

## HIV testing and prevention overview

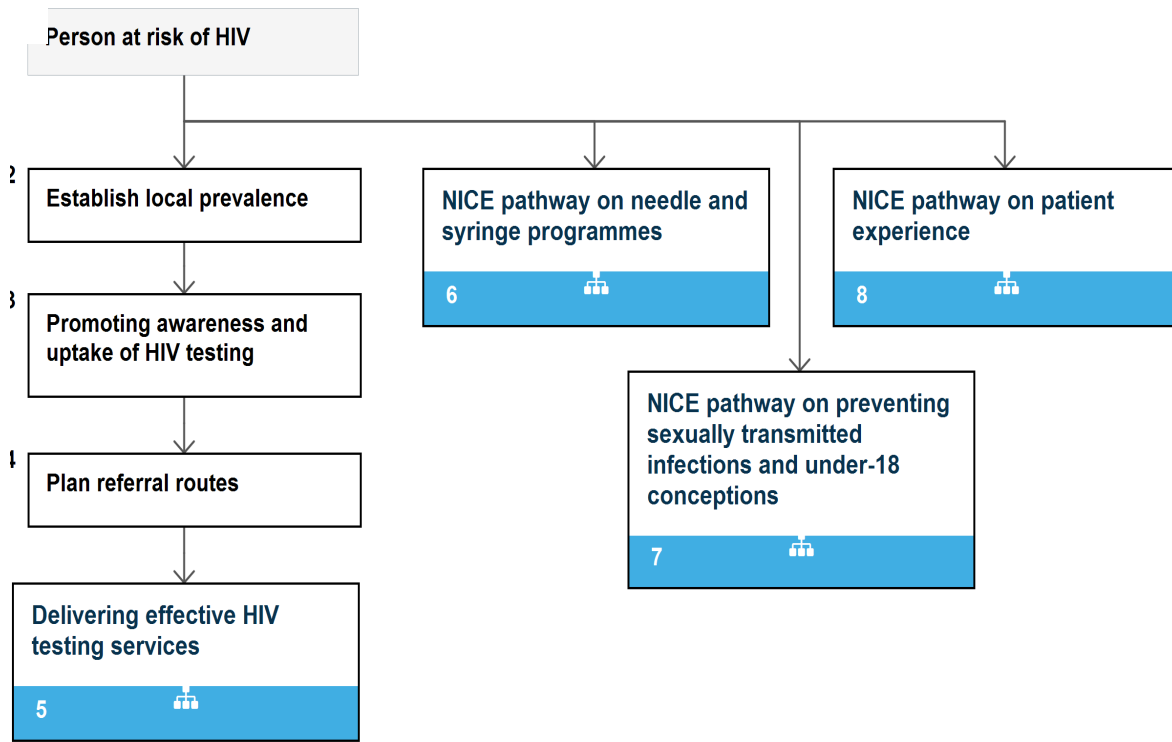
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<http://pathways.nice.org.uk/pathways/hiv-testing-and-prevention>

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This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



## 1 Person at risk of HIV

No additional information

## 2 Establish local prevalence

Offer and recommend HIV testing based on local prevalence and how it affects different groups and communities. Use Public Health England's [sexual and reproductive health profiles](#) and local data to establish:

- local HIV prevalence, including whether an area has high prevalence or extremely high prevalence
- rates of HIV in different groups and communities.

## 3 Promoting awareness and uptake of HIV testing

### Methods of raising awareness

Use or modify existing resources, for example TV screens in GP surgeries, to help raise awareness of where HIV testing (including self-sampling) is available (see also 'Content of health promotion materials' below).

Consider a range of approaches to promote HIV testing, including:

- local media campaigns
- digital media, such as educational videos
- social media, such as online social networking, dating and geospatial apps
- printed materials, such as information leaflets.

Ensure interventions to increase the uptake of HIV testing are hosted by, or advertised at, venues that encourage or facilitate sex (such as some saunas, websites, or geospatial apps that allow people to find sexual partners in their proximity). This should be in addition to general community-based HIV health promotion.

Promote HIV testing when delivering sexual health promotion and HIV prevention interventions. This can be carried out in person (using printed publications such as leaflets, booklets and posters) or through electronic media.

