

# HIV TESTING SAVES LIVES

THERE ARE 4 REASONS WHY PEOPLE ARE  
STILL 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.

Could your next patient's symptoms be related  
to HIV? Think about it and recommend testing...

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

# HIV TESTING HOTLINE

Place your details here to create a bespoke HIV testing handout, and other resources branded for your hospital, practice or workplace.

## Testing - Treatment - Saving Lives



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