Lancashire Care NHS
NHS Foundation Trust

Specialist Services
Secure Services
Mental Health
Community Services
Children and Families

HIV
In Primary Care

"Supporting early testing, prevention and management of HIV in Primary Care"

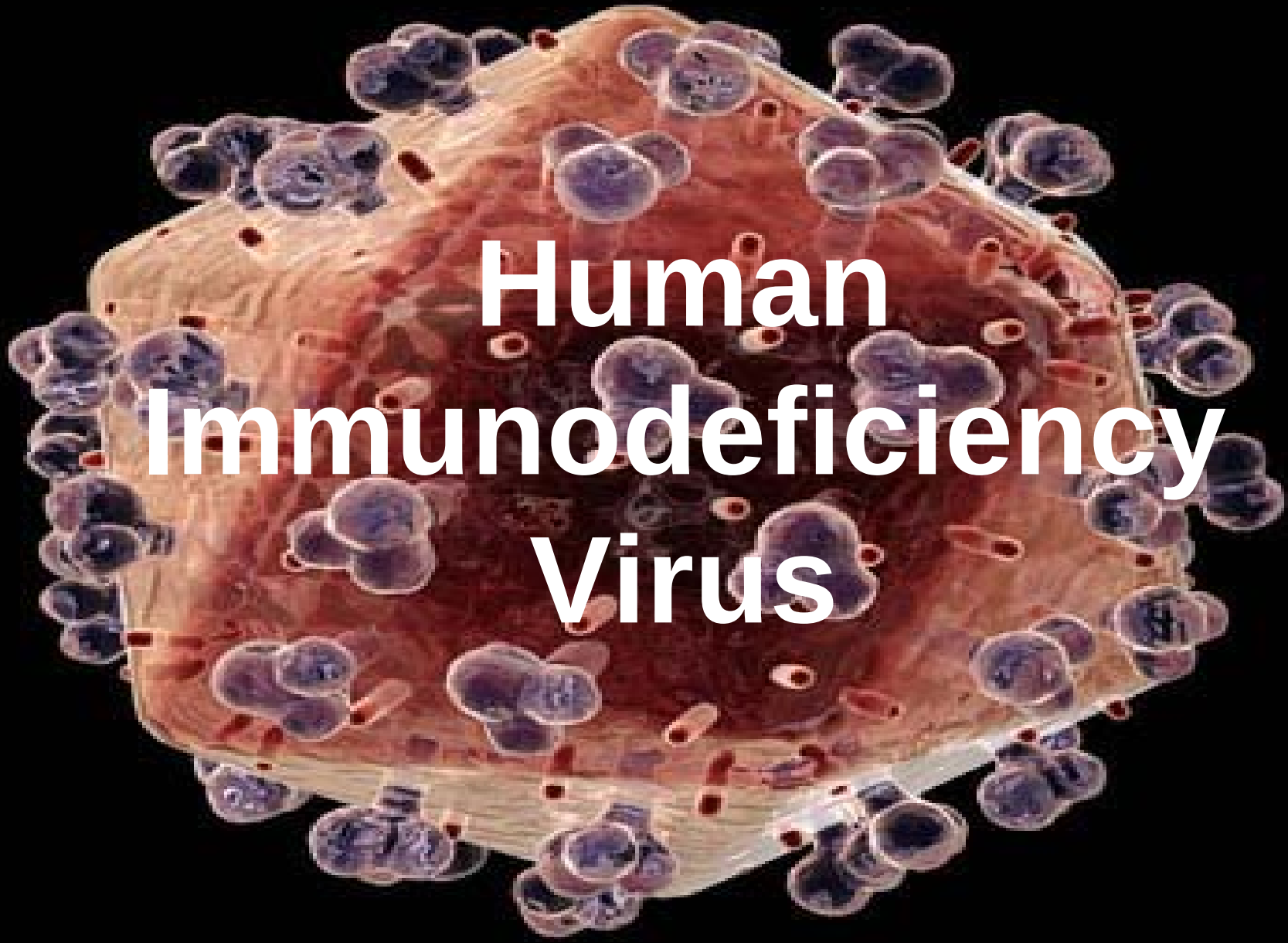
Supporting Health and Wellbeing
Network Name

HIV
In Primary Care

SHIP Team

Aims of today's session

- Overview of HIV century.
- Identify methods of transmission for HIV.
- Risk assessments for HIV testing.
- Pre & post test discussions & testing in primary care.
- Prevention work in primary care.


Human
Immunodeficiency
Virus

Lancashire Care NHS
NHS Foundation Trust

We all have an HIV status

- Test HIV positive
- Test HIV negative
- Untested
- How open can you be about your HIV status
- HIV is an issue for us all !!

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Potential Benefits of Early HIV Diagnosis

- May reduce risk of HIV acquisition by HIV negative individuals.

- Allows for early initiation of antiretroviral therapy:
  - Benefits HIV-infected individual.
  - May also reduce transmission to uninfected partners.

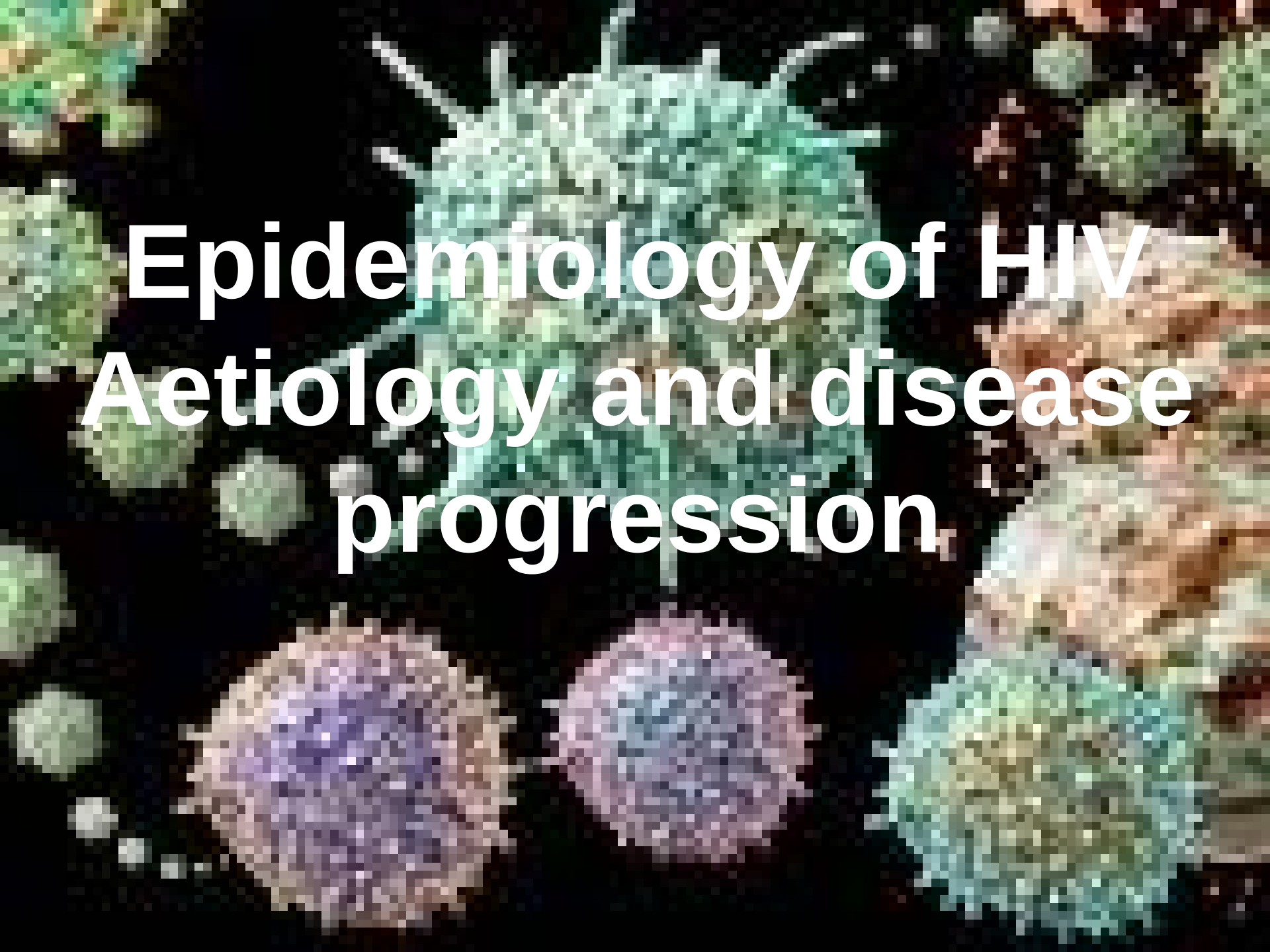
Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Adverse consequences of late HIV diagnosis

- Higher risk of serious, life-threatening opportunistic infections.
- Lower likelihood of CD4+ cell preservation, immune reconstitution to normal levels.
- Risk of potentially irreversible HIV-induced immunologic changes, end-organ damage.
- Lack of knowledge of sero- status associated with higher risk sexual activity and possible transmission.

