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Routine opt-out HIV testing in critical care

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Background: The human immunodeficiency virus (HIV) is a chronic sexually transmitted disease which profoundly attacks the body's immune system, by destroying fundamental white blood cells. HIV has had a detrimental impact on global health since it's outbreak in the 1980's. Presenting as a universal epidemic, challenges are faced which requires the public health sector to ensure all efforts are being made to reduce the momentum of HIV. Offering critically ill patients a routine opt-out HIV test may aid clinical decision making, whilst alleviating the effects of missed or late HIV diagnosis. Literature supports that HIV positive (HIV+) critical care patients are often unaware of their HIV status, whilst presenting with life threatening conditions, such as sepsis. Mortality rates linked with sepsis or septic shock remain more prevalent in patients with HIV; and sepsis has been identified as the most common cause of death amongst critically ill patients. Patients living with HIV presenting in critical care have complex health needs, and these are further enhanced when patients are yet to be diagnosed. Missed or late HIV diagnosis has a crippling effect on individual's mortality, morbidity, onwards transmission and healthcare costs; therefore testing this population may provide practice development (PD).

Methods: A review of literature has been utilised in order to gather quality research which assess, evaluate and integrate appropriate practices.

Results: Op-out HIV testing would help to contain the epidemic and reduce infection rates; whilst enabling individuals to have rapid access to care. Due to an ageing population presenting with multiple comorbidities and an increase in complex care needs, acute care is becoming more challenging. Such striking truths in regards to the reality of critical care nursing can be said about patients with HIV. HIV+ patients are at a furthered increased risk of developing other comorbidities, as they are also an ageing population. This correlation informs that HIV+ patients would therefore be recognised as a sector of the population which may add to the acuity of critical care settings, supporting the necessity for routine testing.

Conclusion: Opt-out HIV testing is recognised as an area for PD within critical care sectors. The need for change is apparent, however more research is required as cultural and ethical barriers persist which hinders development within this realm of HIV nursing care.

Biography

Ashley Shay Duncan is a Registered Nurse who has a critical care back ground, whilst having a great interest in HIV care. She has presented her BSc Adult nursing dissertation at the National HIV Nurses Association Conference in 2016 regarding HIV related stigma. She is currently working for the East Midlands Ambulance Service assessing and triaging the 999 emergencies whilst undertaking a Masters in Advanced Nursing with the University of Nottingham. During her Msc course, she has completed a literature review regarding the benifits of testing critically ill patients for HIV.

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