

## **BHIVA Standards of care online consultation comments**

**7 October 2012**

### **Standard 7: Sexual health and secondary HIV prevention**

**12 September 2012**

**AH sent the following message:**

Too much stigmatizing of gay men with sexual health campaigns - doing blood tests such as syphilis without informing the patient or obtaining consent - routine to some people but not everyone wants it. The clinics should be upfront with the blood tests they do instead of doing them behind your back!!

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**14 September 2012**

**Mia Huengsberg sent the following message:**

"The HIV status of all children born to people living with HIV in the UK should be assessed for risks of vertical transmission."

It maybe useful to define an upper age limit of "children". Some units have policies of including adult "children" over the age of 20, and others don't go beyond 16. Consistent recommendation would be helpful.

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**14 September 2012**

**Babs Evans sent the following message:**

'Testing children at risk of HIV infection should be discussed with at least one of the child's parents or legal guardians if the mother is HIV positive or her HIV status is unknown' - need to make clear that this applies to birth mother - sometimes children in the family are adopted, fostered or children from a previous relationship and therefore not necessarily at risk (unless other risk factors for them have been identified)

Same applies to the outcome for this

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**2 October 2012**

**Hilary Curtis from BHIVA clinical audit coordinator sent the following message:**

Should the auditable outcomes include documented evidence that the role of treatment in reducing infectiousness and risk of onward transmission has been discussed?

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**2 October 2012**

**Paul Decle from Forum Link sent the following message:**

Contacts at risk of HIV infection

6th Bullet Point.

(change)

From...

People living with HIV should be able to access appropriate written and verbal information about prevention of HIV transmission, including mechanisms for partners to access post-exposure prophylaxis.

To...

People living with HIV should be able to access appropriate written and verbal information [ which is age and culturally appropriate ] about prevention of HIV transmission, including mechanisms for partners to access post-exposure prophylaxis.

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**2 October 2012**

**Allan Anderson from Positively UK sent the following message:**

Rationale: We do not feel the standard gives sufficient recognition and weight to the need to support and empower people living with HIV to manage their sexual health and successfully negotiate sexual health. Standard 7 recognises the psychological issues people living with HIV face, and this low self-esteem can also place people in vulnerable situations, there are also issues of gender inequalities and higher incidences of gender based violence within women living with HIV. We would recommend the inclusion of a statement recognising this and the importance of referrals to peer and community support, where people can receive training and support in negotiating safer sex and managing their sexual health.

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**3 October 2012**

**Dr Usha Natarajan, Surrey community Health from Surrey HIV Network sent the following message:**

partner notification

our health advisers have a structured interview for post HIV positive diagnosis- which addresses- mental well being, disclosure, confidentiality, PN, prevention, children and preconceptional issues. we find this very useful.

There is no mention about -conception, assisted or otherwise and pregnancy support and care in this document.

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**7 October 2012**

**Dr Olufunso Olarinde from South Yorkshire HIV Network sent the following message:**

Standard 7

Documented evidence that testing of children has been considered within 4 weeks of diagnosis for 90% of patients with children where the mother's HIV status is positive or unknown.

Comments:

The suggested auditable timescales may be a bit unrealistic, especially for patients diagnosed with advanced disease or who are particularly upset by their diagnosis. Whilst clearly important to audit testing of children/immunisations etc 4 weeks may well be too short a timescale in which to address this.

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**7 October 2012**

**Jacqueline Stevenson from African Health Policy Network (Ffena) sent the following message:**

The wording of the following should be changed to improve clarity: "People living with HIV should expect to be supported to voluntarily and anonymously identify their personal contacts that may be HIV positive, including children, whilst their confidentiality remains protected." – children surely cannot be informed while the parent remains anonymous? Children should be treated separately, and this should be made clear to individuals diagnosed with HIV who have children.

The Standards also need to include recognition that anonymous partner notification is not applicable for everyone, e.g. those in long-term monogamous relationships. Equal focus should be given to disclosure within relationships, where it would not be possible to anonymously disclose.

Partner notification is vital, but can be extremely difficult for the individual or even expose them to risks, including of physical harm, stigma, family or relationship breakdown, as well as social and economic impacts. Therefore the priority should not be placed exclusively on partner notification, but instead on supporting the individual patient to think through their disclosure options and make their own decisions.

“Patients should have the option of informing partners themselves (patient referral) with support, or supplying information for a health worker to notify the partner anonymously (provider referral).”  
Should also be made clear that patients must have the option not to notify their partner(s).