



THERE ARE FOUR REASONS WHY PEOPLE ARE DYING OF ADVANCED HIV IN THE UK:

1. They do not consider themselves at risk and therefore have not been tested.
2. HIV testing is not routinely offered in GP practices or hospitals.
3. One in four people (>25,000) infected with HIV in the UK remain undiagnosed.
4. If undiagnosed they cannot receive life-saving treatment and can unknowingly infect others.

WHY THE NEED TO TEST FOR HIV?

- HIV is treatable and has been for more than 10 years.
- Early diagnosis gives access to treatment, prevents further transmission and saves lives.
- People testing positive can live long, healthy, productive lives if on treatment.
- The biggest factor associated with HIV-related deaths in the UK is late diagnosis.

HOW COMMON IS UNDIAGNOSED HIV?

The rate of new HIV infections, especially amongst heterosexuals, has risen in recent years. Thirty-seven English local authorities now have a prevalence of diagnosed HIV greater than 2 per 1,000 of the population (see website for details).

WHEN TESTING IS RECOMMENDED?

Healthcare professionals should have a low threshold for recommending testing; a test should be included along with routine bloods when:

- HIV enters the differential diagnosis (see opposite).
- You don't know the cause for the patient's presentation.
- You consider requesting an ESR (a surrogate for excluding things).

POINTS TO REMEMBER:

- 'Viral illness' can also be sexually transmitted e.g. HIV seroconversion.
- All pregnant women in the UK are tested for HIV as a routine.

HOW TO TEST?

- **Recommend:** as a routine test alongside other bloods
- **Normalise:** simply say, 'HIV testing is a routine blood test in our hospital / clinic / practice.'
- **Reassure:** there are no insurance or mortgage penalties for taking a test, in the same way that there are none for having a chest x-ray.
- **Send:** a clotted blood sample to microbiology / virology or local labs and request a routine HIV test.

ONLY verbal notification that the test is being done is required.

	Conditions where HIV testing should always be done	Conditions where HIV testing should be routinely recommended
Respiratory	<ul style="list-style-type: none"> • TB • Any cough with raised RR despite normal CXR (could this be Pneumocystis?) 	<ul style="list-style-type: none"> • Any pneumonia
Neurology	Unexplained neurology including <ul style="list-style-type: none"> • Peripheral neuropathy • Any meningitis/encephalitis • Any space-occupying lesion • Guillain Baré • Transverse myelitis • Memory change 	<ul style="list-style-type: none"> • Cerebral toxoplasmosis, • Primary cerebral lymphoma • Cryptococcal meningitis
Dermatology	<ul style="list-style-type: none"> • Any macular/papular rash if HIV seroconversion could be in the differential diagnosis • Two or more episodes of Herpes zoster 	<ul style="list-style-type: none"> • Herpes zoster • Facial molluscum • Severe recalcitrant seborrhoeic dermatitis or psoriasis
Gastroenterology	<ul style="list-style-type: none"> • Hepatitis B or C • Oral candidiasis • Oesophageal candida • Unexplained weight loss • Unexplained chronic diarrhoea • Oral hairy leukoplakia 	When investigating for <ul style="list-style-type: none"> • Hepatitis • Inflammatory bowel disease or coeliac Consider in cases of <ul style="list-style-type: none"> • Salmonella, Shigella, Campylobacter, Cryptosporidia
Rheumatology		When investigating for <ul style="list-style-type: none"> • ANCA associated disease • SLE, or connective tissue disease (esp. RF seronegative)
Haematology / Oncology	<ul style="list-style-type: none"> • Thrombocytopenia • Neutropenia • Lymphopenia • NHL /Hodgkins 	As part of routine work up of <ul style="list-style-type: none"> • Raised ESR • Lymphadenopathy • Anaemia
Ophthalmology	<ul style="list-style-type: none"> • All Infective retinal diseases including herpes viruses 	<ul style="list-style-type: none"> • Uveitis workup • Unexplained retinopathy
Other	<ul style="list-style-type: none"> • Investigating chronic weight loss • When you can't explain the patients presentation 	<ul style="list-style-type: none"> • Oral ulcers • Allergic reactions requiring steroids • Severe drug reactions • Prior to renal biopsy/dialysis • Investigating proteinuria • Parotid cysts/Parotid swelling • Cervical dysplasia
The "Viral illness"	<ul style="list-style-type: none"> • The "viral illness" without coryzal symptoms (could this be primary HIV infection / HIV seroconversion?) 	<ul style="list-style-type: none"> • Glandular fever • Or any combination of: Fever, Malaise, Headache, Sore throat, Diarrhoea, Rash (50%). Self limiting 1-4 wk post-exposure