HIV Testing:
What's Different Now?

7:00 PM	Introduction - Dr. Marisa Collins
7:05 PM	Rationale and Evidence for Routine HIV Testing – Dr. Réka Gustafson
7:25 PM	Questions – Rationale and Evidence
7:30 PM	It's Different Now Video
7:35 PM	Implementation of Routine HIV Testing – Dr. David Hall & Dr. Gurdeep Parhar
8:05 PM	Questions – Implementation, followed by Panel Discussion
8:25 PM	Conclusion – Dr. Marisa Collins

The Presentation will begin at 7pm

Please ensure your computer speakers are on - audio will start at 7pm

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HIV Testing
What's Different Now?

HIV Testing Initiative in Family Practice

STOP HIV/AIDS Project
UBC Division of Continuing Professional Development

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HIV Testing: What's Different Now?

Dr. Réka Gustafson, Dr. David Hall

Dr. Gurdeep Parhar

Moderator: Dr. Marisa Collins

~ No disclosures ~

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Acknowledgements

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- STOP HIV/AIDS Provincial Leadership Committee
- BCCDC – Surveillance team
- BCCfE – Data manager, analyst, statistician, epidemiologist
- VCH – Public Health Surveillance Unit
- VCH and PHC STOP HIV/AIDS Teams
- UBC CPD Team
- HIV Testing Initiative Advisory and Educational Reference Groups
- Drs. R. Gustafson, D. Hall, G. Parhar

HIV Testing: What's Different Now?

Rationale and Evidence

for Routine Testing in Family Practice

Dr. Réka Gustafson

Objectives

- Consider **clinical rationale and evidence** for generalized HIV testing and treatment as prevention (TasP)
- Define **HIV testing recommendations** from Public Health

S.T.O.P. HIV/AIDS

A provincial initiative to enhance **early** diagnosis and treatment of HIV with the goal of **changing the course of the epidemic**

Clinical Rationale for Early Diagnosis and Treatment

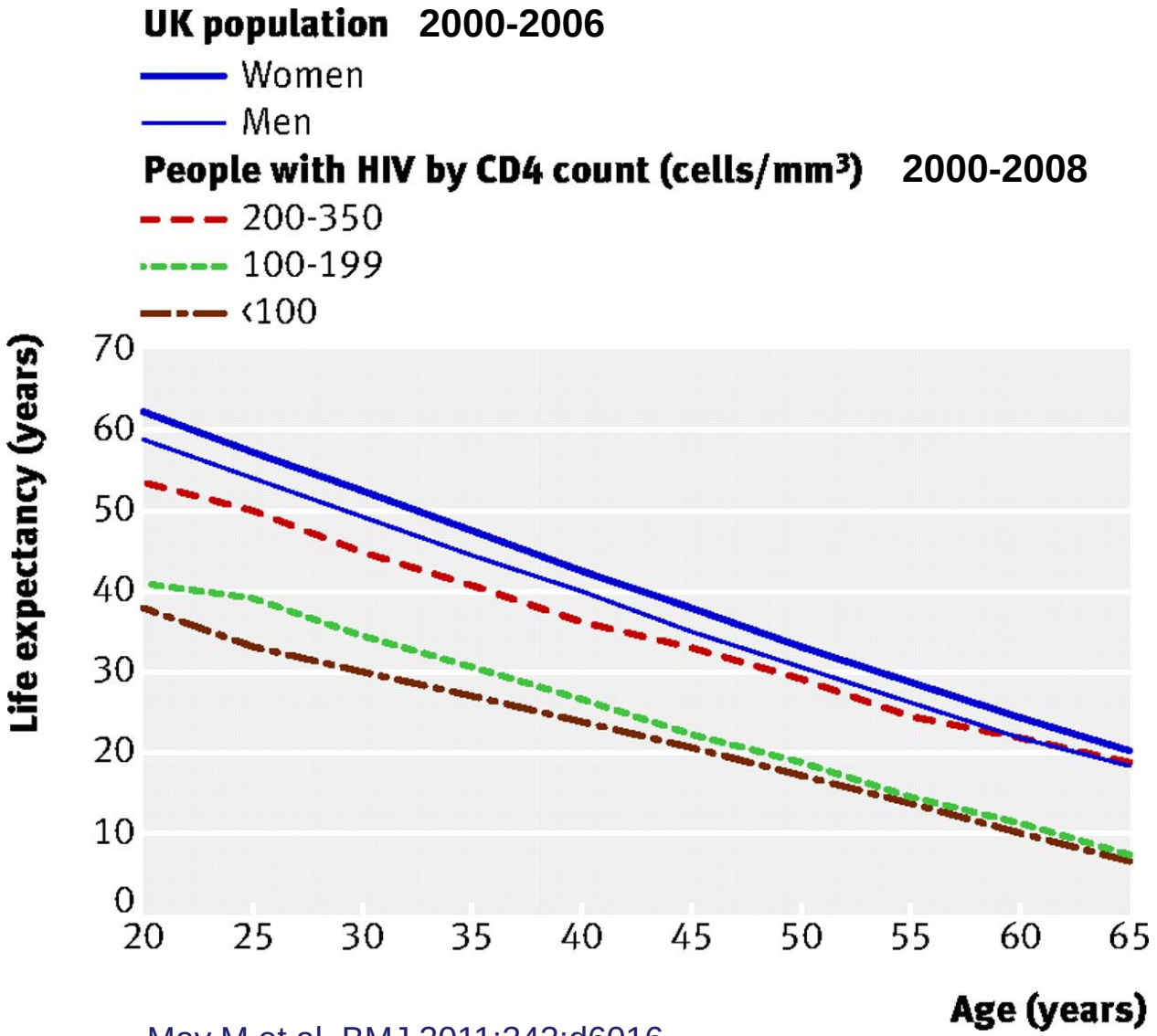
Estimates of Benefits of Early Treatment

Life expectancy as a function of disease stage at start of treatment:

Disease stage at start of Treatment	Can expect to live to (years)
CD4 < 100	57.9
CD4 100 - 199	61.0
CD4 200 - 350	73.4

Modified from May M et al. *BMJ 2011;343:d6016*

Life expectancy from age 20-65 by CD4 count at start of antiretroviral therapy compared with UK population



