



Although the prevalence of HIV is much higher in "traditional risk groups" such as people from endemic areas or MSM, HIV can affect anyone. The people most likely to present with late stage disease are those who have no traditional risk factors for HIV infection. Heterosexual transmission of HIV within the UK is becoming more common.

"If I don't have any risk factors, why should I be tested?"

"Will HIV testing affect my life insurance?"

The most recent statement from The Association of British Insurers (ABI) states that standard practice is to ask about positive HIV tests. The result of a negative test should not be requested, need not be disclosed and if it is, will not affect the terms of any policy. A positive HIV test may be a barrier to obtaining insurance however there are a limited number of companies who will sell insurance to people diagnosed with HIV as the prognosis has greatly improved.

"If I have HIV, I'd rather not know..."

Although HIV remains an incurable disease, the prognosis is very good. A diagnosis would allow access to treatment and monitoring which have been shown to significantly reduce the mortality and morbidity associated with the infection.

Furthermore, identifying the infection will allow other at-risk individuals to be tested.

"If the test is positive, who else do I have to tell?"

The medical team will not disclose the positive result to any third party (i.e. parties out with the medical team) without the patient's consent. We recommend that patients tell as few people as possible around the time of diagnosis. Over time, the HIV specialist team will work with the patient to identify other people who may be at risk of having HIV and contacting them can be done anonymously. It is important for the patient's general practitioner to know their HIV status in order to offer them the best possible quality of care.

Resources for Clinicians



For full guidance on HIV Testing please refer to the NHS Tayside HIV Testing Guidelines available on Staffnet

UK National Guidelines for HIV Testing (2008)

e-learning modules



NES recognition and diagnosis of HIV infection

BMJ Learning (in association with NICE) Increasing the uptake of HIV testing: issues for primary care and non-specialists

Resources for Patients



Having an HIV Test - Patient Information Leaflet available from the Tayside Health Promotion Library: www.tayhp.com

National AIDS Map
www.aidsmap.com/hiv-basics

Terrence Higgins Trust
www.tht.org.uk



HIV Team Contact Details

For referrals:
Secretaries to HIV Service (and consultants)

East Block, Level 4
Ninewells Hospital
Dundee, DD1 9SY
Telephone: 01382 496 456
Fax: 01382 632601

For support with testing:
Sexual Health Service

Telephone: 01382 425 542

For support with positive results:
HIV Specialist Nurses

Telephone: 01382 496 554

Consultants

Dr Morgan Evans (Clinical Lead for Infectious Diseases)
Dr Sarah Allstaff (Genitourinary Medicine)
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HIV Testing Guidelines Clinician Information Leaflet

Why test for HIV?

- To reduce the proportion of undiagnosed infection
- To prevent the morbidity and mortality associated with late stage disease
- To prevent the onward transmission of HIV infection



Epidemiology



There are over 107,000 people living with HIV in the UK and over 5,000 are in Scotland.

The number of new infections continues to be high every year in the UK particularly in:
Men who have Sex with Men (MSM) and;
in heterosexuals.

New infections in People Who Inject Drugs (PWID) account for a very small proportion of all new diagnoses in Scotland.

HIV is not confined to people who have traditional "high risk" aspects to their lifestyle, and we advise staff to take a wider view when considering HIV testing.

Diagnosing Asymptomatic Infection



Opportunistic HIV testing should be routinely recommended to the following individuals, regardless of their clinical presentation:

- Individuals diagnosed with any STI
- Sexual partners of individuals known to have HIV
- Men who disclose sexual contact with other men
- Female sexual contacts of MSM
- Individuals reporting a history of injecting drug use
- Individuals originating from a country of high HIV prevalence (>1%)
 - a. Sub-Saharan Africa
 - b. Caribbean
 - c. Thailand
- Individuals reporting sexual contact with someone from a country of high HIV prevalence
- Individuals reporting invasive medical procedures or blood transfusions in high risk countries
- All at risk children (see NHST HIV testing guideline)

Diagnosing Symptomatic Infections



HIV testing should be routinely offered and recommended to any individual presenting with symptoms where HIV enters the differential diagnosis, or with conditions epidemiologically linked to HIV regardless of the presence or absence of particular risk factors.

A risk assessment is therefore not necessary.



Think Test for HIV

Respiratory

- Tuberculosis
- Pneumocystis pneumonia (PCP)
- Recurrent bacterial pneumonia
- Invasive aspergillosis

Neurology

- Cerebral toxoplasmosis
- Primary cerebral lymphoma
- Cryptococcal meningitis
- Progressive multifocal leukoencephalopathy
- Guillain-Barre
- Aseptic meningitis/encephalitis
- Transverse myelitis
- Unexplained peripheral neuropathy
- Leucoencephalopathy
- Early-onset dementia
- Cerebral abscess
- Unexplained CNS space occupying lesion

Gastroenterology

- Persistent cryptosporidiosis
- Oesophageal candidiasis
- CMV colitis
- Current or past hepatitis B or C
- Oral hairy leukoplakia
- Recurrent unexplained oral candidiasis
- Unexplained chronic diarrhoea
- Unexplained weight loss
- Bacterial gastroenteritis with bacteraemia

Haematology

- Persistent thrombocytopenia
- Persistent neutropenia
- Persistent leucopenia
- Unexplained anaemia of chronic disease

Oncology

- Non-Hodgkin's lymphoma
- Castleman's disease
- Anal cancer or AIN
- Head and neck cancer
- Hodgkin's disease

Gynaecology

- Cervical cancer
- VIN
- CIN 2 or higher

Dermatology

- Kaposi's sarcoma
- Multidermatomal or recurrent herpes zoster
- Severe or recalcitrant seborrhoeic dermatitis
- Severe or recalcitrant psoriasis
- Persistent or severe HPV disease
- Persistent or extensive molluscum contagiosum

Ophthalmology

- Cytomegalovirus retinitis
- Herpes retinal disease
- Toxoplasma retinal disease
- Candida retinal disease
- Herpes keratitis
- Unexplained retinal disease

ENT

- Unexplained lymphadenopathy
- Chronic parotitis
- Lymphoepithelial parotid cysts

Dental

- Necrotising gingivitis
- Oral hairy leukoplakia
- Oral warts

Other

- Any STI
- Pyrexia of unknown origin
- Unexplained lymphadenopathy
- EBV IgM negative glandular fever-like illness

HIV Testing: HOW?



Pre-test counselling is not required.

Informed consent should be obtained as with any medical investigation.

Agree with the patient an acceptable means of communicating their result.

Obtain up-to-date contact details.

HIV testing and confidentiality

The same principles of confidentiality apply to HIV and HIV testing as to any other medical condition/investigation as per GMC guidance. The result of an HIV test should be given directly by the testing team to the patient and not via any third party unless previously agreed with the patient.

HIV Testing: Practicalities

- Fourth-generation antigen/antibody combined assay for HIV-1 and HIV-2 (gold topped vacutainer)
- Request via ICE
- Results usually available on ICE with 48 hours

How should I manage negative results?

- Negative results should be communicated to the patient within **14 days**
- The individual may need repeat testing if risk exposure has been within the preceeding four weeks
- Give basic health promotion advice including recommendation for annual testing for MSM, sub-Saharan Africans and PWIDs

How should I communicate positive results?

- Positive results should be communicated to the patient within a **maximum of seven days** of the sample being taken
- Follow good clinical practice for any situation where bad news is being conveyed
- Give the result face to face in a confidential environment and in a clear and direct manner
- A further sample should be obtained for confirmation Refer to the HIV Specialist Service (via RMS or HIV Unit Secretary)