

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

HIV testing: increasing uptake among people who may have undiagnosed HIV

Short title

HIV testing

Topic

This guideline will update NICE's guidelines on HIV testing in black Africans and HIV testing in men who have sex with men (NICE guidelines PH33 and PH34) as set out in the [update decision](#). It will also examine the evidence on self-testing for HIV and self-sampling for an HIV test.

This guideline will be used to develop the NICE quality standard on HIV testing: encouraging uptake. It will also be relevant to quality standards on reducing sexually transmitted infections and sexual health across the life-course.

Who the guideline is for

- Local authority and NHS commissioners of HIV testing services.
- Clinical commissioning groups.
- Providers of HIV testing in the statutory sector (for example, the NHS), the voluntary and community sectors.
- Practitioners working in services that offer HIV testing.
- Royal colleges, clinical institutions and related professional bodies.

It may also be relevant for:

- People who want to use HIV testing or sampling kits.
- People who are considering using HIV testing services, their families and the general public.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified and how they have been addressed
- explains why any groups are excluded from the scope, if this was done.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

- People who have not been diagnosed with HIV and:
 - who live in areas or communities with a high prevalence of HIV
 - whose lifestyle or sexual behaviour puts (or has put) them at risk
 - who have an illness that may be indicative of HIV infection.

Groups that will not be covered

- Babies at risk of transmission from an HIV-positive mother.
- People who cannot provide informed consent to an HIV test.

1.2 Settings

Settings that will be covered

Wherever HIV testing is, or could be, delivered and promoted.

1.3 Activities, services or aspects of care

Key areas that will be covered

This guideline will examine the following interventions (and others identified during the guideline development process) aimed at improving the uptake of

HIV testing among people who may have undiagnosed HIV. It will also examine real or perceived barriers to the interventions.

1 Interventions to increase awareness of the benefits of HIV testing and of local testing services among the general public and healthcare workers.

This includes:

- mass-media campaigns
- social media
- one-to-one information provision through planned outreach activities
- one-to-one information provision through peer education activities
- opportunistic information provision, for example, in gatekeeper services such as NHS 111, out-of-hours GP services and helplines
- group-based information provision through lessons, talks and group activities.

2 Interventions that increase the opportunity for, and uptake of, HIV testing:

- Changes in service delivery: opening times, appointment systems, confidentiality.
- Increasing the number of tests offered in primary care and other settings outside sexual health services.
- The types of test offered: self-testing, self-sampling, point-of-care and serological testing.
- Increasing the number of settings where tests can be carried out:
 - ◇ clinical – primary care, secondary care, genito-urinary medicine, emergency and acute admissions units
 - ◇ custodial – prisons, initial accommodation centres and immigration removal centres
 - ◇ non-clinical (community) – voluntary organisations, community organisations, community pharmacies
 - ◇ outreach settings – bars, clubs, faith, public sex environments
 - ◇ medical specialities with common comorbidity for example, TB services.

The Committee will take reasonable steps to identify ineffective measures and approaches.

Areas that will not be covered

- 1 The validity or comparable diagnostic effectiveness of different types of HIV test.
- 2 The effectiveness of HIV testing as a way to prevent HIV.
- 3 HIV screening for the general population.
- 4 Antenatal screening.
- 5 Examination of the evidence on the frequency of re-testing.
- 6 The assessment of competency to consent.

1.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant and, if so, whether this is an area that should be prioritised for economic modelling and analysis.

1.5 Key issues and questions

While writing this scope we have identified the following key issues, and key questions related to them:

- 1 What are the most effective and cost-effective ways to increase the uptake of HIV testing to reduce undiagnosed HIV among people who may have been exposed to it?
- 2 What factors help or hinder the uptake of HIV testing in these groups, and how can the barriers be overcome?

The key questions may be used to develop more detailed review questions which guide the systematic review of the literature.

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are a change in:

- 1 Time between HIV infection and diagnosis.
- 2 Number of HIV diagnoses.
- 3 Number of offers of an HIV test.
- 4 Uptake of HIV testing.
- 5 Awareness of the benefits of early HIV diagnosis.
- 6 Awareness of what it means to be HIV-positive.
- 7 Awareness of HIV services, including HIV testing.
- 8 Number of people who may have undiagnosed HIV who intend to have a test.
- 9 Awareness of how people who may have undiagnosed HIV view testing and how they think the barriers to testing can be overcome.
- 10 Attitude towards HIV testing among people who may have undiagnosed HIV and service providers (that is, whether or not there is any stigma associated with HIV tests).
- 11 Barriers to HIV testing for people who may have undiagnosed HIV (for example, people who do not speak English as a first language) and service providers.
- 12 Number and types of venue where HIV testing is offered.
- 13 Links to services following a test.
- 14 Awareness among those planning and delivering interventions of the factors that aid and hinder implementation of HIV testing services – and of how to overcome the barriers.

