Review Protocols

Evidence reviews to support the update of the NICE guideline on HIV testing: increasing uptake among people who may have undiagnosed HIV – Reviews 1 & 2 of 2

FINAL

Review team

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Review 1 & 2 of 2

	Details	Additional comments
Review Question 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?**	Quantitative and economics. PH32&33 (Uptake of HIV testing in MSM and black Africans) reviews and economic modelling will be considered as part of the evidence base for this updated guideline.
Sub question 1a	What types of intervention increase awareness of the benefits of HIV testing and details of local testing services among the general public and healthcare workers?	
RQ 1a components	*i. How do you increase awareness of the need and benefits of HIV testing among people who may have undiagnosed HIV (public)?* *ii. How do you increase awareness of local HIV testing services among people who may have undiagnosed HIV (public)?* *iii. How do you increase awareness of the indicators for, and the benefits of HIV testing among those who should offer/ refer people for testing (practitioner/provider)?*	
Sub question 1b	What types of intervention increase opportunity for, and uptake of, HIV testing?	

	Details	Additional comments
RQ 1b components	*i. What are the most effective ways of increasing offer of a HIV test to people who may have undiagnosed HIV (practitioner/provider)?* *ii. How do you increase the uptake of HIV testing among people who may have undiagnosed HIV?*	
Sub question 1c	What interventions that increase awareness of the benefits of HIV testing and details of local testing services among the general public and healthcare workers; or increase opportunity for, and uptake of, HIV testing are cost effective?	
Review Question 2	**What factors help or hinder the uptake of HIV testing in these groups, and how can the barriers be overcome?**	**Qualitative**
RQ 2 components	*i. What factors encourage or discourage people following through from awareness of risk to taking a HIV test, and how can the barriers be overcome?* *ii. What factors encourage or discourage people following through from offering a HIV test, or agreeing to have a HIV test, and how can the barriers be overcome?*	
Language	English	
Study design	RQ 1a/b: Comparative studies including RCT, CT, before and after. RQ 1c: Economic studies including: • Cost-consequences analysis;	Costing studies, 'burden of disease' studies and 'cost of illness' studies, which do not report data to inform a model will

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	• Cost-benefit analysis; • Cost-utility analysis; • Cost-effectiveness; • Cost-minimisation. RQ 2: All types of qualitative primary studies will be included.	be excluded. Systematic reviews will not be included but may be used as a source of primary studies. Quantitative data such as surveys will not be included. Previous reviews done for NICE as part of the development of the PH33 and PH34 guideline will be scanned for relevant references.
Setting	Any setting where interventions to increase awareness or uptake of HIV testing will be included. Included countries are: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Spain, Sweden, Switzerland, Turkey, UK, USA.	Western European countries, excluding those OECD countries where there are significant cultural differences – Japan, Korea, South and Central America.
Population	People who may have undiagnosed HIV infection.	People who have already been diagnosed with HIV are excluded, as are people who cannot provide informed consent

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		to an HIV test and babies at-risk of HIV transmission vertically.
Intervention	RQ 1a: Interventions that increase awareness of the benefits of HIV testing, **and** Interventions that increase awareness of HIV testing services *Including:* • *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.* RQ1b: Interventions that increase the uptake of a HIV test and/or	

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	increase the offer of HIV testing *Including:* • *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:* o *clinical – primary care, secondary care, genito-urinary medicine, emergency and acute admissions units* o *custodial – prisons, initial accommodation centres and immigration removal centres* o *non-clinical (community) – voluntary organisations, community organisations, community pharmacies* o *outreach settings – bars, clubs, faith, public sex environments* o *medical specialities with common comorbidity for*	

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	example, TB services.	
Comparator	Other intervention Normal care Before and after	
Outcomes	<u>RQ 1a: Awareness Raising</u> • the time that elapses between HIV infection and diagnosis • the number of HIV diagnoses among at risk groups • awareness of the benefits of early HIV diagnosis • awareness of what it means to be HIV-positive • awareness of HIV services, including HIV testing • the number of people at risk who intend to have an HIV test <u>RQ 1b: Uptake and Offer</u> • the uptake of HIV testing • the time that elapses between HIV infection and diagnosis	

