

October 11, 2012

To: Physicians in Walk-in Clinics

Dear Physician,

Routine HIV screening is now recommended for all adults who have not been tested in the past year. The following clinical conditions afford good opportunities to offer an HIV test to your patients:

- **when you order bloodwork for any reason**
- when you test for or diagnose a sexually transmitted infection (STI)
- when you test for or diagnose Hepatitis C or Tuberculosis
- every time a patient requests an HIV test
- when patients present with diagnoses, signs or symptoms that may be related to HIV infection, including but not limited to:
 - Lymphadenopathy
 - Herpes Zoster
 - Recurrent and/or chronic herpes simplex infection
 - Anogenital warts
 - Molluscum contagiosum
 - Unexplained fever
 - Unexplained or recalcitrant prolonged diarrhea
 - Unexplained peripheral neuropathy
 - Bell's palsy
 - Oral candidiasis
 - Oral hairy leukoplakia
 - Unexplained hematological abnormalities
 - Seborrheic dermatitis, fungal infections
 - Recurrent bacterial infections
- please continue to routinely order HIV tests with prenatal bloodwork

Patients with an **identified** risk may benefit from more frequent testing, e.g. every 3-6 months.

To facilitate this, a delegate follow-up process has been designed for clinical settings where the ordering physician does not have an ongoing clinical relationship with the patient. As part of this process, community physicians have the following option:

A public health nurse (PHN) is available to help you discuss an HIV positive result with your patient and link them immediately to care. A PHN will call you with a positive result and they are available to support you before disclosing the result to the patient. To speak to a VCH Public Health Nurse, call 604-675-3900 and ask to speak to the public health nurse on-call.

Since HIV is reportable under the Public Health Act, all positive HIV test results are reported to the Medical Health Officer and are followed up by public health.

Communicable Disease Control

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The College of Physicians and Surgeons has reviewed this delegate follow up process and has noted that this process “ensures prompt follow up even in settings where the ordering physician does not have an ongoing clinical relationship with the patient.” Therefore the testing of patients who access sporadic and transient care is now well supported, allowing us to offer HIV testing to this particularly vulnerable group – that is patients who may not have a regular family physician.

If you have any questions, please do not hesitate to call me.

Sincerely,



Dr. Réka Gustafson, MD FRCPC
Medical Health Officer and Medical Director of Communicable Disease Control
Vancouver Coastal Health