

## Guidelines for HIV Testing in Adults

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# St Georges Healthcare Guidelines for HIV Testing in Adults

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## **Guidelines for HIV testing in Adults**

All clinicians of St Georges Health Care Trust involved in HIV testing should follow the recommendations contained within these guidelines.

### **Background**

- HIV is now a treatable medical condition and the majority of those living with the virus remain fit and well on treatment.
- Despite this a significant number of people in the United Kingdom are unaware of their HIV infection and remain at risk to their own health and of passing the virus unwittingly on to others.
- Late diagnosis is the most important factor associated with HIV-related morbidity and mortality in the UK.
- Patients who do not know their HIV status could also unknowingly pass on the virus to others.
- Patients should be offered and encouraged to accept HIV testing in a wider range of settings than is currently the case.
- Patients with specific indicator conditions should be routinely recommended to have an HIV test.

All doctors, nurses and midwives should be able to consent for an HIV test in the same way that they currently do for any other medical investigation. At St Georges Healthcare staff requiring further information or support can contact the HIV Counsellor on ext 3154 or air-call SG331. If unavailable the health advisers can be contacted via the Courtyard Clinic on ext 3342 or Bleep 7373.

## HIV Testing

Doctors should encourage patients to take up HIV tests in the same way they promote many other tests. Testing should be undertaken with the patient's specific informed verbal consent which should be documented.

**HIV testing should be routinely offered and recommended to the following patients:**

1. All patients presenting with signs and symptoms which could be related to HIV infection or where HIV infection enters the differential diagnosis. (see table 1)
2. Sexual partners of a known HIV positive person
3. All men who have sex with men
4. Anyone from a country of high HIV prevalence
5. Anyone who has had sex with someone from a country of high HIV prevalence
6. Anyone with a history of injecting drug use

**Table 1: Clinical Indicator diseases for adult HIV infection for Hospital Practitioners**

	<b>AIDS – Defining Conditions</b>	<b>Other conditions where HIV testing should be offered</b>
<b>Respiratory</b>	<b>Tuberculosis Pneumocystis</b>	<b>Bacterial pneumonia Aspergillosis</b>
<b>Neurology</b>	<b>Cerebral toxoplasmosis Primary cerebral lymphoma Cryptococcal Meningitis Progressive multifocal Leucoencephalopathy</b>	<b>Aseptic meningitis/encephalitis Cerebral abscess Space occupying lesion of unknown cause Gullian – Barre' Syndrome Transverse myelitis Peripheral neuropathy Dementia Leucoencephalopathy</b>
<b>Dermatology</b>	<b>Kaposi's Sarcoma</b>	<b>Severe or recalcitrant Seborrhoeic dermatitis Severe or recalcitrant Psoriasis Multidermatomal or recurrent herpes zoster</b>

<b>Gastroenterology</b>	<b>Persistent cryptosporidiosis</b>	(Table 1 continued) <b>Chronic diarrhoea of unknown cause</b> <b>Weight loss of unknown cause</b> <b>Salmonella, shigella or campylobacter</b> <b>Hepatitis B infection</b> <b>Hepatitis C infection</b>
<b>Oncology</b>	<b>Non- Hodgkin's Lymphoma</b>	<b>Anal cancer or anal intraepithelial dysplasia</b> <b>Lung cancer</b> <b>Seminoma</b> <b>Head and neck cancer</b> <b>Hodgkin's lymphoma</b> <b>Castlemans disease</b>
<b>Gynaecology</b>	<b>Cervical cancer</b>	<b>Vagina Intraepithelial neoplasia</b>
<b>Haematology</b>		<b>Thrombocytopaenia</b> <b>Any unexplained blood dyscrasia</b>
<b>Ophthalmology</b>	<b>Cytomegalovirus retinitis</b>	<b>Infective retinal diseases including herpes viruses and toxoplasma</b> <b>Any unexplained retinopathy</b>
<b>ENT</b>		<b>Lymphadenopathy of unknown cause</b> <b>Chronic Parotitis</b> <b>Lymphopithelial parotid cysts</b>
<b>Other</b>		<b>Mononucleosis- like syndrome (Primary HIV Infection)</b> <b>Oral candidiasis</b> <b>Oral hairy leukoplakia</b> <b>Pyrexia of unknown origin</b> <b>Any sexually transmitted infection/</b>

## HIV Pre-Test Discussion

In the UK, HIV disproportionately affects men who have sex with men and people from higher prevalence regions such as sub-Saharan Africa, parts of South-East Asia and the Caribbean and their sexual partners. Opportunistic HIV testing should be offered to individuals who are thought to have any risk factors. Patients with the clinical indicator conditions should also be routinely recommended a HIV test.

