P310

Beyond guidelines: A thematic synthesis of facilitators and barriers for embedding routine HIV testing into European hospitals

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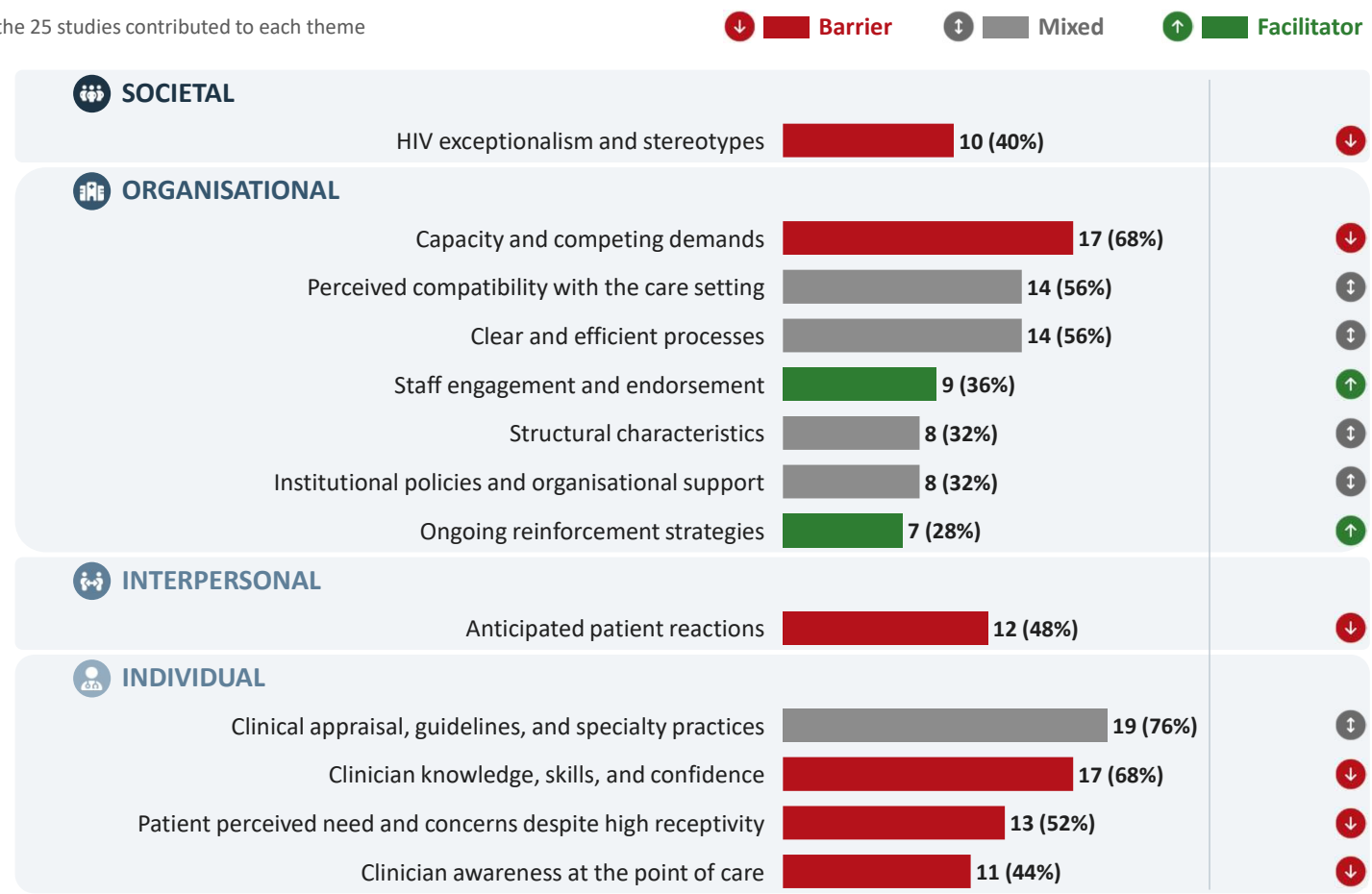
Barriers and facilitators to hospital HIV testing in Europe span **every socioecological level**, from clinicians and patients to organisations to society.

