



Why should you test for HIV?



To reduce the proportion of undiagnosed infection

Approximately a quarter of people infected with HIV in the UK are unaware of their HIV status.



To prevent the morbidity and mortality associated with late stage disease

Undiagnosed individuals are at risk of the morbidity and mortality associated with advancing immunosuppression. People diagnosed with HIV late have a tenfold increased risk of death in the year following diagnosis compared to those diagnosed early. In 2014 49% were diagnosed late in Scotland.



To prevent the onward transmission of HIV infection

Undiagnosed HIV-infected individuals account for the majority of newly transmitted infections. Transmissions are more likely to occur during primary HIV infection and in late stage disease.

Stigma surrounding HIV testing still exists with both patients and clinicians however we now recognise that 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.

When did you last test a patient for HIV?

Normalise testing by offering it to all the following:



Individuals with indicator conditions (see over for a full list of conditions by specialty)



Individuals from high risk groups (see over for a full list of groups)

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

For support with HIV Testing, please contact the Sexual Health Advisors on 01382 425 542
For support with giving positive results, please contact the HIV Specialist Nurses on 01382 496 554

¹www.gov.uk/government/statistics/HIV-in-the-united-kingdom

²British HIV Association (2006). Mortality Audit 2005/06. Available at: www.bhiva.org/NationalAuditReports.aspx

³Scottish Government (2015). Sexual Health and Blood Borne Virus Framework update 2015 - 2020

Clinical Indicator Diseases for adult HIV Infection

Patients with the following specific indicator conditions should be routinely offered an HIV test³.

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
- Leukoencephalopathy
- 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

Risk Groups

- All individuals diagnosed with any sexually transmitted infection
- All sexual partners of individuals known to have HIV
- All men who disclose sexual contact with other men
- All female contacts of men who have sex with men
- All individuals reporting a history of injecting drug use
- All individuals originating from a country of high HIV prevalence (>1%)
 - i. Sub-Saharan Africa
 - ii. Caribbean
 - iii. Thailand
- All individuals reporting sexual contact with someone from a country of high HIV prevalence
- All individuals reporting invasive medical procedures or blood transfusions in high risk countries

³British HIV Association (2008). UK National Guidelines for HIV Testing. Available at: www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf