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The Scottish Government

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Addresses

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Dear Colleague

IMPROVING THE DETECTION AND DIAGNOSIS OF HIV IN NON-HIV SPECIALTIES INCLUDING PRIMARY CARE

1. We are writing to ask for your help in combatting the continuing threat of HIV infection to public health. A special effort on your part would do much to improve the situation.

2. This letter highlights best practice about offering and recommending, where appropriate, HIV testing in all healthcare settings, not just those traditionally offering this service. The number of people living with HIV infection in the UK is continuing to rise due both to new infections and successful treatment for those diagnosed promptly. Delayed diagnosis can limit treatment options and result in premature death.

3. To reduce HIV-related morbidity and mortality it is essential that HIV is diagnosed as early as possible. A major audit by the British HIV Association (BHIVA) of deaths from HIV among adults reported that, in around a quarter of cases, diagnoses occurred too late for effective treatment and late diagnoses accounted for at least 35% of HIV-related deaths[i]. There is also evidence that a significant proportion of people who are diagnosed late with HIV infection had been in contact with healthcare professionals in the preceding year with symptoms which, in retrospect, were likely to be related to HIV[ii].

4. HIV continues to be one of the most important communicable diseases in the UK. While in Scotland most people with HIV live in Scotland's main urban populations centres (Edinburgh and Glasgow), appreciable numbers reside in small cities and rural

areas throughout the country. In 2006, there were an estimated 4500-5500 adults living with HIV in Scotland, of whom an estimated one third had not been diagnosed. 345 newly identified cases were reported to Health Protection Scotland during 2006.

5. In Scotland, men who have sex with men continue to be the group most at risk of HIV acquisitions there. Of infections due to heterosexual transmission, diagnosed in Scotland, the majority were acquired abroad and most are attributable to exposure in sub-Saharan Africa.

5. Injecting drug use, the most predominant method of transmission in Scotland during the early-to-mid 1980s, has been associated with only 6% of newly reported cases since 2000; the majority of these are individuals who either acquired their HIV out with Scotland and/or were diagnosed many years after becoming infected.

6. Please be alert to the circumstances in which it is appropriate to offer and recommend an HIV test. This is especially important when the patient may have an unacknowledged but identifiable risk, or have symptoms or signs of HIV infection. As well as non-specific symptoms such as malaise and weight loss, patients with HIV may present across a range of clinical areas, such as:

- thoracic medicine (for example, tuberculosis, pneumonia)
- gastroenterology (for example, oral candidiasis, severe gastroenteritis)
- oncology (for example, lymphoma)
- dermatology (for example, shingles, severe fungal dermatoses)
- haematology (for example, Idiopathic Thrombocytopenic Purpura)
- emergency medicine (for example, coma, meningitis)

7. Many of these patients will be presenting to their General Practitioner. HIV testing in general practice would therefore expedite referral directly to HIV services thereby saving time and decreasing morbidity.

8. There are two common misconceptions regarding HIV testing that create barriers to uptake and need to be dispelled. Firstly, lengthy pre-test HIV counselling is not a requirement, unless a patient requests or needs this. The minimum requirement is to provide an opportunity for pre-test discussion to ensure informed patient consent to the test. *HIV in Primary Care* provides guidance on the pre-test discussion which is of general relevance to clinicians[iii]. Secondly, the fact that a patient has had an HIV test, if negative, does not need to be disclosed on applications for insurance (see Association of British Insurers Statement of Best Practice on HIV and Insurance[iv]).

9. The introduction 10 years ago of highly active antiretroviral therapy has transformed HIV services and health outcomes and today most people are living with HIV as a chronic long-term condition instead of an acute fatal illness. However, HIV remains a serious and often stigmatised health condition which may deter individuals from actively seeking or being offered an HIV test. There are clear public health and individual benefits for people in knowing their HIV status, especially if they face an increased risk of HIV, or are a partner of a person at increased risk.

10. The risks of remaining undiagnosed are clear. Please offer your patients an HIV test if they may have been exposed to HIV infection and recommend to them that they should accept testing.

Yours sincerely

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CHIEF MEDICAL OFFICER

MR PAUL MARTIN
CHIEF NURSING OFFICER

[i] Submitted for publication, see: http://www.bhiva.org/files/file1001379.ppt

[ii] Sullivan AK, Curtis H, Sabin CA and Johnson MA. Newly diagnosed HIV infections: review in UK and Ireland. *BMJ* 2005; **330**: 1301-2. http://www.bmj.com/cgi/content/full/330/7503/1301

[iii] Madge S, Matthews P, Singh S and Theobald N. HIV in Primary Care. London: Medical Foundation for AIDS & Sexual Health. 2004 http://www.medfash.org.uk/publications/documents/HIV_in_Primary_Care.pdf

[iv] Association of British Insurers Statement of Best Practice on HIV and insurance (October 2004): http://www.abi.org.uk/Members/Circulars/viewAttachment.asp?EID=11781&DID=11854