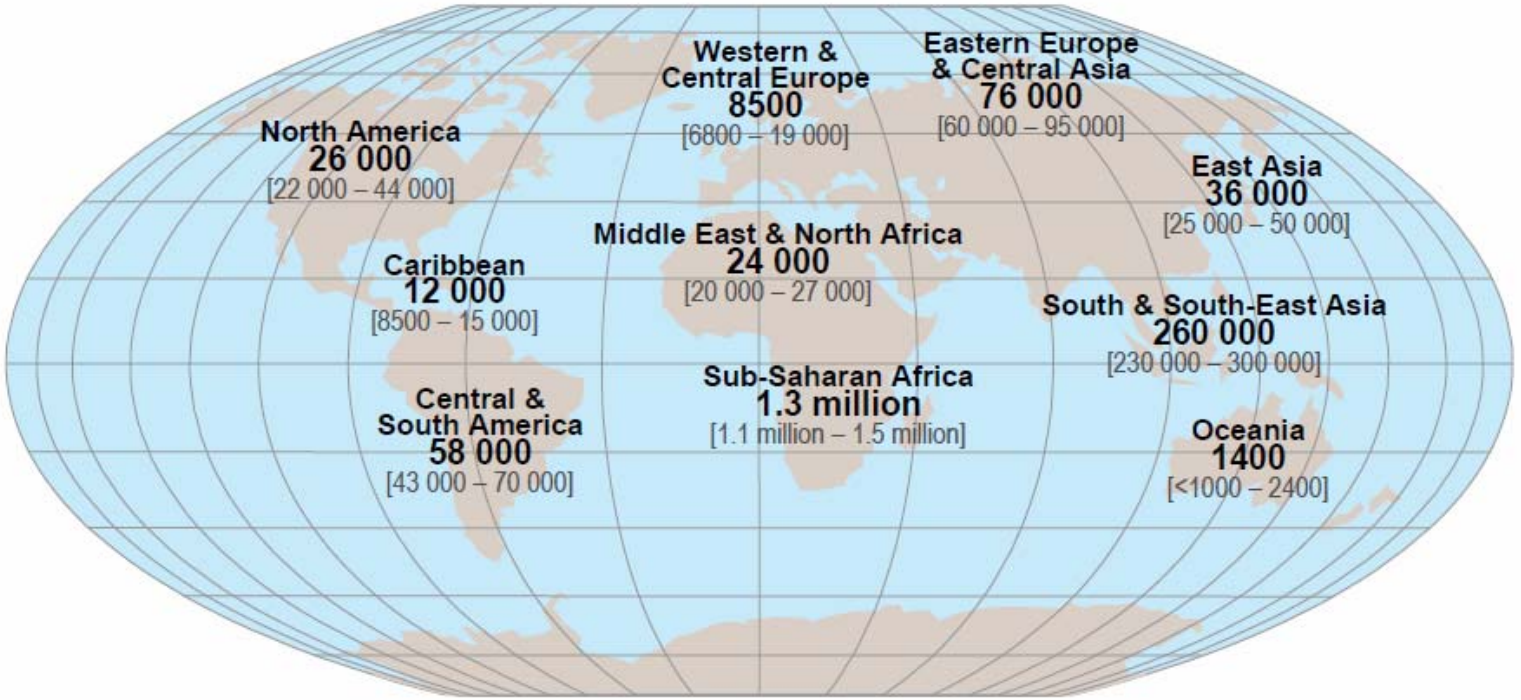
Supporting Health and Wellbeing



Epidemiology of HIV – Aetiology and disease progression

GLOBAL REPORT

Estimated adult and child deaths from AIDS | 2009



Total: 1.8 million [1.6 million – 2.1 million]

World Health Organization

UNAIDS

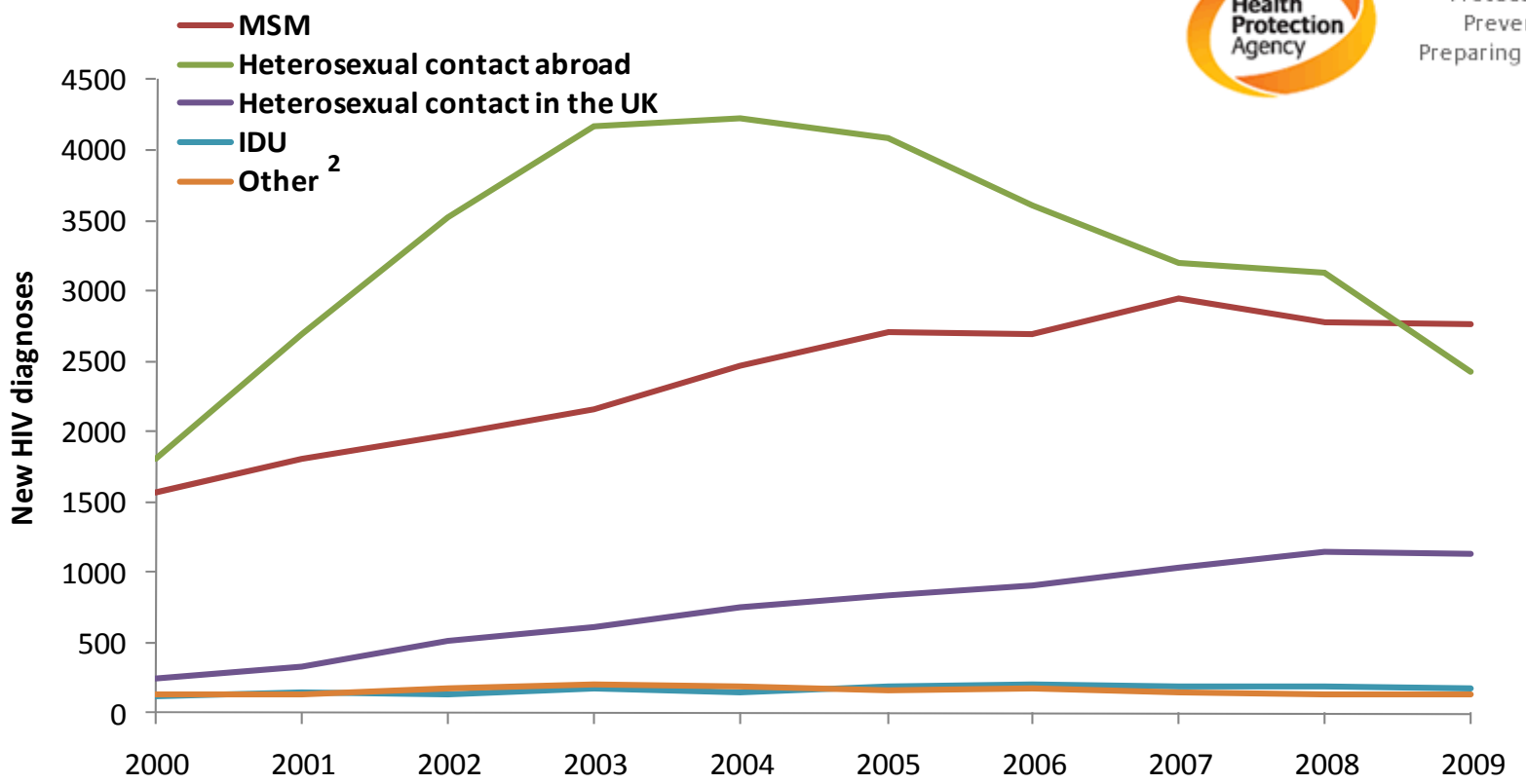
http://www.searo.who.int/LinkFiles/Facts_and_Figures_hiv_Globalsituation.pdf

Lancashire Care NHS
NHS Foundation Trust

Number of new HIV diagnoses[1] by prevention group, UK: 2000-2009

Health Protection Agency

Protecting people
Preventing harm
Preparing for threats

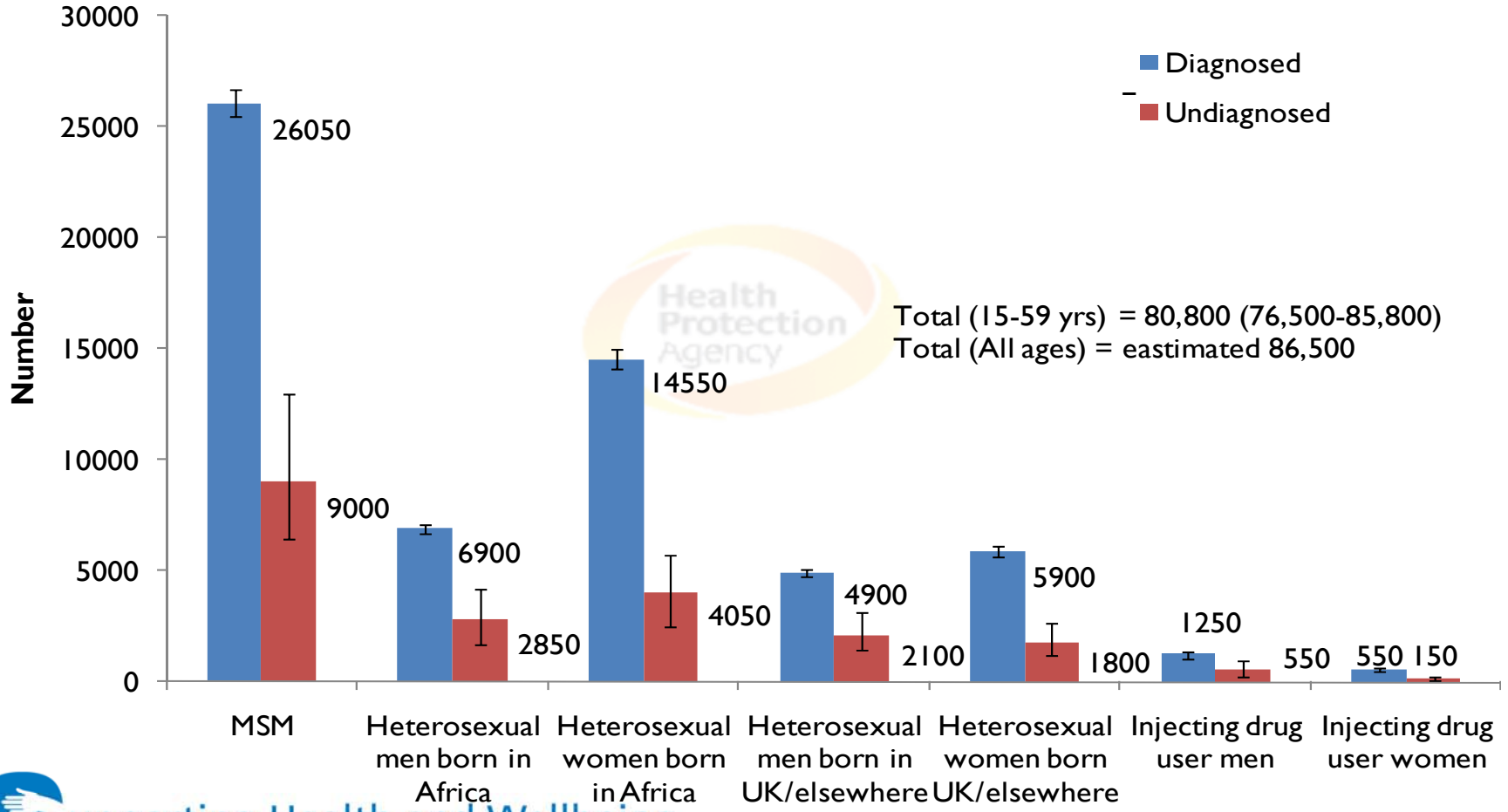


[1] Data are adjusted for missing route of infection
[2] Includes Mother to child transmission and blood product recipient

