

Background:

2022 saw the largest number of HIV cases diagnosed in Ireland on record with a 122% increase on the previous year. Late-stage diagnosis and difficulties accessing HIV testing services are more commonly experienced among people who live outside of Dublin. The aim of this survey was to assess the barriers and facilitators to testing in general practice in the west of Ireland. A similar survey was carried out in 2013, with the comparison of results forming a 10-year narrative on HIV testing in primary care in the region.

Methods

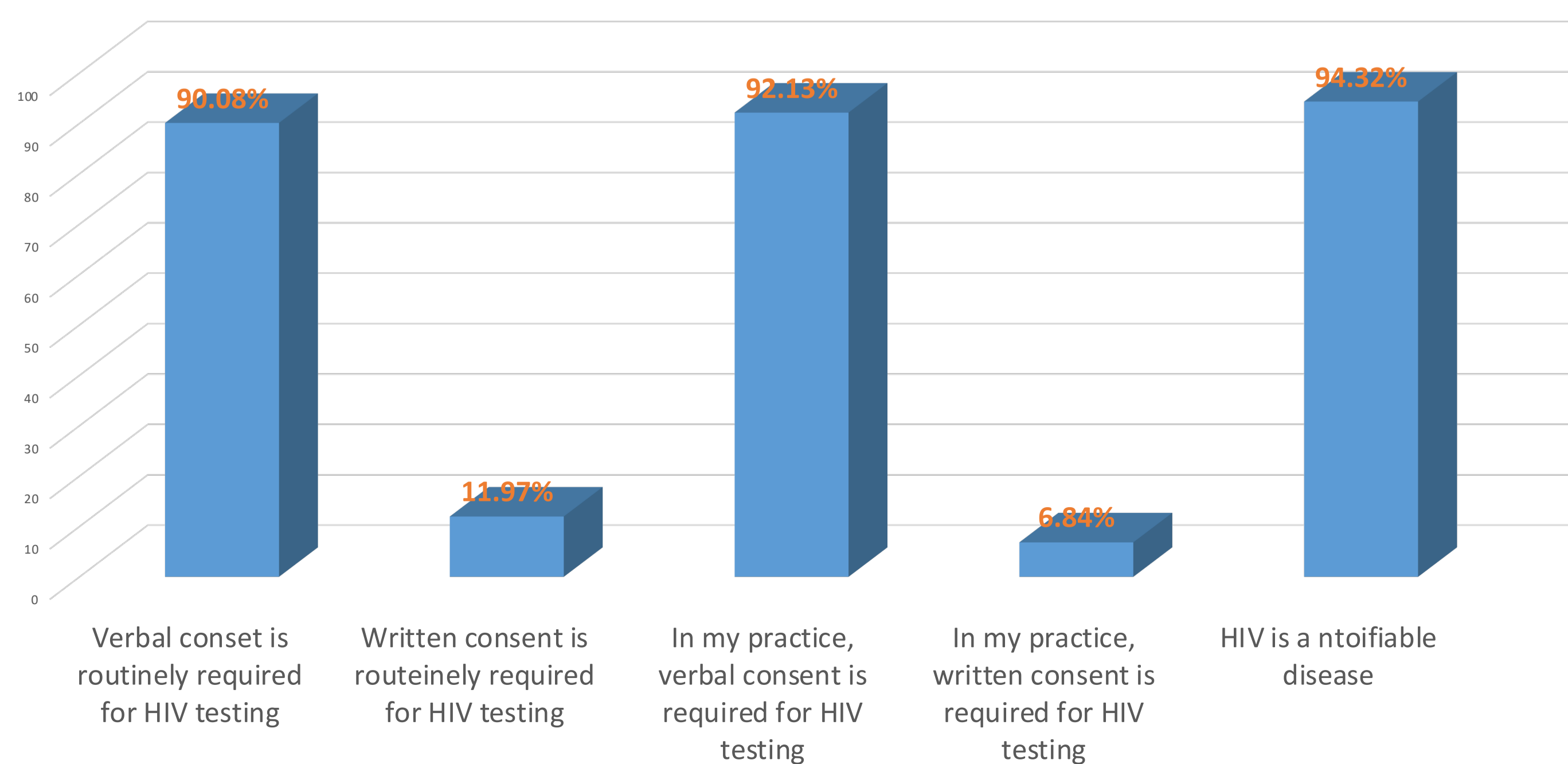
This cross-sectional study was carried out through the Infectious Diseases Department in University Hospital Galway (UHG). University Hospital Galway is a tertiary referral centre and serves a catchment area of approximately one million people on the west coast of Ireland. The Infectious Diseases Clinic provides all specialist inpatient and outpatient HIV care in this region. A postal survey was sent to all general practices in Connacht and Co. Donegal. Ethics was obtained from the ICGP and London School of Hygiene and Tropical Medicine. The survey was divided into two main sections. There were 22 questions in total. Questions have been modelled on the 2013 survey for continuity, with updates to reflect BASHH HIV Testing Guidelines 2020, a review of literature related to barriers to testing and in consultation with local Infectious Diseases Experts. Questions 1-17 required the respondent to tick the most appropriate answer producing quantitative data. Questions 17-22 allowed for GPs to write in responses and therefore created a qualitative narrative. Descriptive statistics were utilised for initial assessment of results. Subgroup analysis was carried out between rural and urban GPs. Testing of statistical significance between results was calculated using the Fishers exact test. Odds ratios and confidence intervals were calculated comparing urban and rural GPs responses. Due to different sampling methods, direct statistical comparison of 2013 and 2023 results was not deemed appropriate. Thematic analysis was performed using Braun & Clarke's framework.

