public health by pensimple the spread of indeclars. Achieving whether HV POT context testings to care. Guidance on Partner Notification Hage to care, and bording pages neares to preventing the payare of interpret, Antihaling research the interpret of advancegins, the temp PA of the INGE interpret of the payare and the Vin Lie and Antihaling and the payare and samp benefits. The payar INFE (Lie Antihalin and payare the of the payare and the payare (Lie and Theas Yoldhalak Inter-ting the efficiency of the payare the of the payares. There is the payare (Lie Antihaling Interpret and Interpret and Interpret the Antihaliak Inter-and manuale volume devices and payare the of the payares. The rest the payare of the Antihaliak Inter-and manual volume devices and payare the of the payares. The rest the payare of the Antihaliak Inter-and manual volume devices and payare the of the payares. The rest the payare are of the payares and the payares. The absument before relevant automes and proposes alanciants for HV PK. It aloss not assorber the no tool alread practice for PK, these are to be found in the INCEH Elaberheit on Partner footh-fearmentation inforctions and the Silon Manual for Silon Andreas. August 2015 The guiltance has been developed by a multificialitieity giving of clinical, justice health and their leader sequences for use to individualize development. In an one of an an annexes to increase the guintermance applied agreed manctance, with the overall aim of manufacting the balance of the Phristerials, thereing inclinating diagnosis of help and imposition to both individual and guinta health. lerns and Definitions Public Lange Parmin and 1451 Contacts: People who have had contact with the Volex case in a way which is also and who may to may hot have hill allector: hermakine, (pilot are Appandic 3) Cated with refy transmission The main contact cotepones are used, tasked on whether or not the contact's VMV etails is known at the time of the retail PN decusion with the index case. This reflects how contacts are managed in residne distant practice.

1 Contacts unline Hill status is hower. Status recover contacts

8. Contacts whose HNV assess is university. Statute-university contacts









Opt-out Emergency Department HIV/Hepatitis C Testing

Increased Accessibility

Offering routine HIV/Hep C testing in the emergency department reaches individuals who may not seek care elsewhere.

Public Health Impact

Most importantly this reduces the number of unknown statuses and facilitates those who are hard to reach getting back into care.

Early Intervention

Rapid diagnosis enables prompt linkage to treatment and prevention services, improving health outcomes.







Manchester University NHS Foundation Trust E.D Sites

Site 1:	Site 2:
Oxford Road Campus	Wythens
Commenced Testing	Commen
01/12/2021	March 20

thenshawe Hospital nmenced Testing rch 2022

North Manchester General Hospital

Commenced Testing

September 2022

Site 3:







Methods:

Study Design

We reviewed the records of individuals diagnosed via E.D testing across the 3 E.D sites.

Data Collection

Extraction of relevant clinical, demographic, and partner notification outcomes from electronic medical records.

Analysis

Quantitative methods to evaluate testing rates, discussion and implementation of partner notification, initiation of Pep/Prep







Manchester University NHS Foundation Trust

Results- From initiation of testing to March 2024.

Site 1

26 new diagnoses

20 M 6 F

25 Engaged in care

9 verified partners tested

3 patients reported partners tested

0 new diagnoses

2 pep/prep initiated

3 children tested- no new diagnoses.

10 late presentations

12 declined to provide details

Site 2

22 new diagnoses

15 M 5 F

20 engaged in care

14 verified partners tested

15 patient reported partners tested

3 new diagnoses as result of PN from ED testing

2 PEP and 2 PreP initiated

0 children tested

11 late presentations

Site 3

22 new diagnoses

9 F 13 M

21 engaged in care

7 verified partners tested

3 partners known living with HIV

4 partners reported tesed

2 new diagnoses as result of PN from ED testing2 initiations of prep

2 partners had passed away 3 no details provided.





www.nhivna.org

Limitations



	1	Uncontactable/ Untraceable partners
	2	Staff lacking confidence in asking question related to P.N
	3	Fear of confidentiality/ stigma/isolation.
	4	Hospital systems are not set up well for PN collection/documentation.
	5	Irregularity of clinicians can result in delays in PN follow up
	6	Verification of PN/Provider referral when outsourced.





Recommendations

- P.N specific training to be incorporated into new starters' competency/development programme.
- Person-centred care. P.N discussions can be on-going and at the individual's pace.
- Ensuring all aspects of P.N are reviewed- i.e provider referrals and the follow up of individuals notifying their contacts.
- Establishing links between I.D and Sexual Health or other Departments to streamline P.N, partner testing and Pep/Prep initiation.
- Extend opt-out BBV testing to other healthcare settings such as G.Ps alongside links to sexual health centres for support and testing.







Conclusion

- Performing PN is an integral part of the process when managing new HIV diagnoses, regardless of the site of testing,
- Timely PN allows provision of treatment to those who are unaware of their status, prevents onwards transmission by providing PEP/PREP and provides psychosocial person-centred care and support those living with HIV to be able to access healthcare.
- The review highlighted areas where PN can be improved within our own services.
- A nationally a review of HIV PN may be of benefit to update and address areas for improvement .







<u>Contributors</u>

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