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Estimated number of adults (15-59 years) living with HIV (both diagnosed and undiagnosed) in the UK: 2009



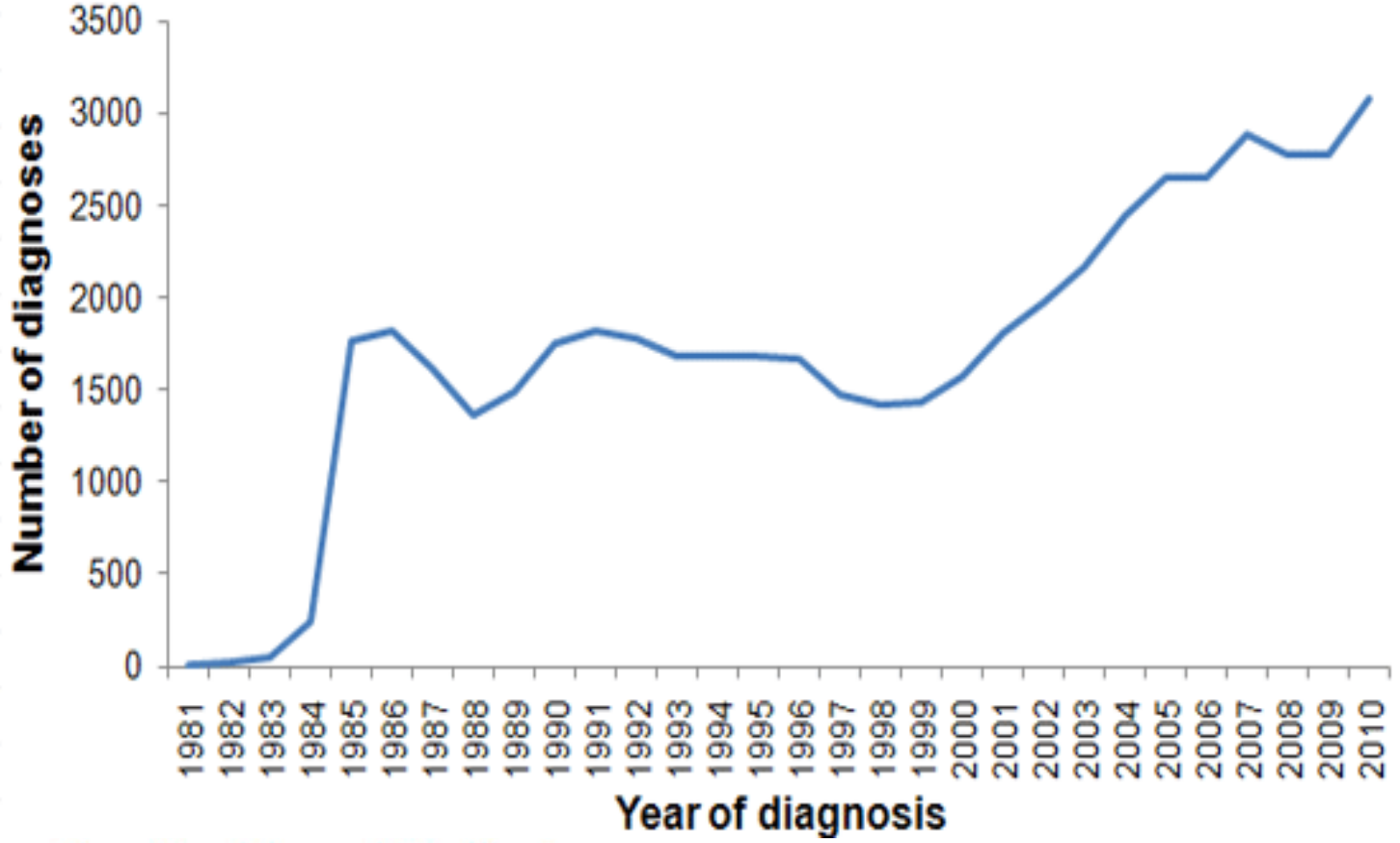
Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Health Protection Agency

Protecting people
Preventing harm
Preparing for threats

Annual New HIV diagnoses among men who have sex with men: UK, 1981-2010



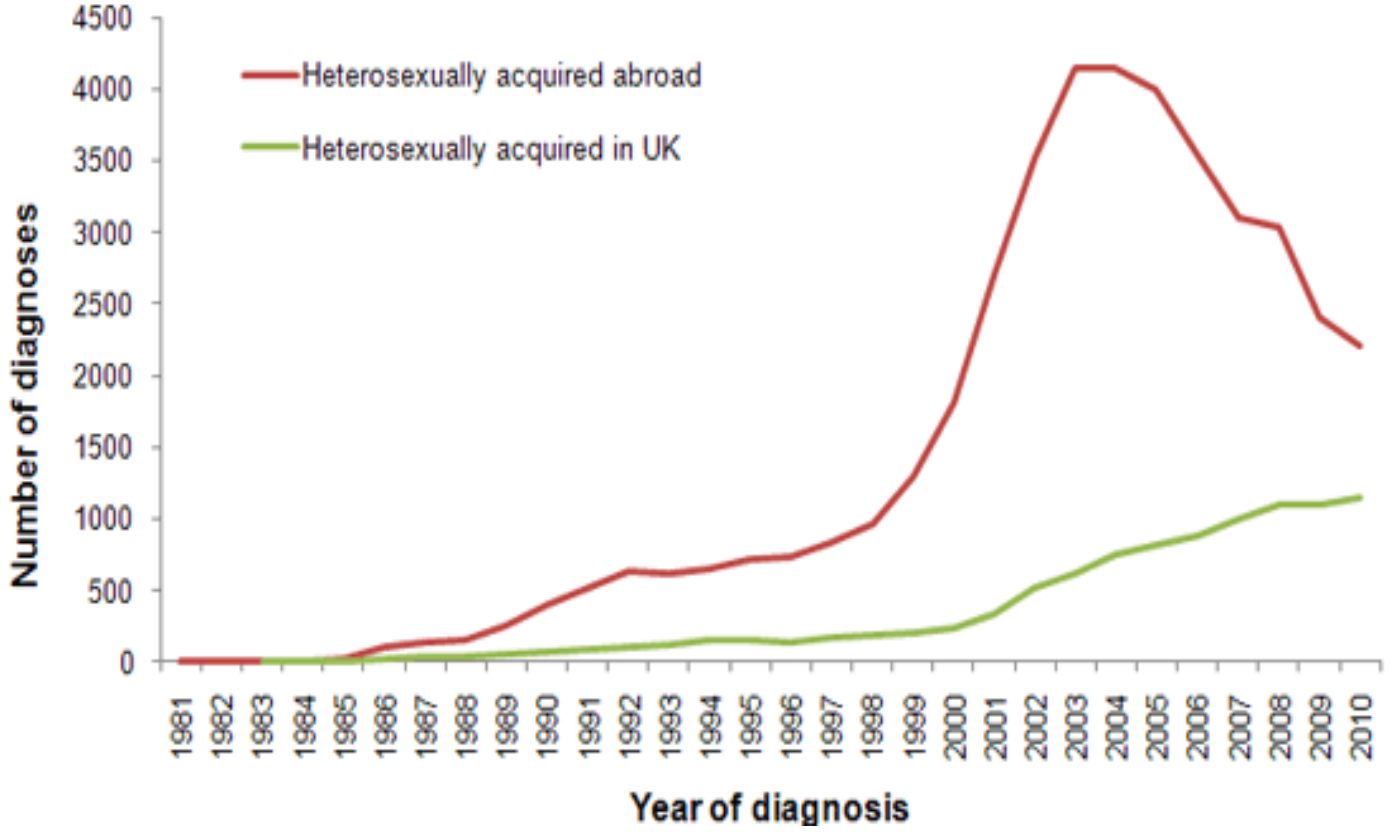
Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Annual new HIV diagnoses acquired heterosexually: UK, 1981-2010

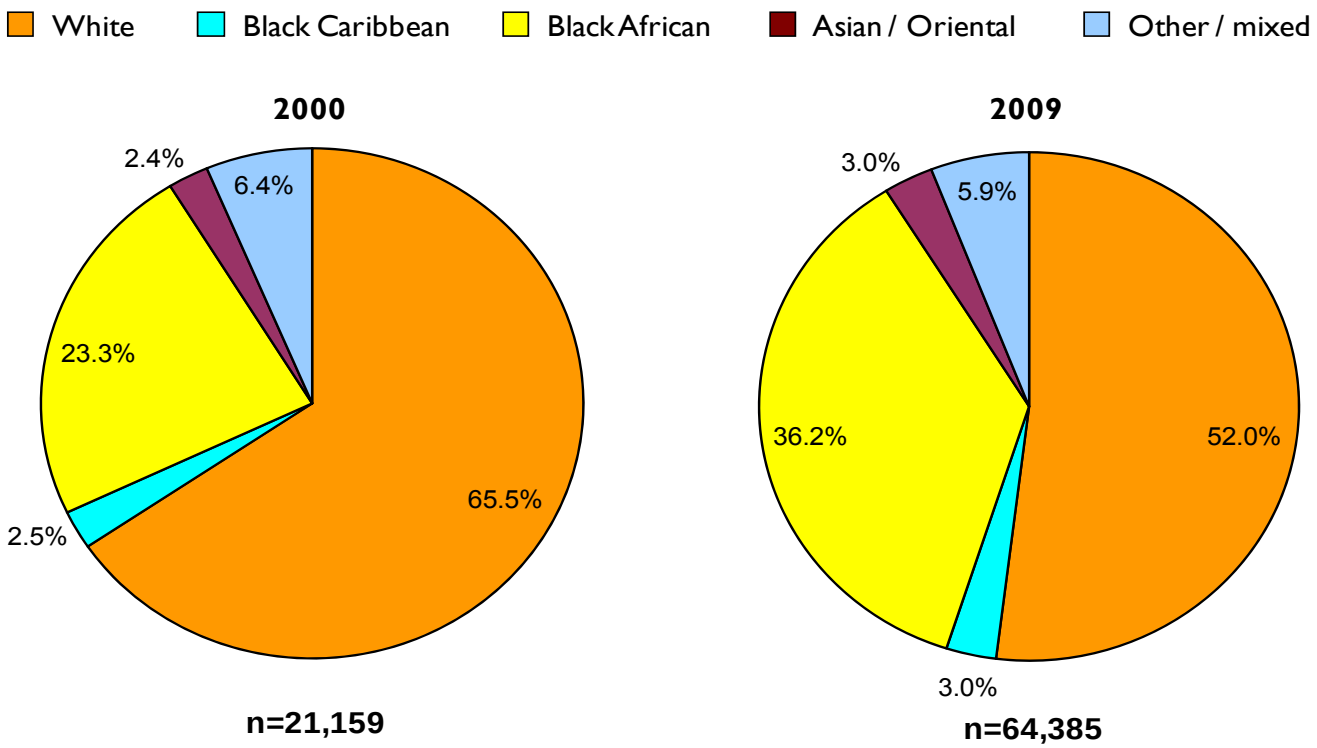
Health Protection Agency

Protecting people
Preventing harm
Preparing for threats



Supporting Health and Wellbeing

Diagnosed HIV-infected individuals seen for care by ethnicity*, UK: 2000 and 2009, UK