Questions	Yes (n)	No (n)	Yes (%)
1) Are any patients in your practice living with HIV?	108	28	79.4%
1) How were they diagnosed? (Participant may select multiple options)			
In my practice	37	99	27.2%
In another GP	14	122	10.3%
STI Clinic	27	109	19.9%
Antenatal screening	10	126	7.4%
Secondary care other than antenatal	27	109	19.9%
Migration Process	24	112	17.7%
Unknown	37	97	27.2%
1) Do you document their diagnosis as HIV?	110	26	80.9%
1) Do you code their diagnosis as HIV?	86	44	63.2%
1) Have you ever tested a patient for HIV in your practice?	134	2	98.5%
1) If yes, what was the indication for testing? (Select all that apply)			
Patient request	89	47	65.4%
Insurance medical	29	107	21.3%
Needlestick Injury	63	73	46.3%
Symptoms of HIV	41	95	30.2%
Screening of persons with occupational risk	37	99	27.2%
Where indicated by sexual history	110	26	80.9%
Person known to be from a country of High incidence	50	86	36.7%
1) Do you test new patients for HIV routinely?	4	129	2.9%
1) In your opinion, should HIV testing be offered to (tick all that apply)			
Every patient attending a doctor at least once	33	103	24.3%
In those with a disclosed risk	114	22	83.8%
Those with possible signs or symptoms of HIV	105	31	77.2%
Patients attending for STI services rather than GP	81	55	59.6%
1) Do you use any guidelines in testing for or managing HIV?	26	110	19.1%
1) Are you aware of PEP guidelines?	109	27	80.2%
1) Are you aware if PrEP and its uses	106	30	77.9%
1) Are you familiar with the concept of undetectable=untransmissible (U=U)?	77	59	56.6%
1) Are you familiar with the concept of HIV indicator conditions?	75	61	55.2%

