

REVIEW OF HIV TESTING RECOMMENDATIONS IN AUSTRALIAN SPECIALTY GUIDELINES FOR HIV INDICATOR CONDITIONS: A MISSED OPPORTUNITY FOR RECOMMENDING TESTING?

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Background:

Australian National HIV Testing policy recommends HIV indicator condition-based testing, adapted from the European AIDS Clinical Society (EACS) guidelines. However, in our institution 43% of late-presenting patients diagnosed with HIV had a previous HIV indicator condition. Our aim was to evaluate the extent that Australian non-HIV specialty guidelines mention and recommend HIV testing in HIV indicator conditions.

Methods:

EACS guidelines were reviewed to produce a list of 24 AIDS defining conditions (ADCs) and 31 indicator conditions (IC) where HIV prevalence > 0.1%, and 5 ICs where HIV non-diagnosis would have adverse effect on patient's management (such as autoimmune conditions requiring immunosuppressive therapy). Australian guidelines for these conditions were identified from searches of the websites of specialty societies, electronic Therapeutic Guidelines, National Health and Medical Research Council (NHMRC), state governments, MEDLINE and Google searches. We identified 8 key ICs as that were part of the HIDES I study.

Results:

Overall, 51ADCs and ICs had Australian guidelines: 24/51(47%) mention association with HIV and 14/51 (27%) recommend HIV testing. 23 out of 51(45%) Australian guidelines were for ADCs:17/23(74%) mention association with HIV and 4/23(17%) recommend testing. 27 out of 51 (53%) were guidelines ICs with HIV prevalence (proven or likely) of 0.1%: 7/27 (26%) mention HIV association and 9/27 (33%) recommend HIV testing. One out of 51 (2%) guidelines were for ICs where non-diagnosis would have adverse effect on patient's management and 1/1 (100%) recommend HIV testing. Two of eight (25%) key ICs had no Australian guidelines and 3/8 (38%) do not mention HIV association or recommend HIV testing.

Conclusions:

Although almost half of HIV non-HIV guidelines for ADCs and ICs mention HIV association, only 27% specifically recommend HIV testing. This suggests partnership with guideline development and specialist groups may be useful to ensure patients with diagnosed with ADC/ICs are tested for HIV.