May M et al. BMJ 2011;343:d6016

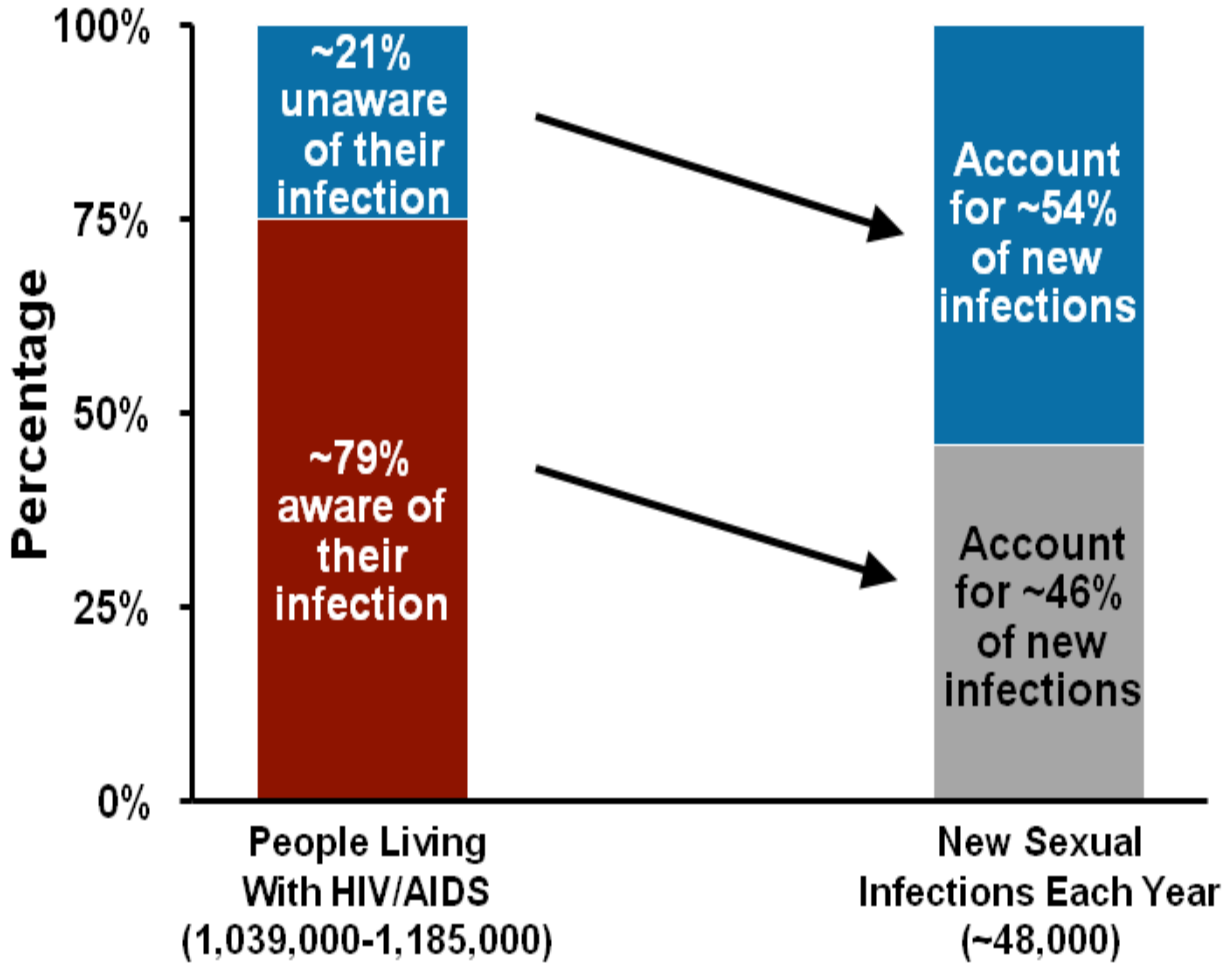
IAS-USA Guidelines 2010:
When to Start Antiretroviral Therapy

Asymptomatic Infection	Recommendation
▪ **CD4+ cell count < 500** cells/mm^3	▪ **Start HAART**
▪ **CD4+ cell count > 500** cells/mm^3	▪ **Should be considered***
Initiation of Therapy Recommended Regardless of CD4+ Cell Count	
▪ Symptomatic HIV disease ▪ Acute Opportunistic Infection ▪ Older than 50 yrs of age ▪ HIV-1 RNA > 100,000 copies/mL ▪ CD4+ cell count Decline >100 cells/mm^3/yr ▪ Active HBV or HCV ▪ Active or High Risk for Cardiovascular Disease ▪ HIV-Associated Nephropathy ▪ Symptomatic Primary HIV infection ▪ Pregnant Women ▪ Sero-discordant couples (or High Risk of HIV Transmission)	

Modified from Thompson M, Aberg J, Cahn P, Montaner J, et al. JAMA. 2010;304;321-333

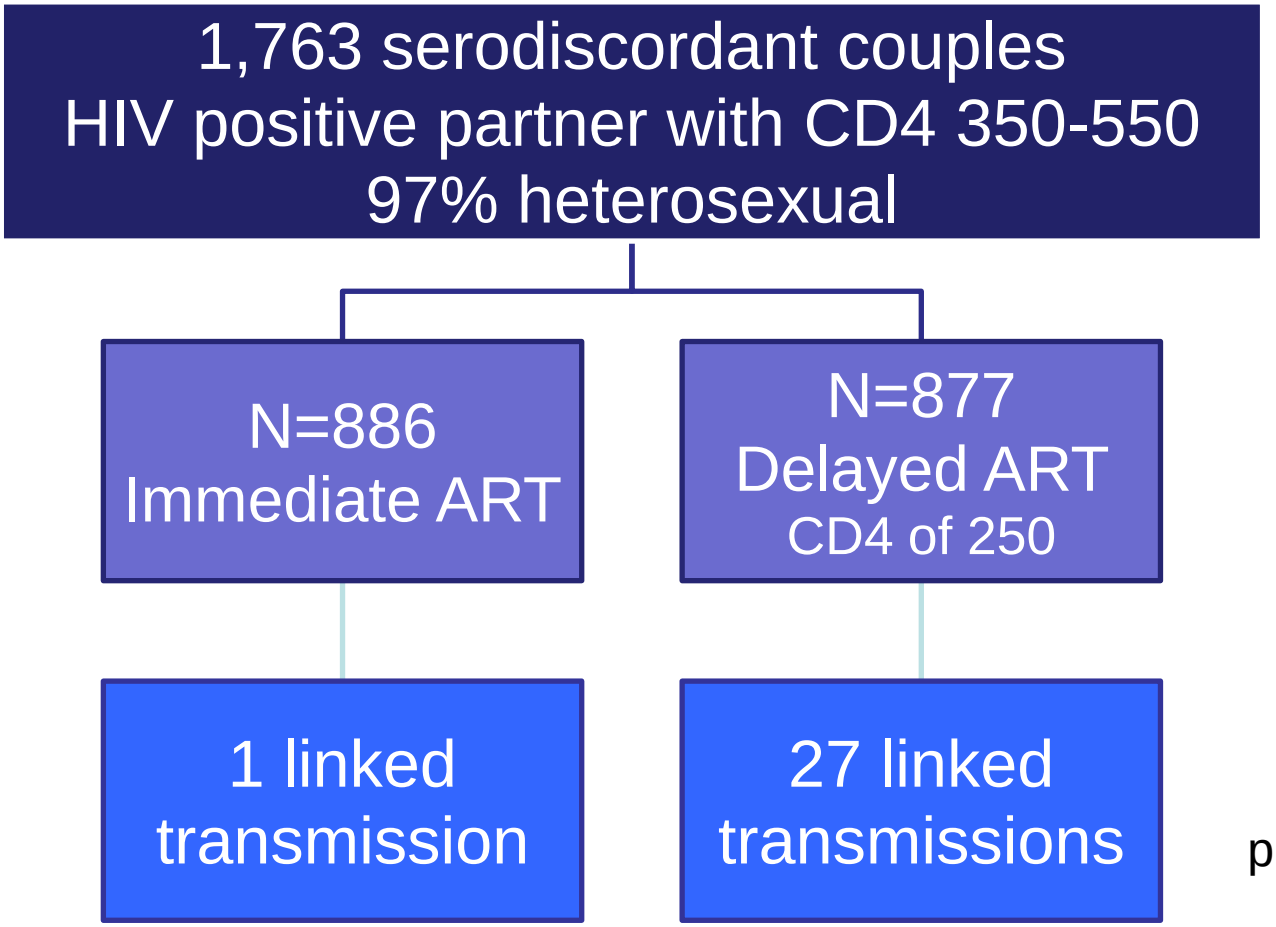
Public Health Rationale for Early Diagnosis and Treatment

Majority of HIV Transmissions From People Unaware of Their Infection



Marks G, et al. *AIDS*. 2006;20:1447-1450; Hall HI, et al. *JAMA*. 2008;300:520-529; Campsmith ML, et al. *J Acquir Immune Defic Syndr*. 2010;53:619-624; Prejean J, et al. *PLoS ONE*. 2011;6:e17502.

