

15th Annual Conference of the National HIV Nurses Association (NHIVNA)

Sandra Chidzomba

Birmingham Heartlands Hospital

MISSED OPPORTUNITIES Sandra Chidzomba & Vinnette Ennis

BIRMINGHAM HEARTLANDS HIV SERVICE MHS





INTRODUCTION

Early diagnosis and testing for HIV is paramount in preventing opportunistic infections and complications of late diagnosis.

- •The problem identified is missed opportunities for early HIV testing.
- •The aim is to reduce late diagnosis by increasing awareness.
- •The objective is to educate other health professionals the importance of testing and early diagnosis of HIV.





MFTHOD

A retrospective study of three patients diagnosed with advanced HIV was undertaken to identify any missed opportunities where an HIV test was clinically indicated in primary and secondary care. Past medical histories were analysed alongside the UK national clinical guidelines for HIV testing to identify opportunities where an HIV test would have been appropriate.

BIRMINGHAM HEARTLANDS HIV SERVICE





Clinical indicator diseases for adult HIV infection Patients with the following specific indicator conditions should be routinely offered an HIV tests

Respiratory	Gastroenterology	Neurology	Dermatology	Oncology
AIDS-defining conditions •Tuberculosis •Pneumocystis	AIDS- defining conditions •Persistent crypotosporidiosis	AIDS-defining conditions •Cerebral toxoplasmosis •Primary cerebral lymphoma •Cryptococcal meningitis •Progressive multifocal leucoencephalopathy	AIDS-defining conditions •Kaposi's sarcoma	AIDS-defining conditions •Non-Hodgkin's lymphoma
Other conditions where HIV testing should be offered •Bacterial pneumonia •Aspergillosis	Other conditions where HIV testing should be offered •Oral candidiasis •Oral hairy leukoplakia •Chronic diarrhoea of unknown cause •Weight loss of unknown cause •Salmonella, shigellar or campylobacter •Hepatitis B infection •Hepatitis C infection	Other conditions where HIV testing should be offered •Aseptic meningitis/encephalitis •Cerebral abscess •Space occupying lesion of unknown cause •Guillain-Barre syndrome •Transverse myelitis •Peripheral neuropathy •Dementia •Leucoencephalopathy	Other conditions where HIV testing should be offered •Severe or recalcitrant seborrhoeic dermatitis •Severe or recalcitrant psoriasis •Multidermatomal or recurrent herpes zoster	Other conditions where HIV testing should be offered •Anal cancer or anal intraepithelial dysplasia •Lung cancer •Seminoma •Head and neck cancer •Hodkin's lyphoma •Castleman's disease

Gynaecology	Haematology	Ophthalmology	ENT	Other
AIDS-defining conditions •Cervical cancer	AIDS-defining conditions •N/A	AIDS-defining conditions •Cytomegalovirus retinitis	AIDS-defining conditions •N/A	AIDS-defining conditions N/A
Other conditions where HIV testing should be offered •Vaginal intraepithelial neoplasia •Cervical intraepithelial neoplasia Grade 2 or above	Other conditions where HIV testing should be offered Any unexplained blood dyscrasia including: •Thrombocytopenia •Neutropenia •Lymphopenia	Other conditions where HIV testing should be offered •Infective retinal diseases including herpes viruses and toxoplasma •Any unexplained retinopathy	Other conditions where HIV testing should be offered •Lymphadenopathy of unknown cause •Chronic parotitis •Lymphoepithelial parotid cysts	Other conditions where HIV testing should be offered •Mononucleosis-like syndrome (primary HIV infection) •Pyrexia of unknown origin •Any lymphdenopathy of unknown cause •Any sexually transmitted infection.

BHIVA/BASSHH/BIS UK National Guidelines for HIV Testing. 2008.







Case 1

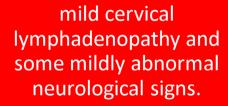
58 year old caucasian married male.



February 2009 seen by GP with a history of weight loss, raised ESR, low platelet count and low white cell count.



March 2009 patient reviewed by Respiratory consultant, found to have a chronic viral infection.





Endocrine team noted raised ESR, oral thrush although normal lymphocyte count.



May 2009 patient reattended GP's and referred to Endocrine consultant for weight loss of unknown origin.



Coealic screen and ESR performed and CT scan of abdomen and chest.



July 2009 Bence-Jones protein for myeloma screen and an endoscopy was requested.



