HIV TESTING & Risk Reduction

What's new in this guideline

- More detail about point of care testing
- Reminder to medically review unwell patients with suspected seroconversion or immune deficiency

All patients attending Sandyford who have a sexual health screen should be offered HIV and Syphilis testing. If declined, reasons should be entered in clinical notes.

Patients where significant risks are disclosed may accept referral for an in-depth risk reduction discussion, but this should not significantly delay or prevent the chance for HIV testing.

Offering an HIV test as part of a check-up:

Sandyford operates an "opt out" testing policy – all clients should routinely be offered an HIV test as part of their sexual health assessment due to the medical benefits of knowing their HIV status.

All clients who attend and wish to have a sexual health screen within Sandyford Services are given the "sexual health check up" leaflet on entering the service and advised to read this prior to seeing any clinician.

The Opt-out Leaflet Explains:

- A routine sexual health check up consists of tests for Chlamydia, Gonorrhoea, HIV and syphilis.
- The difference between HIV and AIDS.
- The Window Period - the test will usually detect signs of HIV infection four weeks (antigen test) after becoming infected although some people can take up to 8 weeks (antibody test) to be completely sure. This relates to a venepuncutre sample..
- The Medical Benefit of Knowing - there is no cure for HIV infection but there have been advances in the treatment and management of HIV. Making treatment extremely effective and as such clients on treatment now lead a full and active life and live a normal lifespan.
- Having a negative sexual health check up (which includes HIV) has no effect on current or future life insurance or mortgage policies and does not need to be declared on any insurance application. However having a positive test may need to be declared on future applications and there are companies who will provide insurance for people living with HIV.
- That HIV is an uncommon infection and in the early stages most people have no symptoms but can still pass on the infection to others. A blood test is the only way to check for this infection.
- How The Test is Carried Out – A small sample of blood sent to the laboratory to test for particles (p24 antigen) of HIV and antibodies against HIV.

Clients who should ideally see a practitioner with Sexual Health Adviser competencies (but if not available do not defer testing):

First ever HIV Test for • any man who has had unprotected anal sex with another man (whether or not he identifies as gay/ bisexual) • any individuals from high prevalence areas (sub-Saharan Africa, South East Asia, Latin America) – *See appendix* • any individual with a history of injecting drug use or currently injecting if first ever BBV screen. • any individual involved in prostitution/adult sex industry.	Risk Reduction: Clients with significant on-going risk with regards HIV or other BBVs requiring risk reduction work
Individual with excessive anxiety regarding HIV	Sexual contact of a known HIV positive individual
MSM requesting *same day testing* - (Tuesday at Sandyford Central)	Clients presenting with symptoms suggestive of HIV infection
Any client requesting to see a sexual health adviser or sexual health nurse with sexual health adviser competencies	Clients with learning or language difficulties – see relevant protocol under "Specialist Services"

The Opt-out Testing Process

- Take a full sexual history to evaluate risk. Be alert for non-disclosure of risk activity
- Check if the client has read the Sexual Health Check up leaflet and whether they have any questions regarding its content. Ask the client if they wish to go ahead with the "sexual health check up" as detailed in the leaflet. The client will either say yes or voice opinion on which tests they do not want.
- The clinician needs to re-iterate what the window periods are for all infections, confidentiality policy and organise how the results will be obtained. The client should also be informed that if there is a problem with any of the sexual health check up tests then they will be contacted and asked to return to discuss the problem
- Testing should happen regardless of window period and practitioners should add a patient action recall to the clients NASH record for a reminder text to be sent to the patient when repeat test required out with the window period. (Appendix 1)
- Any client disclosing risk behaviours should have risk reduction strategies explored with them. This should be the reason for the primary referral to a sexual health adviser or specialist sexual health nurse with sexual health advising competencies. If this is declined exploration of risk reduction strategies should be carried out by the practitioner taking the test.
- For MSM who fit the criteria for the SRP Choices counselling service, please complete the assessment questionnaire and referral form if referral accepted.