Advertise HIV testing in settings that offer it (for example, using posters in GP surgeries) and make people aware that healthcare professionals welcome the opportunity to discuss HIV testing.

See the NICE pathway on [community engagement](#).

### **Content of health promotion materials**

Materials and interventions for promoting awareness and increasing the uptake of HIV testing should be designed in line with the NICE pathways on [behaviour change](#) and [patient experience](#).

Provide promotional material tailored to the needs of local communities. It should:

- provide information about HIV infection and transmission, the benefits of HIV testing and the availability of treatment
- emphasise that early diagnosis is not only a route into treatment and a way to avoid complications and reduce serious illness in the future, but also reduces onward transmission
- detail how and where to access local HIV testing services, including services offering POCT and self-sampling, and sexual health clinics
- dispel common misconceptions about HIV diagnosis and treatment
- present testing as a responsible act by focusing on trigger points, such as the beginning of a new relationship or change of sexual partner, or on the benefits of knowing one's HIV status
- address the needs of non-English-speaking groups, for example, through translated and culturally sensitive information.

Ensure health promotion material aims to reduce the stigma associated with HIV testing and living with HIV, both among communities and among healthcare professionals.

Ensure health promotion material provides up-to-date information on the different kinds of HIV tests available. It should also highlight the significantly reduced window period resulting from the introduction of newer tests such as fourth generation serological testing.

For further information on POCT and self-sampling, see [point of care testing and self-sampling](#) in this pathway.

## 4 Plan referral routes

Ensure practitioners delivering HIV tests (including those delivering outreach POCT) have clear referral pathways available for people with both positive and negative test results, including to sexual health services, behavioural and health promotion services, HIV services and confirmatory serological testing, if needed. These pathways should ensure the following:

- People who test positive are seen by an HIV specialist preferably within 48 hours, certainly within 2 weeks of receiving the result (in line with [UK national guidelines for HIV testing 2008](#)). They should also be given information about their diagnosis and local support groups.
- Practitioners in the voluntary or statutory sector can refer people from HIV prevention and health promotion services into services that offer HIV testing and vice versa.

## 5 Delivering effective HIV testing services

[See HIV testing and prevention / Delivering effective HIV testing services](#)

## 6 NICE pathway on needle and syringe programmes

[See Needle and syringe programmes](#)

## 7 NICE pathway on preventing sexually transmitted infections and under-18 conceptions

[See Preventing sexually transmitted infections and under-18 conceptions](#)

## 8 NICE pathway on patient experience

[See Patient experience in adult NHS services](#)

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## Glossary

### **chemsex**

commonly used to describe sex between men that occurs under the influence of drugs taken immediately before and/or during the sexual session; the drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine

### **extremely high prevalence**

local authorities with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years (based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's [sexual and reproductive health profiles](#))

### **fourth generation serological testing**

detect HIV antibodies and p24 antigen simultaneously; this means they have the advantage of reducing the time between infection and testing HIV positive to about 1 month

### **high**

local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 (people aged 15–59 years), based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's [sexual and reproductive health profiles](#))

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local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 (people aged 15–59 years), based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's [sexual and reproductive health profiles](#))

### **lay testers**

non-clinical practitioners who have been trained to carry out HIV tests

### **POCT**

point-of-care tests or 'rapid' tests are a common way to test for HIV; they are easy to use when an alternative to venepuncture is preferable, for example outside conventional healthcare

settings and where it's important to avoid a delay in obtaining a result. However, they have reduced specificity and sensitivity compared with fourth generation laboratory tests; this means there will be false positives, particularly in areas with lower HIV prevalence, and all positive results need to be confirmed by serological tests

### **public sex environments**

public areas where people go to engage in consensual sexual contact (both same sex and opposite sex)

### **self-sampling**

self-sampling HIV kits allow people to collect their own sample of blood or saliva and send it by post for testing; they usually receive negative results by text message

### **self-testing**

self-testing kits allow people to perform their own HIV test in a place of their own choosing and get an immediate result (typically within 15–20 minutes)

### **window period**

the time between potential exposure to HIV infection and when a test will give an accurate result; the window period is 1 month for a fourth generation test and 3 months for older tests

## **Sources**

[HIV testing: increasing uptake among people who may have undiagnosed HIV \(2016\) NICE guideline NG60](#)

## **Your responsibility**

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