

# HIV TESTING SAVES LIVES

## Top Tips for Testing

### When is testing recommended?

You should have a very low threshold for recommending testing; as per the NICE 2017 quality standards. A test should be included along with routine bloods whenever:

- HIV enters the differential diagnosis (see indicator conditions).
- You don't know the cause for the patient's presentation.
- You consider requesting an ESR (often a surrogate for excluding things).

### Points to remember:

- 'Viral illness' can also be sexually transmitted e.g. HIV seroconversion.
- All pregnant women in the UK are now tested for HIV as a routine.

### How to test?

- **Recommend:** as a routine test alongside other bloods
- **Normalise:** simply say, 'HIV testing is a routine blood test in our hospital/clinic/practice.'
- **Reassure:** there are no insurance or mortgage penalties for taking a test, in the same way that there are none for having a chest x-ray.
- **Request and Send:** a clotted blood sample to microbiology/virology or local labs and request a routine HIV test.
- **ONLY verbal notification** that the test is being done is required. Some UK Hospitals and clinics use posters only to inform patients that HIV tests are routinely performed on their blood samples.

### How common is undiagnosed HIV?

You can find out the prevalence in your area by visiting:  
[www.gov.uk/government/statistics/hiv-annual-data-tables](http://www.gov.uk/government/statistics/hiv-annual-data-tables)

### Did you know?

- In the UK, there are over 10,000 people living with an undiagnosed HIV infection.
- Those who are undiagnosed can spend an average of three to five years living with HIV before they are diagnosed.
- The majority of new HIV infections can be traced back to someone who was living with HIV but weren't diagnosed.
- Those who are diagnosed late have a tenfold increase in risk of death within one year.
- Late diagnosis can lead to significant long term ill health and disability.

### If we do test...

- Early diagnosis, combined with effective treatment and care means people with HIV can have a normal life expectancy.
- Effective treatment and care means you won't pass HIV on to your sexual partners.
- Testing and treatment prevents transmission to the unborn child and allows people living with HIV to conceive naturally and deliver a child free of HIV.

### It all starts with a simple blood test...

This booklet has been produced by the Saving Lives Charity as a service to Medicine. Please follow us on twitter [@savinglivesuk](https://twitter.com/savinglivesuk) Like us on Facebook [SavingLivesHIV](https://www.facebook.com/SavingLivesHIV) Downloadable versions of this leaflet are available from [www.savinglivesuk.com](http://www.savinglivesuk.com) Sources of information are the Public Health England HIV annual data tables and NICE HIV Testing Quality Standards 2017.

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**NICE** National Institute for  
Health and Care Excellence

Routine HIV Testing is now a NICE Quality Standard 2017

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## HIV Testing Quality Standards



### 1. Emergency Departments and Hospital Admissions

"All young people and adults should be offered an HIV test when admitted to hospital or attending an emergency department in areas of extremely high HIV prevalence\*\*."

"All young people and adults should be offered an HIV test when having a blood test when admitted to hospital or attending an emergency department in areas of high HIV prevalence\*."

### 2. General Practice

"Young people and adults in areas of high or extremely high HIV prevalence are offered an HIV test by their GP practice when registering or when having a blood test if they have not had an HIV test in the past 12 months."

### 3. HIV Indicator Conditions (see opposite)

"All young people and adults newly diagnosed with an HIV indicator condition are offered an HIV test."

### 4. Regular Testing

"Young people and adults in at-risk groups who test negative for HIV are advised that the test should be repeated at least annually."

### 5. Testing regardless of local prevalence

"Offer and recommend HIV testing on admission to hospital, including emergency departments, to everyone who has not previously been diagnosed with HIV and who:"

- Has symptoms that may indicate HIV or HIV is part of the differential diagnosis (for example, infectious mononucleosis-like syndrome).
- Is known to be from a country or group with a high rate of infection.
- If male, discloses that they have sex with men, or is known to have sex with men and has not had an HIV test in the previous year.
- Is a trans woman who has sex with men and has not had an HIV test in the previous year.
- Reports sexual contact (either abroad or in the UK) with someone from a country with a high rate of HIV.
- Discloses high-risk sexual practices, for example the practice known as chemsex.
- Is diagnosed with, or requests testing for, a sexually transmitted infection.
- Reports a history of injecting drug use.
- Discloses that they are the sexual partner of someone known to be HIV positive, or of someone at high risk of HIV (for example, female sexual contacts of men who have sex with men).