Evidence: HIV Prevention Trials Network 052 Study



$p < 0.001$

Cohen MS, et al. HPTN052 Study Team Prevention of HIV-1 Infection with Early Antiretroviral Therapy. *N Engl J Med* 2011 Aug 11; 365(6):493-505

Science Magazine: 2011 Breakthrough of the Year

WINNER:
HIV Treatment as Prevention

Cohen. Science 2011; 334: 6063.1328

http://www.sciencemag.org/site/special/btoy2011/

So…

- If early diagnosis of HIV benefits the individual

- and early diagnosis of HIV benefits the population

How are we doing?

NOT VERY WELL

An estimated **26%** of people infected with HIV are *unaware* of their infection.

Public Health Agency of Canada

> 60% of people are diagnosed after they should already be on treatment

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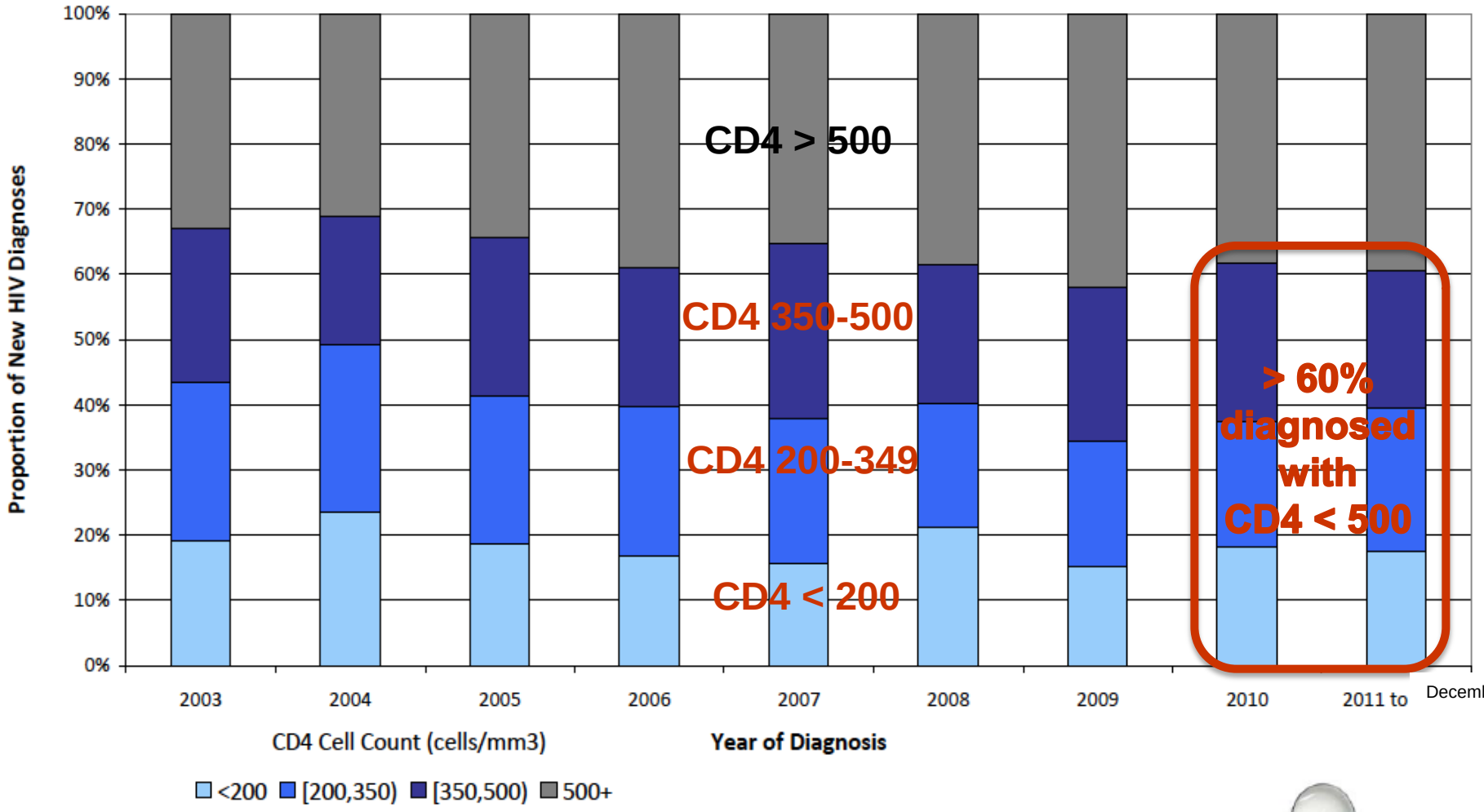
Figure 4a
Proportion of Patients by CD4 Cell Count at Diagnosis and Year of Diagnosis [VCH45]



Source: Public Health Surveillance Unit (HIV Surveillance Data) & BC CfE Drug Treatment Program Data.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. December 22, 2011.

Public Health Surveillance Unit

Why are we Diagnosing People Late?

HIV testing is routine only in pregnancy

- ✔ Identifies infection early
- ✔ Treatment prevents vertical transmission

Voluntary test counseling for everyone else

- ✘ Based on recognition/acknowledgement of risk by patient and clinician

Risk-based Testing

Requires care providers to:

- **Ask** about risk related behaviours

or

For patients to:

- **Know** they are at risk
- **Recognize** that risk

and

- To **disclose** risk to their care provider

Risk-based testing

Stigmatizes testing

- Discourages clinicians from offering an HIV test
- Discourages patients from seeking and/or accepting the test

Risk-based Testing

Recent survey of gay men

- Overall, only 51% have had a test in the past year
- 23% of < 30 year olds have *never* had an HIV test
- 20% have never told a health care provider that they have sex with men
- Mean duration to disclosure was 4 years

Mtrack, www.mancount.ca

Risk-based testing

- 50% of those with HCV are tested for HIV within 3 months of diagnosis
- 38.6% of individuals with a new HIV diagnosis had their first HIV test at the time of diagnosis (2004-2008)
- Less than 25% of those with a diagnosis of Sexually Transmitted Infection (STI) have an HIV test following their diagnosis

M. Gilbert, BCCDC

Risk-based Testing

Fails to recognize changes in **epidemiology**

- Identified mode of HIV transmission:
  - 45% MSM
  - **27% heterosexual**
  - 18% IDU

BCCDC Annual Report, 2009 (www.bccdc.ca)

We need to fundamentally change our testing paradigm

HIV meets ALL World Health Organization criteria for a routine screening program

WHO Criteria for Screening Programmes

- The condition sought should be an **important health problem** for the **individual** and **community**.
- There should be an **accepted treatment** or useful intervention for patients with the disease.
- The **natural history** of the disease should be adequately **understood**.
- There should be a **latent or early symptomatic stage**.
- There should be a suitable and acceptable **screening test** or examination.
- **Facilities** for diagnosis and treatment should be available
- There should be an **agreed policy on whom to treat** as patients.
- **Treatment started at an early stage** should be of **more benefit** than treatment started later.
- The **cost should be economically balanced** in relation to possible expenditure on medical care as a whole.
- **Case finding should be a continuing process** and not a once and for all project.