2 Links with other NICE guidance

NICE guidance that will be updated and replaced by this guideline

- [Increasing the uptake of HIV testing among black Africans in England](#)
(2011) NICE guideline PH33
- [Increasing the uptake of HIV testing among men who have sex with men](#)
(2011) NICE guideline PH34

NICE guidance about the experience of people using NHS services

NICE has produced the following guidelines on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to HIV testing:

- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

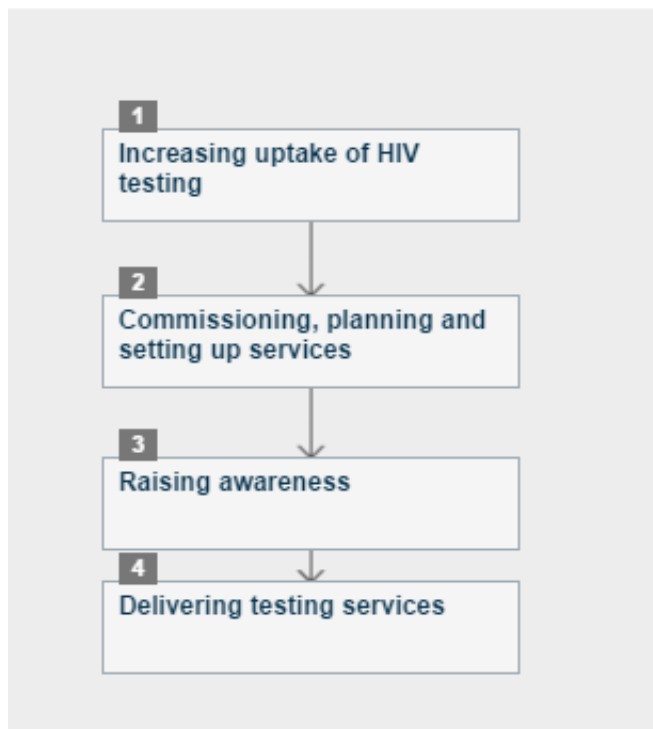
2.1 NICE Pathways

When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive, topic-based flowchart.

A draft pathway outline for HIV testing, based on the scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

The guideline will update the existing pathway on HIV testing and prevention. It will include links to NICE pathways on [needle and syringe programmes](#), [preventing sexually transmitted infections and under-18 conceptions](#), [tuberculosis](#), [hepatitis B and C testing](#) and [fertility](#).

HIV testing overview



3 Context

3.1 Key facts and figures

[HIV in the United Kingdom: 2014 report](#) (Public Health England) stated that in 2013:

- An estimated 107,800 people had HIV in the UK. The overall prevalence was 2.8 per 1000 people aged 15–59 (1.9 in women and 3.7 in men). Around 26,100 of them were unaware they were infected.
- Six thousand people were newly diagnosed and 42% of those diagnoses were late (with a CD4 count lower than 350 cells per cubic millimetre of blood).

It also states that more than 95% of HIV infections reported over the past 10 years in the UK were acquired through sexual contact.

In 2013, after adjusting for missing risk information, HIV infections acquired through heterosexual contact accounted for 45% of new diagnoses (2490 people). Fifty four per cent (3250) were among men who have sex with men.

In the same year, 59 per 1000 men who have sex with men aged 15–59 were living with HIV and 7200 (16%) were unaware they were infected. Only 130 new infections were acquired through injecting drug use.

After men who have sex with men, black African men and women are the second largest group affected by HIV, with 56 per 1000 infected (41 per 1000 in men and 71 per 1000 in women). Of the 38,700 black African men and women with HIV in 2013, 38% of men and 31% of women were unaware of their infection.

Overall, a quarter (24%) of people estimated to have HIV are unaware they are infected and so are at risk of passing it on. The proportion who were diagnosed late fell from 57% in 2004 to 42% in 2013. But levels remain high.

The report states that earlier treatment needs to be combined with a substantial increase in the frequency of HIV testing among the groups most affected.

3.2 Current practice

Local authorities are responsible for commissioning comprehensive sexual health services, including HIV testing, population screening in primary care and general medical settings, outreach and partner notification for sexually transmitted infections and HIV.

Clinical commissioning groups are responsible for HIV testing services provided as part of the abortion pathway. They also commission HIV testing when clinically indicated for people using their services (including in A&E and other hospital departments).

NHS England commissions:

- HIV treatment and care for adults and children and meets the cost of all antiretroviral treatment.

- Testing and treatment for sexually-transmitted infections (including HIV testing) in general practice as part of ‘essential services’ under the GP contract. (Otherwise this is paid for by local authority public health services.)
- HIV testing in other NHS England-commissioned services.
- All sexual health elements of healthcare in secure and detained settings (see [The National Partnership Agreement between The National Offender Management Service \(NOMS\), NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services](#) for details).

In addition, some organisations in the voluntary and community sector fund their own HIV testing schemes.

3.3 Policy and commissioning

This guideline will help local authorities and the NHS meet the key objective ‘Reduce onward transmission of HIV and avoidable deaths from it’ as set out in: [A framework for sexual health improvement in England](#) (Department of Health) and [Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV](#) (Public Health England).

It will also help them to meet outcome 3.04 ‘number of late diagnoses with HIV’ in [The public health outcomes framework 2013 to 2016](#) (Department of Health).

4 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in September 2016.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.