

West London Gay Men's Project (WLGMP)

Rapid HIV testing services

WLGMP has been offering free HIV testing to **MSM** for over a year. A pilot study conducted in **Hammersmith & Fulham** in 2007 demonstrated that the service was acceptable to users and it has been expanded to sites in **Ealing and Hounslow**. The service operates at times that suit **MSM** and men can walk in without an appointment. The men accessing the service are mostly men who either test regularly as part of a sexual health 'MOT' and want the convenience of no appointment, 'out-of-hours' service with a short wait and an instant result, or those who are concerned about their sexual behaviour and may have put themselves at risk of HIV infection, but do not want to access clinical settings.

Testing is performed by peer testers who have been trained by the **West London Centre for Sexual Health at Charing Cross Hospital**, both to administer the test and to conduct a pre-test and post test discussions, including a sexual health risk assessment. **WLGMP** use the **INSTI** rapid HIV test which provides a result from a fingerprick sample of whole blood in 60 seconds. The test is equivalent to approved third generation laboratory HIV assays for sensitivity, specificity and early antibody detection¹⁶. There are robust referral procedures in place for positive results and the service provides an ideal opportunity for added value interactions such as sexual health promotion work, including the distribution of condoms under the **WLGMP's** 24s scheme and onward referrals.

In **Ealing** the service operates from the
TVU Complementary Medicine Centre
Walpole House,
18-22 Bond Street,
Ealing W5 5AA

on Wednesdays between 6:00pm and 8:00pm (last slot at 7:30pm).
STI screening is also available at this venue

In **Hounslow** the service operates from the
Heart of Hounslow Health Centre
92 Bath Road,
Hounslow TW3 3EL

on Thursdays between 6:00pm and 8:00pm (last slot at 7:30pm).

In **Hammersmith & Fulham** the service operates from
Fulham Broadway Methodist Church
452, Fulham Road,
Fulham SW6 1BY

on Saturdays between 2:00pm and 4:00pm (last slot 3:30pm).

¹⁶Fonseca K, Di Francesco L, Galli R, Hogg B, Schechter M, Kane S, Taylor D, Miller ML, Reckart M, Gill J, Read R, George A; International Conference on AIDS (15th : 2004 : Bangkok, Thailand). Results from a Multi-centre Canadian clinical trial of a rapid HIV antibody test for use in Point-of-care, Clinical and Laboratory settings. Int Conf AIDS. 2004 Jul 11-16; 15: abstract no. MoPeB3109.

WLGMP would like to ask all GP practices in Ealing, Hounslow and Hammersmith & Fulham to display posters and postcards advertising the Fast HIV Test service in their waiting rooms to ensure that their male patients who have sex with other men are offered a choice of when and where to access HIV testing, should they choose not to within the primary care setting. Please contact **Kavita Gadhoke** for copies: Kavita.gadhoke@hounslow.gov.uk

HIV Testing Update



Background

The Health Protection Agency (HPA) recently released updated figures for HIV in the UK to the end of 2007. These indicate that there are an estimated 77 400 people with HIV in the UK, up from 73,000 in 2006, and that **28%** of those infected are **undiagnosed**.

Of the estimated 7,734 individuals diagnosed with HIV in 2007, 31% were diagnosed late - this is defined as having a CD4 count of less than 200 copies/mm¹ within three months of diagnosis. It is well known that late diagnosis of HIV is associated with an increased risk of preventable morbidity and mortality the longer the infected remain undiagnosed, and with an associated increased burden on healthcare services². Furthermore, an audit carried out by the British HIV Association (BHIVA) in 2006 determined that 24% of HIV-related deaths that year were directly attributable to diagnosis being made too late for treatment to be effective³. Therefore **early diagnosis of HIV** is essential to minimise the impact of HIV both on the patient and on the NHS.

Mathematical models from the US suggest that the undiagnosed are the main driver of the HIV epidemic and the evidence shows that diagnosis is known to be associated with a reduction in risk behaviours⁴. People with HIV are at their most infectious in the first three months following infection⁵ and that a high viral load correlates with increased risk of transmission⁶. It is equally well established that reducing viral load by means of effective anti-retroviral therapy (ART) significantly reduces infectiousness and thus the likelihood of transmission⁷. Early diagnosis of HIV thus has an important role to play in reducing onward transmission of the virus.

¹Stöhr W, Dunn DT, Porter K, Hill T, Gazzard B, Walsh J, Gilson R, Easterbrook P, Fisher M, Johnson MA, Delpech VC, Phillips AN, Sabin CA, on behalf of the UK CHIC Study (2007). CD4 cell count and initiation of antiretroviral therapy: trends in seven UK centres, 1997-2003. *HIV Medicine*; 8 (3): 135-141

²Krentz HB, Auld MC, Gill MJ (2004). The high cost of medical care for patients who present late (CD4<200 cells/μL) with HIV infection. *HIV Medicine*; 5(2): 93-98

³British HIV Association (BHIVA) (2006). Clinical Audit Report 2005-6. <http://www.bhiva.org/files/file1030338.pdf>

⁴Marks G, Crepaz N, Janssen R S (2006). Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS* 2006; 20: 1447-1450. <http://www.aidsonline.com/pt/re/aids/pdfhandler.00002030-200606260-00012.pdf;jsessionid=LHG5YMBT176T4KKms5qv9ynYgtQp7QnkvWryzQbJFB9jfm7v7Zz3v!16297927151181195629!8091!-1>

⁵Fauci AS, moderator (1996). Immunopathogenic mechanisms of HIV infection. *Ann Intern Med*. 1996;124:654-63.

⁶Pilcher CD, Tien HC, Eron JJ, et al (2004). Brief but efficient: acute HIV infection and the sexual transmission of HIV. *JID* 2004; 189: 1785-92.

⁷Vernazza P et al. Les personnes séropositives ne souffrant d'aucune autre MST et suivant un traitement antirétroviral efficace ne transmettent pas le VIH par voie sexuelle (An HIV-infected person on antiretroviral therapy with completely suppressed viraemia ("effective ART") is not sexually infectious). *Bulletin des médecins suisses* 2008; 89(5) http://www.saez.ch/pdf_f/2008/2008-05/2008-05-089.PDF

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Levers and guidance

In the last two years there has been a push for **greater levels of HIV testing** to reduce the levels of undiagnosed HIV. In September 2007 the Chief Medical and Nursing Officers for England sent a letter recommending an increase in HIV testing in all non-HIV specialist healthcare settings including primary care⁸ and this was followed in September 2008 by the publication of new UK national guidelines for HIV testing 2008 jointly developed by BHIVA, the British Association for Sexual Health and HIV (BASHH) and the British Infection Society (BIS).

The guidelines make a number of recommendations that aim to 'normalise' HIV testing, ie to make it a part of routine investigations offered to patients on an

'opt-out' basis. Significant among these is that all men and women registering in general practice in PCT areas where the prevalence of diagnosed HIV exceeds 2 in 1,000 in should be offered an HIV test as a routine part of their initial assessment⁹. This figure is a proxy marker for an undiagnosed prevalence of 1 in 1,000 and was obtained from the approximate 2 to 1 ratio of diagnosed to undiagnosed prevalence observed nationally¹⁰. **Ealing, Hounslow, Hammersmith & Fulham, Richmond upon Thames and Kingston upon Thames PCTs** all fall into this category¹¹.

HIV testing in general practice



HIV testing has historically been carried out within specialist Genitourinary Medicine services. This is due to the unique set of social factors surrounding HIV infection; stigma, fear of discrimination and the need for exceptional levels of patient confidentiality. This has led to settings in primary care and in non-HIV specialist secondary care becoming deskilled in recognising and diagnosing HIV through lack of experience. While this approach was warranted in the 1980's it is now viewed as an impediment to efforts to control the HIV epidemic and there are many reasons why non-HIV specialist clinicians should routinely consider HIV infection as part of a differential diagnosis.