Routine Screening

Opportunistically test **all adults** in acute and primary care

who have not had an HIV test in the past year

Cost effective

Conservative threshold for cost effectiveness is estimated to be

1/1000 new diagnoses*

or **2/1000 diagnosed prevalence**

Paltiel AD, et al. Expanded screening for HIV in the United States - an analysis of cost-effectiveness. N Engl J Med 2005; 352(6):586-595.

Paltiel AD, et al. Expanded HIV screening in the United States: effect on clinical outcomes, HIV transmission, and costs. Ann Intern Med 2006; 145: 797–806.

Sanders GD, Bayoumi AM, Sundaram V, Bilir SP, Neukermans CP, Rydzak CE et al. Cost-effectiveness of screening for HIV in the era of highly active antiretroviral therapy. N Engl J Med 2005; 352(6):570- 585.

*Walensky RP, et al. Routine human immunodeficiency virus testing: an economic evaluation of current guidelines. Am J Med 2005; 118(3):292-300.

Yazdanpanah Y et al. Routine HIV Screening in France: Clinical Impact and Cost-Effectiveness. PLoS One. 2010;5(10):e13132.

Vancouver, BC

- Diagnosed prevalence in **Vancouver** is **12.1/1000** population (all ages)
- Acute care testing pilot **10 new diagnoses/1000** tests*

- Diagnosed prevalence in **BC** is **2.2/1000** (>15 years age)

*As of June 30, 2011

Cost saving

- CDC (US) expanded HIV testing initiative yielded return on investment (ROI) values of $1.46 to $2.01
- shows positive ROI with a prevalence of undiagnosed HIV infection as low as 0.12%
- Provides further support for large-scale HIV testing programs.

Hutchinson AB, et al. Return on Public Health Investment: CDC's Expanded HIV Testing Initiative. *JAIDS* 2012; 59(3):281–286.

At a prevalence of 12/1000 you still may never see a case

Antenatal HIV Screening

- **1/10,000** detection rate

Pap test screening

- CIN II & III (pre-cancer) detection rate for women ages 20-69 in BC is **5 per 1000**

2010 Cervical Cancer Screening Program Annual Report

www.bccancer.bc.ca/cervicalscreening

The barrier is *us*, not the patient

SITE	OFFER	ACCEPTANCE
Emergency Department	62%	62%
Acute Care Unit	40%	70%
Dermatology Patient	50%	68%
GP Unit	21%	75%
Medical Admissions Unit	40%	91%

http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/

Acute Care Testing Pilot - Update

Oct 2011 – Aug 19, 2012

Site	Number of Admissions	Number offered	Number Tested	Acceptance Rate	% Offered	% Tested	Number of Positives	Positivity Rate per 1000
SPH	2,724	1269	1076	98%	47%	40%	10	~9/1000
MSJ	1,115	746	516	86%	67%	46%	0	0
VGH	3,605	1182	904	97%	33%	25%	4	~4/1000
Total	7,444	3197	2496	92%	43%	34%	14	~6/1000

“New” HIV testing recommendations

Guidelines

US:

- Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR **2006**;55(No. RR-14).

UK:

- UK national guidelines for HIV testing 2008. London (UK): British HIV Association, British Association for Sexual Health and HIV, British Infection Society; **2008**.

EU:

- Poljak M, Smit E, Ross J. 2008 European Guideline on HIV testing. Int J STD AIDS February **2009**; 20:77-83; doi:10.1258/ijsa.2008.008438

FR:

- Haute Autorité de Santé Economic Evaluation and Public Health Department. Public Health Guidelines: HIV infection screening in France – Screening Strategies. October **2009**. 42pp. Available from: www.has-sante.fr

New HIV Testing Recommendations

BCMJ, 2011, 53:49

***Offer* an HIV test to all adults in your practice who have not had one in the past year**

- ✓ in acute and community care
- ✓ as part of **blood work for any other reason**
- ✓ every time you **test** for **STIs, HCV, tuberculosis**

New HIV Testing Recommendations

BCMJ, 2011, 53:49

If aware of a specific risk, recommend an HIV test now, and more often

- ✓ clinical symptoms
- ✓ every time you **diagnose another STI**
- ✓ every 3-6 months if you are aware of ongoing high risk

Summary

- Treatment works
- Treatment as Prevention works
- Risk-based testing misses too many, diagnoses too late
- Routine testing is cost-effective & cost-saving at 2/1000 diagnosed HIV prevalence
- Vancouver has 6 times the return on investment cut-off (diagnosed HIV prevalence)

Questions?

Please type your questions into the Q&A window and hit enter/return to submit

HIV Testing: What's Different Now?

Implementation of Routine Testing in Family Practice

Dr. David Hall Dr. Gurdeep Parhar

Objectives

- Examine **barriers and enablers** to testing for HIV in family practice
- Identify **tools and resources** to facilitate routine HIV testing in your practice
- Identify resources to facilitate **connecting HIV positive patients to care**
- Assist with **integration of routine HIV testing into your practice**

New HIV Testing Recommendations

Who?

- ☑ Offer *and recommend* an HIV test to **everyone** presenting to community and acute care
- ☑ who has *ever had sex*
- ☑ and who has not had an HIV test in the previous year

New HIV Testing Recommendations

When?

- ☑ whenever ordering blood work for any reason
- ☑ every time you test for an sexually transmitted infection (STI), Hepatitis C, Tuberculosis
- ☑ whenever diagnosed with STI, HepC, TB
- ☑ whenever asked for an HIV test

New HIV Testing Recommendations

How often?

- ☑ yearly
- ☑ every 3-6 months if you are aware of ongoing high risk

New HIV Testing Recommendations

How?

- ☑ information can come in print form

  Resource: HealthLinkBC STI Series - Number 08m
  September 2011 **HIV and HIV Tests**
  English, Chinese, French, Punjabi, Spanish, Vietnamese

- ☑ verbal consent
- ☑ chart as for any other test
- ☑ FAQ for physicians includes how to respond to patient questions

http://www.healthlinkbc.ca/healthfiles/hfile08m.stm

BRITISH COLUMBIA | HealthLinkBC

STI Series - Number 08m
September 2011

HIV and HIV Tests

What are HIV and AIDS?

Human Immunodeficiency Virus (HIV) causes an infection that damages the immune system. The immune system is the part of the body that fights infection and disease.

Over time HIV infection may lead to a serious disease called Acquired Immunodeficiency Syndrome (AIDS).

How can I get HIV?

HIV passes from one person to another by:

- having vaginal, anal or oral sex without using a condom
- having a different sexually transmitted infection (STI) like syphilis, chlamydia or gonorrhea, which makes it easier to become infected with HIV
- sharing used needles or other drug-using equipment
- blood-to-blood contact such as blood transfusions in countries where the donated blood is not tested
- sharing used tattoo equipment
- a mother who has HIV infection passing it to her baby during pregnancy, delivery or breastfeeding
- sharing razors or toothbrushes, if there are open sores – this is rare

What are the symptoms of HIV?

