

Delivering effective HIV testing services

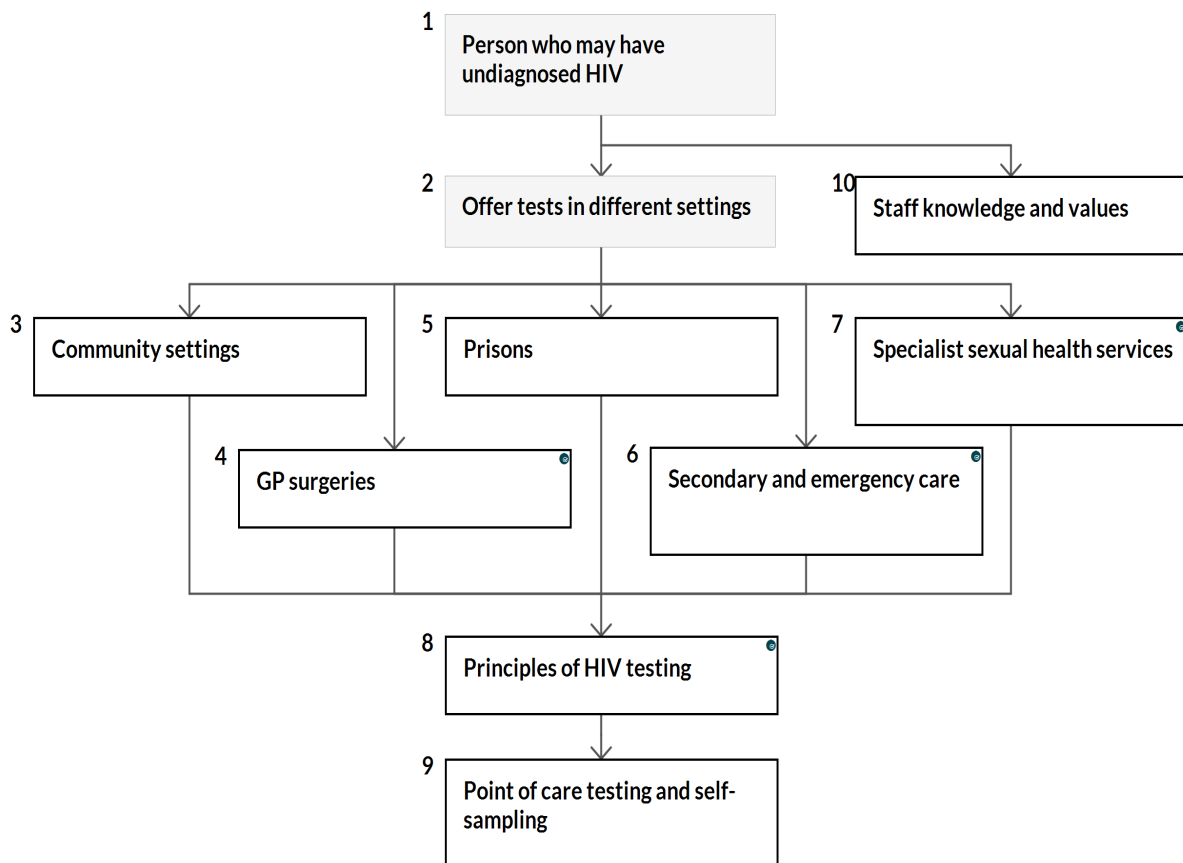
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

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

NICE Pathway last updated: 03 November 2020

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



1 Person who may have undiagnosed HIV

No additional information

2 Offer tests in different settings

No additional information

3 Community settings

Providers of community testing services (including outreach and detached services) should set up testing services in:

- areas with a high prevalence or extremely high prevalence of HIV, using venues such as pharmacies or voluntary sector premises (for example, those of faith groups)
- venues where there may be high-risk sexual behaviour, for example, public sex environments, or where people at high risk may gather, such as nightclubs, saunas and festivals.

Recognise that not all community settings are appropriate for providing testing services, for example because tests should be undertaken in a secluded or private area (in line with [British HIV Association guidelines](#)).

Ensure that people who decline or are unable to consent to a test are offered information about other local testing services, including self-sampling. See [making decisions using NICE guidelines](#) for more information about consent.

Ensure that lay testers delivering tests are competent to do so and have access to clinical advice and supervision.

4 GP surgeries

In all areas, offer and recommend HIV testing to everyone who has not previously been diagnosed with HIV and who:

- has symptoms that may indicate HIV or HIV is part of the differential diagnosis (for example, infectious mononucleosis-like syndrome), in line with HIV in Europe's [HIV in indicator](#)

- conditions
- is known to be from a country or group with a high rate of HIV infection (see establish local prevalence)
- if male, discloses that they have sex with men, or is known to have sex with men, and has not had an HIV test in the previous year
- is a trans woman who has sex with men and has not had an HIV test in the previous year
- reports sexual contact (either abroad or in the UK) with someone from a country with a high rate of HIV
- discloses high-risk sexual practices, for example the practice known as chemsex
- is diagnosed with, or requests testing for, a sexually transmitted infection
- reports a history of injecting drug use
- 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).

In areas of high and extremely high prevalence, also offer and recommend HIV testing to everyone who has not previously been diagnosed with HIV and who:

- registers with the practice or
- is undergoing blood tests for another reason and has not had an HIV test in the previous year.

Additionally, in areas of extremely high prevalence, consider HIV testing opportunistically at each consultation (whether bloods are being taken for another reason or not), based on clinical judgement.