A commonly held belief that patients need lengthy pre-test 'counselling' is often a barrier to GPs offering HIV testing. This is no longer the case and advice to that effect was published by the Department of Health as long ago as 1996¹². In a patient perceived to be at low risk of HIV infection, a short pre-test discussion is all that is required to obtain informed consent and to ensure that the patient understands the benefits of knowing their HIV status, regardless of the result.

The UK national guidelines for HIV testing 2008 list a number of presenting conditions where HIV testing is indicated as routine, and many of these present commonly in general practice. What makes HIV-related presentations of these conditions different from the norm is either their marked severity, the number of episodes, a lack of resolution or presentation in a patient not normally expected to be seen with that condition.

⁸Sir Liam Donaldson, CMO and Christine Beasley, CNO (2007). Improving the detection and diagnosis of HIV in non-HIV specialties including primary care. 13 September 2007. <https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=100818>

⁹British Association for Sexual Health and HIV, British HIV Association, British Infection Society (2008). UK national guidelines for HIV testing, 2008 <http://www.bhiva.org/files/file1031097.pdf>

¹⁰Health Protection Agency, Centre for Infections. The UK Collaborative Group for HIV and STI Surveillance (2008). HIV in the United Kingdom: 2008 Report http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1227515298354.

¹¹Health Protection Agency Centre for Infections (2008). New guidelines for HIV testing and areas where wider HIV testing should be considered http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1221722386448

¹²Department of Health (1996). Guidelines for pre-test discussion on HIV testing <http://www.advisorybodies.doh.gov.uk/eaga/pdfs/guidelineshivtestdiscuss.pdf>

Seborrhoeic dermatitis, shingles, herpes simplex virus (HSV), severe fungal dermatoses, oral candida, severe gastroenteritis, general malaise or weight loss, tuberculosis, oral hairy leukoplakia, hepatitis B and C and other STIs should all prompt consideration of HIV.

It is particularly useful to have a low index of suspicion for HIV when considering a diagnosis of glandular fever, as this may be a case of Primary HIV Infection (PHI), or seroconversion illness, presenting a unique opportunity to diagnose HIV. Between 60% and 80% of people experience symptoms during PHI which are severe enough to warrant a visit to healthcare services. One study found that 56% of those experiencing symptoms during seroconversion accessed healthcare and of those 51% were diagnosed¹³. While it is recognised that the symptoms of PHI are often non-specific and short in duration – fever, malaise, rash, mouth ulcers – and that this poses particular challenges to correct identification, diagnosis at this point is valuable because early detection may prevent onward transmission at a time when the patient is at their most infectious.

Guidance for primary care practitioners is available in the HIV in primary care booklet published by the **Medical Foundation for AIDS & Sexual Health** which provides a comprehensive overview of the issues relating both to HIV testing and diagnosis in general practice and also to the provision of general medical services to the diagnosed HIV-positive patient¹⁴.

Offering HIV testing to men who have sex with men (MSM)

The UK national guidelines for HIV testing 2008 recommend routine HIV testing to gay and bisexual men in any appropriate clinical encounter. While there are sound epidemiological reasons for this recommendation - the prevalence of undiagnosed HIV among gay men in London is estimated at approximately 4%¹⁰ - it cannot always be assumed that a GP will be aware of a patient's sexual orientation, as many men who have sex with men (MSM) choose not to disclose this information to their GPs¹⁵.

The Department of Health is keen to promote access to HIV testing services in community-based settings and it is important for all general practices to be aware of alternative sites for HIV testing within their area. These are listed below.

¹³Sudarshi , Pao D, Murphy G, Parry J, Dean G, Fisher M (2008). Missed opportunities for diagnosing primary HIV infection. *Sex Transm Infect* 2008.; 84:14-16 <http://sti.bmj.com/cgi/content/full/84/1/14>

¹⁴Madge S, Matthews P, Singh S, Theobald N. Medical Foundation for AIDS and Sexual Health (MedFASH) (2004). HIV in primary care (revised 2005) http://www.medfash.org.uk/publications/documents/HIV_in_Primary_Care.pdf