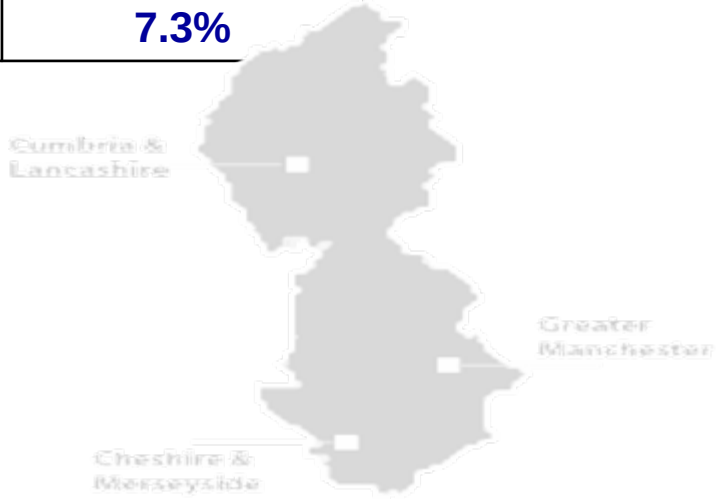


* *Excludes individuals with ethnicity not reported: 1,416 in 2000 and 934 in 2009*

HIV Exposures in North West

Lancashire Care NHS
NHS Foundation Trust

Type of exposure	2010 (12/12)	2011 (6/12)
MSM	48%	54%
Heterosexual contact	37%	37%
IVDU	2.5%	0.6%
Vertical Transmission	0.3%	0.6%
Blood / tissue products	0.1%	0
Other	0.1%	0
Not reported	11.2%	7.3%



Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Who should be offered an HIV test ?

An HIV test should be considered in settings where the diagnosed HIV prevalence in local population (PCT/LA) exceeds 2 in 1000 population.

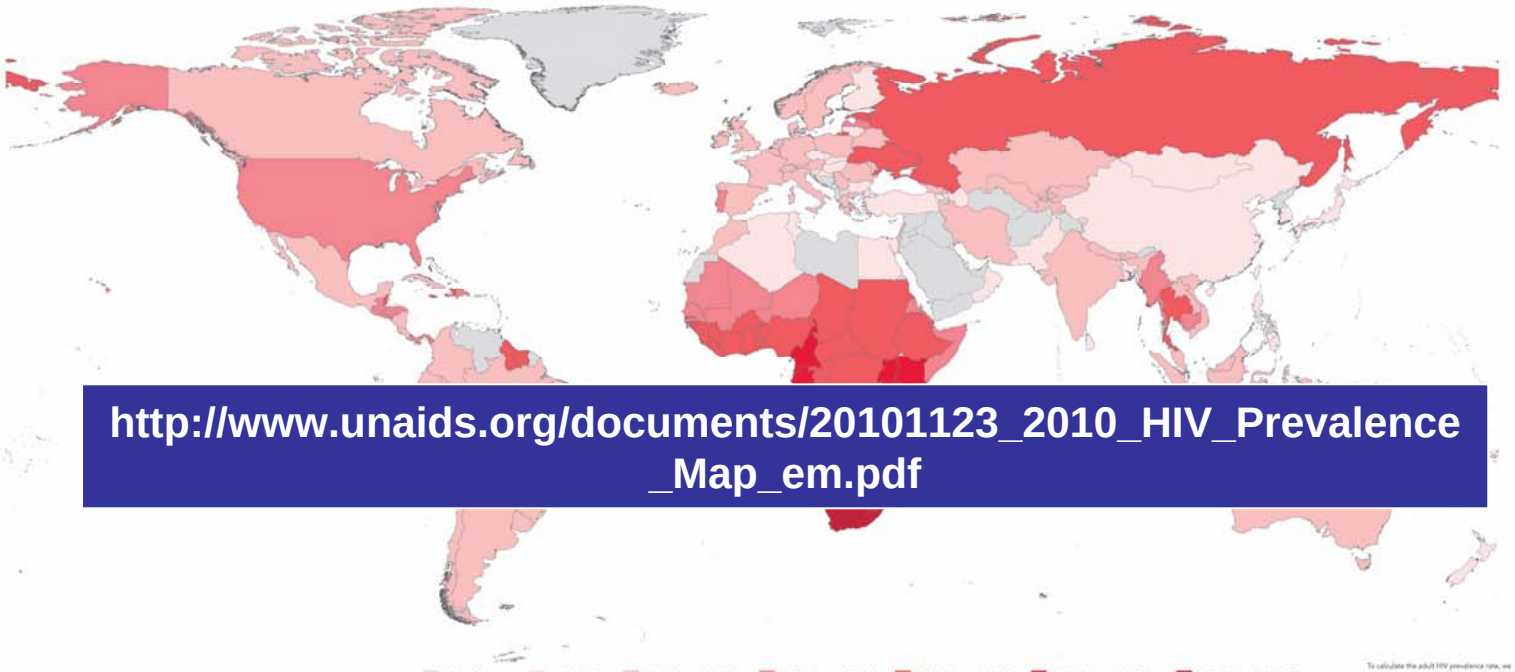
HIV prevalence data by PCT available at:

http://www.hpa.org.uk/Web/HPAwebFile/HPAweb_C/1228207185359

Supporting Health and Wellbeing

2010: A global view of HIV infection

33.3 million people [31.4–35.3 million] living with HIV, 2009



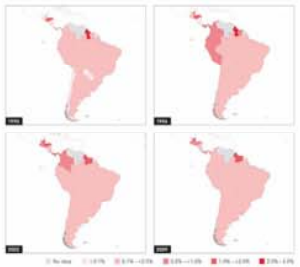
http://www.unaids.org/documents/20101123_2010_HIV_Prevalence_Map_em.pdf

Source: UNAIDS

No data | <0.1% | 0.1%–<0.5% | 0.5%–<1.0% | 1.0%–<5.0% | 5.0%–<15.0% | 15.0%–28.0%

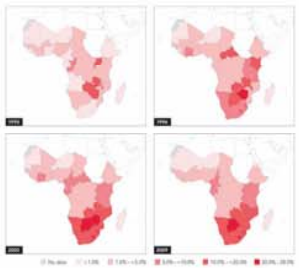
HIV prevalence in Central and South America

HIV prevalence among adults aged 15–49 years old in Central and South America, 1990 to 2009



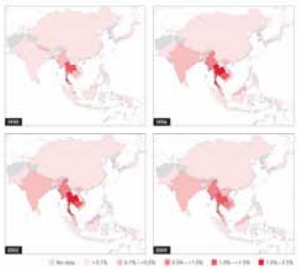
HIV prevalence in sub-Saharan Africa

HIV prevalence among adults aged 15–49 years old in sub-Saharan Africa, 1990 to 2009



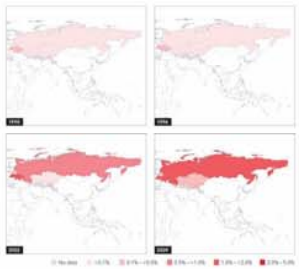
HIV prevalence in Asia

HIV prevalence among adults aged 15–49 years old in Asia, 1990 to 2009



HIV prevalence in Eastern Europe and Central Asia

HIV prevalence among adults aged 15–49 years old in Eastern Europe and Central Asia, 1990 to 2009



To calculate the adult HIV prevalence rate, we divided the estimated number of adults (15–49) living with HIV in 2009 by the 2009 population aged 15–49.

Depending on the reliability of the data available, there is more or less certainty surrounding any one estimate. Therefore we present ranges, called 'plausibility bounds' around the estimates. The wider the bound, the more uncertainty there is surrounding the country's estimate. The extent of uncertainty depends mainly on the type of epidemic, and the quality, coverage and consistency of a country's surveillance system and in generalized epidemics, whether or not a population-based survey with HIV testing was conducted. A full description of the methods used to develop plausibility bounds can be found in *Sexually Transmitted Infections, 2010, 86 (Suppl 2)*.

The designation employed and the presentation of the material in this map, including tables and colouring of country areas, do not imply the expression of any opinion whatsoever on the part of UNAIDS or WHO concerning the legal status of any country, territory, city or area of or its authorities, or concerning the delimitation of its frontiers or boundaries.

The *UNAIDS Report on the Global AIDS Epidemic 2010* revises the estimate of the number of people living with HIV in 2008 of 33.4 million [31.1 million–35.8 million] published in *AIDS epidemic update: November 2009*, to 32.8 million [30.9 million–34.7 million], which is within the uncertainty range of the previous estimate. This revision is based on additional data becoming available for many countries, including data from population-based surveys such as in Mozambique.

AIDS Epidemic Update: November 2009 included Mexico in Latin America. The *UNAIDS Global Report 2010* includes Mexico in North America and categorizes the rest of Latin America as Central and South America. This report presents trend analysis based on the new definition of these regions.

Source: *UNAIDS Report on the Global AIDS Epidemic, 2010*

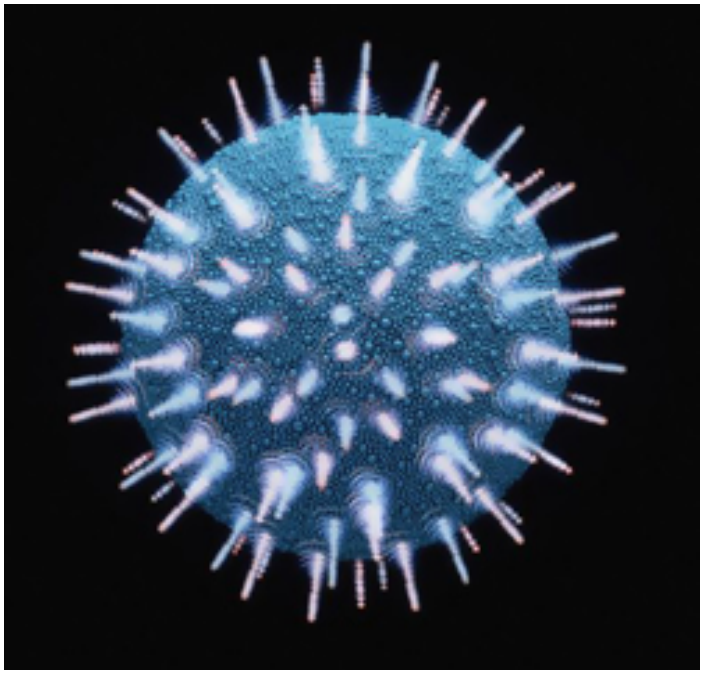
UNAIDS

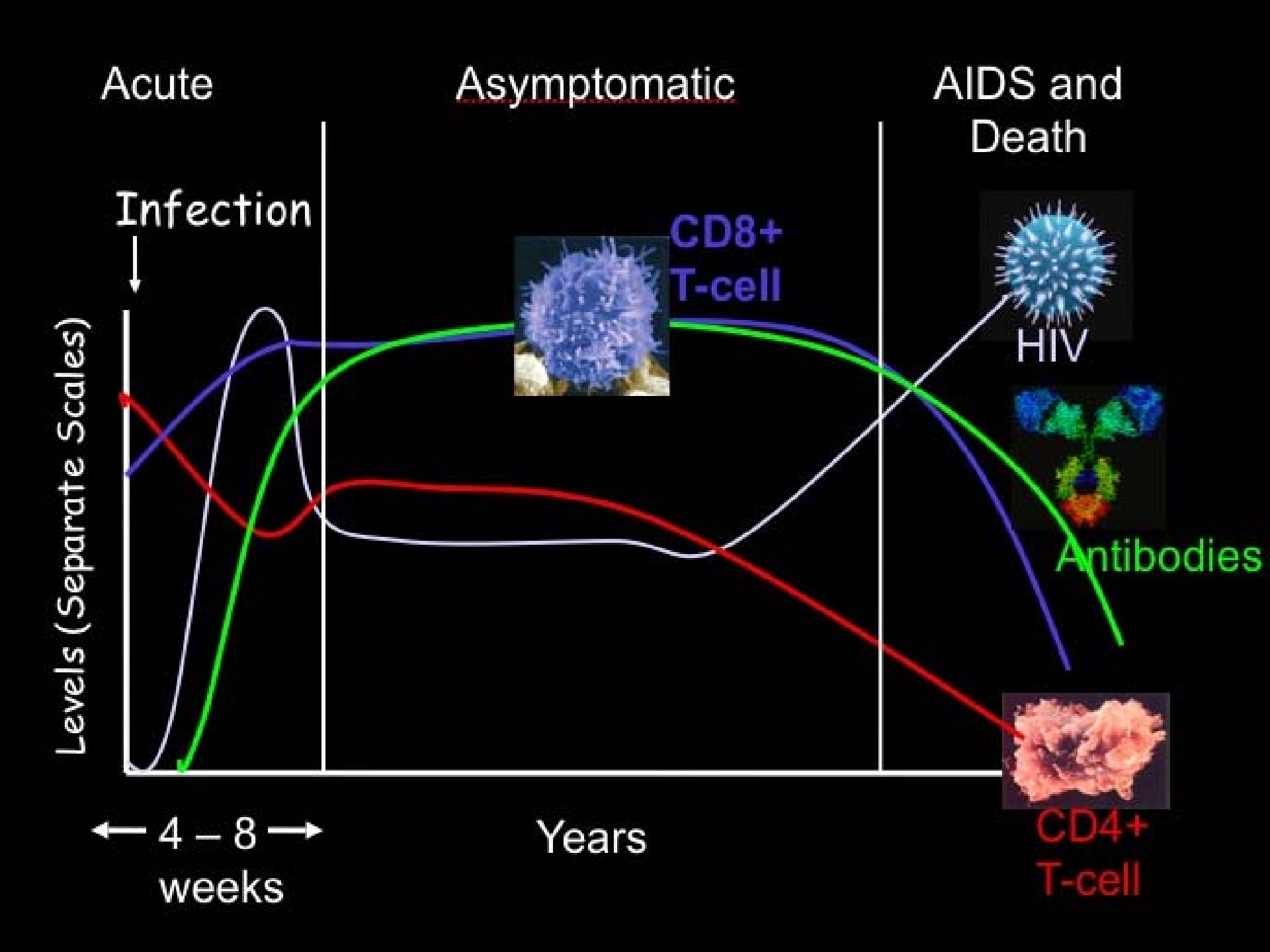
World Health Organization

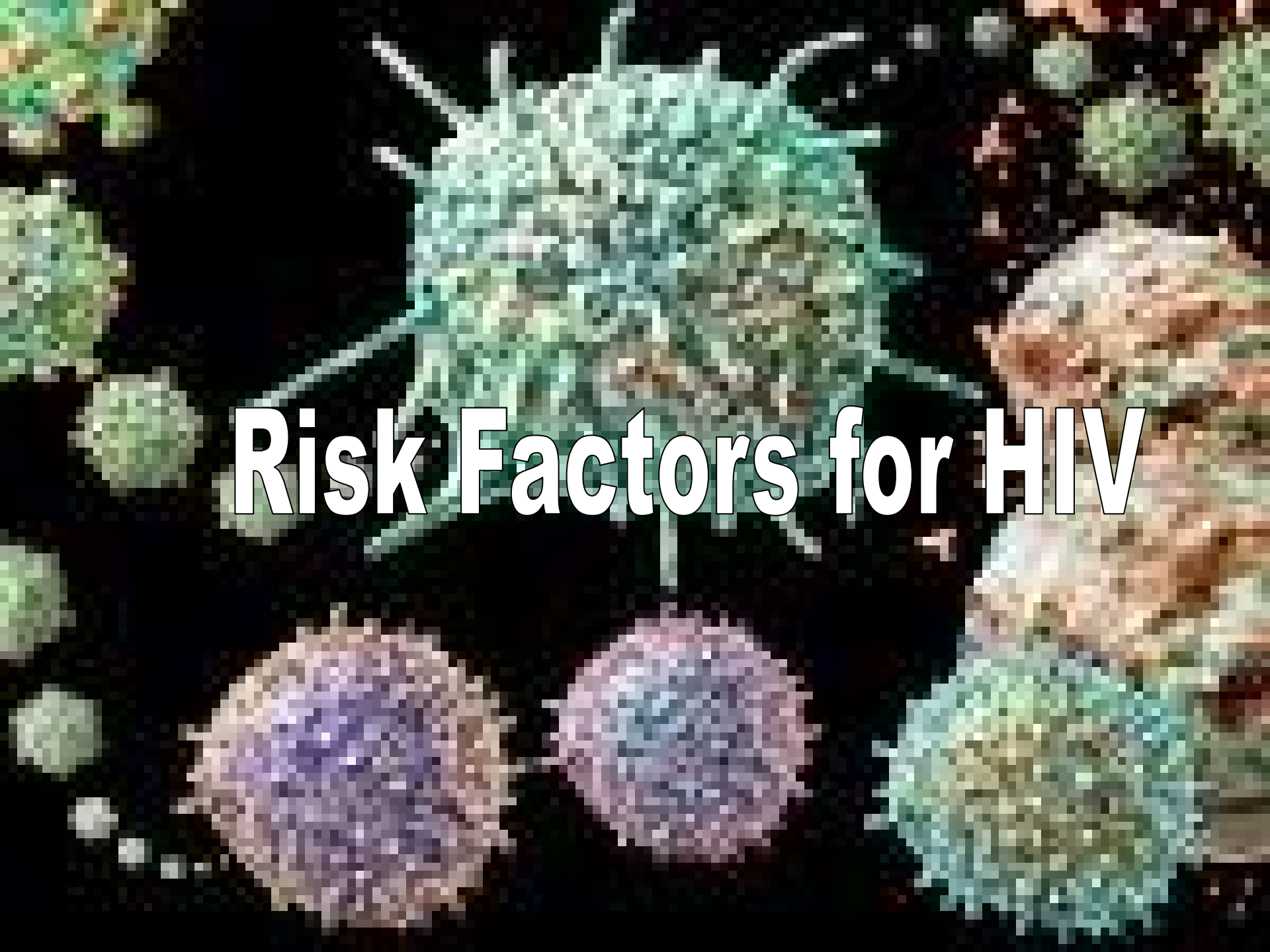
Estimated adult (15-49) HIV prevalence (%) for countries in 2009