Urgent and same day HIV Tests

(Virus lab tel: (0141 211) (3)8722)

https://www.nhsggc.org.uk/about-us/professional-support-sites/microbiology/west-of-scotland-specialist-virology-centre/

Same day HIV test results may be obtained if the sample reached the lab by 12pm (and the lab is aware to do the test) and an appropriate appointment can be arranged for that evening to give the result.

Next day results can be obtained by calling the virus lab with the patients details and appropriate follow-up is arranged to give the results.

Near-patient testing

We have not been funded to provide significant numbers of point-of-care tests (POCTs). These are generally used in our outreach settings. POCT are less sensitive for detecting recent seroconversion. Patients with particular anxiety or with clinical symptoms of advanced HIV infection where a rapid test may assist prioritisation into acute care can be considered for a POCT test. Practitioners require trained competence to do this – (protocol in development) Please discuss with the floor nurse in Sandyford Central.

HIV-related symptoms including suspected AIDS-related presentations

Please ensure that patients presenting with suspected seroconversion or with signs of immunosuppression are medically reviewed before leaving the clinic, or where no doctor available discussed with the senior GUM doctor on for advice. This may include undertaking observations. People can and have presented to Sandyford with advanced and serious immunodeficiency.

Obtaining Results

The decision on how a person receives their result should be made in partnership between the health professional and the client at the time of taking the test.

All HIV results can be obtained by calling the automated results line two working days from the day of the test. It is important to establish, particularly for those who have had significant risk of HIV, how they feel regards obtaining the result in this way and cover the following issues:

- If negative result will clearly say HIV negative
- If positive/Lost or Broken/Indeterminate the result will say “result unable to be interpreted”

For results “unable to be interpreted” it is important to establish how the client may feel hearing this result and advise them they would need to return to the service to discuss what the issue with the sample may be. If client feels this would lead to anxiety for them then they should be advised to return in person to collect result in 2 working days.

Clients who should return in person to collect results

- Clients first ever HIV test where significant risk has been disclosed.
- Clients with anxiety in relation to HIV testing or anxiety in relation to the result being obtained on the results line

Please see **Notification of Results** protocol for further information on how clients can collect results.

Confidentiality

- Specimens are labelled with a NASH AN identification number and date of birth only.
- Assure the client that only they can decide who is informed about the test and its result, and **no-one** is informed about the test without their consent although there are limitations to this if they are deemed a risk to themselves or others.
- The Association of British Insurers (ABI) guidelines mean that insurance agencies cannot obtain details of negative HIV test results (or non-serious sexual infections) from GPs. We usually include results of all tests in replies to GPs where the client has been referred in writing by a GP and consent to communicate with the GP has been given (unless the HIV test is positive, where further disclosure will be discussed at the initial Brownlee medical review).

Letters Confirming HIV Antibody Test Result

A letter is only available to clients who are working in the adult sex industry. A Sexual Health Adviser or Nurse with sexual health advising competencies will facilitate this. There is no charge for this.

Sample Tube

For HIV and Syphilis the laboratory needs one large purple-topped (9ml) vacutainer bottle.

Sexual Risk Reduction Discussions

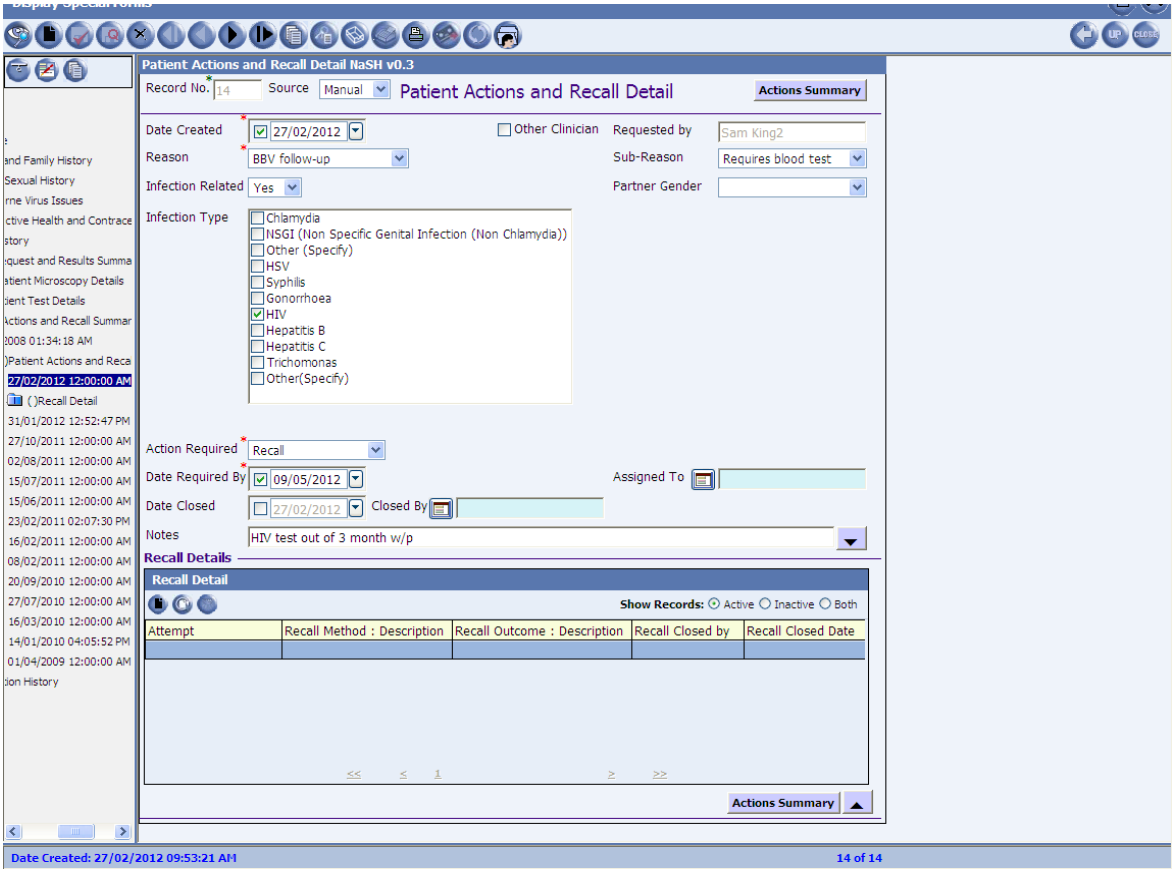
Taking a detailed sexual history will establish if the client has any risk factors that may have put them at increased or higher risk of contracting HIV. It is important to engage in a risk reduction discussion with these clients to promote behaviour change to a safer healthier lifestyle. Motivational Interviewing approaches are useful in this regard and all Sandyford clinical staff should have some basic awareness of using this approach in sexual health risk reduction work.

Clients requiring more in-depth discussions regarding sexual risk reduction strategies and who display a wish to engage in this discussion should be referred to a sexual health adviser or sexual health nurse with sexual health adviser competencies.

For MSM who fit the referral criteria for SRP Choices you also have the option of offering a referral directly to SRP Choices service. Review SRP Choices protocol for referral process.

Individuals at high risk of HIV acquisition should be assessed for eligibility for Pre-Exposure Prophylaxis (PrEP) commenced on the day of their attendance if appropriate or referred to a SRP PrEP service. Please see Pre-Exposure Prophylaxis protocol.

Appendix 1


Patient Actions and Recall Detail NaSH v0.3
Record No. 14
Source Manual
Patient Actions and Recall Detail
Actions Summary
Date Created 27/02/2012
Other Clinician
Requested by Sam King2
Reason BBV follow-up
Sub-Reason Requires blood test
Infection Related Yes
Partner Gender
Infection Type
Chlamydia
NSGI (Non Specific Genital Infection (Non Chlamydia))
Other (Specify)
HSV
Syphilis
Gonorrhoea
HIV
Hepatitis B
Hepatitis C
Trichomonas
Other(Specify)
Action Required Recall
Date Required By 09/05/2012
Assigned To
Date Closed 27/02/2012
Closed By
Notes HIV test out of 3 month w/p
Recall Details
Recall Detail
Show Records: Active Inactive Both
Attempt
Recall Method : Description
Recall Outcome : Description
Recall Closed by
Recall Closed Date
Actions Summary
Date Created: 27/02/2012 09:53:21 AM
14 of 14

