

CHARACTERISTICS OF HIV CASES DIAGNOSED AT NON-HIV SPECIALIST GP CLINICS IN VICTORIA

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Introduction: Characterising patients diagnosed with HIV at specific service types provides insights into healthcare access and standards of clinical practice for populations at risk of HIV and can help inform strategies to increase HIV testing and improve patient care.

Methods: We used Victorian HIV notification data between 2008 and 2015 to describe demographic characteristics and presentation at diagnosis by type of health services. Services were classified as either HIV-specialist or non, based on whether practitioners were s100 prescribers.

Results: Of the 2199 new Victorian HIV cases notified, 34% were diagnosed at a non HIV-specialist GP clinic. These 740 cases were distributed among an average of 81 GP clinics annually, each diagnosing a median of one case per year (mean=1.3, range: 1-4). Similar to HIV specialist clinics, non-HIV specialist GP clinics most commonly diagnosed men reporting male-to-male sex (70%) and presenting for STI screening or after a recent risk event (64%). Overall however, non HIV-specialist GP clinics diagnosed 53% of females, 54% of Aboriginal and/or Torres Strait Islander people, 75% of adolescents and 56% of cases with evidence of late diagnosis of HIV.

Conclusions: While the majority of cases diagnosed at non-HIV specialist GP clinics were of similar characteristics compared to HIV specialist GP clinics, the rest were more varied and included the largest number of Aboriginal and/or Torres Strait Islander, female and adolescent cases which are not recognised as high prevalent populations. In addition many cases were diagnosed late. Awareness of indications to test and potential HIV indicator diseases can provide GPs with a prompt to offer testing to potentially more patients, capturing HIV earlier. These data suggest the ongoing need for education and support to non-HIV specialist GPs for HIV management and care.