Testing depends on how it is organised and on clinicians' decision-making, knowledge, skills, and confidence. HIV exceptionalism, risk perception, and capacity constraints remain key barriers in the literature. Staff engagement and ongoing reinforcement are more often reported as facilitators.

11 of 13 themes acted as barriers or had mixed effects

13 analytical themes from 467 coded excerpts; bars show how many of the 25 studies contributed to each theme





1. **Societal:** HIV exceptionalism and assumptions about epidemiology frame HIV as relevant only to certain groups; contact with HIV normalises testing.
2. **Organisational:** capacity constraints hinder testing; staff engagement and ongoing reinforcement help.
3. **Interpersonal:** providers may anticipate negative patient reactions.
4. **Individuals:** patients usually accepted testing; declines reflected low perceived risk, fear of diagnosis, or wanting to focus on the presenting complaint. Clinicians' test-offering could be affected by their knowledge, skills, and confidence.

The number of contributing studies indicates the representation of each analytical theme across the 25 included studies and should not be interpreted as a measure of strength or importance.
Direction reflects how determinants were predominantly presented in the literature (barrier or facilitator)

Why this matters

> 50%



of people diagnosed with HIV in the WHO European Region are diagnosed late [1], despite guidelines recommending hospital-based testing.

What we did

- 5 databases searched, 2005–2025
- 25 hospital-based studies included, WHO European Region
- 467 excerpts coded, mapped to CFIR [2], and classified as barrier or facilitator
- Thematic synthesis into 13 themes

17 quantitative · 4 qualitative · 4 mixed methods
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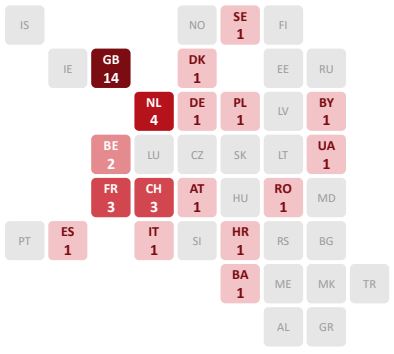
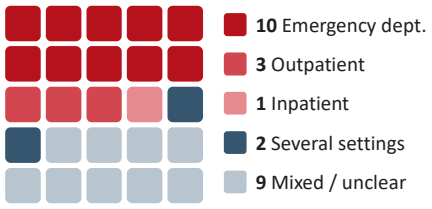
17 countries, 2009–2025

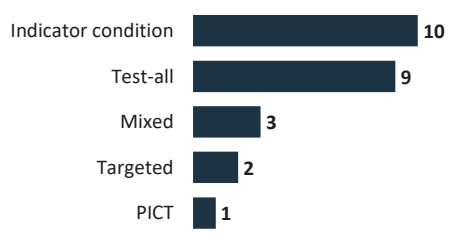


13 of 25 studies came from the UK alone; 10 countries appear only through one multinational study (HIDES I).

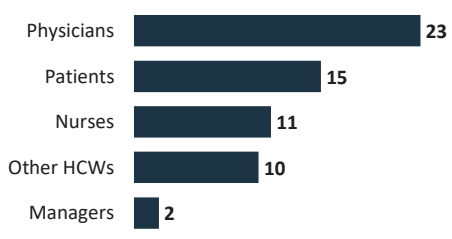
Care setting



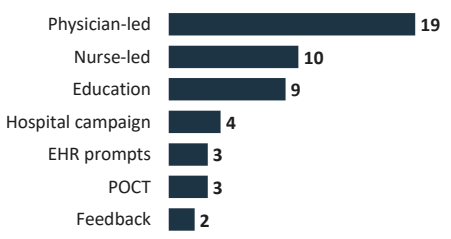
Testing approach



Who was studied



Implementation strategies



Number of studies; a study can appear in more than one category

[1] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2025 – 2024 data. Stockholm: ECDC; 2025.
[2] Damschroder LJ, Reardon CM, Widerquist MAO, Lowery J. The updated Consolidated Framework for Implementation Research based on user feedback. Implement Sci. 2022;17(1):75

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