

## HIV - Information for GPs

### Why HIV testing is important, and avoiding late diagnosis

- To prevent onward transmission and improving health outcomes.
- Reduce undiagnosed HIV acquisition
- To ascertain your health status which may lead to a change sexual behaviour; negative tests provide an opportunity for preventative education and advice also a change in behaviour.
- Increasing the frequency of testing may result in earlier detection of HIV following infection when it is most virulent providing greater opportunity to reduce transmission.
- Late diagnosis of HIV is defined as taking place after ART would normally have been started, or when the person has an illness which defines them as having AIDS.
- The UK surveillance definition of a late HIV diagnosis is a reported CD4 count <350 cells/mm<sup>3</sup> within 91 days of diagnosis. People diagnosed late with HIV are estimated to have been unaware of their infection for at least three to five years, increasing the likelihood of ill-health and premature death as well as onward transmission [1]
- Late diagnosis is the most important factor associated with HIV related disease and death. [Of those diagnosed with HIV in 2019, 42% were diagnosed late. Of those diagnosed with HIV, 52% of heterosexual men were diagnosed late; 59% of people aged 65 and older; and only 35% of gay and bisexual men were diagnosed late.]

### Benefits of HIV treatment and long-term health outcomes

- Starting antiretroviral therapy early in people living with HIV prevents serious AIDS-related and non-AIDS-related illness
- START Study findings: Early antiretroviral treatment lowered the risk of serious AIDS-related events by 72%. Early treatment also lessened the risk of serious non-AIDS events by 39%. [2]
- U=U Undetectable = Untransmittable - people living with HIV on effective treatment cannot pass the virus on to their sexual partners. ART suppresses HIV to undetectable levels in the body to the point it too low to be transmitted to sexual partners. This is also known as 'treatment as prevention'
- Lifespan of someone living with HIV on effective treatment is almost the same as someone living without HIV.
- ART can be as simple as one tablet a day.

### Which populations are generally at higher risk of acquiring HIV?

- HIV can affect anyone. However, some groups of people are disproportionately affected. This includes men who have sex with men [MSM] and Black African people.
  - Of the 4,139 people diagnosed with HIV in the UK in 2019, 41% were gay or bisexual men.
  - Of the 1,559 heterosexual people diagnosed with HIV in 2019, 37% were black African men and women. [1]
    - Around half of Black Africans living with HIV, acquire the virus in the UK [1a]. Therefore a single negative test in the UK is not sufficient, and regular testing needs to be considered.

Other considerations for risk:

- Known to be from a country or group with a high prevalence of HIV
- Reports sexual contact [either abroad or in the UK] with someone from a country with a high prevalence of HIV
- Gay, bisexual and other men who have sex with men, and hasn't had a test in the previous year
- Trans woman having sex with men and has not had a test in the last year
- Is diagnosed with, or requests testing for, a sexually transmitted infection
- Reports a history of injecting drug use
- Discloses high-risk sexual practices, for example the practice known as 'chemsex'
- 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]

## Clinical indicators to consider signposting to or offering HIV test

**Table 1: Definitions of indicator conditions and recommendations for HIV testing**

### 1. Conditions which are AIDS defining among PLHIV\*

Strongly recommend testing:	<p><b>Neoplasms:</b></p> <ul style="list-style-type: none"> <li>• Cervical cancer</li> <li>• Non-Hodgkin lymphoma</li> <li>• Kaposi's sarcoma</li> </ul> <p><b>Bacterial infections</b></p> <ul style="list-style-type: none"> <li>• Mycobacterium Tuberculosis, pulmonary or extrapulmonary</li> <li>• <i>Mycobacterium avium</i> complex (MAC) or <i>Mycobacterium kansasii</i>, disseminated or extrapulmonary</li> <li>• <i>Mycobacterium</i>, other species or unidentified species, disseminated or extrapulmonary</li> <li>• Pneumonia, recurrent (2 or more episodes in 12 months)</li> <li>• Salmonella septicaemia, recurrent</li> </ul> <p><b>Viral infections</b></p> <ul style="list-style-type: none"> <li>• Cytomegalovirus retinitis</li> <li>• Cytomegalovirus, other (except liver, spleen, glands)</li> <li>• Herpes simplex, ulcer(s) &gt; 1 month/bronchitis/pneumonitis</li> <li>• Progressive multifocal leucoencephalopathy</li> </ul> <p><b>Parasitic infections</b></p> <ul style="list-style-type: none"> <li>• Cerebral toxoplasmosis</li> <li>• Cryptosporidiosis diarrhoea, &gt; 1 month</li> <li>• Isosporiasis, &gt; 1 month</li> <li>• Atypical disseminated leishmaniasis</li> <li>• Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)</li> </ul> <p><b>Fungal infections</b></p> <ul style="list-style-type: none"> <li>• Pneumocystis carinii pneumonia</li> <li>• Candidiasis, oesophageal</li> <li>• Candidiasis, bronchial/ tracheal/ lungs</li> <li>• Cryptococcosis, extra-pulmonary</li> <li>• Histoplasmosis, disseminated/ extra pulmonary</li> <li>• Coccidiomycosis, disseminated/ extra pulmonary</li> <li>• Penicilliosis, disseminated</li> </ul>
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### 3. Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management

Offer testing:	<ul style="list-style-type: none"> <li>• Conditions requiring aggressive immuno-suppressive therapy:             <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Transplantation</li> <li>• Auto-immune disease treated with immunosuppressive therapy</li> </ul> </li> <li>• Primary space occupying lesion of the brain.</li> <li>• Idiopathic/Thrombotic thrombocytopenic purpura</li> </ul>
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### 2a. Conditions associated with an undiagnosed HIV prevalence of ≥0.1

Strongly recommend testing:	<ul style="list-style-type: none"> <li>• Sexually transmitted infections</li> <li>• Malignant lymphoma</li> <li>• Anal cancer/dysplasia</li> <li>• Cervical dysplasia</li> <li>• Herpes zoster</li> <li>• Hepatitis B or C (acute or chronic)</li> <li>• Unexplained lymphadenopathy</li> <li>• Mononucleosis-like illness</li> <li>• Community-acquired pneumonia</li> <li>• Unexplained leukocytopenia/thrombocytopenia lasting &gt;4 weeks</li> <li>• Seborrheic dermatitis/exanthema</li> <li>• Invasive pneumococcal disease</li> <li>• Unexplained fever</li> <li>• Candidaemia</li> <li>• Visceral leishmaniasis</li> <li>• Pregnancy (implications for the unborn child)</li> </ul>
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### 2b. Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1%

Offer testing:	<ul style="list-style-type: none"> <li>• Primary lung cancer</li> <li>• Lymphocytic meningitis</li> <li>• Oral hairy leukoplakia</li> <li>• Severe or atypical psoriasis</li> <li>• Guillain-Barré syndrome</li> <li>• Mononeuritis</li> <li>• Subcortical dementia</li> <li>• Multiplesclerosis-like disease</li> <li>• Peripheral neuropathy</li> <li>• Unexplained weightloss</li> <li>• Unexplained oral candidiasis</li> <li>• Unexplained chronic diarrhoea</li> <li>• Unexplained chronic renal impairment</li> <li>• Hepatitis A</li> <li>• Candidiasis</li> </ul>
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\* Based on CDC and WHO classification system

Image source [3]

For a visual guide, read '[Could This Be HIV?](#)' [4]

## Local HIV testing options

- Order a full STI test kit, which includes a HIV test [www.letstalkaboutit.nhs.uk/test](http://www.letstalkaboutit.nhs.uk/test) (18+)
- Book an appointment with Solent NHS Trust Sexual Health, 0300 300 2016
- If a test performed in your surgery is positive, visit [www.letstalkaboutit.nhs.uk/referrals](http://www.letstalkaboutit.nhs.uk/referrals) for details on referring your patient to our service

## Barriers to testing

Please be aware there are many barriers people may face when it comes to testing. It may include but is not limited to:

- lack of knowledge on testing or how to test
- stigma around HIV
- fear
- cultural, religious, and social barriers
- language barriers
- poor experiences of healthcare
- lack of trust

## I feel my patient should be tested for HIV, or is at risk of HIV, but I am uncomfortable approaching the subject with them.

If you have any clinical enquiries email: answered within 2 working days:  
[SNHS.SexualHealthAdvice@nhs.net](mailto:SNHS.SexualHealthAdvice@nhs.net)

Our trained Sexual Health Promotion team are able to offer 1 to 1 support for people who feel that they are putting themselves at risk by the choices that they have made in their relationships and with the sex they choose to have. The team can also offer additional support in accessing testing. To find out more and make a referral for 1 to 1 sexual health promotion support, visit [www.letstalkaboutit.nhs.uk/referrals](http://www.letstalkaboutit.nhs.uk/referrals).

## Free. Confidential. Non-judgemental.

- Sexual Health and HIV testing, treatment and care is free and available to all, regardless of immigration status.
- All our services are confidential, and not linked to any other health record system, such as GP or hospital.
- We are a non-judgemental service. We are here to provide care and support to anyone who needs help with their sexual health.

## Working in Rushmoor, Portsmouth or Southampton? Your practice is in an area of high HIV prevalence.

- This means there is a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years.
- Recommendations: Young people and adults in areas of 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. [5]

References:

1. Trends in HIV testing, new diagnoses and people receiving HIV-related care in the UK: data to end December 2019 Health Protection Report Volume 14 Number 20  
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  - a. HIV and Black African Communities in the UK  
[\[https://www.nat.org.uk/sites/default/files/publications/NAT-African-Communities-Report-June-2014-FINAL.pdf\]](https://www.nat.org.uk/sites/default/files/publications/NAT-African-Communities-Report-June-2014-FINAL.pdf)
2. <https://i-base.info/start-study/>
  - a. <https://www.nih.gov/news-events/nih-research-matters/benefits-early-antiretroviral-therapy-hiv-infection>
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