Country/Region	Estimate	[low estimate – high estimate]
Sub-Saharan Africa		
Angola	2.0	[1.4 – 2.4]
Benin	1.2	[1.0 – 1.5]
Botswana	24.8	[21.8 – 25.9]
Burkina Faso	1.2	[1.0 – 1.5]
Burundi	3.3	[2.9 – 3.5]
Cameroon	5.3	[4.9 – 5.8]
Central African Republic	4.7	[4.2 – 5.2]
Chad	3.4	[2.8 – 3.7]
Comoros	0.1	[<0.1 – <0.1]
Congo	3.4	[3.1 – 3.8]
Côte d'Ivoire	3.4	[3.1 – 3.9]
Democratic Republic of the Congo		[1.2 – 1.8]
Equatorial Guinea	5.0	[3.1 – 8.4]
Eritrea	0.8	[0.6 – 1.0]
Ethiopia		[1.0 – 1.2]
Gabon	5.2	[4.2 – 6.2]
Gambia	2.0	[1.3 – 2.7]
Ghana	1.8	[1.6 – 2.0]
Guinea	1.3	[1.1 – 1.6]
Guinea-Bissau	2.5	[2.0 – 3.0]
Kenya	6.3	[5.8 – 6.7]
Lesotho	23.6	[22.3 – 25.2]
Liberia	1.5	[1.3 – 1.9]
Madagascar	0.2	[0.2 – 0.3]
Malawi	11.0	[10.0 – 12.1]
Mali	1.0	[0.8 – 1.3]
Mauritania	0.7	[0.6 – 0.9]
Mauritius	1.0	[0.7 – 1.3]
Mozambique	11.5	[10.6 – 12.2]
Namibia	13.1	[11.1 – 15.5]
Niger	0.8	[0.6 – 0.9]
Nigeria	3.6	[3.0 – 4.0]
Rwanda	2.9	[2.5 – 3.1]
Senegal	0.9	[0.7 – 1.0]
Sierra Leone	1.6	[1.6 – 2.1]
South Africa	17.8	[17.2 – 18.2]
Swaziland	25.9	[24.9 – 27.0]
Togo	3.2	[2.9 – 3.8]
Uganda	6.5	[5.9 – 6.9]
United Republic of Tanzania	5.6	[5.3 – 6.1]
Zambia	13.5	[12.8 – 14.2]
Zimbabwe	14.3	[13.4 – 15.4]
East Asia		
China	0.1	[0.1 – 0.1]
Democratic People's Republic of Korea		
Japan	<0.1	[<0.1 – <0.1]
Mongolia	<0.1	[<0.1 – <0.1]
Republic of Korea	<0.1	[<0.1 – <0.1]
Oceania		
Australia	0.1	[0.1 – 0.2]
Fiji	0.1	[0.1 – 0.2]
New Zealand	0.1	[0.1 – 0.1]
Papua New Guinea	0.5	[0.4 – 0.6]
South and South-East Asia		
Bangladesh	<0.1	[<0.1 – <0.1]
Bhutan	0.2	[0.1 – 0.3]
Cambodia	0.5	[0.4 – 0.6]
India	0.3	[0.3 – 0.4]
Indonesia	0.2	[0.1 – 0.3]
Lao People's Democratic Republic	0.2	[0.2 – 0.4]
Malaysia	0.5	[0.4 – 0.6]
Maldives	<0.1	[<0.1 – <0.1]
Myanmar	0.6	[0.5 – 0.7]
Nepal	0.4	[0.3 – 0.5]
Pakistan	0.1	[0.1 – 0.1]
Philippines	<0.1	[<0.1 – <0.1]
Singapore	0.1	[0.1 – 0.1]
Sri Lanka	<0.1	[<0.1 – <0.1]
Thailand	1.4	[1.0 – 1.6]
Viet Nam	0.4	[0.3 – 0.5]
Eastern Europe and Central Asia		
Armenia	0.1	[0.1 – 0.2]
Azerbaijan	0.1	[<0.1 – 0.1]
Belarus	0.3	[0.2 – 0.3]
Georgia	0.1	[0.1 – 0.2]
Kazakhstan	0.1	[0.1 – 0.2]
Kyrgyzstan	0.3	[0.2 – 0.3]
Republic of Moldova	0.4	[0.4 – 0.4]
Russian Federation	1.0	[0.9 – 1.2]
Tajikistan	0.2	[0.1 – 0.2]
Ukraine	1.1	[1.0 – 1.2]
Uzbekistan	0.1	[0.1 – 0.2]
Western and Central Europe		
Austria	0.3	[0.2 – 0.4]
Belgium	0.2	[0.2 – 0.3]
Bulgaria	0.1	[0.1 – 0.1]
Croatia	<0.1	[<0.1 – <0.1]
Czech Republic	<0.1	[<0.1 – <0.1]
Denmark	0.2	[0.1 – 0.2]
Estonia	1.2	[1.0 – 1.5]
Finland	0.1	[0.1 – 0.1]
France	0.4	[0.3 – 0.5]
Germany	0.1	[0.1 – 0.2]
Greece	0.1	[0.1 – 0.2]
Hungary	<0.1	[<0.1 – 0.1]
Iceland	0.3	[0.2 – 0.4]
Ireland	0.2	[0.2 – 0.3]
Israel	0.2	[0.1 – 0.2]
Italy	0.3	[0.2 – 0.3]
Latvia	0.7	[0.5 – 0.9]
Lithuania	0.1	[<0.1 – 0.1]
Luxembourg	0.3	[0.2 – 0.4]
Malta	0.1	[0.1 – 0.2]
Netherlands	0.2	[0.1 – 0.2]
Norway	0.1	[<0.1 – 0.2]
Poland	0.1	[0.1 – 0.1]
Portugal	0.4	[0.4 – 0.5]
Romania	0.1	[0.1 – 0.1]
Serbia	0.1	[0.1 – 0.2]
Slovakia	<0.1	[<0.1 – <0.1]
Slovenia	<0.1	[<0.1 – <0.1]
Spain	0.4	[0.3 – 0.4]
Sweden	0.1	[0.1 – 0.2]
Switzerland	0.4	[0.3 – 0.5]
Turkey	<0.1	[<0.1 – <0.1]
United Kingdom	0.2	[0.2 – 0.3]
Middle East and North Africa		
Algeria	0.1	[0.1 – 0.1]
Djibouti	2.5	[1.9 – 3.2]
Egypt	<0.1	[<0.1 – <0.1]
Iran (Islamic Republic of)	0.2	[0.1 – 0.2]
Lebanon	0.1	[0.1 – 0.2]
Morocco	0.1	[0.1 – 0.2]
Oman	0.1	[<0.1 – 0.1]
Qatar	<0.1	[<0.1 – <0.1]
Somalia	0.7	[0.5 – 1.0]
Sudan	1.1	[0.9 – 1.4]
Yemen	<0.1	[<0.1 – 0.1]
North America		
Canada	0.3	[0.2 – 0.4]
Mexico	0.3	[0.2 – 0.4]
United States of America	0.6	[0.6 – 0.6]
Caribbean		
Bahamas	3.1	[1.2 – 5.4]
Barbados	1.4	[1.2 – 1.6]
Cuba	0.1	[0.1 – 0.1]
Dominican Republic	0.9	[0.7 – 1.0]
Haiti	1.8	[1.7 – 2.2]
Jamaica	1.7	[1.1 – 2.5]
Trinidad and Tobago	1.5	[1.1 – 2.0]
Central and South America		
Argentina	0.5	[0.2 – 0.6]
Belize	2.3	[2.0 – 2.6]
Bolivia	0.2	[0.1 – 0.3]
Brazil		[0.5 – 0.6]
Chile	0.4	[0.3 – 0.5]
Colombia	0.6	[0.4 – 0.7]
Costa Rica	0.3	[0.2 – 0.4]
Ecuador	0.4	[0.3 – 0.4]
El Salvador	0.8	[0.6 – 1.1]
Guatemala	0.8	[0.6 – 1.0]
Guyana	1.2	[0.5 – 1.9]
Honduras	0.8	[0.3 – 1.0]
Nicaragua	0.2	[0.1 – 0.3]
Panama	0.9	[0.6 – 1.1]
Paraguay	0.3	[0.2 – 0.4]
Peru	0.4	[0.3 – 0.5]
Suriname	1.0	[0.7 – 1.4]
Uruguay	0.5	[0.4 – 0.6]
Venezuela		

HIV progression



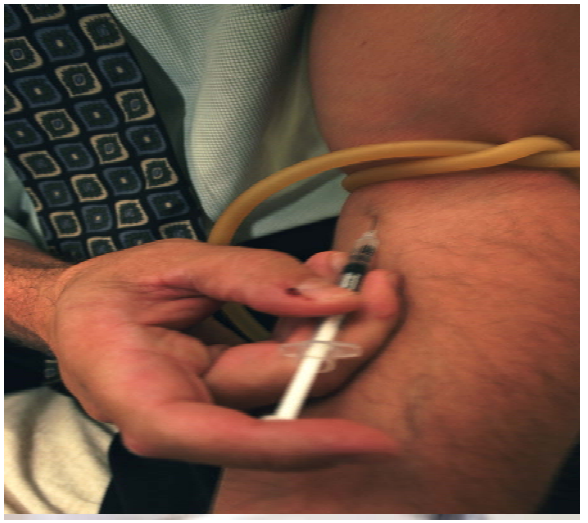

Acute
Asymptomatic
AIDS and Death
Infection
CD8+ T-cell
HIV
Antibodies
Levels (Separate Scales)
4 – 8 weeks
Years
CD4+ T-cell


Risk Factors for HIV

Lancashire Care NHS
NHS Foundation Trust

Individuals diagnosed with HIV risk 2010

37%



2.5%

48%

0.3%


HIV testing in Primary Care

Lancashire Care NHS
NHS Foundation Trust

Who should be offered HIV testing ?

- All patients with symptoms indicative of HIV.
- All patients diagnosed with STI.
- All sexual partners of men and women known to be HIV positive.
- All men who have disclosed sexual contact with other men. (MSM)
- All female contacts of MSM.
- All patients reporting history of Injecting drug use.
- All patients known to be from country of high prevalence.
- All patients reporting sexual contact abroad or in UK with individuals from countries of high prevalence.

Lancashire Care NHS
NHS Foundation Trust

Recommended universal HIV testing for …

- GUM or Sexual Health services.
- Antenatal services.
- Termination of pregnancy services.
- Drug dependency programmes.
- Healthcare services for those diagnosed with:
  - TB
  - Hepatitis B & C
  - Lymphoma

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Existing Department of Health Guidance advocates testing for …

- Blood donors.
- Dialysis patients.
- Organ transplant donors and recipients.

Supporting Health and Wellbeing

Confidentiality is central to trust between doctors and patients.

Without assurances about confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care.

Go to **www.gmc-uk.org/confidentiality** for more information and advice.

Treatment Costs

Lancashire Care NHS
NHS Foundation Trust

- **£18000** annually for HIV positive (without symptoms) patient care.
- **£21500** annually for HIV positive (with symptoms) patient care.
- **£41000** annually for HIV positive (AIDS stage) patient care.
- ***Annual cost of patients accessing healthcare in 2006 was £483 million.***
- ***Add Social & community care costs the bill escalates to some £683 million a year!***

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

What's the future cost?

By 2013 it is estimated that there will be **78370** people accessing NHS HIV care costing **£720-758 million**

With social care the bill is estimated to be **£1065 million**

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Pre test discussion ????

Supporting Health and Wellbeing

Lancashire Care NHS

Points to consider before blood borne virus testing

- Reason for test.
- Assessment of risk.
- Understanding of blood borne virus issues.
- Informed consent & confidentiality.
- Coping with the wait for results.
- Implications of a positive test, who to tell.
- How to obtain results.
- Window period and follow up.
- Leaflet.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Blood Testing

- Clotted blood specimen for:
  HIV antibody
  p24 antigen
- Serology may take **3 months** to become positive.
- Repeat test should be offered if **3 month** window period is not covered.

Supporting Health and Wellbeing

Giving Results

Lancashire Care NHS
NHS Foundation Trust

Negative results

- Health Promotion aimed at safer sex or changing behaviour.
- Possible STI screen.
- Possible need for re-testing (window period).

Positive Results

- Time to prepare yourself.
- Support from specialist GUM professionals.
- Review your initial consultation.
- Give the result without delay.
- Informed consent to refer to GUM.
- Risk reduction and protecting partners.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Prevention work in Primary Care

- THINK! ‘high risk’ groups.
- Don’t forget ‘window period’ testing.
- Offer free condoms within the surgery.
- Remember oral sex risk.
- Remember co infection risk groups.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Prevention work in Primary Care

- Clinical indicator conditions, i.e. respiratory, gastroenterology & dermatology.
- Reassure about confidentiality within the practice.
- Regular routine testing.

Supporting Health and Wellbeing

Thinking high risk groups…

Lancashire Care NHS
NHS Foundation Trust

Young People

Injecting drug users

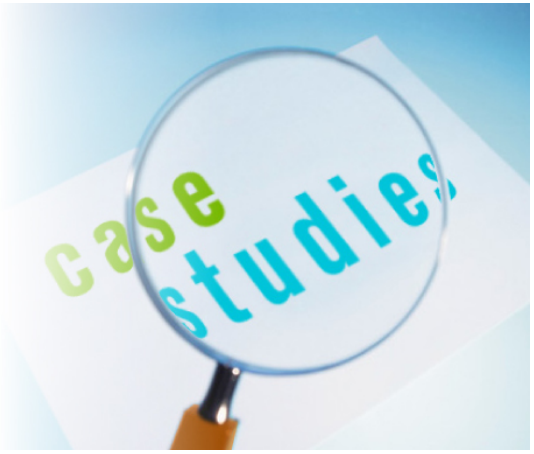
MSM

Black Africans

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case Studies
HIV



Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case Study John

- John is a 35 year old teacher.
- Married to Jane for 8 years and has two children.
- Attends today complaining of non itchy rash and persistent sore throat / flu like symptoms for one week.
- Medical history unremarkable .

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case study John - Initial examination

- Signs of pharyngitis
- Four oral mouth ulcers
- Cervical Lymphadenopathy
- Rash to the trunk

- **What is your differential diagnosis?**

- **What investigations would you take at this time?**

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case study John

Follow up

- John returns to your practice 3 days later feeling worse, sore throat, fever and rash persist.
- Throat swab and full blood count normal and serology for glandular fever negative.

Supporting Health and Wellbeing

How would you open discussion around Sexual Health?

It's important to feel comfortable and work within your own style of communication.

Role play the discussion

Before moving onto next sheet

Lancashire Care NHS
NHS Foundation Trust

Case study John

Sexual history

- Last had sex with his wife 8 days ago does not use condoms.
- John is bisexual.
- Three semi regular male partners.
- Uses condoms for anal sex but not oral sex.
- Had receptive anal sex three weeks ago but the condom came off.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case Study John Further management

Investigations

- HIV test.
- Serology for syphilis.
- Hepatitis A IgG.
- Hepatitis B Screen

Points to consider

- Window period 3 months.
- Health promotion safe sex using condoms for oral sex.
- Hepatitis B immunisation.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case study John results

- HIV antibody – not detected.
- HIV p24 antigen test – detected (provisional).
- Syphilis – not detected.
- Hepatitis A IgG – not detected.
- Hepatitis B antibody/ antigen – No evidence of current or past infection.
- Diagnosis – Primary HIV seroconversion illness (provisional result).

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case study John

What further issues are there to consider?

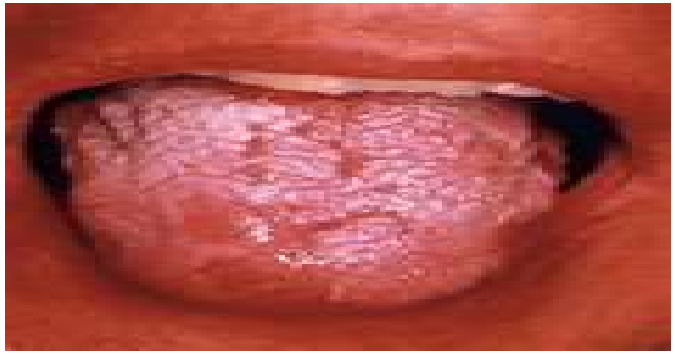
- John's wife has been placed at risk and is unaware of his bisexuality.
- She is also one of your patients - you have a duty of care to her.
- Partner notification of other partners.

How do you resolve this conflict of care?

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Mouth lesions associated with HIV



Oral Candidiasis

Oral hairy leukoplakia

Angular cheilitis

Kaposi's sarcoma of the mouth

Supporting Health and Wellbeing

Case study Alan

Lancashire Care NHS
NHS Foundation Trust

- Alan is a 45 year old clerk who lives in Manchester.
- Last attended 4 months ago with a history of eczema which cleared with hydrocortisone cream but has now returned.
- Noticed a mole on his hand 4 weeks ago has become darker and grown slightly, non painful or itchy.
- Generally unwell complaining of fatigue, intermittent diarrhoea and dry scaly skin.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case study Alan - examination

- Scaly rash.
- Cervical Lymphadenopathy.
- White lesions on the side of the tongue.

- **What is your differential diagnosis?**

- **What investigations would you take at this time?**

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

How would you open the discussion around a weakened immune system?

It's important to feel comfortable and do this in your own style of communication.

Role play the discussion

Before moving onto next sheet

Supporting Health and Wellbeing

Case study Alan further history including Sexual History

Lancashire Care NHS
NHS Foundation Trust

- You ask Alan about travel. He holidays in the UK, has limited sun exposure and uses high factor sun screen. He has never used a sun bed.
- In a long term relationship with Mark for 3 years.
- Mark lives 50 miles away and Alan spends time with him most weekends.
- Alan has been sexually active since he was 19 and has only had male partners.
- He practises oral and receptive anal sex and no longer uses condoms with Mark.
- Last sexual intercourse 7 days ago.

How do you proceed?

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case Study Alan

Investigations

- HIV test.
- Serology for syphilis.
- Hepatitis A IgG.
- Hepatitis B screen.

Points to consider

- Window period 3 months.
- Health promotion safe sex using condoms for oral sex.
- Hepatitis B immunisation.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case Study Alan results

- HIV antibody & P24 antigen – detected (provisional).
- Syphilis – detected.
- Hepatitis A IgG – not detected.
- Hepatitis B antibody/ antigen – no evidence of current or past infection.
- Diagnosis – HIV positive (provisional result).

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case study Alan further management and issues

- Refer to HIV specialist.
- Partner notification Mark has been placed at risk.
- Ongoing support may be require around diagnosis, disclosure to others, confidentiality …
- May need referral to supportive agencies.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Kaposi's sarcoma

- Kaposi's sarcoma is a strong indicator of immunosupression.
- It is the most significant lymphoma associated with HIV.
- AIDS defining condition – multiple sites such as arm, trunk, palate, face and feet. Internal lesions in the lungs or GI tract can cause serious complications leading to death.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Constitutional symptoms associated with HIV

Facial Molluscum Contagiosum

Atypical Seborrhoeic dermatitis

Supporting Health and Wellbeing

Case study - Dominique

Lancashire Care NHS
NHS Foundation Trust

- 22 year old female visiting from Tanzania.
- Staying with relatives and has registered as a temporary patient with you.
- Attends today with her Aunt who is concerned at Dominique's weight loss.
- Dominique complains of fatigue and night sweats which have become worse over the last few weeks.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case study Dominique - examination

- Signs of severe weight loss – 44kg.
- Oral Candidiasis.
- Temperature 38 degrees c.
- Cervical Lymphadenopathy palpable non tender rubbery axillary and inguinal nodes.
- Palpable non tender liver.
- Chest is clear.
- Dry skin.

- What is your differential diagnosis?
- What investigations /actions would you consider at this time?

Supporting Health and Wellbeing

How would you open the discussion around weakened immune system and HIV high prevalence issues ?

It's important to feel comfortable and do this in your own style of communication.

Discuss

Before moving onto next sheet

Lancashire Care NHS
NHS Foundation Trust

Case study Dominique –further history

- Born /resident in a country with high prevalence of HIV.
- Dominique has been in a regular sexual relationship in Tanzania with Samuel. Samuel is well.
- Dominique has had two other sexual partners, both in Tanzania, in the past.
- She has never used condoms.
- She has never had a HIV test.

How do you proceed?

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case Study Dominique Hospital Results

- HIV antibody & p24 antigen detected
- CD4 count 86 cells/mm3
- Viral load 200,000 copies/ml
- Indicates advanced immunosupression with a high level of circulating HIV.
- HIV infection with constitutional symptoms.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Blood counts in HIV infection

CD4 cells/mm3 count normal range

- 400-1200 normal range men
- 500-1600 normal range women
- 200 – 500 indicates some damage to immune system
- 200 & below risk of opportunistic infections

We also look at

Viral load 1.0 logs = 10 copies

1.5 logs = 32 copies

5.5 logs = 316,228 copies

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

Case Study Dominique further management and considerations

- Visitor to UK – eligible to limited care.
- Emergency hospital care but not inpatient care.
- Certain communicable diseases i.e. TB are eligible to NHS treatment.
- Treatment for HIV AIDS and antiretroviral medication as a life saving treatment will not be denied, but long term HAART maybe an issue.