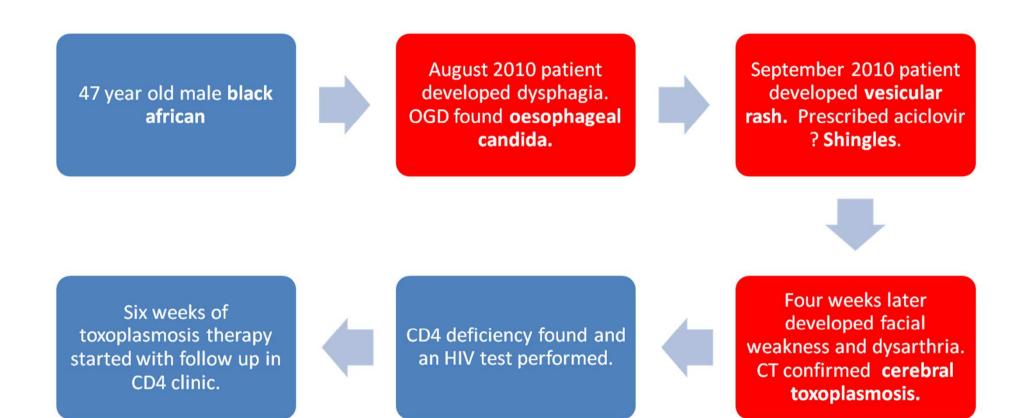
endoscopy test triggered an HIV test as it showed **oesophageal** candida.

BIRMINGHAM HEARTLANDS HIV SERVICE MIS





Case 2

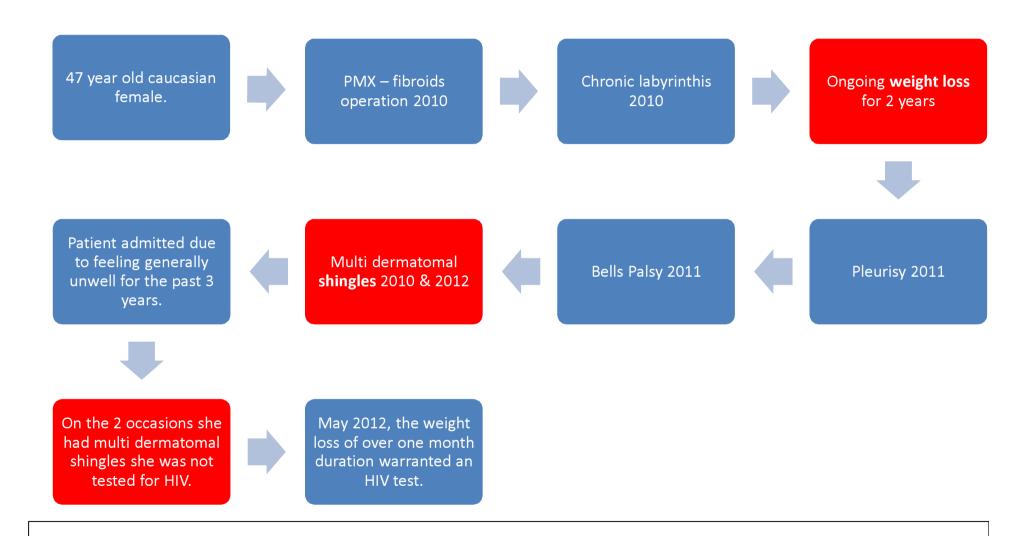








Case 3



BIRMINGHAM HEARTLANDS HIV SERVICE MIS





- Missed opportunities for earlier diagnosis existed in primary and secondary.
- •All three cases suffered weight loss and loss of appetite.
- Patients attending health care services such as primary, secondary and tertiary care should be offered a diagnostic test for HIV in accordance with current national guidelines.





RESULTS

The analysis revealed that over a period of time patients attending primary care with clinical indicator diseases' should have prompted an offer of an HIV test. This was demonstrated in the three case studies.

Late diagnosis is associated with:

- Increased HIV mortality.
- Impaired response to HIV medication.
- Increased costs to the health care service.





RECOMMENDATIONS

Education programmes at all levels of health care professionals should be established.

This will prompt health care professionals to offer an HIV test to all patients presenting with symptoms relating to the UK national guidelines HIV testing.

Continued efforts should be made to normalise and make HIV testing routine.







There are four reasons why people are dying of advance HIV in the UK:

- 1. They do not consider themselves at risk.
- 2. HIV testing is not routinely offered in GP practices or hospitals.
- 3. One in four people (22,000) infected with HIV in the UK remain undiagnosed.
- 4. If undiagnosed they cannot receive life saving treatment and can unknowingly infect others.



REFERENCES

Clinical Indicator diseases for adult HIV infection. BHIVA/BASHH/BIS UK National Guidelines for a HIV Testing, 2008.

NHS Choices, your health, your choices. HIV and AIDS. 2012.

www.nhivna.org. 2012

www.savinglivesuk.com. 2012



