A successful outcome of HIV testing in south London termination of pregnancy services

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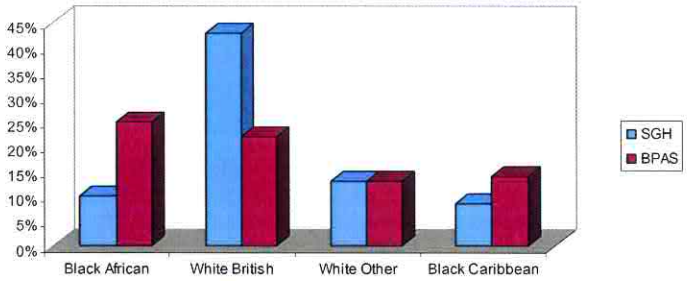
Introduction

National guidelines recommend universal HIV testing of women attending TOP services.[1] Unlinked anonymous testing of women attending termination of pregnancy (TOP) clinics in London found an HIV prevalence of >1% and 0.42% in ante-natal clinics (ANC) in 2006.[2] We report the outcomes from routine HIV screening in London TOP services provided by St George's Hospital NHS Trust (SGH) and to women from Lambeth, Southwark and Lewisham (LSL) Primary Care Trusts by charity abortion organisation BPAS (British Pregnancy Advisory Service).

Fig 1. Ethnicity of patients attending BPAS and SGH TOP services



Methods

Training on HIV testing and advice on guideline development was provided by SGH's GU Medicine department. Serum samples were tested using 4th generation assay AxSYM Ag/Ab Combo (Abbott). Attendees were identified retrospectively using paper/electronic databases. Basic demographics and obstetric history were documented. Reason/s for declining testing were recorded if volunteered. Clients were excluded from analysis if a recent (< 6 months) HIV negative result was verified or when tests weren't processed. Only a client's first visit at SGH was recorded.

Table 1. Comparison of BPAS and SGH cohorts

	BPAS	SGH	P value
Age	26.4	26.5	0.65
Referred by GP	49%	84%	<0.0001
Self-referral	32%	0%	<0.0001
History of births	38%	49%	0.0001
History of TOPs	35%	37%	0.61

Key Points:

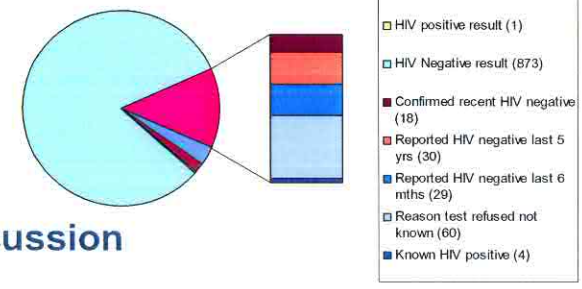
1. We have demonstrated that a high uptake of HIV testing (86%) is possible in TOP services.
2. The introduction of routine HIV testing into local TOP services needs to be evaluated so as to better inform the development of the national HIV testing policy.
3. Increased collaboration between independent and NHS agencies can facilitate improved screening for HIV.

Results

SGH: 1/04/09-28/02/10: 1066 women attended, 19 twice. 874/1015 (86%) consented to HIV testing; uptake was similar over time. HIV prevalence 5/896 (0.56%) where recent status confirmed (4 known,1 new HIV diagnosis). Factors associated with declining an HIV test: older age (mean age 28.5, verses 26.4 years, p<0.002), previous pregnancy: 38/255 (15%) declined verses 9/125 (7%) with no history (p=0.03). Factors not associated: ethnicity, country of origin, route of referral, previous TOPs. Similar HIV prevalence in SGH ANC: 26/5443 (0.48%) where HIV testing was >99% and 3 new diagnoses made from 1/04/09-28/02/10. The newly diagnosed patient was successfully contacted.

BPAS: 16/08/09-16.02.10: 1322/1617 (82%) offered HIV testing, 500/1322 (38%) accepted HIV testing, 487/500 HIV results received, 3/487 (0.6%) new diagnoses made. Factors not associated with uptake of HIV test: age, obstetric history, referral route. There was a trend towards those of non-white ethnicity and non-UK origin being more likely to consent to HIV testing. One patient was successfully contacted, one patient was untraceable and a further patient has to-date declined to attend for her results.

Fig.2 Outcome of HIV screening at SGH



Discussion

There were more new diagnoses made by screening through BPAS: 3/487 (0.6%) verses 1/874 (0.1%) samples taken at SGH. LSL have the highest rates of HIV in the country, with 11.92/1000 Lambeth residents diagnosed with HIV, compared with 4.31/1000 in Wandsworth.[3] The cohorts are markedly different in terms of ethnicity, a higher proportion of patients are self-referred and have no ANC history (where HIV testing may have occurred). A universal offer of HIV testing is estimated to be cost-effective where the diagnostic rate of HIV is >1/1000.[3] The SGH data suggests that this intervention may not be cost-effective in lower prevalence settings.

Reasons for the lower uptake rate at BPAS as compared to SGH needs to be elucidated: differences in patient populations and systems delivery models may be contributing factors. Loss to follow-up may be addressed through the use of point of care tests (POCT); however this must be balanced against the lower sensitivity /specificity of POCT as compared to lab-based tests.

References

1. UK National Guidelines for HIV Testing (2008) http://www.bhiva.org/HIVTesting2008.aspx
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3. New guidelines for HIV testing and areas where wider HIV testing policies should be considered. HPA (2007) http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1221722386448