

NICE local government briefings

# HIV testing

<http://publications.nice.org.uk/lgb21>

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## Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on promoting HIV testing. It is particularly relevant to health and wellbeing boards, commissioners of HIV testing services and other organisations involved with delivering sexual health services.

HIV is a blood-borne virus. It is usually transmitted through unprotected sexual intercourse when one participant has the virus. If diagnosed early, people with HIV who are on treatment live full and normal lives and have a very low risk of onward transmission of the virus. HIV has become a manageable long-term condition. Further information about the virus can be found on the [HIV](#) and [AIDS](#) pages on the NHS Choices website.

## Key messages

Local authorities must commission comprehensive sexual health services, including HIV testing in community and sexual health services. They are also responsible for commissioning HIV prevention. Clinical commissioning groups are responsible for funding HIV testing in primary and secondary care. NHS England is responsible for commissioning HIV treatment and care (including drug costs for post-exposure prophylaxis following sexual exposure).

In the UK, HIV is most prevalent among men who have sex with men (47 per 1000) and women and men from black-African communities (38 per 1000) although these are not the only groups affected. Within local authority areas there may be other groups who also have a high

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prevalence. In 2012, an estimated 98,400 people were living with HIV in the UK, accounting for 1.5 per 1000 people.

In the same year, an estimated 21,900 people with HIV were unaware they were infected. (This figure is estimated by a statistical model using a range of data, including a longstanding anonymous testing surveillance programme run by Public Health England.) This includes 7300 men who have sex with men (17% of the estimated 41,000 men who have sex with men who have HIV) and 7300 black Africans (23% of the estimated 31,800 black Africans with HIV in the UK).

HIV testing is key to preventing its transmission, because more than 50% of new cases are estimated to have been the result of people who are undiagnosed having unprotected sex. People who do not know their HIV status are believed to be 3 times more likely to pass on the infection than those who know their status. They are also more than twice as likely to have unprotected sex.

Timely diagnosis of HIV carries huge health benefits and, in addition, once people are being treated they are much less infectious. Once someone is diagnosed with HIV they are also likely to make more effort to reduce the risk of transmission. Earlier diagnosis of HIV, leading to better management of the condition, can help reduce demand on long-term care and other services.

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see [About this briefing](#).

## **What can local authorities achieve by promoting HIV testing?**

### ***Help people live longer, healthier lives***

People who are diagnosed with HIV early are able to live full and normal lives on anti-retroviral medication. Early-diagnosed HIV is a chronic condition that can be managed to keep the person well, thereby reducing the demands made on local care, wellbeing and support services.

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## ***Save money***

Increased HIV testing and earlier diagnosis will save money by both reducing hospital admissions and reducing the costs of caring for someone in the community with HIV. In the first year after diagnosis, it costs the health economy twice as much if the person is diagnosed late<sup>[1]</sup>. (See NICE's [Increasing the uptake of HIV testing among black Africans in England and Increasing the uptake of HIV testing among men who have sex with men: costing report.](#))

Decreasing transmission will also save money in the longer term by reducing the costs of health and social care.

## ***Meet public health responsibilities through local leadership***

Local authorities promote, commission and manage a wide range of public health and other local services. By building on the links already in place with local health and social care and voluntary sector providers, local authorities are well positioned to promote HIV testing among local at risk populations. They can do this through leadership, sharing of local intelligence, promoting the 'Every Contact Counts' initiative and identifying and working with relevant NHS and community services to improve access to services.

## ***Achieve Public Health Outcomes Framework standards***

The Department of Health's [Public Health Outcomes Framework 2013 to 2016](#) has a specific standard (3.04) relating to HIV infection and the need to reduce the number of people who are diagnosed late.

Increasing the number of tests offered will help local authorities to improve this outcome and increase the likelihood that HIV infection will be diagnosed earlier.

