

New guidelines for HIV testing and areas where wider HIV testing policies should be considered.

New guidelines¹ from the British HIV Association (BHIVA), the British Association for Sexual Health and HIV (BASHH) and the British Infection Society (BIS) aim to increase the offer of HIV testing that was recommended by the Chief Medical Officer in September 2007². On the assumption that the prevalence of HIV infections that have already been diagnosed is a good indicator of the prevalence of undiagnosed HIV infection in a particular place, the new guidelines state that consideration should be given to offering HIV testing to all men and women aged 15 to 59 registering in general practice as well as to all general medical admissions in areas where the prevalence of diagnosed HIV infections is greater than two in 1,000.

To assist local discussions about implementing the guideline, the Health Protection Agency has used the latest data from the Survey Of Prevalent HIV Infections that have been Diagnosed (SOPHID)³ to show the Primary Care Trusts (PCTs) in England where the prevalence of diagnosed HIV infection exceeded two adults per 1,000 population (aged 15-59 years) in 2007. Table 1 shows the PCTs with an overall prevalence above this threshold. Table 2, however, shows other PCTs in which the prevalence is below the two per 1,000 threshold overall, but is above it in a constituent Local/Unitary Authority of the PCT. The 42 PCTs listed account for 20% of the English population aged 15-59 years and 60% of all persons accessing HIV-related care in England in this age group. The majority of these PCTs are in London. PCTs outside London include Brighton and Hove, Manchester, Blackpool, Salford, Bournemouth, and Eastbourne which have historically had a relatively high prevalence of diagnosed HIV infection. Also included, are PCTs which have experienced more recent increases; Luton, Watford, Harlow, Southend-on-Sea, Reading, Slough and Crawley in areas around London, and Birmingham, Leicester, Nottingham, and Northampton in the Midlands.

A universal offer of HIV testing is estimated to be cost-effective where the diagnostic rate of HIV is greater than one per 1,000⁴⁻⁷. However, the evidence on the cost effectiveness of expanding HIV testing in the population of England is sparse.

Therefore, local innovations to expand HIV testing should be the subject of formally designed service evaluations and be sufficiently large so as to better inform the implementation of the guidelines and the development of national policy.

Table 1. Primary Care Trusts in England where the prevalence of diagnosed HIV infection exceeded two adults per 1,000 population (aged 15-59 years) in 2007.

Primary Care Trust	Residents accessing HIV-related care (15-59)	Resident population, in 1,000s (15-59)	Diagnosed HIV prevalence per 1,000	
			Rate	Rank
London				
Barking And Dagenham	427	101.7	4.20	19
Barnet	507	205.5	2.47	31
Brent Teaching	676	179.8	3.76	21
Camden	1,181	169.0	6.99	9
City And Hackney Teaching [†]	1,132	147.1	7.70	5
Croydon	824	214.4	3.84	20
Ealing	549	204.5	2.68	28
Enfield	587	178.0	3.30	23
Greenwich Teaching	711	144.2	4.93	14
Hammersmith And Fulham	906	122.6	7.39	6
Haringey Teaching	1,024	155.0	6.61	11
Hillingdon	336	157.6	2.13	32
Hounslow	516	147.2	3.51	22
Islington	1,110	136.1	8.16	3
Kensington And Chelsea	943	121.4	7.77	4
Lambeth	2,339	196.2	11.92	1
Lewisham	1,098	176.5	6.22	12
Newham	1,175	166.6	7.05	8
Redbridge	404	159.4	2.53	29
Southwark	1,830	194.5	9.41	2
Sutton And Merton [‡]	619	249.9	2.48	30
Tower Hamlets	836	152	5.50	13
Waltham Forest	654	145.1	4.51	16
Wandsworth	880	204.4	4.31	18
Westminster	1,155	170.0	6.79	10
Out of London				
Blackpool	272	82.4	3.30	24
Bournemouth & Poole [§]	354	176.3	2.01	34
Brighton And Hove City	1,236	167.5	7.38	7
Heart Of Birmingham [¶]	493	171.2	2.88	26
Leicester City	535	189.0	2.83	27
Luton	513	118.2	4.34	17
Manchester	1,459	312.8	4.66	15
Nottingham City	412	197.1	2.09	33
Salford	427	137.0	3.12	25

* Office for National Statistics population estimates for Local/Unitary Authorities aggregated where appropriate to match Primary Care Trust boundaries.

† Numbers accessing care, population estimates and diagnosed HIV prevalence in the City of London UA were 45, 5,700 and 7.89 per 1,000, and in Hackney UA were 1,087, 141,400 and 7.69 per 1,000.

‡ Numbers accessing care, population estimates and diagnosed HIV prevalence in the Sutton UA were 208, 116,000 and 1.79 per 1,000, and in Merton UA were 411, 133,700 and 3.07 per 1,000.

§ Numbers accessing care, population estimates and diagnosed HIV prevalence in the Bournemouth LA were 257, 98,500 and 2.61 per 1,000, and in Poole LA were 97, 77,800 and 1.25 per 1,000.

¶ Office for National Statistics 2006 population estimate for Heart of Birmingham Teaching PCT.

Table 2. Primary Care Trusts in England where the prevalence of diagnosed HIV infection exceeded two adults per 1,000 population (aged 15-59 years) in a constituent Local/Unitary Authority but not in the Primary Care Trust overall in 2007.

Primary Care Trust	Local Authority	Residents accessing HIV-related care (15-59)	Resident population, in 1,000s ^o (15-59)	Diagnosed HIV prevalence per 1,000
Berkshire East	Slough	282	77.4	3.64
Berkshire West	Reading	252	95.9	2.63
East Sussex Downs & Weald	Eastbourne	119	52.3	2.28
Northamptonshire	Northampton	281	128.2	2.19
South East Essex	Southend-on-Sea	259	93.8	2.76
West Essex	Harlow	101	48.0	2.10
West Hertfordshire	Watford	127	50.7	2.50
West Sussex	Crawley	126	62.8	2.01

^o Office for National Statistics population estimates for Local/Unitary Authorities.

There are over 77,000 people living with HIV in the UK, a third of whom remain unaware of their infection, potentially putting their sexual partners at risk of HIV⁸. Furthermore, a third of all newly diagnosed individuals each year are diagnosed late (CD4 cell counts <200 cells per mm³) and are at increasing risk of early death⁸⁻¹⁰. The expected benefits of increased HIV testing are a reduction in late HIV diagnoses and consequent mortality and a reduction in the number of people unaware of their HIV infection and consequent HIV transmission⁹⁻¹¹.

In addition to considering wider HIV testing policies in areas of high prevalence, the new guidelines also recommend:

A. Universal offer of an HIV test in each of the following settings:

1. Genitourinary medicine (GUM) or sexual health clinics,
2. Antenatal services,
3. Termination of pregnancy services,
4. Drug dependency programmes,
5. Healthcare services for those diagnosed with tuberculosis, hepatitis B, hepatitis C and lymphoma,

B. HIV testing should be also offered and recommended as part of routine care to the following patients:

1. Any patient presenting for healthcare where HIV, including primary HIV infection, enters the differential diagnosis,
2. All men and women diagnosed with a sexually transmitted infection,
3. All sexual partners of HIV-infected men and women,
4. All men that have disclosed sexual contact with other men,
5. All female sexual contacts of men who have sex with men,
6. All patients reporting a history of injecting drug use,
7. All men and women known to be from a country of high HIV prevalence (>1%¹²)
8. All men and women who report sexual contact abroad or in the UK with individuals from countries of high HIV prevalence¹²

C. For the following groups in accordance with existing Department of Health guidance:

1. Blood donors,
2. Dialysis patients,
3. Organ transplant donors and recipients,
4. All patients requiring immunosuppressant therapy.

References

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<http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/latestEpiData.asp>