Offer and recommend repeat testing to the people identified above in line with the guidance on repeat testing [See page 7].

If a venous blood sample is declined, offer a less invasive form of specimen collection, such as a mouth swab or finger-prick.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

HIV testing: encouraging uptake

2. General practice in areas of high and extremely high HIV prevalence

3. HIV indicator conditions

5 Prisons

At reception, recommend HIV testing to everyone who has not previously been diagnosed with HIV. For more information see NICE's recommendations on [health of people in the criminal justice system](#).

6 Secondary and emergency care

Routinely offer and recommend an HIV test to everyone attending their first appointment (followed by repeat testing in line with the guidance on [repeat testing \[See page 7\]](#)) at drug dependency programmes, termination of pregnancy services¹, and services providing treatment for:

- hepatitis B
- hepatitis C
- lymphoma
- tuberculosis.

In all areas, offer and recommend HIV testing on admission to hospital, including emergency departments, to everyone who has not previously been diagnosed with HIV and who:

- has symptoms that may indicate HIV or HIV is part of the differential diagnosis (for example, infectious mononucleosis-like syndrome), in line with HIV in Europe's [HIV in indicator conditions](#)
- is known to be from a country or group with a high rate of infection (see [establish local prevalence](#))
- if male, discloses that they have sex with men, or is known to have sex with men and has not had an HIV test in the previous year
- is a trans woman who has sex with men and has not had an HIV test in the previous year
- reports sexual contact (either abroad or in the UK) with someone from a country with a high rate of HIV
- discloses high-risk sexual practices, for example the practice known as chemsex
- is diagnosed with, or requests testing for, a sexually transmitted infection
- reports a history of injecting drug use
- 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

¹ Antenatal HIV testing is covered by the UK National Screening Committee and is outside the remit of this interactive flowchart.

- with men).

In areas of high and extremely high prevalence, also offer and recommend HIV testing on admission to hospital, including emergency departments, to everyone who has not previously been diagnosed with HIV and who is undergoing blood tests for another reason.

Additionally, in areas of extremely high prevalence, offer and recommend HIV testing on admission to hospital, including emergency departments, to everyone who has not previously been diagnosed with HIV.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

HIV testing: encouraging uptake

1. Hospitals in areas of high and extremely high HIV prevalence
3. HIV indicator conditions

7 Specialist sexual health services

Offer and recommend an HIV test to everyone who attends for testing or treatment.

Ensure both fourth generation serological testing and POCT are available.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

HIV testing: encouraging uptake

3. HIV indicator conditions

8 Principles of HIV testing

Staff offering HIV tests should:

- Emphasise that the tests are confidential. If people remain concerned about confidentiality,

- explain that they can visit a sexual health clinic anonymously.
- Provide appropriate information to people who test negative, including details of where to get free condoms and how to access local behavioural and preventive interventions.

Recommending repeat tests

When giving results to people who have tested negative but who may have been exposed to HIV recently, recommend that they have another test once they are past the window period.

Recommend annual testing to people in groups or communities with a high rate of HIV, and more frequently if they are at high risk of exposure (in line with Public Health England's [HIV in the UK: situation report 2015](#)). For example:

- men who have sex with men should have HIV and sexually transmitted infection tests at least annually, and every 3 months if they are having unprotected sex with new or casual partners
- black African men and women should have an HIV test and regular HIV and sexually transmitted infection tests if having unprotected sex with new or casual partners.

Consider the following interventions to promote repeat testing:

- Call–recall methods using letters or other media, such as text messages or email, to remind people to return for annual testing.
- Electronic reminders in health records systems to prompt healthcare professionals to identify the need for testing during appointments and offer it if needed.

People who decline a test

If people choose not to take up the immediate offer of a test, tell them about nearby testing services and how to get self-sampling kits.

Partners of people who test positive

Partners of people who test positive should receive a prompt offer and recommendation of an HIV test through partner notification procedures.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Sexual health

5. Repeat testing for sexually transmitted infections

HIV testing: encouraging uptake

4. Regular HIV testing
5. People who may have been exposed to HIV

9 Point of care testing and self-sampling

Point of care testing

Offer POCT in situations where it would be difficult to give people their results, for example if they are unwilling to leave contact details.

Explain to people at the time of their test about the specificity and sensitivity of the POCT being used and that confirmatory serological testing will be needed if the test is reactive.

Self-sampling

Consider providing self-sampling kits to people in groups and communities with a high rate of HIV (see [establish local prevalence](#)).

Ensure that people know how to get their own self-sampling kits, for example, by providing details of websites to order them from.

10 Staff knowledge and values

Staff offering HIV tests should:

- Emphasise that the tests are confidential. If people remain concerned about confidentiality, explain that they can visit a sexual health clinic anonymously.
- Be able to discuss HIV symptoms and the implications of a positive or a negative test.
- Be familiar with existing referral pathways so that people who test positive receive prompt and appropriate support.
- Provide appropriate information to people who test negative, including details of where to get free condoms and how to access local behavioural and preventive interventions.

- Recognise and be sensitive to the cultural issues facing different groups (for example, some groups or communities may be less used to preventive health services and advice, or may fear isolation and social exclusion if they test positive for HIV).
- Be able to challenge stigmas and dispel misconceptions surrounding HIV and HIV testing and be sensitive to people's needs.
- Be able to recognise the symptoms that may signify primary HIV infection or illnesses that often coexist with HIV. In such cases, they should be able to offer and recommend an HIV test.

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](#))

high prevalence

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

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

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.