



Risk Assessment for Blood Borne Viruses (BBVs) - Simplification to ensure completion?

Proportion of new patients having a record relating to all five of the required areas of the sexual history components for blood borne virus risk assessment as outlined in BASHH guidelines

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Background:

Testing for BBVs is essential to reach Public Health England's (PHE) [1] goal for zero new HIV transmissions by 2030. PHE's 2018 report [2] on HIV in the UK, states ~7500 people have undiagnosed HIV, most outside London. The need for testing is emphasised here.

BASHH guidance recommends a blood borne virus (BBV) risk assessment for all new patients presenting to a sexual health clinic with 97% performance standard.

Standards / Guidelines:

2013 UK national guideline for consultations requiring sexual history taking:

BASHH risk assessment for BBV [3]

1. Current or past history of injecting drug misuse, sharing of needles, syringes or other drug preparation and injecting equipment ('works'). To also include discussion of injecting drug misuse in sexual partners
2. Sex with partner from or in country with a high HIV prevalence
3. HIV testing history
4. Men should be asked if they have ever had sexual contact with another man and women asked about previous bisexual partners
5. Hepatitis B risk – patients own country of birth, sex with sex workers, partners from or in high prevalence countries, MSM, injecting drug users and Hepatitis B vaccination history.

Sample / Data source:

- 50 patients (25 men, 25 women) randomly selected (Oct. 2019) across 4 Solent Hubs, including 64% white British and 12% MSM.
- Clinical notes from electronic patient records, Sexual History proforma and demographics.
- Patients seen previously to October 2019/ accessed BPAS services were excluded from the audit.

References:

1. Public Health England. *HIV in the United Kingdom: Towards Zero HIV transmissions by 2030*. Date published: December 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/858559/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf
2. Public Health England. *Prevalence of HIV infection in the UK in 2018*. Health Protection Report. Vol. 13, 39. Date published: 1 November 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843766/hpr3919_hiv18.pdf
3. Brook G et al. *2013 UK national guideline for consultations requiring sexual history taking*. British Association for Sexual Health and HIV. Pg. 9 Section 3.7. Date published: 22 November 2013. Available from: <https://www.bashhguidelines.org/media/1078/sexual-history-taking-guideline-2013-2.pdf>

Methodology:

SSH services proforma for BBV testing

- HIV testing history
- Paid sex
- Sex with HIV positive partner
- Country of origin
- Partners from outside UK

• IVDU/ partner IVDU

- Females: bisexual partners, males: sex with men.
- Medical procedure abroad
- Blood transfusion risk
- Hep B vaccination required

Findings:

- All risks documented on 60% of patient records, significantly lower to the BASHH target of 97%. The table indicates documentation relevant to risk. Verbal assessment, however, could have been used, hence not documented (e.g. POUK). This could cause substantial variation.

Risk	Number of records with relevant documentation	Proportion of records with relevant documentation (%)
MSM (for males only)	25 / 25	100
HIV testing history	47 / 50	94
Paid sex	45 / 50	90
Sex with HIV positive partner	44 / 50	88
Country of origin	43 / 50	86
IVDU or partner IVDU	41 / 50	82
Partners from outside UK	36 / 50	72
Bisexual partners (for females only)	16 / 25	64

When using the online questionnaire, questions must be strategic in that clinics gain substantial information. It could also present an opportunity to counsel patients regarding the risks of HIV acquisition with partners from high risk countries and even to discuss PrEP. BBV testing involve intrusive questions and simplifying the risk assessment may improve compliance with completion of the assessment.

Overall summary:

This audit identified that testing in Solent did not meet the BASHH criteria.

Simplifying the risk assessment tool could improve the compliance of the recorded information and therefore identification of positive tests. Testing is an entry point to treatment and care and we can only ensure we are giving patients the best care when appropriate testing is undertaken.