A new study reveals that healthcare staff are missing opportunities to both prevent and diagnose HIV among African patients in the UK (Burns et al, 2008; published online, 2007). Meanwhile, a report from the Health Protection Agency says that while there were encouraging developments in prevention of HIV and sexually transmitted infection in the UK in 2006, the overall picture has worsened (HPA, 2007a).

HIV PREVALENCE

People in 2006 estimated HIV prevalence increased to 73,000 in the UK, with about one-third of these (21,600) being unaware of their HIV status (HPA, 2007a). An estimated 7,800 were newly diagnosed with HIV in 2006, similar to the estimate for 2005 of 7,900, indicating that the annual number of new diagnoses has stabilised.

However, levels of HIV transmission are still high in gay men, among whom it is anticipated there will have been just over 2,700 new diagnoses of HIV infection in 2006 (HPA, 2007b).

In recent years there have been steady rises in all STIs, including HIV, in gay men. The HPA points out that increased testing will have contributed in part to these recent high numbers of HIV diagnoses but there is no suggestion that the overall level of underlying transmission in gay men has fallen.

In 2006, there were an estimated 750 new HIV diagnoses thought to be due to heterosexual HIV transmission in the UK, many in black and minority ethnic communities (HPA, 2007b). This compares with an estimated 700 cases reported in 2005 and 500 in 2003, showing that heterosexual HIV transmission is steadily increasing.

The number who may have acquired HIV heterosexually in Africa has remained stable. When all reports are received, this number will be around 3,450 in 2006 compared with 3,700 in 2005 and a peak of 3,850 in 2003.

NEW RESEARCH

A new study examining use of healthcare services before HIV diagnosis reveals that healthcare staff are missing opportunities to diagnose HIV earlier (Burns et al, 2008).

Main findings

The researchers carried out a survey between April 2004 and February 2006 of newly diagnosed HIV-positive Africans attending 15 HIV treatment centres across London. A total of 263 questionnaires were completed, representing an uptake rate of 79.5% of patients approached, and 49.8% of respondents presented with advanced HIV disease at diagnosis. The study found that in the year before HIV diagnosis, 76.4% had seen their GP, 38.3% had attended outpatient services and 15.2% had received inpatient services, representing missed opportunities for earlier HIV diagnosis.

Of those attending GP services, the issue of HIV and/or HIV testing was raised for only 17.6% of patients, and 37.1% had a previous negative HIV test (32.5% of these within the UK). The researchers found that despite the population mainly coming from countries of high HIV prevalence, personal appreciation of risk was comparatively low and knowledge of the benefits of testing was lacking.

Implications for nurses

The study found high levels of primary and secondary care use before HIV diagnosis. Primary care in particular was extremely well used by this high-risk population; however, the subject of HIV testing was not raised by
alone should alert health practitioners to that patients’ age and country of origin effectively. The researchers recommend the test suggests that these opportunities to raise the issue of HIV or are doing so ineffectively. The fact that many Africans to continue to present to HIV services with advanced disease, despite accessing health services before diagnosis, suggests that HIV is often missed as a differential diagnosis. Another possibility suggested is that healthcare professionals are either reluctant to raise the issue of HIV or are doing so ineffectively. The fact that many Africans test HIV-positive after a previous negative test suggests that these opportunities to prevent HIV infection are not being used effectively. The researchers recommend that patients’ age and country of origin alone should alert health practitioners to the possibility of HIV infection irrespective of health status. Although some patients may access medical services for HIV-related reasons, many do not. They suggest practitioners take a proactive approach to HIV testing, as found in the antenatal setting, in order to minimise missed opportunities for earlier diagnosis. They add that the continuity of care present in general practice is ideal for ongoing HIV prevention messages. The key messages from the study for healthcare professionals are outlined in the box below.

NICE GUIDANCE

NICE published public health intervention guidance on the prevention of STIs, including HIV, earlier this year, which urged healthcare professionals to identify at-risk patients and take action to prevent the spread of STIs (NICE, 2007; Hairon, 2007). The guidance, which also covered the prevention of under-18 conceptions, contained six main recommendations. Four of these focused on reducing transmission of STIs.

NICE recommends that people who are at high risk of STIs should be identified using their sexual history. Opportunities for risk assessment may arise during consultations on contraception, pregnancy or termination of pregnancy, and when carrying out a cervical smear test, offering an STI test or providing travel immunisation. In addition, the guidance adds that risk assessment could also be carried out during routine care or when a new patient registers.

Healthcare professionals trained in sexual health should have one-to-one structured discussions with patients at high risk of STIs, or arrange for these discussions to take place with a practitioner trained in sexual health. The discussions should be structured on the basis of behaviour change theories and should address factors that can help reduce risk-taking and improve self-efficacy and motivation (NICE, 2007; Hairon, 2007).

At-risk groups

The target population for these two recommendations are key groups at risk of STIs, which include:

- Gay men;
- People who have come from or who have visited areas of high HIV prevalence.

Behaviours that increase the risk of STIs include:

- Alcohol and/or substance misuse;
- Early onset of sexual activity;
- Unprotected sex and frequent change of and/or multiple sexual partners.

The other recommendations on STIs focus on partner notification and services provided by PCTs. For full details on this guidance, see www.nice.org.uk

CONCLUSION

NICE guidance outlines the various interventions that can be used to change patterns of behaviour in at-risk groups to reduce STI transmission. It is vital that nurses improve identification of patients at risk of HIV infection, and take action to either prevent infection or improve earlier diagnosis.

Burns et al (2008) conclude that while Africans are accessing health services, clinicians are failing to use these opportunities effectively for the prevention and diagnosis of HIV infection. They add that comparatively low appreciation of personal risk and lack of perceived ill-health within this community means clinicians need to be more proactive in addressing HIV.

KEY MESSAGES FROM RESEARCH

- Late diagnosis of HIV increases HIV-associated morbidity and mortality and hinders preventive measures to limit onward transmission.
- Africans in the UK access HIV services at a later stage of disease than other groups. Missed opportunities for prevention messages and earlier HIV diagnosis in primary and secondary care have not been fully identified for this group.
- African people are accessing health services but healthcare staff are failing to use these opportunities effectively for the prevention and diagnosis of HIV.
- Primary care in particular is very well used by this high-risk population but HIV testing was not raised with over 80% of Africans who accessed GP services in the year before diagnosis.


GPs for 82.4% of Africans who subsequently tested HIV-positive. These patients had sought medical attention for wide-ranging reasons, often not obviously connected to patients’ underlying HIV status. Burns et al (2008) say the fact that Africans continue to present to HIV services with advanced disease, despite accessing health services before diagnosis, suggests that HIV is often missed as a differential diagnosis.

Another possibility suggested is that healthcare professionals are either reluctant to raise the issue of HIV or are doing so ineffectively. The fact that many Africans test HIV-positive after a previous negative test suggests that these opportunities to prevent HIV infection are not being used effectively. The researchers recommend that patients’ age and country of origin alone should alert health practitioners to

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