Appendix 2

List of High Hep B & HIV* Prevalence Countries (Sources: Hep B - The Lancet 2015; HIV - UNAIDS Global Report 2018)

	Hep B >8%	HIV ≥1%
E. Europe & Asia		
Armenia	Y	-
Burma***	Y	-
East Timor***	Y	-
Estonia	-	-
Georgia	Y	-
Korea North	Y	-
Kyrgyzstan	Y	-
Laos	Y	-
Mongolia	Y	-
Russian Federation	-	1.4**
Taiwan***	Y	-
Thailand	Y	1.1
Turkmenistan***	Y	-
Ukraine	-	1
Vietnam	Y	-
Pacific		
Kiribati	Y	-
Nauru	Y	-
Niue	Y	-
Papa New Guinea	Y	-
Solomon Islands	Y	-
Tonga	Y	-
Vanuatu	Y	-
African Continent		
Angola	Y	2.2
Benin	Y	1.1
Botswana	Y	22.2
Burkina Faso	Y	1.0*
Burundi	Y	1
Cameroon	Y	4.5
Cape Verde	-	1
Cent. African Rep.	Y	3.7
Chad	Y	2
Congo	Y	3**
Cote d'Ivoire	Y	3.2
Dem. Rep. Congo	-	1.1*
Djibouti	Y	1.6
Equatorial Guinea	Y	4.9
Ethiopia	-	1.5**
Gabon	Y	3.8
Gambia	Y	1.8
Ghana	Y	1.6
Guinea	Y	1.6
Guinea-Bissau	Y	3.9**
Kenya	-	5.9
Lesotho	Y	22.7
Liberia	Y	1.1
Malawi	Y	9.1
Mali	Y	1.3
Mauritania	Y	-
Mauritius	Y	1.1*
Mozambique	Y	10.5
Namibia	Y	13.3
Niger	Y	-
Nigeria	Y	3.1
Rwanda	-	2.9
Sao Tome & Principe	Y	1.4**
Senegal	Y	-
Sierra Leone	Y	1.3
Somalia	Y	-
South Africa	-	19.2
South Sudan	Y	2.5
Sudan	Y	-
Swaziland	Y	28.8
Togo	Y	2.4
Uganda	Y	7.1
United Rep. Of Tanzania	Y	4.7
Western Sahara***	Y	-
Zambia	-	12.9
Zimbabwe	Y	14.7
Middle East		
Yemen	Y	-
South America		
Belize	-	1.5
Guyana	-	1.5
Suriname	-	1.1
Arctic and North America		
Baffin Island	Y	-
Banks Island	Y	-
Canada (Around Hudson Bay or	Y	-
Greenland	Y	-
North West Territories	Y	-
Nunavut	Y	-
Quebec (Around Hudson Bay or	Y	-
Queen Elizabeth Islands (Some)	Y	-
Victoria Island	Y	-
Caribbean		
Bahamas	-	3.2
Barbados	-	1.6
Dominican Republic	-	1
Haiti	Y	1.7
Jamaica	-	1.6
Trinidad & Tobago	-	1.2

* HIV prevalence estimates for 15-49 year olds (midpoint estimates used)
Please check current UNAIDS data table for risk groups and ranges
http://www.unaids.org/sites/default/files/media_asset/HIV_estimates_from_1990-to-present.xlsx
*** High prev. HBV Countries consistently not included in HIV tables individually

(Limited recent Hepatitis data for Algeria, Bahrain, Botswana, Chad, Cyprus, Guinea-Bissau, Iraq, Kuwait, Lesotho, Lybian Arab Jamahiriya, Mauritius, Oman, Qatar, Syrian Arab Republic, Sao Tome and Principe and United Arab Emirates)

References:

http://www.nhsggc.org.uk/your-health/public-health/public-health-protection-unit-phpu/bloodborne-virus/occupational-exposure-to-bbv/ [accessed March 2019]

http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Bloodborne%20Viruses%20Testing,%20Diagnosis%20And%20Referral%20Guidance.pdf [accessed March 2019]

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http://www.gov.scot/Resource/0048/00484414.pdf [accessed March 2019]