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	• the number of HIV diagnoses among at risk groups • the reported history and frequency of taking HIV tests • the number of people at risk who intend to have an HIV test • the number and types of venue where HIV testing is offered <u>RQ 2: Barriers and Facilitators</u> • awareness of how people at risk view HIV testing and how they think the barriers to testing can be overcome • attitude towards HIV testing among people at risk and service providers (that is, whether or not there is any stigma associated with HIV test) • the barriers to HIV testing for both people at risk and service providers (for example, for those who do not speak English as a first language) • the number and types of venue where HIV testing is offered • awareness among those planning and delivering interventions of the factors that aid and hinder implementation	
Searching	A single systematic search of relevant databases and websites (listed below) will be carried out to identify relevant qualitative, quantitative and	

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	cost effectiveness evidence using a combination of: (HIV and testing) and (services or access) and (awareness or promotion or offer or uptake) and (barriers or facilitators). The initial search strategy will be developed in MEDLINE (Ovid Interface) and translated use with other databases and websites. An English language filter will be placed on the search. Additional filters include studies on animals and removal of editorials, news items and letters.	
Searches	In accordance with Developing NICE guidelines: the manual, the following sources will be searched from 1996 to May 2015: • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Database of Abstracts of Reviews of Effectiveness (DARE) • EconLit • Embase • EPPI-Centre (BiblioMap) • MEDLINE/MEDLINE in Process • NHS Economic Evaluation Database (NHS EED) • PsycINFO	Search from 1996 as it matched introduction of effective antiretroviral therapy, and also matches start date of searches for previous reviews in PH33 & 34. If number of includes is low, consider searching the bibliographies of included studies for further studies (one generation only).

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	• Social Policy and Practice *Web and hand searching* In addition, the following websites will be searched manually: • AIDSmap: http://www.aidsmap.com/ • AIDS Portal: http://www.aidsportal.org/ • AIDSinfo: https://aidsinfo.nih.gov/ • Avert: http://www.avert.org/ • Centre for Disease Control (Effective Behavioural Interventions) : http://www.cdc.gov/hiv/prevention/programs/ebis/ • Global Forum on MSM and HIV : http://www.msmgf.org/ • Global Network of People living with HIV (GNP+): http://www.gnpplus.net/ • Google Scholar (First 100 results only after limiting by date) • National AIDS Trust: http://www.nat.org.uk/ • NLM HIV/AIDS resources: http://www.nlm.nih.gov/databases/databases_aids.html • Social Care online: http://www.scie-socialcareonline.org.uk/ • Terrence Higgins Trust (THT) http://www.tht.org.uk/ • UNAIDS : http://www.unaids.org/ • NICE Evidence (with appropriate limits)	

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Data screening	All references from the database searches will be downloaded, deduplicated and screened on title and abstract against the criteria above. A randomly selected initial sample of 10% of records will be screened by two reviewers independently. The rate of agreement for this sample will be recorded, and if it is over 90% then remaining references will screened by one reviewer only. Disagreement will be resolved through discussion. Where abstracts meet all the criteria, or if it is unclear from the study abstract whether it does, the full text will be retrieved. Full-text screening will be carried out by two reviewers independently on 10% and any differences resolved by discussion. Inter-rater agreement will be recorded. Reasons for exclusion at full paper will be recorded.	
Exclusions	• Not English language • Dissertations and theses • Opinion pieces (e.g. letters, editorials, commentaries) • Conference abstracts • Poster presentations	
Data extraction and Critical Appraisal	Quality assessment and data extraction for all included studies will be conducted using the tools in Developing NICE guidelines: the manual. All studies will be critically appraised and data extracted by one	

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	reviewer, with all data checked in detail by a second reviewer. All extracted data will be captured in evidence tables.	
Data synthesis	Data will be synthesised narratively in the first instance. If sufficiently homogeneous and high-quality data are located, meta-analysis may be considered, although this is unlikely.	
Subgroup analysis	Where possible, the effectiveness of interventions for subgroups (for example MSM or black Africans) will be disaggregated and reported, along with any other differential effect on different subgroups.	
Other information/criteria	The review will report on any unintended consequences or adverse outcomes	