Many people with HIV do not have any symptoms and do not know that they have HIV. Some people will have a severe flu-like illness soon after being infected.

The only way to know that you have HIV is to have an HIV test.

What is an HIV test?

When someone becomes infected with HIV, his or her body makes certain proteins called antibodies. The HIV test looks for these antibodies. If antibodies are found during testing the result is positive for HIV infection.

Most people who have an HIV infection will develop antibodies 4 to 6 weeks after being infected with the virus. Almost all people who have an HIV infection will develop HIV antibodies that can be found on an HIV test after three months.

What are the types of HIV tests?

There are two types of HIV tests available. One of these is a standard HIV antibody test done using a blood sample taken from your arm. The result is available in 1-2 weeks.

The second type of HIV test is a called a point-of-care test using a drop of blood taken from your finger. The result is available at the time of testing. When a point-of-care test result indicates that HIV antibodies may be present, a standard HIV antibody test is required to confirm HIV infection.

Why test for HIV?

Having an HIV test and knowing your test result will help you to make decisions about your health.

It is your choice to have an HIV test. Talk to your health care provider before having the test if you have any concerns or questions about the HIV test or your HIV test result.

What about HIV test results?

If your HIV blood test is negative and it has been more than 3 months since you may have been exposed to HIV, then it means that you likely do not have HIV. If it has been less than 3 months since you may have been exposed you may still have the virus, but the test cannot detect the antibodies. You will need to have a second test after the 3 months have passed to be sure.

What if my HIV test is positive?

If your HIV test is positive it means that you have an HIV infection. Your health care provider will talk with you about the supports and treatments available. Although HIV is a life-long infection and there is no cure, there are medications available to help people with HIV.

You can still live a full and good life if you have an HIV infection; getting early and ongoing health care is important.

Who has access to HIV test results?

In B.C., positive HIV test results are shared with public health to ensure that you and your partners are offered support and follow-up. At the time of having an HIV test, you may choose whether to use your full name or a combination of your initials and birth date as your identifying information.

In B.C., laboratory test results are kept in a provincial laboratory system called the Provincial Laboratory Information Solution (PLIS). The results of your HIV test may also be found in your electronic health record within your health authority. Health care providers who are providing you with care will be able to see portions of your health care record. How much a health care provider can see of your record depends on their role and health care providers who are not providing you with care will not be able to access your record.

What about my partners?

If you have an HIV infection, it is important to tell your sex partner(s) and people who have shared your needles or other drug-using equipment so that they can make decisions about their health and getting tested.

If your HIV test is positive your local public health nurse can help you to notify partners in a confidential way.

How can I prevent HIV infection?

- always use condoms for any vaginal, anal, and oral sex
- talk with your sex partner(s) about getting tested for HIV and other sexually transmitted infections
- use new needles and drug-injecting equipment every time you inject
- use only properly sterilized equipment for tattooing
- if you are sharing sex toys use a new condom for each person

If you believe that you have been infected with or exposed to HIV within the past 72 hours, you may go to your local emergency room for advice about whether to take medications to prevent developing HIV infection.

Ways to reduce your risk of getting a sexually transmitted infection

The more partners you have, the more likely you are to be exposed to a sexually transmitted infection.

To help protect yourself and your partner(s) from an STI, use a condom during any vaginal, oral, or anal sex.

Latex and polyurethane male and female condoms help prevent the spread of many sexually transmitted infections including HIV. A new condom must be used each time you have sex.

If a condom breaks, a pregnancy or sexually transmitted infection may occur. If a condom breaks during sex and you are concerned, talk to your health care provider.

Use only water-based lubricants with male latex condoms. Oil-based lubricants such as petroleum jelly, lotion or baby oil, can weaken and destroy latex.

Store latex condoms at room temperature (not too hot and not too cold) and check the expiry date on the condom package.

Spermicides containing nonoxynol-9 (N-9) may increase the risk of infection/transmission of HIV and other sexually transmitted infections, and is not recommended to prevent HIV or these infections.

For more information, see HealthLink BC File #08o Condoms Help Prevent Sexually Transmitted Infections (STIs).

BC Centre for Disease Control

For more HealthLink BC File topics, visit www.HealthLinkBC.ca/healthfiles/index.stm or your local public health unit.

Click on www.HealthLinkBC.ca or call **8-1-1** for non-emergency health information and services in B.C.

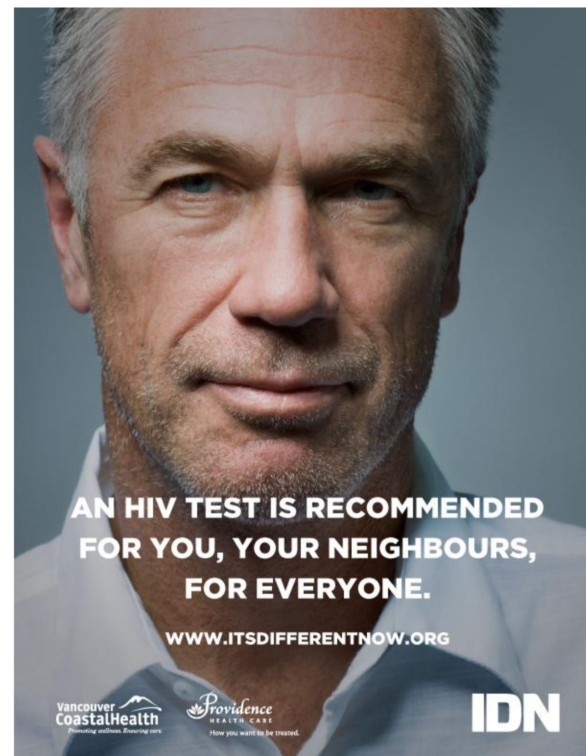
For deaf and hearing-impaired assistance, call 7-1-1 in B.C.

