

Dear <medical director>

Re: undiagnosed HIV infection and increased HIV testing in non-GUM settings

We are taking the step of writing to you as medical director to ask for your assistance in highlighting the matter of hospital inpatients and outpatients with undiagnosed HIV infection.

Despite the availability of highly effective treatment for HIV infection in recent years, resulting in a marked improvement in overall prognosis, there continues to be significant morbidity and mortality from infections that are not recognised until very late.

- A recent national audit¹ showed that of deaths occurring in HIV-positive adults in the UK, about a quarter were directly attributable to the diagnosis of HIV being made too late for effective treatment.
- Furthermore, many of these ‘late presenters’ had been seen in the recent past by healthcare professionals without the diagnosis having been made².
- National surveillance data³ show that over a quarter of all HIV infections in UK adults remain undiagnosed.

In late 2007 the Chief Medical Officer wrote to all colleagues to ask for ‘a special effort’ to increase the detection and diagnosis of HIV, and reiterated this call in a letter to the Presidents of the medical Royal Colleges and Faculties on 21 September 2009 in which he asked for feedback on action taken to promote engagement with the matter by members and fellows. Furthermore, recently published national guidelines on HIV testing⁴ call for increased routine HIV testing in medical settings other than Genitourinary Medicine or Infectious Diseases, and we would urge you to draw these to the attention of our hospital colleagues. It is hoped that by ‘normalising’ HIV testing and turning it into a non-stigmatised routine investigation when clinically indicated, rates of undiagnosed infection and late-stage mortality might be reduced.

We attach a draft protocol for HIV testing of adults which summarises the guidelines and includes a list of specialties where people with clinical indicator diseases for HIV infection are most likely to present. We hope this will prove useful in the development of a hospital-wide policy to offer more HIV testing. The protocol is based on a template produced by the Medical Foundation for AIDS & Sexual Health (MedFASH) with funding from the Department of Health as part of the *Tackling HIV Testing: increasing detection and diagnosis* project. The project has produced other useful resources and we would recommend that they are also made available to all relevant staff via the hospital’s intranet.

Perhaps we could meet with you to discuss how to take the matter forward? We look forward to your help.

Yours sincerely,

Consultant in <specialty>

Associate Specialist in <specialty>

Enc: draft protocol for HIV testing of adults outside the HIV-specialist setting

References:

1. British HIV Association 2005-6 mortality audit (2006) <http://www.bhiva.org/files/file1001379.ppt>
2. Sullivan AK, Curtis H, Sabin CA and Johnson MA (2005) Newly diagnosed HIV infections: review in UK and Ireland. *BMJ* **330**: 1301-2
3. Health Protection Agency (2008) *HIV in the United Kingdom: 2008 report*. London: Health Protection Agency
4. Fisher M, Palfreeman A, Ong E on behalf of the British HIV Association, the British Association for Sexual Health and HIV, and the British Infection Society (2009) *UK national guidelines for HIV testing 2008*. *Clin Med* **9**: 471-6 <http://www.bhiva.org/files/file1031097.pdf>