Routine HIV testing in colposcopy
Homerton University Hospital
Sarah Creighton

Project background:
• CIN (cervical intraepithelial neoplasia) grade 2/3 is an HIV indicator disease\(^1\)
• The prevalence of diagnosed HIV infection in City and Hackney is 0.8%

Project aims and objectives:
• To assess the uptake and result of opt-out point-of-care HIV testing among women attending colposcopy
• To assess the feasibility and cost implication of providing this service

Project results:
• Between 01/09/2010 and 28/3/2011, 687 women attended the colposcopy unit, of whom 136 (20%) had CIN 2/3
• 112/687 (17%) were of Black ethnicity; 72/687 (10%) Black African
• 50% had never previously been tested for HIV
• The initiative cost £10,688 and is expected to cost £3,500 pa hereafter

Project results:
• 518/687 (75%) accepted HIV testing
• Previously untested women had a higher uptake rate than those who had previously been tested (P<0.0001)
• 14 women with known HIV were seen
• 1 woman was newly diagnosed with HIV (baseline CD4 280)
• Prevalence of HIV in sample was 15/687 (2.2%)

Key learning points:
• Providing HIV testing in colposcopy was acceptable, with a 75% uptake
• The prevalence of HIV in this group was 2.2%, nearly 3 times the background prevalence
• 1 new case of HIV was diagnosed
• The ongoing cost of providing this service is anticipated as £3,500 pa

Conclusions and recommendations:
• Providing point-of-care HIV testing is acceptable and feasible
• This targeted women at high risk of HIV, half of whom had never previously had an HIV test
• It was effective, diagnosing 1 new case of HIV after 500 tests
• It is cost effective, with relatively small annual costs
• This is being embedded into colposcopy service, which should reduce costs further

References: