

Guidance to General Practice for HIV, Hepatitis B and C testing

REMEMBER

- **EARLY DIAGNOSIS and TREATMENT SAVES LIVES!**
- **Informed consent with a pre-test discussion for all 3 tests remains important – but counselling is not necessary**
- **If in doubt  TEST**

- There is a significant overlap in the routes of acquiring these infections so it is often appropriate to test for all three infections on the same venous sample
- Some groups of people are at higher risk for particular infections

WHO SHOULD BE TESTED – TRIGGERS FOR TESTING

- Anyone requesting a test
- All patients treated for drug dependency or who have ever injected or snorted drugs or used a crack pipe
- All men who have disclosed sexual contact with other men
- All men and women known to be from a country of high HIV prevalence (Sub-Saharan Africa, Eastern Europe, Far East Asia)
- All pregnant women (**HIV and HBV**)
- People with symptoms/ conditions sometimes associated with HIV (see below)
- All patients diagnosed with one BBV should be tested for the others
- Regular sexual partners of people with BBV or a partner in a known risk group
- Investigation of abnormal liver function tests (LFTs) (**HBV and HCV**)
- People who may have had unsterile body piercing or medical treatment
- Children born to a mother infected with a BBV should have paediatric follow-up and in the case of HBV, receive a full course of immunisation
- Consider when investigating any unexplained non-specific symptoms.

CONSIDER HIV TESTING ON PRESENTATION OF THESE SYMPTOMS:

- Unexplained blood dyscrasia (thrombocytopenia, neutropenia, lymphopenia..)
- Pyrexia of unknown origin
- Lymphadenopathy of unknown cause
- Weight loss of unknown cause
- Chronic diarrhoea of unknown cause and Salmonella, shigella, campylobacter
- Sexually transmitted infections
- Cervical cancer and CIN Grade 2 or above
- Severe seborrhoeic dermatitis
- Severe recalcitrant psoriasis
- Multidermatomal or recurrent herpes zoster
- Oral candidiasis
- Recurrent bacterial infections e.g. chest
- Mononucleosis-like syndrome (primary HIV infection)

Guidance to General Practice for HIV, Hepatitis B and C testing, Continued...

Pre-test discussion

- Explain why you are recommending a test, e.g. it is routine in patients in this setting when clinically indicated by their condition
- Explain the benefits of testing - especially access to successful treatment which is best given early & ensure the patient is aware of the benefits of knowing their status
- Emphasise CONFIDENTIALITY, and answer any questions***
- Arrange with the patient how they will receive the test result - best practice is face to face with the person who arranged the test

In some cases more explanation will be required and other areas explored. These might include:

- The 'window period' for each test (3 months for HIV and up to 6 months for Hepatitis C and B) and whether a re-test will be required
- The patient's ability to cope with the result at this time and support available
- The use of testing as an opportunity to advise on preventing future infection

***** Assure patients of confidentiality and explain that:**

- **Life insurance concerns are no longer a reason not to get tested**
- **It is only if the test is positive that it becomes an insurance issue**
- **It does not matter where the test was taken and it is usually possible to get life assurance even if you are positive**

How to take a test

- This must always be with **informed consent**
- It takes up to 3 months before antibodies appear, so **consider the time of risk** and defer or repeat the test as appropriate
- Take **10mls of venous blood**
- Send to the lab requesting the relevant HIV, Hep B, Hep C test

Giving the result

– **best done face to face with the clinician who discussed the test.**

If negative:

- Check if retesting required due to the window period (above)
- Discuss how to avoid future risk - include HBV & HAV immunisation if required
- For HCV with negative PCR – offer reassurance but recommend repeat testing at least 6 months later to confirm resolved infection.

If positive:

- Review pre-test discussion and address the patient's specific concerns
- Whom to tell and not to tell? Identify the patient's supports
- If HCV antibody positive, an HCV PCR test will be needed
- For HIV, PCR positive HCV and active HBV - **refer to a specialist**
- **REFER URGENTLY** patients with HIV and active HBV. HIV units will often see new diagnoses within 24-48 hours and it may be appropriate to arrange an appointment before seeing the patient to give their positive result

Services

- **Patrick Clements Clinic, Central Middlesex Hospital:** 0208 453 2221 (direct line to secretaries: 020 8453 2536)
- **Dept of GUM NPH:** 020 8869 3147
- **Wharfside Clinic, Jefferris Wing, St Mary's Hospital:** Direct line for GP referral: 020 3312 6638
- **NHS Brent Public Health Directorate:** 020 8795 6748

Resources

- **SHoC (Sexual Health on Call):** 020 7604 4826
- **SMP (Substance Misuse Management Project):** 020 3114 7126
- **HIV care and support in Brent**
 - **The HUB @ Monks Park PCC:** 020 8453 5900
 - **Community Health Action Trust (CHAT):** 020 8830 3392
- **Suggested helplines and websites**
 - **THT Direct:** 0845 12 21 2000 www.tht.org.uk
 - **African AIDS Helpline:** 0800 0967 500 www.africaninengland.org.uk
 - **Hep C Trust** 0945 223 4424 www.heptrust.org.uk