

## Why tackle HIV testing?

HIV is an important pathogen causing significant personal and public health problems in the UK. There is evidence that:

- over a quarter of people with HIV in the UK remained undiagnosed at the end of 2007<sup>1</sup>
- about a third of HIV-related deaths in 2005 were directly attributable to the HIV diagnosis having been made late<sup>2</sup>
- a diagnosis of HIV can create sexual behaviour change that reduces the risk of onward transmission<sup>3</sup>
- effective antiretroviral treatment (ART) reduces infectiousness<sup>4</sup>.

Despite this HIV remains underdiagnosed, leading to significant levels of morbidity and mortality. However, in the last three years several important developments have served to increase awareness among generalist and non-HIV specialist clinicians of the continuing challenges posed by undiagnosed HIV infection.

In late 2007 the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) sent out a 'Dear Colleague' letter<sup>5</sup> urging all doctors and nurses in all healthcare settings to offer more HIV testing. The letter provided a backdrop for the release of the *UK national guidelines for HIV testing 2008*<sup>6</sup> in September 2008 by the British Association for Sexual Health and HIV (BASHH), the British HIV Association (BHIVA) and the British Infection Society (BIS).

The CMO for England has since repeated his call for action on HIV testing in a further letter on 21 September 2009<sup>7</sup> to the Presidents of Royal Colleges and Faculties ask them for feedback on action taken since the 2007 letter to promote engagement with the matter by members and fellows.

The *UK national guidelines for HIV testing 2008* make an unambiguous call for higher levels of HIV testing outside the non-HIV specialist setting. The authors state that the 'exceptional' status that HIV has traditionally been granted, while understandable in the early years of the epidemic, has now become a barrier to an effective response to increasing HIV incidence and prevalence. Specifically, the guidelines recommend a move towards routine and 'opt-out' HIV testing strategies as a way to increase diagnosis and

reduce the stigma associated with HIV infection. They outline four sets of circumstances in which HIV testing should be routinely offered and performed:

- in certain clinical settings eg services for those diagnosed with hepatitis B and C, tuberculosis and lymphoma
- in all general medical admissions and new general practice registrations in areas of high local prevalence of HIV, defined as having more than two people per thousand of the population diagnosed with HIV
- in patients presenting with clinical indicator conditions or from groups at higher risk of HIV infection eg people from sub-Saharan Africa
- in blood donors, organ donors and recipients, and dialysis patients in accordance with existing guidance from the Department of Health.

At the time the guidelines were being written, the Department of Health (DH) had already funded the Medical Foundation for AIDS & Sexual Health (MedFASH) to produce *HIV for non-HIV specialists: diagnosing the undiagnosed* which is enclosed in this pack. The booklet was designed to align with the *UK national guidelines for HIV testing 2008* and the content supports clinicians with practical strategies for recognising HIV-related presentations and offering testing. With the kind permission of BHIVA the guidelines are reproduced in full at the back of the booklet.

A few months prior to the launch of the booklet, MedFASH published *Progress and priorities – working together for high quality sexual health*<sup>8</sup>. Commissioned by the Independent Advisory Group on Sexual Health, this report examines the progress made in meeting the six aims of the 2001 *National strategy for sexual health and HIV*. The report also identifies further actions to drive the strategic aims forward. Table 1 below summarises the aims and actions that are specifically relevant to HIV.

(see table 1, overleaf)

*Progress and priorities* clearly calls for the recommendations of the HIV testing guidelines to be implemented and there is some notable action being taken towards this goal. The DH's response to the strategy review, *Moving forward*<sup>9</sup>, highlights a number

of DH-funded pilot initiatives across England that will further inform ongoing implementation of the guidelines. Specifically, several of the pilot studies are of routine opt-out HIV testing in general medical admissions and new general practice registrations. It is hoped that these studies will provide useful evidence about the acceptability to patients of routine HIV testing to support the case for increasing levels of HIV testing in those and the other settings identified by the guidelines as crucial to increasing HIV diagnosis levels in the UK.

In 2008, the DH funded MedFASH to produce the *Tackling HIV Testing: increasing detection and diagnosis* resource pack and it is available for download from the Tackling HIV Testing section of the MedFASH website, [www.medfash.org.uk](http://www.medfash.org.uk). All materials may be freely reproduced for the purpose of ensuring quality of care.

Table 1: Focus for further action	
Strategy aim	Focus for further action
<b>Reduce prevalence of undiagnosed HIV and STIs</b>	Develop and implement strategies to increase HIV testing in a range of existing and new settings (eg in medical settings as part of routine diagnostic procedures, in general practice for identified at risk populations, in non-healthcare settings delivered by community organisations)
<b>Improve health and social care for people living with HIV</b>	Reduce morbidity and mortality associated with HIV through early diagnosis, timely access to clinical care and appropriate support to facilitate uptake of and adherence to highly active antiretroviral therapy (HAART)
<b>Reduce stigma associated with HIV and other aspects of sexual health</b>	Improve public understanding and promote positive attitudes through leadership... Strengthen understanding in the sexual health and wider workforce (health, education, social care)... and ensure policies and practices are in line with action to eradicate stigma

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