## ***Reduce rates of HIV transmission***

Once people are diagnosed with HIV, they can be treated to keep their viral load very low (known as 'treatment as prevention'). If it is low enough, this almost eliminates the risk of HIV transmission. However, according to Public Health England's [HIV in the United Kingdom: 2013 report](#), 'treatment as prevention' alone is unlikely to eliminate HIV in the UK.

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<sup>[1]</sup> A late diagnosis is when the person is diagnosed with a CD4 count below 350 cells per mm<sup>3</sup>.

## What NICE says

### *NICE recommendations*

This section highlights the type of activities that NICE's recommendations on promoting HIV testing, published up to February 2014, cover. Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE's recommendations on promoting HIV testing will help you make the best and most efficient use of resources to improve the health of people in your area.

### *Recommendations*

To see NICE recommendations for local authorities and other bodies involved with commissioning and delivering HIV testing services, follow the links below to the NICE pathway on HIV testing and prevention.

- [Assess local need for HIV testing for black Africans and men who have sex with men](#)
- [Develop a local strategy on HIV testing for black Africans and men who have sex with men – directors of public health and those with a remit for HIV and sexual health](#)
- [Plan referral pathways for those delivering HIV tests](#)
- [Reduce barriers to HIV testing for black African communities](#)
- [Provide information for men who have sex with men and for black African communities](#)
- [Provide HIV testing in primary and secondary care](#)
- [Provide outreach HIV testing services for men who have sex with men](#)
- [Promote HIV tests among black African communities, men who have sex with men and health professionals.](#)

## Developing an action plan

The table below poses a range of questions that could be asked when developing a comprehensive plan to promote HIV testing in your local population. The action plan should be sensitive to local epidemiology and demographics, including any additional groups in your local area that may have a high prevalence of HIV and the different, often long-term, support networks that may be needed.

<b>Assessing opportunities to increase HIV testing</b>	<b>Links to NICE recommendations and other resources</b>
<p>1. Needs assessment</p> <p>Do we know our local HIV epidemiology?</p> <p>Are we a high prevalence area?</p> <p>What are our local high risk groups?</p> <p>Do we know which groups are not testing?</p>	<p><a href="#">Public Health England HIV data</a></p> <p><a href="#">Public health England HIV testing resources</a></p>

<p>2. Are we testing known high risk groups?</p> <p>Are services commissioned locally to ensure an HIV test is offered and recommended to:</p> <ul style="list-style-type: none"> <li>• all men who register with a GP in any local area with a large community of men who have sex with men?</li> <li>• all men who disclose to health professionals that they have sex with men?</li> <li>• everyone who registers with a GP in any area with a high prevalence of diagnosed HIV?</li> <li>• everyone undergoing blood tests in any areas with a high prevalence of diagnosed HIV?</li> <li>• everyone who requests testing for a sexually transmitted infection?</li> <li>• everyone who is diagnosed with a clinical indicator disease?</li> </ul>	<p><u>Providing HIV testing in primary and secondary care</u></p> <p><u>HIV tests in primary and secondary care for everyone – including men who have sex with men and black Africans</u></p> <p><u>HIV tests in primary and secondary care for men who have sex with men</u></p> <p><u>HIV tests in primary and secondary care for black African communities</u></p>
<p>3. Are HIV testing services commissioned locally to ensure staff in the following services offer and recommend an HIV test to everyone attending:</p> <ul style="list-style-type: none"> <li>• genitourinary medicine or sexual health services</li> <li>• antenatal services</li> <li>• termination of pregnancy services</li> <li>• drug treatment programmes</li> <li>• tuberculosis, hepatitis B, hepatitis C and lymphoma services?</li> </ul>	<p><u>Providing HIV testing in primary and secondary care</u></p> <p><u>HIV tests offered by specialist services to men</u></p> <p><u>HIV tests offered by specialist services to everyone</u></p>