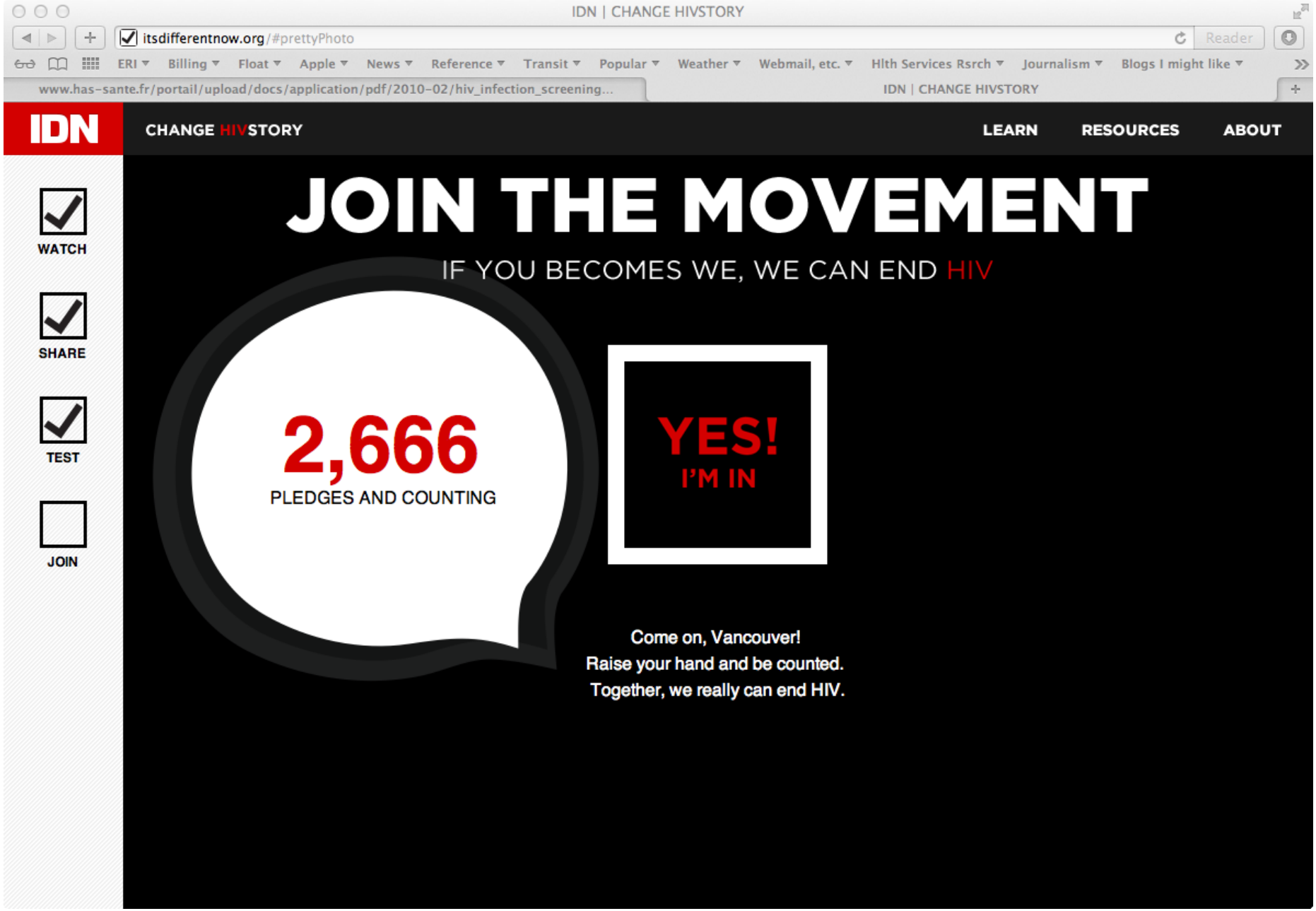
Translation services are available in more than 130 languages on request.

New HIV Testing Recommendations

How?

☑ posters help start the conversation





http://ItsDifferentNow.org

How do I offer a test?

If a patient asks:

SAY YES

How do I Offer a Test?

Use routine clinical opportunities to offer an HIV test:

- ***Every time*** you order a blood test
- Sexually Transmitted Infection (STI) test
- PAP test
- Initial encounter: locum, walk-in, new patient, colleague's patient

Offer the test as part of routine care

How do I offer a test?

Blood work:

"I routinely offer and recommend an HIV test for *all* my patients and would like to add that to your blood tests today."

How do I offer a test?

Sexually Transmitted Infection (STI) test:

"It's recommended that anyone who has ever had sex should have an HIV test. Would it be OK if I add that test to your other STI tests today?"

Reluctant patient?

If concerned patient may take offence:

"The Medical Health Officer for the region recommends that everyone have an HIV test. I also think it's important, and so I recommend this test for all of my patients."

What if my patient says “no”?

- As with every medical intervention, the patient has the right to refuse an HIV test
- However, it is important to inform the patient that knowing their HIV status is important for their health
- If you are getting a lot of “No”, you may modify how you ask
  - Data suggests that patients are more comfortable with testing than their doctors are

Pretest ~~Counselling~~ ?

- Detailed pre-test counselling is now recognized as a barrier to testing.
- Recommendations have changed, and detailed pre-test counselling is no longer required before an HIV test.
- For most patients, offer the test and provide the patient hand-out - now considered sufficient for informed consent.

Pretest Processes

Known risk

- Now you are no longer “Screening”
- Case-finding
- As with any other condition where you have a higher index of suspicion, some anticipatory counselling may benefit the patient

Resource: www.bccdc.ca/resources/guideforms/HIVPrePostGuidelines.htm

Nominal vs. Non-nominal

- Non-nominal option should be available for persons who do not wish their **names** to be **reported to** the **public health authority**
- British Columbia *Health Act Communicable Disease Regulation* does not refer to using a pseudonym
- **Non-nominal ≠ Anonymous**

Non-nominal

Things to understand/communicate *if* your patient asks for a non-nominal test:

- Non-nominal is not anonymous
- Lab takes the MSP card
- Non-nominal HIV care/treatment is NOT available

Patients wishing to test with a **pseudonym**

may attend a clinic where testing occurs on site, e.g. BCCDC Clinic

Testing Frequency?

- Test all patients who haven't had a test in the past year
- Test every 3-6 months if you're aware of an ongoing risk of HIV infection (e.g. injection drugs, sex trade worker or client, a man who has sex with multiple male partners…)

Testing Frequency?

After a risk event, worried:

- **Most patients can be tested at 6 weeks following a possible exposure to HIV, with testing repeated at 3 months if negative**

Resource: Gilbert M, Krajden M. Don’t wait to test for HIV. *BCMJ* 26(2):2010

Testing Frequency?

After a **higher** risk event e.g. known HIV positive partner, or symptoms of seroconversion illness:

- Baseline
- 2-3 weeks – mark requisition “query acute infection”

Gilbert M, Krajden M. Don’t wait to test for HIV. *BCMJ* 26(2):2010

Window Periods

- 4-6 weeks (95% have seroconverted)

and

- 3 months (99% have seroconverted)

Gilbert M, Krajden M. Don’t wait to test for HIV. *BCMJ* 26(2):2010

Results

Remember Confidentiality

Physicians, other health professionals, and all persons likely to view HIV test results should be informed of their duty under the *Health Professions Act* to maintain confidentiality around the information contained in such reports.

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01

How do I Give Results?

Negative test results:

- *Same* as you handle any other negative test
- Including *telephone*

- Patients with identified ongoing risk may benefit from follow-up counselling with results

Results

Negative or indeterminate in a patient you consider to have a high likelihood of being HIV positive:

- Use your clinical judgment
- Call your friendly medical microbiologist at PHSA Laboratory at 1-877-747-2522
- Can be reviewed with them to determine if additional tests are indicated

Positive for HIV

The time is always right to do what is right.

~Martin Luther King, Jr.

- Not feeling certain of what to do next shouldn't stop us from taking the first step = testing
- As family physicians we are well trained at giving bad news

Positive for HIV

Risk of a false positive?

