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TEST > TREAT > CARE

Erasmus MC
University Medical Center Rotterdam

HIV DRUG THERAPY GLASGOW 2026

P313

From recommendation to routine: What it takes to integrate HIV testing into European hospital care

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Aim

To understand what helps or hinders the implementation of routine HIV testing in European hospitals.

Conclusion

Making HIV testing routine requires integration into clinical workflows, engaged staff, leadership, and shared responsibility across specialties.

Methods

Semi-structured interviews
28 / 34 implementation leaders
10 European countries

CFIR 2.0
Interview statements → CFIR constructs
Directionality: Barrier / Facilitator / Neutral

Thematic synthesis
Interview findings → Descriptive themes
Descriptive themes → Analytical themes



Summary of analytic themes*

1. Institutional commitment
Policies and guidelines need management support and local adaptation.

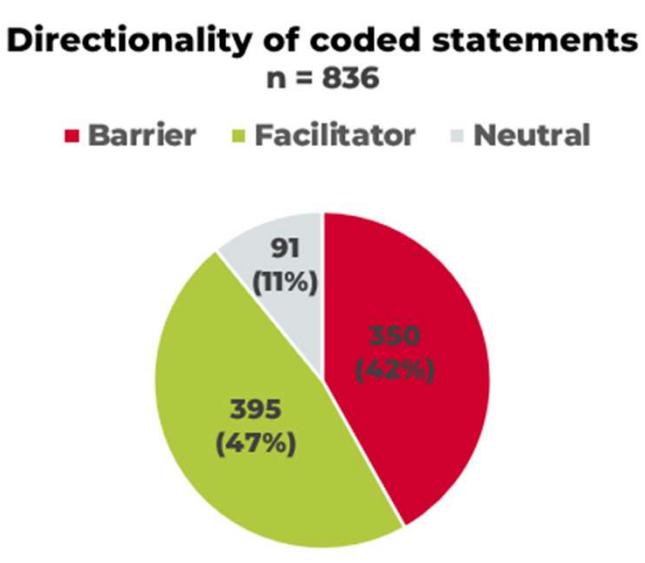
2. Clinical culture
Shared responsibility enables testing, stereotypes and perceived requirements hinder it.

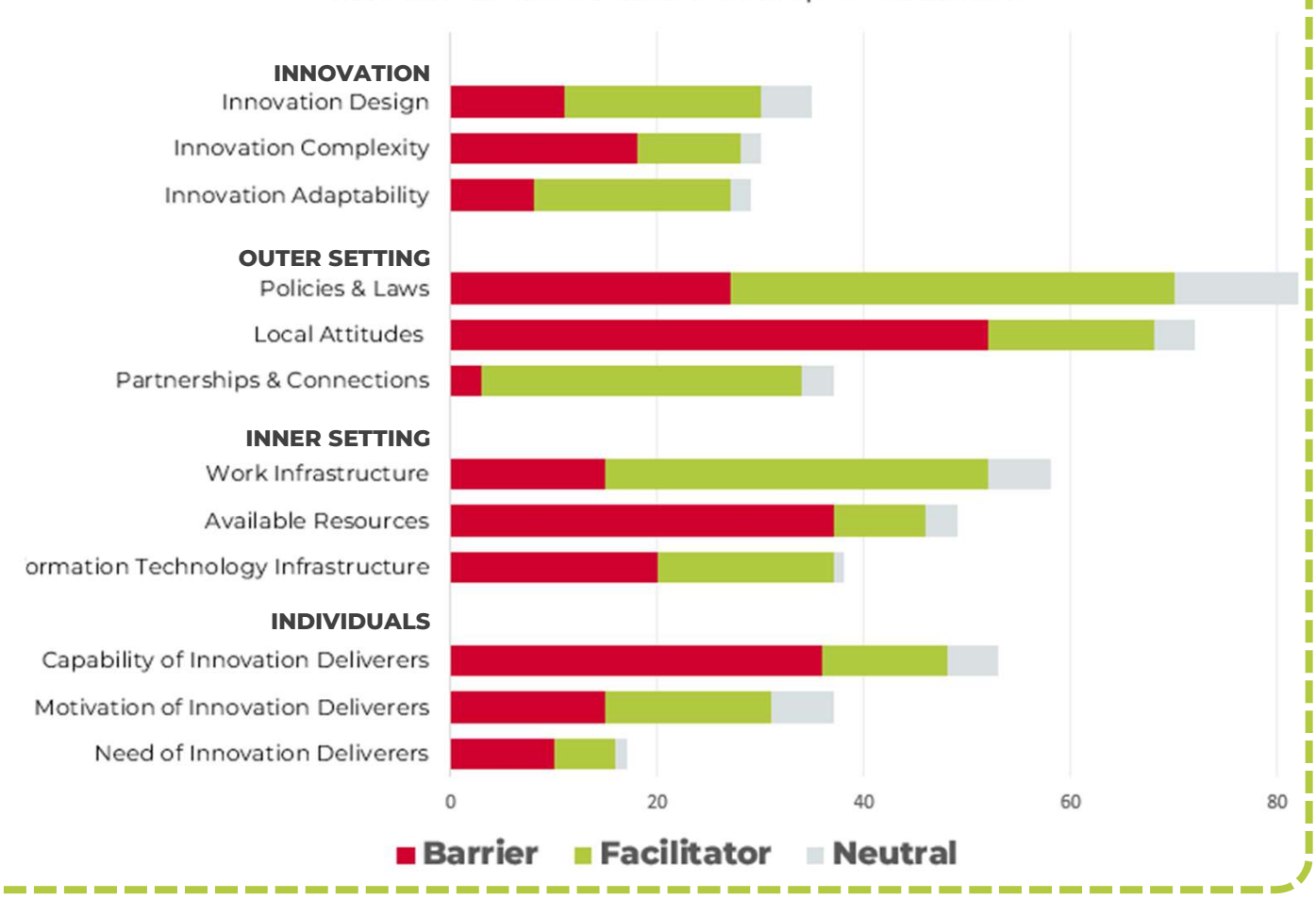
3. Collaboration and capacity
Engaged teams and networks create opportunities but capacity constrains implementation.

4. Feasible strategies
Locally appropriate approaches, teaching and feedback support implementation.

5. Sustainability
Workflow integration and automation reduce ongoing implementation effort.

Results





* Thematic synthesis identified 11 analytical themes, summarised into five overarching areas

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Acknowledgements

We thank all interview participants for sharing their experiences and insights.
#aware.hiv is an investigator-initiated project with support from Gilead Sciences and ViiV Healthcare

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