Results

The 2023 survey received a 21.4% response rate (n=136). 79.4% reported having a registered patient living with HIV. In terms of diagnosis location, 27.2% of GPs had a patient who was diagnosed in their own practice, 19.9% in an STI clinic, 19.9% in secondary care and 17.7% in the migration process. 98.5% had tested a patient for HIV. In terms of indication, 65.4% of GPs reported they had sent a test based on patient request, 80.9% due to sexual history, 36.7% due to a patient originating from a country of high incidence and 30.2% because of symptoms of HIV. 2.9% routinely screened new patients for HIV. 24.3% believed a HIV test should be sent for every patient attending a doctor at least once. 19.1% reported using guidelines for testing, 80.2% were aware of PEP guidelines and 77.9% were aware of PrEP and its uses. 56.6% were familiar with the concept of U=U. Seven themes were identified from qualitative analysis of GP's responses. The response rate was lower in 2023 compared to 2013 (21.42% vs 47.9%). More respondents had patients living with HIV attending their practice in 2023 than 2013 (79.41% vs 56%). More GPs reporting having sent a test for HIV in 2023 than 2013 (98.5 vs 88%) Rates of guidelines were similarly low between years (<20%). A large majority did not support universal testing in both years.

Percentage (%) of GPs who agreed with the below statements



1) Low perceived risk / relevance to day-to-day practice

"Relatively low - older, settled practice but obviously no defence!"

"Very minimally, we have >6000 patients only 3 confirmed diagnoses"

2) GPs willingness to test

"It is important and also the GP is in an excellent position to test for it as we know the patient so well"

"It should be a small deal rather than a big deal. It should be done more often. Sometimes people shy away from HIV testing if they are afraid to ask for consent or establish risk factors. This should not be. It is equivalent to a chronic disease if diagnosed early. "

3) Concern regarding undertesting

"I probably don't do enough. I am pro-testing. It is an important diagnosis to make as treatment makes a huge difference to transmission and for the individual affected"

"I feel that I should do more, but time is an issue as it takes a while to explain and counsel regarding routine testing based on geographical origin. I do it more routinely for certain communities in case of symptoms"

"Probably could test more but do not agree with universal testing, some patients especially those you know could take offence for universal screening"

4) Indications for testing

"Same as any other test, should be done in general practice if there is a possibility of HIV in the differential or if the person requests it or is at risk"

"Always a consideration, especially as treatment allow people to live normal life expectancy"

"Very little, occasionally part of STI check or pyrexia unknown check, a few patients on prep"

5) Desire for national guidelines or policy

"It would be great to give clear 'Irish' guidelines about screening for HIV according to current epidemiological situation"

"Both a campaign so that patients are already aware of what HIV is and testing indication guidelines for GPs"

"Make a national policy - have you had your HIV screening test, normalise, rapid turnaround of result / self-testing"

6) Logistical barriers to testing /Workload

"I agree that it is an important issue, and we perhaps should do better, however general practice has thousands of competing issues, all of which are important, its hard cover everything"

"Time. Language barrier. I find it more difficult with elderly patients. I am not confident bringing it up if I do not feel the patient will understand my explanations due to cultural or language barriers"

"In primary care private patients shouldn't pay an extra fee for this test. GMS patients also pay for STI screening. If government/HSE support GPs with a payment for screening patients for HIV (like other screening services) this will promote HIV testing in primary care settings"

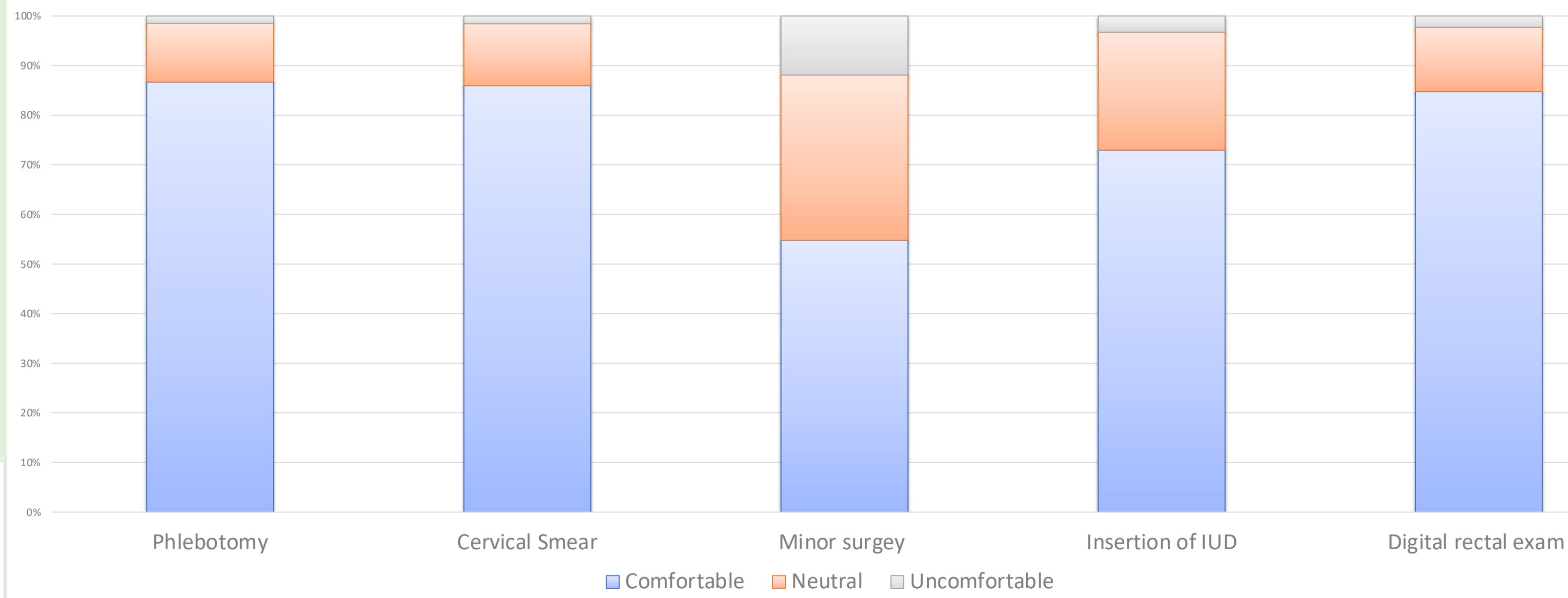
7) Stigma and concern regarding offending patient

"Patient fear of offence. Asking patients tricky questions when establishing if risk factors present - can be difficult if known them for a long period of time. Patients can get insulted as they may not be expecting a HIV test request so it can require some prompting of why doing it in first place. Patients feel you are casting aspersions on relationships, orientations etc."

"Reluctance on behalf of patient to have a screen, can prompt a much wider discussion about sexuality / family impact that they may not have previously discussed"

Questions	Urban Yes (%) N=43	Rural Yes (%) N=31	OR	CI	P value
Are any patients in your practice living with HIV?	86%	74%	2.14	0.65-6.97	0.20
Have you ever tested a patient for HIV in your practice?	99%	97%	4.28	0.16-108.5	0.88
Have you sent a test based on patient request?	86%	52%	5.78	1.89 - 17.60	0.002
Have you sent a test based on symptoms of HIV	47%	13%	5.65	1.68 - 18.97	0.01
Have you sent a test based on sexual history?	91%	71%	3.98	1.09 - 14.46	0.04
Have you sent a test based on person being from a country of high incidence?	63%	13%	11.39	3.36-38.52	0.001
Do you use any guidelines in testing for or managing HIV?	35%	6%	7.77	1.62 - 37.11	0.010
Are you aware of PrEP and its uses?	88%	71%	5.18	1.26 - 21.18	0.022
Are you familiar with the concept of undetectable=untransmissible (U=U)?	79%	48%	3.62	1.33 - 9.82	0.011

Comfort with carrying out procedure on patient living with HIV



Conclusion

GPs report a positive attitude to HIV testing but have concerns regarding undertesting and significant work pressures in General Practice. There did not appear to be support for universal testing in this population. Urban GPs and rural GPs were as likely to have a person living with HIV attending their practice, but Urban GPs were more likely to use guidelines and responses suggest are more likely to test according to these guidelines. Specific national guidelines would be welcomed by GPs, and we believe would have a positive impact on testing. It is clear, however, that any additional testing would need to be fully resourced.

References
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