- Very low, but not zero
- Due to characteristics of tests, or errors such as mislabeling of submitted specimens
- All individuals having a first reactive HIV test should have a second specimen drawn for testing to confirm their HIV positive status

Gilbert M, Krajden M. Don't wait to test for HIV. *BCMJ* 26(2):2010

Gilbert M, Krajden M. et al. Knowledge Corner: Understanding the Window Periods of HIV Tests. http://www.phsanewsletters.ca/bccdc/View.aspx?id=139925&print=1&p=9891

Positive for HIV

Link to care:

Public Health Nurse

604-675-3900 (in Vancouver)

PHN can help you with:

- ✓ Disclosure of HIV pos results
- ✓ Partner notification
- ✓ Connecting to care
- ✓ Local referral options

Positive for HIV

Link to care:

S.T.O.P. Team

604-838-1331 (Vancouver)

- ✓ *Engage with clients who experience barriers to accessing testing, care, and to aid with system coordination*
- ✓ Disclosure of HIV positive results
- ✓ Partner notification
- ✓ Connecting to care
- ✓ Referral options

Positive for HIV

Link to care:

R.E.A.C.H. = Rapid Expert Advice and Consultation in HIV

604-681-5748 (Vancouver)

1-800-665-7677 (Toll-Free)

Timely and convenient clinical advice on HIV/AIDS treatment and management

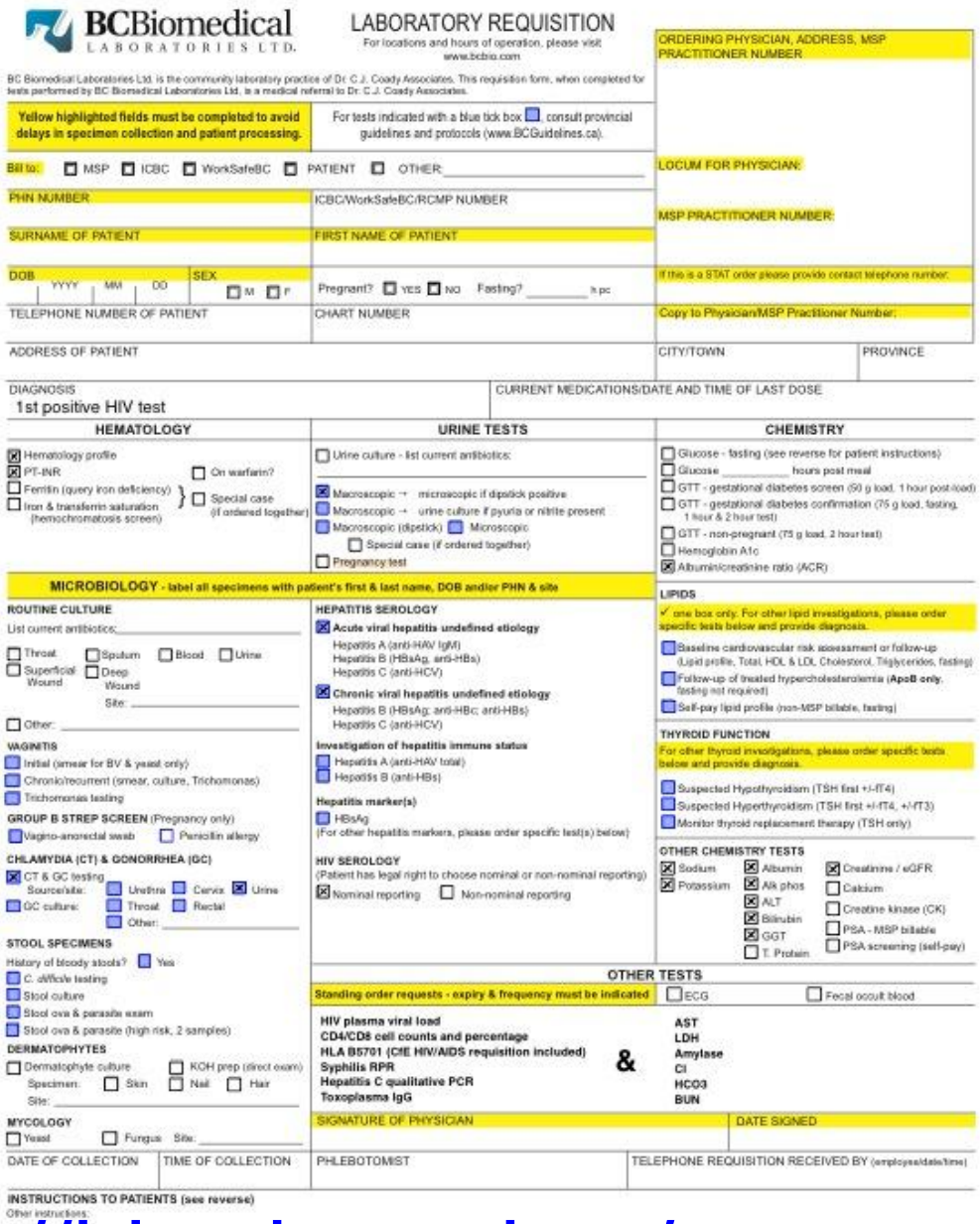
24 hours a day, 7 days a week

http://www.cfenet.ubc.ca/REACH

Positive for HIV

- Primary Care Therapeutic Guidelines
- Patient care flow-sheets

http://www.cfenet.ubc.ca/our-work/initiatives/therapeutic-guidelines/primary-care-therapeutic-guidelines



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LABORATORY REQUISITION

For locations and hours of operation, please visit www.bcbio.com

BC Biomedical Laboratories Ltd. is the community laboratory practice of Dr. C.J. Coady Associates. This requisition form, when completed for tests performed by BC Biomedical Laboratories Ltd. is a medical referral to Dr. C.J. Coady Associates.

Yellow highlighted fields must be completed to avoid delays in specimen collection and patient processing.

For tests indicated with a blue tick box ☐, consult provincial guidelines and protocols (www.BCGuidelines.ca).

ORDERING PHYSICIAN, ADDRESS, MSP PRACTITIONER NUMBER

Bill to: ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER:

LOCUM FOR PHYSICIAN:

PHN NUMBER | ICBC/WorkSafeBC/RCMP NUMBER

MSP PRACTITIONER NUMBER:

SURNAME OF PATIENT | FIRST NAME OF PATIENT

DOB YYYY MM DD | SEX ☐ M ☐ F | Pregnant? ☐ YES ☐ NO | Fasting? _____ h pc

If this is a STAT order please provide contact telephone number:

TELEPHONE NUMBER OF PATIENT | CHART NUMBER

Copy to Physician/MSP Practitioner Number:

ADDRESS OF PATIENT | CITY/TOWN | PROVINCE

DIAGNOSIS
1st positive HIV test

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

HEMATOLOGY

- ☒ Hematology profile
- ☒ PT-INR ☐ On warfarin?
- ☐ Ferritin (query iron deficiency) } ☐ Special case (if ordered together)
- ☐ Iron & transferrin saturation (hemochromatosis screen)

URINE TESTS

- ☐ Urine culture - list current antibiotics:
- ☒ Macroscopic → microscopic if dipstick positive
- ☐ Macroscopic → urine culture if pyuria or nitrite present
- ☐ Macroscopic (dipstick) ☐ Microscopic
- ☐ Special case (if ordered together)
- ☐ Pregnancy test

CHEMISTRY

- ☐ Glucose - fasting (see reverse for patient instructions)
- ☐ Glucose _____ hours post meal
- ☐ GTT - gestational diabetes screen (50 g load, 1 hour post-load)
- ☐ GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test)
- ☐ GTT - non-pregnant (75 g load, 2 hour test)
- ☐ Hemoglobin A1c
- ☒ Albumin/creatinine ratio (ACR)

MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site

ROUTINE CULTURE

List current antibiotics:

☐ Throat ☐ Sputum ☐ Blood ☐ Urine
☐ Superficial Wound ☐ Deep Wound
Site:

☐ Other:

VAGINITIS

- ☐ Initial (smear for BV & yeast only)
- ☐ Chronic/recurrent (smear, culture, Trichomonas)
- ☐ Trichomonas testing

GROUP B STREP SCREEN (Pregnancy only)

☐ Vagino-anorectal swab ☐ Penicillin allergy

CHLAMYDIA (CT) & GONORRHEA (GC)

☒ CT & GC testing
Source/site: ☐ Urethra ☐ Cervix ☒ Urine
☐ GC culture: ☐ Throat ☐ Rectal
☐ Other:

STOOL SPECIMENS

History of bloody stools? ☐ Yes

- ☐ C. difficile testing
- ☐ Stool culture
- ☐ Stool ova & parasite exam
- ☐ Stool ova & parasite (high risk, 2 samples)

DERMATOPHYTES

☐ Dermatophyte culture ☐ KOH prep (direct exam)
Specimen: ☐ Skin ☐ Nail ☐ Hair
Site:

MYCOLOGY

☐ Yeast ☐ Fungus Site:

HEPATITIS SEROLOGY

☒ **Acute viral hepatitis undefined etiology**
Hepatitis A (anti-HAV IgM)
Hepatitis B (HBsAg, anti-HBc)
Hepatitis C (anti-HCV)

☒ **Chronic viral hepatitis undefined etiology**
Hepatitis B (HBsAg; anti-HBc; anti-HBs)
Hepatitis C (anti-HCV)

Investigation of hepatitis immune status

- ☐ Hepatitis A (anti-HAV total)
- ☐ Hepatitis B (anti-HBs)

Hepatitis marker(s)

☐ HBsAg
(For other hepatitis markers, please order specific test(s) below)

HIV SEROLOGY
(Patient has legal right to choose nominal or non-nominal reporting)

☒ Nominal reporting ☐ Non-nominal reporting

LIPIDS

✓ one box only. For other lipid investigations, please order specific tests below and provide diagnosis.

- ☐ Baseline cardiovascular risk assessment or follow-up (Lipid profile, Total, HDL & LDL Cholesterol, Triglycerides, fasting)
- ☐ Follow-up of treated hypercholesterolemia (**ApoB only**, fasting not required)
- ☐ Self-pay lipid profile (non-MSP billable, fasting)

THYROID FUNCTION

For other thyroid investigations, please order specific tests below and provide diagnosis.

- ☐ Suspected Hypothyroidism (TSH first +/-fT4)
- ☐ Suspected Hyperthyroidism (TSH first +/-fT4, +/-fT3)
- ☐ Monitor thyroid replacement therapy (TSH only)

OTHER CHEMISTRY TESTS

- ☒ Sodium ☒ Albumin ☒ Creatinine / eGFR
- ☒ Potassium ☒ Alk phos ☐ Calcium
- ☒ ALT ☐ Creatine kinase (CK)
- ☒ Bilirubin ☐ PSA - MSP billable
- ☒ GGT ☐ PSA screening (self-pay)
- ☐ T. Protein

OTHER TESTS

Standing order requests - expiry & frequency must be indicated ☐ ECG ☐ Fecal occult blood

HIV plasma viral load
CD4/CD8 cell counts and percentage
HLA B5701 (CfE HIV/AIDS requisition included)
Syphilis RPR
Hepatitis C qualitative PCR
Toxoplasma IgG

&

AST
LDH
Amylase
Cl
HCO3
BUN

SIGNATURE OF PHYSICIAN | DATE SIGNED

DATE OF COLLECTION | TIME OF COLLECTION | PHLEBOTOMIST | TELEPHONE REQUISITION RECEIVED BY (employee/date/time)

INSTRUCTIONS TO PATIENTS (see reverse)

Other instructions:

http://hiv.ubccpd.ca/resources/

Ready to Implement Routine HIV Testing

- Talk to your colleagues about routine HIV testing!
- Develop a team – get office colleagues involved
- Get your MOA on board
  - Delegate Healthfiles printing and poster display to office staff
  - Program EMR reminders
  - highlight HIV test paper lab requisitions

Ready to Implement Routine HIV Testing

- Choose a start date
- Set achievable targets (e.g. 1-2 test offers per day)
- Keep a *simple* tally: offers, refusals (+/- reason), requisition given
- Increase targets next week
- Start with a “Blitz”?

Summary

- Treatment works
- Treatment as prevention works
- People can only benefit from treatment if they know
- Expanded and routine testing is effective, cost-effective, cost-saving
- Family practice is where it’s going to happen; where it ***has*** to happen.

Family Physicians

- Vancouver GPs/FPs see an estimated 8000 patients per day
- If you start with just **one** more test per day…
- At 12/1000, some of you still may never identify a new case; but as a collective we will.
- You may save a person's life:
  - by facilitating early access to treatment
  - protecting partner/s

Contribute to altering an epidemic

Questions?

Please type your questions into the Q&A window and hit enter/return to submit

HIV Testing Initiative:
E-mail *hiv.cpd@ubc.ca*
Website http://hiv.ubccpd.ca

- Resources
- Links
- More accredited education…

HIV Testing Initiative in Family Practice

EDUCATION AND RESOURCES FOR FAMILY PHYSICIANS IN BC

UBC CONTINUING PROFESSIONAL DEVELOPMENT

Providence HEALTH CARE — How you want to be treated.

Vancouver CoastalHealth — Promoting wellness. Ensuring care.

HOME | ABOUT | EDUCATION | RESOURCES | POSITIVE RESULT? | IN THE NEWS | CONTACT US

This site is not optimized for Internet Explorer 6.0. The site is best viewed on Internet Explorer 7.0 and up, Firefox, Chrome or Safari.

PRACTICE RESOURCES
Tools for incorporating routine HIV testing in your practice.

EDUCATION
Learn about new recommendations & how to integrate them.

RESEARCH
Read about new innovative research.

POSITIVE RESULT?
Find out what to do,who to call, & next steps.

New HIV Testing Recommendations

Offer and recommend a routine HIV test to all adults who have not been tested in the past year, under the following conditions:

- *Whenever any other bloodwork is ordered*
- *Whenever a Sexually Transmitted Infection (STI) test or diagnosis occurs (same for Hepatitis C & Tuberculosis)*
- *Whenever asked for an HIV test*

Patients with an identified risk may benefit from more frequent testing, e.g. every 3-6 months. Continue to routinely order HIV tests with prenatal bloodwork

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Featured Education

All events are Mainpro accredited and free to physicians

Mainpro-C Workshops: Small, interactive group sessions for family physicians in Vancouver. Multiple dates available. **Registration now open!**

In Practice Support: Education comes to your practice! For family physicians in group practices in Vancouver.

Live Forum: Presentation and panel discussion at VGH. **Registration now open!**

Webinars: Online and interactive education from your computer. Multiple dates available. **Registration now open!**

Linking Learning to Practice: Interested in earning Mainpro-C credits? Find out how the UBC CPD team can support you in Linking Learning to Practice.

http://hiv.ubccpd.ca

More Accredited Education on HIV Testing

Workshops: Small group, interactive education

- locations throughout Vancouver
- up to 5 Mainpro-C + 5 Mainpro-M1

In Practice Support: Education comes to you

- for group practices in Vancouver
- up to 5 Mainpro-M1

Guided *Linking Learning to Practice:*

- 2 Mainpro-C with support from UBC CPD

http://hiv.ubccpd.ca

Attendance and Evaluation Form Link

http://goo.gl/FlMNi

plus

PRIZE DRAW