\* High HIV prevalence is defined between 2-5/1000 population

\*\* Extremely High HIV prevalence >5/1000 population

## HIV Indicator Conditions

For every 1000 people with these conditions at least one will have undiagnosed HIV

<p><b>Conditions in which the prevalence of undiagnosed HIV is more than 0.1%</b></p> <ul style="list-style-type: none"> <li>• Community-acquired pneumonia</li> <li>• Mononucleosis-like illness</li> <li>• Unexplained leukocytopenia/thrombocytopenia lasting more than 4 weeks</li> <li>• Unexplained lymphadenopathy</li> <li>• Herpes zoster</li> <li>• Hepatitis B or C (acute or chronic)</li> <li>• Seborrhic dermatitis/exanthema</li> <li>• Sexually transmitted infections</li> <li>• Malignant lymphoma</li> </ul>	<p><b>Conditions likely to have an undiagnosed prevalence of HIV of more than 0.1%</b></p> <ul style="list-style-type: none"> <li>• Unexplained weight loss</li> <li>• Unexplained chronic diarrhoea</li> <li>• Peripheral neuropathy</li> <li>• Subcortical dementia</li> </ul> <p><b>Potentially AIDS-defining conditions</b></p> <ul style="list-style-type: none"> <li>• Cervical cancer</li> <li>• Non-Hodgkin's lymphoma</li> <li>• Neoplasms</li> <li>• Kaposi's sarcoma</li> </ul>
<p><b>Potentially AIDS-defining conditions</b></p> <p>Bacterial infections</p> <ul style="list-style-type: none"> <li>• <b>Pneumonia, recurrent</b> (2 or more episodes in 12 months)</li> <li>• <b>Salmonella septicaemia</b>, recurrent</li> <li>• <b>Mycobacterium tuberculosis</b>, pulmonary or extrapulmonary</li> <li>• <b>Mycobacterium avium</b> complex or <i>Mycobacterium kansasii</i>, disseminated or extrapulmonary</li> <li>• <i>Mycobacterium</i>, other species or unidentified species, disseminated or extrapulmonary</li> </ul>	<p><b>Potentially AIDS-defining conditions</b></p> <p>Fungal infections</p> <ul style="list-style-type: none"> <li>• <b>Pneumocystis carinii pneumonia</b></li> <li>• <b>Candidiasis, oesophageal</b></li> <li>• Candidiasis, bronchial/tracheal/lungs</li> <li>• Cryptococcosis, extrapulmonary</li> <li>• Histoplasmosis, disseminated/extrapulmonary</li> <li>• Coccidioidomycosis, disseminated/extrapulmonary</li> <li>• Penicilliosis, disseminated</li> </ul>
<p><b>Potentially AIDS-defining conditions</b></p> <p>Viral infections</p> <ul style="list-style-type: none"> <li>• <b>Cytomegalovirus retinitis</b></li> <li>• Cytomegalovirus, other (except liver, spleen, glands)</li> <li>• <b>Herpes simplex, ulcer(s) for more than 1 month/bronchitis/pneumonitis</b></li> <li>• <b>Progressive multifocal leukoencephalopathy</b></li> </ul>	<p><b>Potentially AIDS-defining conditions</b></p> <p>Parasitic infections</p> <ul style="list-style-type: none"> <li>• <b>Cerebral toxoplasmosis</b></li> <li>• Cryptosporidiosis diarrhoea for more than 1 month</li> <li>• Isosporiasis for more than 1 month</li> <li>• Atypical disseminated leishmaniasis</li> <li>• Reactivation of American trypanosomiasis</li> </ul>