

HIV testing in the ED

Who to test

High risk conditions:

Also known as indicator conditions – the most common of these we see is **pneumonia** (also meningitis, lymphadenopathy, cerebral abscess, mononucleosis-like illness, unexplained febrile illness, unexplained persistent blood dyscrasias, oral candidiasis, multidermatomal/ severe shingles).

ED HIV testing should be offered to all patients with pneumonia under 60 if they are being discharged.

Admitted patients should be tested by the admitting team.

High risk groups:

Offer tests to: sex workers, men who have sex with men, IVDUs and their sexual partners; unprotected sexual intercourse; sex with individuals from high risk areas (e.g. Sub-Saharan Africa) who have not had recent testing.

How to test

Trak: 'HIV Ab/Ag Antibody Screen'.

The result will be picked up by the consultant team. For patients where the concern is over recent sexual exposure, then the PEPSE/needlestick guideline should be followed.

Counselling: Patient should be told you are planning to test them for HIV to make sure they get appropriate treatment as soon as possible. There are effective treatments available and it's no different from any other test. Patient can refuse the test if they have capacity. If no capacity then you are testing in their best interests. Discuss window period of test (12 weeks lag period from exposure to positive test). Discuss how to contact with results (if negative no contact, ensure up to date phone number).



If the patient has come in concerned about recent exposure to sexually transmitted infection or needle stick – **follow the departmental guidelines** (Needlestick Injuries, guidance on PEP)

Advice:

For Urgent cases/clinical advice on patients in working hours:

First Line: Chalmers Medical hub (0830-16.30 Mon-Friday) 61068 (GUM senior) /61052 (senior GUM nurse – can track down senior if not answering first number)

(The medical hub is staffed by a senior GUM Clinician, Senior Sexual and Reproductive Health Clinician and senior nurse during clinic hours.)

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For advice on patients living with HIV (follow up arrangements, details of care, medication etc):

- HIV Nurse team mobile 07580 852672 (0900-1700 Mon-Fri, plus voicemail service checked daily)
- Chalmers Pharmacy 0131 536 1606 (0830-1630)

Positive tests:

Referral to Chalmers Centre for management/follow-up of positive results (in-hours):

Positive results on tests for sexually transmitted infection and blood-borne viruses can be referred to the sexual health team at the Chalmers centre for management and onward referral (use the above numbers to pass details on in hours).

The ED consultant can contact the patient with the positive result if they feel this is appropriate, however the Chalmers team can contact the patient and arrange for follow up.



Referral of positive results (out of hours):

If patient discharged from department then email (marked high importance) to Chalmers.ClinicalAdv@nhslothian.scot.nhs.uk – though turnaround or review of email line can be upto 48 hours (usually less) .

If the patient is being admitted and urgent clinical advice required then the SPR and Cons on for HIV queries at Infectious Diseases, RIDU, WGH can be contacted via switchboard.

The patient should not be brought back to the ED for the sole purpose of repeat HIV tests – these can be done at Chalmers or RIDU and the ED is not an appropriate environment for routine outpatient blood tests.

As for any patient you are sending home with outstanding investigations – check their contact details and advice them that they will only hear if the test is abnormal/needs repeating.

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