<p>4. Service delivery:</p> <p>Do we know of any barriers to HIV testing for local populations?</p> <p>Are HIV testing services staffed by people who are sensitive to the cultural issues that may be present in the communities they are working with?</p>	<p><u>HIV tests in primary and secondary care for black African communities</u></p>
<p>5. Are HIV testing services commissioned locally to ensure everyone who tests negative, but who may have been exposed to HIV and have been in the window period for HIV infection detection, is offered and recommended repeat testing?</p>	<p><u>Planning referral pathways for those delivering HIV tests</u></p> <p><u>HIV tests in primary and secondary care for everyone – including men who have sex with men and black Africans</u></p> <p><u>HIV tests offered by specialist services to men</u></p>
<p>6. Are services commissioned locally to ensure everyone who tests positive is seen by an HIV specialist at the earliest opportunity, preferably within 48 hours, certainly within 2 weeks of receiving the result?</p>	<p><u>Planning referral pathways for those delivering HIV tests</u></p>

## Costs and savings

The costs of late diagnosis are substantial, to both the NHS and to local authorities. Late diagnosis of HIV means that the person is more likely to become ill more often. They may need long-term social care and more costly housing and personal support services. They may also become unable to work and need financial support. Increasing the rates of early diagnosis of HIV by promoting testing can lead to the following costs and savings.

- The cost of HIV care in the first year after diagnosis is twice as much if the person is diagnosed late because of the significant rates of morbidity linked to late diagnosis.
- The costs of HIV care remain 50% higher for each year after diagnosis if the diagnosis is late.

- Testing reduces risky behaviour among those who are diagnosed. NICE estimates that if the recommendations on HIV testing were fully implemented 3500 cases of onward transmission could be prevented within 5 years, saving the £18 million per year in treatment costs alone, without taking into account the wider costs or savings to society.

All data are taken from NICE's [Increasing the uptake of HIV testing among black Africans in England and Increasing the uptake of HIV testing among men who have sex with men: costing report](#).

## Facts and figures

Below are other facts and figures about HIV diagnosis that highlight the importance of promoting HIV testing.

- In 2012, 6360 people (4560 men and 1800 women) were newly diagnosed with HIV in the UK, a slight increase on the 6220 diagnoses in 2011.
- The proportion of people diagnosed late (that is, after they would normally have started treatment) has declined over the past decade from 58% (3150) in 2003 to 47% (2990) in 2012.
- Among men who have sex with men, the proportion of late diagnoses fell from 42 to 34%, but the number of late diagnoses rose from 900 to 1100. Among heterosexuals, the proportion diagnosed late fell from 65 to 58% with the absolute number halving from 3180 to 1620.

## Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidance and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available on the [Centre for Public Scrutiny](#) website and via [Into practice](#) on our website.

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## Other useful resources and advice

The following organisations provide a range of resources that may also be useful:

### *Useful organisations*

- [British Association for Sexual Health and HIV](#)
- [British HIV Association](#)
- [Halve it](#)
- [HIV Prevention England](#)
- [National AIDS Trust](#)
- [UNAIDS](#)

### *Testing guidelines*

- [UK national guidelines for HIV testing 2008](#) British HIV Association

### *Commissioning information from Public Health England*

- [Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas](#)
- [Addressing Late HIV Diagnosis through Screening and Testing: An Evidence Summary](#)
- [Leaders' Briefing: Addressing late HIV diagnosis through screening and testing](#)
- [HIV Testing and Self-Testing: Answers to frequently asked questions](#)

### *Other commissioning information*

- [A framework for sexual health improvement in England](#) Department of Health 2013
- [Commissioning HIV testing services in England: a practical guide for commissioners](#) National AIDS Trust 2013

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## ***Epidemiological information***

- [HIV surveillance data](#) Public Health England

## **About this briefing**

This briefing is based on NICE guidance published up to February 2014 on HIV testing (see the [NICE website](#) for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group and using feedback from local authority officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes directors of public health and commissioners and directors of adult social care services. It will also be relevant to local authority scrutiny activities.

This briefing may be used alongside the local joint strategic needs assessment to review or update the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

## ***About NICE guidance***

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

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