

## Expansion of existing Dry Blood Spot Testing Service to include Syphilis and HIV

**Introduction:** HIV is now a managed medical condition and the majority of those living with the virus remain fit and well on treatment. Despite this, a significant number of people in the United Kingdom are unaware of their HIV infection and remain at risk to their own health and of passing the virus unwittingly on to others. Late diagnosis is the most important factor associated with HIV-related morbidity and mortality in the UK. Patients should therefore be offered and encouraged to accept HIV testing in a wider range of settings than is currently the case.

Over the last six months, several community pharmacy centres on the Isle of Wight have successfully offered dry blood spot testing to the public to test for Hepatitis B and Hepatitis C using a finger prick sample. With the ability to also include HIV and Syphilis testing using the same dry blood spot sample, it is a logical step to expand this service to allow testing for these conditions in.

Dry blood spot testing will provide a reactive result and although this provides a good indication of infection status, all reactive results will need confirmation by means of a full confirmation assay using a venous sample. Carried out by pathology, this involves three independent assays and distinguishes infection with HIV-1 from HIV-2. All new HIV diagnoses should be made following appropriate confirmation assays and testing a second sample.

The introduction of HIV screening to Community Pharmacies will attract potentially high risk individuals who would not otherwise have accessed HIV testing through conventional services.

Over the last ten years there has been a 1032% increase in the incidence of syphilis. Pharmacists can play an important part in educating patients regarding safe sex and prevention of infections like syphilis and gonorrhoea. This STI is relatively easy to treat with antibiotics, but if left untreated, can be progressive and result in serious problems.

**The Service:** This service will mirror the existing Hepatitis B and C dry blood spot testing service, and will involve the collection of **five** spot samples using the Manchester Royal Infirmary dry blood spot test kit which offers a fourth generation test for HIV antibody, and hence detects antibodies that are detectable **12 weeks** after infection.

The stages of the process are as follows:

1. Explanation of test procedure to client and pre-test discussion
2. Obtaining patient consent to spot test, pass results to SHS, inform GP of result (patient may decide to withhold consent to inform GP)
3. Collection of Dry Blood Spot Sample – consent required
4. Sample sent to Laboratory and a date agreed with patient to return to pick up results
5. Results received by post
6. SHS informed of positive results
7. Patient contacted to inform that results are available
8. Negative results may be communicated by text or phone
9. All positive results should be communicated face to face.
10. Post test discussion, if reactive to inform of retroviral therapy and if detected early HIV prognosis has almost become like treating a long term condition

11. Fax details through to SHS and copy GP if patient consents.
12. For patients that DNA for results, all positive results will automatically be passed to SHS for follow up.

**Pre-test discussion.** The primary purpose of pre-test discussion is to establish informed consent for HIV testing. Lengthy pre-test HIV counselling is not a requirement because the patient will be presenting at the Pharmacy to request a test.

The essential elements that the pre-test discussion should cover are:

- The benefits of testing to the individual; and
- Details of how the result will be given.

This approach has been successful in GU and antenatal clinics nationally and is generally very acceptable. There has been 100% uptake of HIV testing in the antenatal clinic on the Isle of Wight.

Some patients may need additional help to make a decision, for example, because English is not their first language. It is essential to ensure that these patients have understood what is proposed and why. It is also important to establish that the patient understands what a positive and a negative result mean in terms of infection with HIV as some patients could interpret 'positive' as good news.; also the effects upon other aspects of their lives other than health, for example, availability of life insurance (however, see "Myths" later on).

As with any other investigation the offer of an HIV test should be documented in the patient's case record together with any record of relevant discussion. If the patient refuses a test the reasons for this should be documented.

**Post-test discussion.** As with any medical investigation it is essential that clear procedures are established as to how the patient will receive the result, with particular attention paid to the means by which a positive result will be delivered. Arrangements for communicating the results should always be discussed and agreed with the patient at the time of testing.

Face-to-face provision of HIV test results is strongly encouraged for:

- Patients more likely to have an HIV-positive result;
- Those for whom English is a second language;
- Young people less than 16 years; and
- Those that may be highly anxious or vulnerable.

**Post-test discussion for individuals who test HIV negative.** It is considered good practice to offer health promotion screening for sexually transmitted infections and advice around risk reduction or behaviour change including discussion relating to post-exposure prophylaxis (PEP) to those individuals at higher risk of repeat exposure to HIV infection. This is best achieved by onward referral to GUM or HIV services or voluntary sector agencies. The need for a repeat HIV test if still within the window period after a specific exposure should be discussed. The test we will be using is third generation test, meaning that it is the actual antibody that is detected. These are normally present in sufficient quantity 12 weeks after exposure. If a patient tests negative, but has been at risk and they present for an HIV test inside of the twelve week window, a repeat test at three months should be recommended. Occasionally HIV results are reported as reactive or equivocal. These patients may be seroconverting (see section on primary HIV infection) and management of re-testing may be complex and so such individuals should be promptly referred to specialist care.

**Post-test discussion for individuals who test HIV positive.** As is good clinical practice for any situation where bad news is being conveyed, the result should be given face to face in a confidential environment and in a clear and direct manner. If a patient's first language is not English, consideration should be given to utilisation of an appropriate confidential translation service.

If a positive result is being given by a non-GUM/HIV specialist, it is essential prior to giving the result to have clarified knowledge of local specialist services and have established a clear pathway for onward referral.

It is recommended that any individual testing HIV positive for the first time is seen by a specialist (HIV clinician, specialist nurse or sexual health advisor or voluntary sector counsellor) at the earliest possible opportunity and our referral pathway allows for same day appointments at Sexual Health Service, St Mary's Hospital in the majority of cases. It is imperative that you call the Sexual Health Team as soon as a positive result is received. More detailed post-test discussion (including assessment of disease stage, consideration of treatment, and partner notification) will be performed by the GUM/HIV specialist team.

Under current governance protocols, all patient notes should be retained by the Pharmacy for 2 years.

**Non-attendance for positive results.** It is recommended to have an agreed recall process following failure of a patient to return for a positive result as with any other medical condition. As with all other medical investigations it is the responsibility of the healthcare professional requesting the test to ensure that all results of investigations requested are received and acted upon where necessary.

If there is no means of contacting the patient or if attempts are unsuccessful, it is recommended that advice be sought from the local GUM/HIV team who are likely to have experience and resources to deal with this issue.

### **Some Myths.**

**HIV testing and insurance.** The ABI code of practice 1994 states that questions regarding whether an individual has ever had an HIV test or a negative result should not be asked. Applicants should however declare any positive results if asked as would be the case with any other medical condition.

**HIV testing and criminal prosecution for HIV transmission.** Concern about this issue should not be a barrier to testing. There have been a number of prosecutions of individuals under the Offences against the Person Act 1861 for reckless HIV transmission. This has included a prosecution of an individual who had not been HIV tested. There is detailed guidance on the legal implications of this available from the voluntary sector as well as advice on safer sexual practices designed to minimise risk of transmission of HIV to others.