

STOP HIV/AIDS Project – HIV Acute Care Testing Physician: Frequently Asked Questions

What is the new hospital HIV routine testing initiative?

- All patients admitted to St. Paul's Hospital, Mount Saint Joseph Hospital, VGH and UBC Hospital will be **offered** an HIV test.

When does this start?

- St. Paul's Hospital & Mount Saint Joseph Hospital will begin on October 3, 2011
- Vancouver General Hospital Medicine Units will begin October 31, 2011
- The departments of Surgical Services, Cardiac Services, Renal Services at VGH & UBC Hospital will begin in January 2012

Who are we testing?

- All patients admitted to acute care will be offered an HIV test.
- Services/departments that will be excluded are ICU, Palliative Care and Psychiatry.

Why are we initiating HIV routine testing into acute care?

- HIV is an important health issue with 300-400 new diagnoses in BC every year. The number of new infections is not declining.
- People are not being diagnosed early enough. 60% of HIV patients are diagnosed after they should already be on treatment.
- Evidence shows that most people newly diagnosed with HIV have had many missed opportunities in health care for HIV diagnosis. Admission to hospital is an excellent opportunity to screen all patients for HIV.
- Screening based on risk misses a substantial proportion of people with HIV. Patients are frequently unaware of their risk or if they are aware, they often do not disclose to their health care provider. Routine HIV testing of all patients reduces stigma and improves early detection.

What should I say to patients?

- Offer the test as part of routine care. For example, "I'm ordering some blood tests today. We routinely test all hospital patients for HIV. Do you have any concerns or questions about this?"

What is the consent process for testing in the hospital?

1. Inform the patient that an HIV test is being offered as a **routine** part of their hospital care.
2. All other information needed for consent is provided in the patient fact sheet which is included in the patient admission package.

3. Give the patient an opportunity to ask questions and if desired, to decline the test.

What do I say if a patient asks why they are being tested?

- Knowing your HIV status is important for your health care. HIV status affects how we treat infections, cancers and even which vaccinations you should get.
- HIV infection should be treated as early as possible. Early treatment prolongs and improves people's lives. People on treatment can have healthy lives, relationships, and children.
- Most patients we test are at very low risk and will have a negative test. But, the only way to know for sure is to have a test.
- It is just as important for us to know if you are negative as knowing if you are positive.

What if the patient doesn't want an HIV test?

- As with all medical interventions, the patient has the right to refuse an HIV test.

What if the patient wants a non-nominal test?

- In BC, patients can choose to use their full name (nominal) or a combination of their initials and birth date (non-nominal) as their identifying information. As a result, if an HIV test is positive, it is reported to public health using the patient's choice of identifying information.
- A non-nominal HIV test is **not** available in hospital. Patients wishing a non-nominal test should be tested in the community. It is important to remind patients that all HIV test results, as with any other clinical information, are confidential.

Why test patients with no risk factors?

- Everyone who has ever been sexually active is at some risk of HIV.
- Patients don't always know if they are at risk and they rarely tell their health care provider even if they do know.
- Routine HIV testing for pregnant women, most of whom are at very low risk, has virtually eliminated mother to child HIV transmission. Similarly, routine HIV testing in the general population could significantly reduce overall transmission.
- The yield of positive results of routine HIV screening in acute care will be low. Benefits will be seen at a population level.

How long does it take to receive a test result?

- Negative test results can take 1-3 days
- Positive test results can take 1-2 weeks because the blood sample is sent to BCCDC for confirmatory testing

What is the false positive rate of HIV test?

- An HIV test consists of an enzyme immunoassay (EIA) test. This test has high sensitivity and is used as a screening test.
- Since a large percentage of submitted specimens will be from individuals at low risk for HIV infection a falsely reactive can occasionally occur. In BC, it is estimated that approximately 0.4% of all HIV screening tests or about 4 per 1000 individuals screened are falsely reactive.
- In Vancouver General Hospital and UBC Hospitals, a positive screening test will not be reported to the ordering physician until after the confirmatory tests are complete
- At Providence Health, the positive EIA test will be flagged as "Preliminary result; confirmation required. Sample sent to BCCDC for Western Blot confirmation of antibody status." The standard of practice for routine screening of low risk populations is to wait for confirmatory test from BCCDC prior to disclosing a positive result.

What is the process for following up positive test results?

- See site specific algorithm on the two last pages

I'm not familiar with HIV care. What do I do if the patient tests positive?

- At each hospital, HIV clinicians are available to help you discuss a positive result with your patient and link them immediately to care. We recommend that you contact this team before disclosing the result to the patient.
- At PHC and MSJ contact the HIV nurse to disclose result, provide patient counseling, education and linkage to care. **Call local 34377 or page 604 252 4377 Monday-Friday 8am-4pm. After hours, contact ID on call by contacting switchboard.**
- At VCH, contact VGH Infectious Disease physician to disclose result, provide patient counseling, education and linkage to care. **Call 604 875 4588 Monday-Friday 8am-5pm. After hours, please contact ID on call by contacting switchboard.**
- If the patient has already been discharged, a public health nurse (PHN) will receive a copy of the result and follow up with the patient. A PHN may call you after discharge to obtain relevant clinical information for follow-up.

What if the test result is negative?

- If a patient is in hospital, the ordering physician or resident can inform the patient of the negative result.
- If the patient has been discharged from hospital, the patient can receive the result from their family physician (if family physician was cc'd on blood-work).
- Patients who do not have family physicians may call the HIV results line at 604 682 2344 extension 62920.

Have other hospitals conducted routine HIV testing?

- Yes, similar pilots have been held in Calgary and Winnipeg.
- Recent pilot projects in the UK have shown that routine testing is generally accepted by the majority of both patients and physicians, and test uptake rates have consistently ranged from 60%-90% in hospital and community care settings.

Will this initiative be evaluated?

- Yes, this initiative will be evaluated for feasibility, effectiveness and cost-effectiveness.

When will this initiative end?

- This project will end in March 2013.
- If successful, routine HIV testing may become part of hospital care.