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MSD



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

Jen Kendrick

Manchester University NHS Foundation Trust



Conflict of Interest



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

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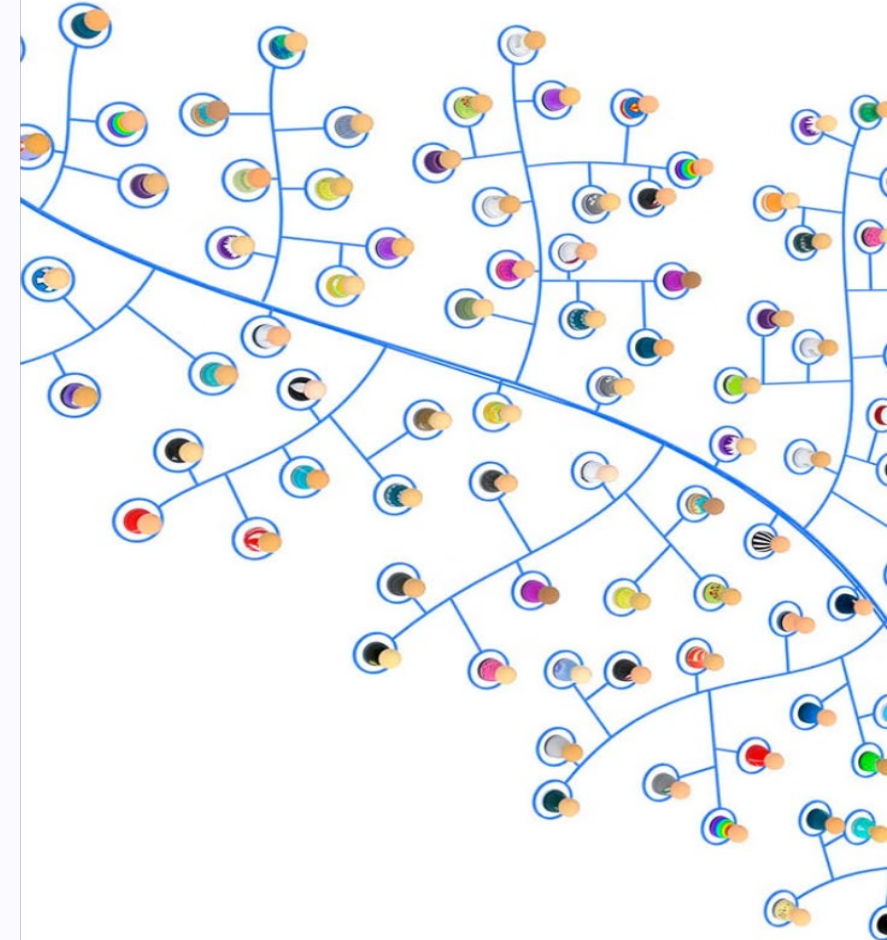
Review of Partner Notification in New HIV Diagnoses through Opt- out Emergency Department Testing of a multi-centre Trust.

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/PEP.



Guidance on Partner Notification

GUIDELINE

2012 BASHH statement on partner notification for sexually transmissible infections

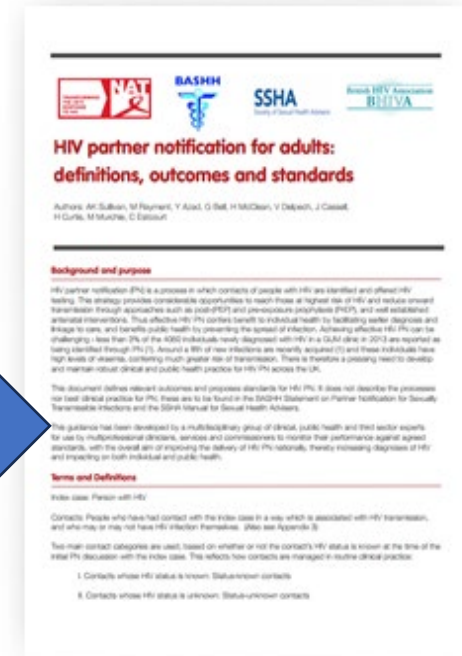
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SSHA
Society of Sexual Health Advisers

Guidance on Partner Notification

August 2015





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.

Early Intervention

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

Public Health Impact

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

Manchester University NHS Foundation Trust E.D Sites

Site 1:

Oxford Road Campus

Commenced Testing
01/12/2021

Site 2:

Wythenshawe Hospital

Commenced Testing
March 2022

Site 3:

North Manchester General
Hospital

Commenced Testing
September 2022

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

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 tested

2 new diagnoses as result of PN
from ED testing

2 initiations of prep

2 partners had passed away

3 no details provided.

Limitations



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/PRP 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 .

Contributors

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ANY
QUESTIONS

