

British HIV Association/British Association for Sexual Health and HIV/British Infection Association Adult HIV Testing Guidelines 2020: non-technical summary

HIV testing

Evidence-based guidelines for HIV testing in the UK have been produced for clinicians specialising in this area. It is hoped that an implementation guide aimed at non-HIV clinicians who may need to provide HIV testing will be produced as well.

Although these guidelines are for clinicians, it is important that you know what is in them, and what it might mean for someone thinking about HIV testing. This non-technical summary aims to give you that information, but you can check the full guidelines for more detail at:

<https://www.bhiva.org/HIV-testing-guidelines>.

There is also a lot of useful general information about HIV testing elsewhere, for example on the HIV i-base, Terrence Higgins Trust or NAM websites (see below: Further information and support).

This non-technical summary contains information on:

- Who should be tested
- How often testing should be done
- Where testing could be done
- What type of test should be used
- What stops more HIV testing being done

Introduction

The UK has committed to ensuring that there will be no new cases of HIV being passed from person to person in the UK by 2030.

To achieve this, we need to make sure that everyone who is living with HIV is taking HIV treatment. This is called anti-retroviral therapy (ART). If you are diagnosed with HIV, then ART should be started as soon as possible. Someone diagnosed early and starting ART promptly can live a healthy life, with an almost normal life expectancy. Today ART is easy to take, very effective and has few, if any, side effects. But you need to take it as directed, every day.

ART reduces the amount of HIV in your blood. The level of virus is measured using a viral load test. When this level falls below a certain value it is so low that it is called undetectable. At this level, HIV *cannot* be transmitted to your sexual partners, even if you do not use condoms. This is known as 'Undetectable equals Untransmittable', or 'U=U'. Starting treatment sooner rather than later reduces the chance of passing HIV to a sexual partner. This is sometimes referred to as 'treatment as prevention' (TasP).

We also need to stop people getting HIV in the first place. Everyone having sex or injecting drugs should be made aware of the availability of, and have access to, a complete package of HIV prevention options. This should include access to free and repeat HIV testing and access to free condoms, sexual health screening, safer sex advice and injecting equipment exchange. It could also include pre-exposure prophylaxis (PrEP). PrEP is ART that is used by people who are HIV negative to stop them getting HIV. At present, it usually involves taking pills on a daily basis. PrEP is very

effective for HIV prevention. Note that PrEP and TasP will protect against HIV, but not other sexually transmitted infections (STIs).

There are about 7000 people in the UK living with HIV who do not know they have HIV. This means that they are not taking ART. They may also not be aware of the need for HIV testing. About 4 out of 10 people newly diagnosed with HIV in the UK receive late diagnoses. This means that they have been living with HIV for some time. This can be a problem for the person diagnosed with HIV. If you are diagnosed late with HIV, you are more likely to have more health problems going forward. But this also means that you can pass HIV on without knowing it. So we need to test many more people for HIV to find those people living with HIV but not aware of it. Then we can connect them to HIV services so that they can start ART as soon as they are ready.

Who should be tested

HIV testing is recommended for:

- People at increased risk of exposure to HIV. This includes men who have sex with men (MSM) and their sexual partners, people who inject drugs, sex workers, prisoners, trans women and people from countries where there is a high rate of HIV.
- People getting treatment for some health conditions that have an associated risk of HIV. These include STIs, tuberculosis (TB), hepatitis and some types of cancer. Testing is also recommended for people attending antenatal clinics, abortion services and addiction and substance misuse services.
- People who have symptoms or medical signs that might be caused by being HIV positive. The full guidelines contain a list of these 'indicator conditions'.
- People who have not previously been tested for HIV and who visit their GPs or attend hospitals and emergency departments in areas of the UK where HIV is more common.
- Sexual partners of anyone who is newly diagnosed with HIV.

How often testing should be done

Everyone in the groups listed above should be tested at least once.

Testing every year is recommended for people who inject drugs, sex workers and sexually active MSM.

Testing every 3 months is recommended for groups of people who are more at risk. These groups include sexually active MSM who have multiple, anonymous or new partners.

Testing every 3 months is also recommended for anyone taking PrEP, or who is eligible for PrEP but not currently taking it.

Where testing could be done

HIV tests can be offered as part of sexual health screening in sexual health clinics, or in a variety of other clinical settings (see above: Who should be tested). But getting an HIV test at a clinic might be difficult. Clinic times might not fit in with your work, studies or other plans. You might have concerns about confidentiality, or fear of stigma. There are now more ways of getting an HIV test without going to a clinic. These include:

- Self-testing, which means doing the test yourself at home and getting the result straight away.

- Self-sampling, which means collecting a sample at home, posting it to a clinic or laboratory and getting the results at a later date.
- Testing in the community using rapid point-of-care tests in places such as clubs, churches, workplaces or saunas. These also give results straight away.

These options should be increasingly made available to high-risk groups, and in areas where there is a high rate of HIV.

What type of test should be used

There are several different types of HIV test. The window period of a test is the time interval between exposure to HIV and the accurate detection of HIV by the test. The window period ends when HIV can be detected consistently by the test being used. If you go for an HIV test within the window period of the test method being used, you may need to come back for a second test. This will depend on when you may have been exposed, and what type of test is used. The clinical team doing the testing will tell you about this.

There are two main ways of testing for HIV.

- Tests can be done in a laboratory on a sample of blood taken from your arm by a nurse or doctor in a healthcare setting. It may take some days to receive the results from the laboratory. The window period for modern tests of this type is typically 45 days.
- Self-sampling, self-testing and rapid point-of-care tests can be performed in a wide variety of settings, using blood from a finger prick, or a saliva swab, giving a result within half an hour. The window period for these types of tests may be up to 90 days depending on the test.

What stops more HIV testing being done

HIV testing should become part of normal routine healthcare. But there are still some barriers:

- It might be difficult for you to get to clinics that provide HIV testing, or they may be off-putting. Self-sampling or home-testing may help overcome this. Home-testing is readily available in many parts of the UK; check with your local sexual health services or Terrence Higgins Trust.
- Routine opt-out testing has been used successfully in a number of areas including antenatal and sexual health clinics and results in a better uptake of testing. Opt-out testing means that people are informed that they will be automatically tested unless they actively decline. This should be extended to other clinical areas. Of note, healthcare workers not routinely working in HIV services may not have the knowledge or skills to do effective HIV testing, or may not be aware of who should be tested. So education and training for all such healthcare workers is needed.
- People may not be aware of the risk of HIV, or may be afraid of getting a positive result. More awareness in the wider community is needed about why it is good to know our HIV status, and why HIV treatment is good for individuals and the community.

Further information and support

Community organisations in the UK that produce information and resources about HIV testing and treatment include HIV i-base (<https://www.i-base.info>), Terrence Higgins Trust (<https://www.tht.org.uk>) and NAM (<https://www.aidsmap.com>).

About BHIVA

The British HIV Association (BHIVA) is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines: <https://www.bhiva.org/guidelines.aspx>.

Information about how BHIVA guidelines are developed can be found at: <https://www.bhiva.org/clinicalguidelines.aspx>.

About BASHH

The British Association for Sexual Health and HIV (BASHH) is the UK's leading professional organisation dealing with all aspects of sexual health care. BASHH aims to champion and promote good sexual health and provide information to the public. BASHH also aims to determine, monitor and maintain standards of quality in provision of sexual health and HIV care and produces resources to assist clinicians in this aim: <https://www.bashh.org/guidelines>.

About BIA

The British Infection Association (BIA) aims to ensure the optimum delivery of healthcare to patients diagnosed with infection, and to represent the interests of its members. It provides expert opinion and represents the views of specialists in infection to anybody seeking advice relevant to infection or infection professionals. The BIA also sets and reviews standards in infection practice including the development of guidelines, working in collaboration with other organisations where appropriate. These guidelines can be found at: <https://www.britishinfection.org/guidelines-resources/published-guidelines>.