

Who Should be Offered a HIV Test?

A short paper based on the 2008 UK national HIV testing guidelines on HIV testing¹ with sources of evidence and useful resources to support efforts to prevent the late diagnosis of HIV in Cheshire and Merseyside.

A . Universal HIV testing is recommended in all of the following settings:-¹

1. GUM or sexual health services
2. Antenatal services
3. Abortion services
4. Drug dependency programmes
5. Healthcare services for those diagnosed with tuberculosis, hepatitis B, hepatitis C and lymphoma

B. A HIV test should be considered in the following settings where the diagnosed HIV prevalence in the local population (PCT/LA) exceeds 2 in 1000 population.

1. All men and women registering in general practice
2. All general medical admissions

(NB.. this does not apply to PCTs and Local Authorities in Cheshire and Merseyside where PCT prevalences are all <2:1000). An overall PCT prevalence of <2:1000 does not exclude the possibility of pockets of higher prevalence. Diagnosed prevalence of >2:1000 is indicative of an undiagnosed prevalence of >1:1000, the threshold at which routine testing is assumed to be cost effective based on US data. See references 2 & 3 overleaf.

C. HIV testing should be also routinely offered and recommended to the following patients:

1. All patients presenting for healthcare where HIV, including primary HIV infection, enters the differential diagnosis (see table of indicator diseases¹)
2. All patients diagnosed with a sexually transmitted infection
3. All sexual partners of men and women known to be HIV positive
4. All men who have disclosed sexual contact with other men
5. All female sexual contacts of men who have sex with men
6. All patients reporting a history of injecting drug use
7. All men and women known to be from a country of high prevalence (i.e. >1% - see UNAIDS global HIV prevalence map, reference 4)
8. All men and women who report sexual contact abroad or in the UK with individuals from countries of high HIV prevalence.

D. HIV testing should also be routinely performed in the following groups in accordance with existing Department of Health guidance:

1. Blood donors
2. Dialysis patients
3. Organ transplant donors and recipients

The Cheshire and Merseyside Sexual Health Network recommends that this guidance be circulated to current and future commissioners and providers in PCTs, Clinical Commissioning Groups, Local Authorities, Provider NHS Trusts, Primary Care and Third Sector organisations for the design and implementation of local action plans to reduce the late diagnosis of HIV infection in Cheshire and Merseyside.

Even in 2011, many people with HIV in England either do not realise they are infected or present far too late to get the maximum benefit from treatment. Earlier diagnosis of HIV and rapid access to specialist care saves lives, preserves health and reduces onward transmission by those who do not realise they are infected. The current individual lifetime treatment costs for HIV are estimated as being between £280,000 and £360,000.⁶

Sources of evidence and useful resources:

1. 2008 UK National HIV testing guidelines:
<http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf>
2. Table of HIV prevalence in England by **PCT** is available from
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1228207185359)
3. Diagnosed HIV prevalence in England by **local authority**.
<http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewId=40&reportId=38&indicator=i442&date=2009> more recent North West HIV data from
<http://www.nwpho.org.uk/hiv2010>
4. Global prevalence map and prevalence table by country
http://www.unaids.org/documents/20101123_2010_HIV_Prevalence_Map_em.pdf
5. Lord Fowler's brief interview on his report (4min 41sec)
<http://www.youtube.com/watch?v=yLKF2X0jGNM&feature=relmfu>
6. The Fowler report (145 pages but excellent 2 page summary)
<http://www.publications.parliament.uk/pa/ld201012/ldselect/ldaids/188/188.pdf>
7. All Party Group on AIDS welcomes Fowler report
<http://appghivaids.org.uk/updates/press/HOL.html>
8. NICE PH33 Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England
<http://www.nice.org.uk/guidance/PH33>
9. NICE PH44 Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men
<http://guidance.nice.org.uk/PH34>
10. "Time to test for HIV". Health Protection Agency. Expanded healthcare and community testing.
<http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/1011TimetotestHIVtesting/>
11. Tackling HIV Testing. A helpful and practical resource from the Medical Foundation for AIDS and Sexual Health (MedFASH)
<http://www.medfash.org.uk/Projects/TacklingHIVtesting/THIVHome.html>
12. Chief Medical Officer letter to Presidents of Royal Colleges and Faculties. [9. Tackling undiagnosed HIV infection, Chief Medical Officer letter to the Presidents of medical Royal Colleges and Faculties, 21 September 2009](#)