UK national guidelines for HIV testing 2008 state the primary purpose of pre test discussion is to establish informed consent for HIV testing. The essential elements that the pre test discussion should cover are:

- the benefits of testing to the individual
- details of how the results will be given

**The following is a useful guide when undertaking a HIV test**

Risk Assessment	Points for clinicians to cover
<input type="checkbox"/> Patient presenting with clinical indicator condition (see table 1)  <input type="checkbox"/> Is the patient from a area of higher prevalence such as sub-Saharan Africa, parts of South East Asia or the Caribbean?  <input type="checkbox"/> Has the patient ever had sex with someone from an area of high prevalence?  <input type="checkbox"/> Has a male patient ever had sex with another man?  <input type="checkbox"/> Patient ever injected drugs?  <input type="checkbox"/> Current or previous sexual partners HIV positive?	Reasons for test  Benefits of testing  Identify/quantify risks  Seroconversion period  Expectations of results  Details of how result will be given

**For some patients raising the issue of HIV testing will require further input than others. If HIV testing takes place in context of a positive result being likely, pre test referral to HIV counsellor is recommended with documentation in patient's hospital notes. *HIV Counsellor available ext 3154 air-call SG331, if unavailable health advisers via Courtyard Clinic ext 3342/Bleep 7373.***

## **Confidentiality**

In the UK HIV testing remains voluntary and confidential. Whilst there remains stigma associated with HIV infection, this can be minimised by following the general principles of confidentiality for any medical condition as laid down by the GMC in its guidance Confidentiality; *protecting and providing information* PAGE 4 Guidelines.

## **Consent**

Doctors should encourage patients to take up HIV tests in the same way they promote any other tests. Testing should be undertaken only with the individual's specific informed verbal consent which should be documented (BASHH guidelines). It is most exceptional for a patient to be tested without their consent. This is discussed in (GMC) guidance 19 BASHH, for further guidance please discuss with Clinical Infection Unit (CIU) or Genito Urinary Medicine (GUM) clinicians.

### **If a patient declines testing**

If a patient declines a test, reasons should be explored to ensure the choice is not due to incorrect beliefs about the virus or consequences of testing. Some patients may need additional help to make the decision, for example, because English is not their first language. Referral to HIV Counsellor or Health Adviser may be appropriate to offer further help.

## **5 Post Test Discussion for individuals who test positive**

### **Giving a positive HIV Test**

Positive HIV test results should always be given face to face. A positive HIV test result should be given directly by the testing clinician (or team) to the patient and not via any third party, including relatives or other clinical teams unless the patient has specifically agreed to this.

It is highly recommended that a HIV Counsellor or Health Adviser is present when a patient is given a positive HIV result. In the first instance positive HIV test results are given by the person who initially consented the patient for HIV testing.

### **NB**

**All patients should be referred to the HIV Counsellor or Health Adviser on the same day as receiving a positive HIV diagnosis.**

## **Appendix 1: HIV testing and Insurance.**

The Association of British Insurers (ABI) code of practice 1994 states that questions regarding whether an individual has ever had an HIV test or negative result should not be asked. Applicants should however declare any positive results as in the case with any other medical condition.

## **Appendix 2**

### **HIV SERVICES**

HIV Counsellor ext. 3154 Air-call SG331 (via switchboard)

Health Advisors: ext. 3342 / 2668 Bleep 7373

Clinical Nurse Specialist: ext. 3497, bleep 6315

Published 1993 HIV Liaison Group/Infection Control Committee

Revised by L de Board, B Kelly, R Aroney and W Majewska 2009

**N.B Post Exposure Prophylaxis is available for any person potentially exposed to HIV infections within the last 72hrs please refer to the Trust PEP Policy.**

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British Association of Sexual Health and HIV

British Infection Society