

UNDER-UTILISED HIV TESTING IN SETTING OF INVASIVE PNEUMOCOCCAL DISEASE

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Background:

People living with HIV are at increased risk of invasive pneumococcal disease (IPD). We sought to assess whether HIV antibody testing is being considered by clinicians in patients presenting with IPD without a prior diagnosis of HIV.

Methods:

All patients aged 16 years and above with positive *Streptococcus pneumoniae* cultures in blood or cerebrospinal fluid, admitted to Monash Health between January 2014 and December 2018, were identified through the Monash Health Pathology Database and cross-matched with HIV antibody tests. Documented demographics, admitting team, co-morbidities, and external HIV test results were collected retrospectively through review of electronic medical records.

Results:

There were 158 Admissions with IPD (53% male; mean age 61 years, range 16-96 years, during a 5-year observation period. Of the 156 patients without a known prior diagnosis of HIV, 56 (36%) had HIV testing recorded, 39 (25%) were tested during their admission at an average length of 5 days to testing. There was one patient who was subsequently diagnosed with HIV in the months after admission. All-cause mortality rate was 9.5%. Of those with IPD, 13 patients were managed under Infectious Diseases teams, with 10 (77%) subsequently tested for HIV during their admission. In comparison, General Medicine was the most frequent admitting unit (n=97), but only 18% had HIV antibody testing.

Conclusion:

This study suggests that HIV antibody testing is not being considered in patients with IPD and that perhaps more awareness is required, particularly in non-infectious diseases trained physicians.

Disclosure of Interest Statement:

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