

## Physicians' Update

October 3, 2011 from the Office of the Chief Medical Health Officer

## **ROUTINE HIV TESTING IN HOSPITALS STARTS OCTOBER 3, 2011**

Starting today, all\* patients admitted to St. Paul's and Mount St. Joseph will be offered an HIV test as part of their hospital care. In November, VGH and UBC hospitals will also start routinely offering an HIV test to admitted patients. This initiative is part of the STOP HIV/AIDS pilot project in Vancouver, aimed at improving early diagnosis and treatment to improve patients' health and reduce HIV transmission.

Why do routine testing in acute care?

- HIV today is a manageable chronic condition; early diagnosis is essential for good prognosis.
- Traditional testing based on perceived risk misses many patients infected with HIV. In fact, more
  than 60% of patients in Vancouver are diagnosed long after they ought to be on treatment, and
  many of those, years after they were first infected. This leads to unnecessary morbidity,
  mortality and HIV transmission. Those without recognizable risk factors are more likely to
  be diagnosed late.
- HIV risk identification by clinicians has been shown to be unreliable and in fact presents a barrier to testing. Many patients at higher risk for HIV will not disclose their risk to their physician. On the other hand, people are generally accepting of HIV testing if they know that the test is offered to all patients as part of routine care and they are not being singled out.
- Everyone has blood tests before or during admission, making hospital admission a convenient time to have an HIV test.
- Patients newly diagnosed with HIV have had many missed opportunities for testing. Therefore, opportunistic testing of ALL patients is recommended to improve early diagnosis.

## HIV testing in the office:

Another important opportunity for HIV testing is when bloodwork is ordered for any reason in primary care. We are asking all family physicians to offer an HIV test to all adult patients who have not had one in the past year when ordering blood work for any reason regardless of perception of risk. This is the only way to ensure that all those who do not know they are infected have an opportunity for early diagnosis and treatment. Patients who are currently being diagnosed with HIV include the young, the elderly, people of all ethnicities, socioeconomic status, and sexual orientation.

Also, please consider HIV testing as part of routine care for everyone tested for or diagnosed with a sexually transmitted infection, hepatitis C or tuberculosis.

## Re-engagement in care:

The other arm of this project will reconnect HIV positive patients lost to follow-up with their HIV care provider. In the coming weeks, if you provide care for patients infected with HIV, you may receive letters from the BC Centre for Excellence in HIV/AIDS that include specific information on your patients who either need therapy based on their CD4 cell counts or for whom ART needs to be reinstituted.

If you have any questions or concerns about these recommendations, or if you need help with the follow-up of a newly diagnosed HIV positive patient, please do not hesitate to call us at 604-675-3900.

with the exception of psychiatry, ICU and palliative care