HIV testing: are the targets off target?

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BACKGROUND

The British Association for Sexual Health and HIV (BASHH) standards provide clear targets for HIV testing in genitourinary medicine (GUM). BASHH state that 97% of people with 'needs relating to STIs' are offered an HIV test at first attendance; and that 80% are recorded to have an HIV test.¹ Public Health England place testing figures for our fully integrated sexual and reproductive health service consistently below recommended standards.

AIMS

To establish true HIV testing rates within an urban sexual health clinic, and to explore factors contributing to our performance.

METHODOLOGY

Electronic patient records from all attendances to GUM or contraception and sexual health clinics between 02/03/2015 and 06/03/2015 were retrospectively analysed to establish rates and patterns of HIV testing.

RESULTS

In total 282 patients were identified and included in the analysis. Of these 125 (44.3%) were male, and 157 (55.7%) female. The patients had an average age of 30.6 years (range 15-63 years).

Of the 282 patients, 253 (89.7%) were offered an HIV test and 176 (62.3%) had a test. If patients attending primarily for contraceptive care were excluded from analysis, 225 patients remained; of these 211 (93.7%) were offered an HIV test and 164 (72.9%) had a test.

Offer rates in different clinics

Acceptance rate in different clinics (of those offered)

Reason for refusal

Of those offered a HIV test, 77 patients refused; the most common documented reason being self or clinician perceived low risk (22 patients). In 34 cases the reason was not documented.

Acceptance rate of 'high risk' cohort

In total 52 patients (18.4%) were identified as being high risk for HIV (men who have sex with men, partner from a high risk area, intravenous drug users, casual sex workers). Of these, 4 declined a HIV test with the reason well documented.

DISCUSSION

We suggest that our lower testing rates, in part, reflect the inclusion of patients attending primarily for contraceptive care. In all sexual health and contraceptive clinics it remains important to risk assess patients, and offer HIV testing where appropriate, but our analysis begs the question: should the targets be amended for fully integrated services?