Supporting Health and Wellbeing

	AIDS defining conditions	Other conditions where HIV testing should be offered
Respiratory	Tuberculosis Pneumocystis	Bacterial pneumonia Aspergillosis
Neurology	Cerebral toxoplasmosis Primary cerebral lymphoma Crytococcal meningitis Progressive multifocal leucoencephalopathy	Aspectic meningitis/encephalitis Cerebral abscess Space occupying lesion of unknown cause Gullain Barre Syndrome Transverse myelitis Periphereal neuropathy Dementia Lecoencephalopathy
Dermatology	Kaposi's sarcoma	Severe or recalcitrant seborrhoeic dermatitis Severe or recalcitrant psoriasis Multidermatomal or recurrent herpers zooster
Gastroenterology	Persistent Cryptosporidiosis	Oral candidiasis Oral hairy leukoplakia Chronic diarrhoea of unknown cause Salmonella, shigella or campylobacter Hepatitis B infection Hepatitis C infection

Oncology	**Non-Hodgkin's lymphoma**	**Anal cancer or anal intraepithelial dysplasia** **Lung cancer** **Seminoma** **Head & neck cancer** **Hodgkin's lymphoma** **Castlemans disease**
Gynaecology	**Cervical cancer**	**Vaginal intraepithelial neoplasia** **Cervical intraepithelial neoplasia Grade 2 and above**
Haematology		**Any unexplained blood dyscrasis including:** **Thrombocytopenia** **Neutropenia** **Lymphopenia**
Ophthalmology	**Cytomegalovirus retinitis**	**Infective retinal disease including herpes viruses and toxoplasma** **Any unexplained retinopathy**
ENT		**Lymphadenopathy of unknown cause** **Chronic parotiis** **Lymphoepithelial parotid cysts**
Other		**Mononucleosis like syndrome (primary HIV infection)** **Pyrexia unknown origin** **Any lymphadenopathy of unknown cause** **Any sexually transmitted infection**

Lancashire Care NHS
NHS Foundation Trust

What happens following a positive HIV diagnosis ?

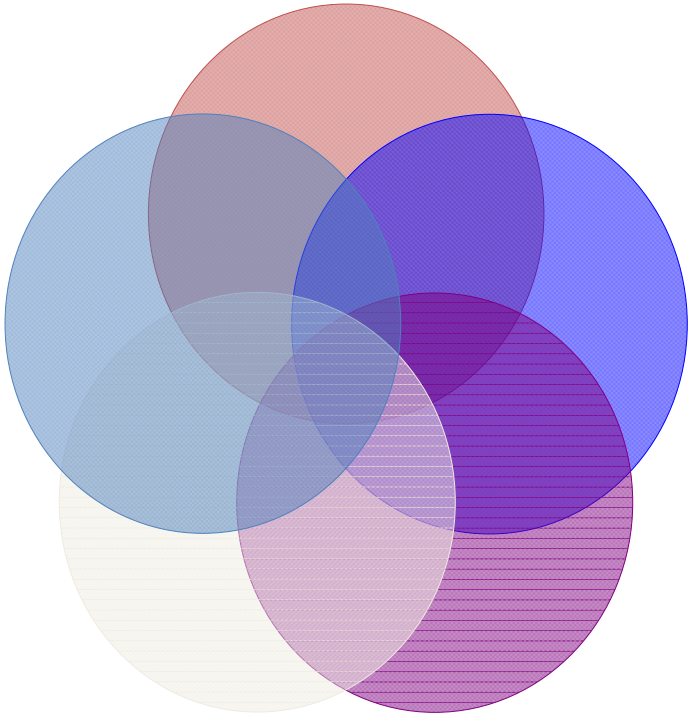
Supporting Health and Wellbeing

Monitoring HIV

Lancashire Care NHS
NHS Foundation Trust

Patients wishes

Clinical signs



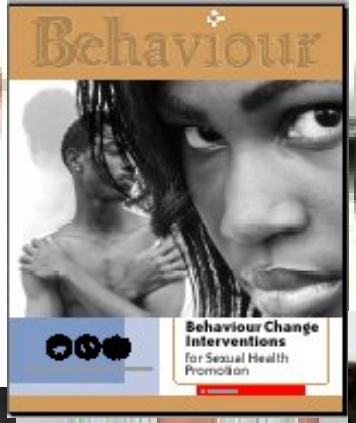
Treatment

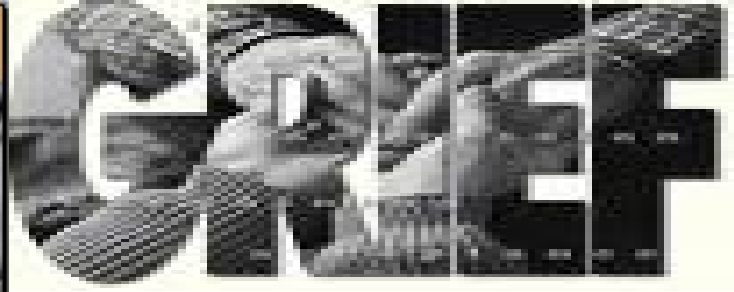
CD4 count

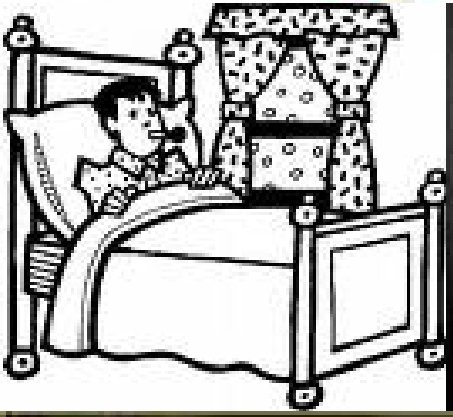
Viral load

Supporting Health and Wellbeing


CONFIDENTIALITY
?

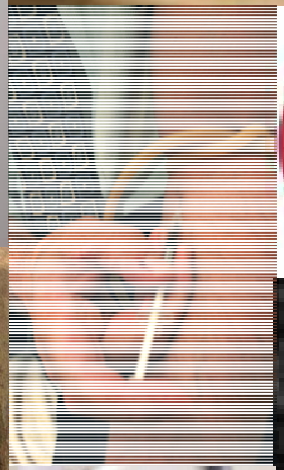

Behaviour
Behaviour Change Interventions
for Sexual Health Promotion


GRIEF

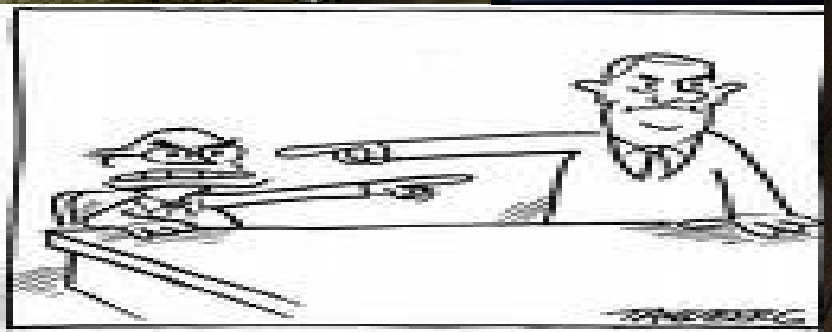



PEOPLE LIKE THE
WEIGHT OF THE WORLD
STILL IN THE DARK


AIDS




The Simon Foundation for Continence
STIGMA
www.simonfoundation.org




Adjusting to living with HIV
Disclosure of status
Partner notification
Avoiding or preventing other infections
Sexual health & relationships
Pregnancy & family life
Risk reduction
Behavioural changes
Emotional & mental health
Drugs, alcohol, smoking
Food, drink, nutrition
Medication
Illness
Travel / holidays / immigration
Employment / careers
Finance / Insurance
Future
HIV

Shared Care with HIV Consultant

- GP for regular health care needs
- Investigations and results
- Hospital outpatients / inpatients care
- Antenatal care
- HIV Consultant – specialist HIV care

All reduces risk of drug interactions

http://www.hiv-druginteractions.org/

Conclusion

Lancashire Care NHS
NHS Foundation Trust

This is a REAL opportunity for change

- Traditionally HIV testing was seen as the remit of GUM.
- It's time the change was made to widen the increase in opportunistic screening for HIV.
- Late diagnosis contributes to morbidity and mortality.

Supporting Health and Wellbeing

Lancashire Care NHS
NHS Foundation Trust

References

- British HIV Association (2009) *Don't forget the Children: Guidance for HIV testing of children with HIV-positive parents.* London: Mediscript Ltd
- Gilead (2010) *Early Testing saves Lives: Halve it.*
- Health protection Agency (2007): Testing times HIV and other Sexually Transmitted infection in the UK 2007
- Health Protection Agency (2010) *Time to test for HIV: Expanded healthcare and community HIV testing in England.* HPA
- National Institute of Clinical Excellence (2011) *Increasing the Uptake of HIV Testing Among Black Africans in England*, NICE.
- National Institute of Clinical Excellence (2011) *Increasing the Uptake of HIV Testing Among Men Who Have Sex with Men in England*, NICE.
- Madge, S., Mathews, P., Singh, S., Theobald, N (2005) : HIV in Primary Care : MedFASH
- UK Collaborative Group for HIV and STI Surveillance. (2006) *A Complex Picture. HIV and other Sexually Transmitted Infections in the United Kingdom.* London: Health Protection Agency, Centre for Infections. November 2006

Supporting Health and Wellbeing

References

- http://www.nwpho.org.uk/hiv/
- http://www.medfash.org.uk/
- http://www.cph.org.uk/sexualhealth.asp
  http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1221482344001
- http://www.bhiva.org/ClinicalGuidelines.aspx
- www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf
- http://www.bashh.org/guidelines

Lancashire Care NHS
NHS Foundation Trust

Thank You for taking part.

Supporting Health and Wellbeing