

HIV testing: encouraging uptake

NICE quality standard

Draft for consultation

March 2017

This quality standard covers interventions to improve the uptake of HIV testing among adults and young people (16 and over) who may have undiagnosed HIV. It describes high-quality care in priority areas for improvement. It does not cover HIV testing in antenatal services as a universal antenatal screening programme is currently offered in England.

It is for commissioners, service providers, health and public health practitioners, and the public.

This is the draft quality standard for consultation (from 27th March to 21st April 2017). The final quality standard is expected to publish in August 2017.

Quality statements

[Statement 1](#) Adults and young people admitted to hospital or who attend an emergency department are offered an HIV test in areas of extremely high HIV prevalence or in areas of high HIV prevalence if they have a blood test.

[Statement 2](#) Adults and young people in areas of high or extremely high HIV prevalence are offered an HIV test by their GP when registering or when having a blood test if they have not had an HIV test in the last 12 months.

[Statement 3](#) Adults and young people diagnosed with an indicator condition are offered an HIV test.

[Statement 4](#) Adults and young people in at-risk groups in areas of high and extremely high HIV prevalence can find information about HIV testing services, including self-sampling.

[Statement 5](#) Adults and young people in at-risk groups who test negative for HIV are advised to repeat the test at least annually.

[Statement 6](#) People identified as at risk of HIV from contact with an adult or young person newly diagnosed with HIV are offered an HIV test.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing HIV testing services include:

- [Physical health of people in prison](#) Publication expected September 2017
- [Drug use disorders in adults](#) (2012) NICE quality standard 23

A full list of NICE quality standards is available from the [quality standards topic library](#).

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 4 For draft quality statement 3: We have identified indicator conditions that could be a priority for local measurement from the longer list of indicator conditions identified by [HIV in Europe](#). Will it be practical to implement this?

Question 5 For draft quality statement 6: The 3-month timescale included in the process measure is derived from the British HIV Association [HIV partner notification standards](#) for sexual health services and is included to aid measurability. Is this timescale an appropriate focus for quality improvement in all settings responsible for contacting people who may be at risk following a diagnosis of HIV?

Local practice case studies

Question 6 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the [NICE local practice collection](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

Quality statement 1: HIV testing in hospitals, including emergency care

Quality statement

Adults and young people admitted to hospital or who attend an emergency department are offered an HIV test in areas of extremely high HIV prevalence or in areas of high HIV prevalence if they have a blood test.

Rationale

Increasing the uptake of HIV testing among people living in areas with a high or extremely high HIV prevalence is important to reduce late diagnosis. Early diagnosis improves treatment outcomes and reduces the risk of transmission. Offering HIV testing more routinely in hospitals, including emergency care, in areas where there is a high or extremely high prevalence, will help to ensure that an HIV test is regarded as routine practice and reduce stigma.

Quality measures

Structure

a) Evidence of local arrangements to ensure that hospitals in areas of extremely high HIV prevalence offer an HIV test to all adults and young people who are admitted or attend an emergency department.

Data source: Local data collection such as service protocol.

b) Evidence of local arrangements to ensure that hospitals in areas of high HIV prevalence offer an HIV test to all adults and young people who are admitted or attend an emergency department and have a blood test.

Data source: Local data collection such as service protocol.

Process

a) Proportion of adults and young people who have not previously been diagnosed with HIV admitted to hospital or attending an emergency department, in an area of extremely high HIV prevalence, who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of adults and young people who have not previously been diagnosed with HIV admitted to hospital or attending an emergency department in an area of extremely high HIV prevalence.

Data source: Local data collection such as an audit of patient health records.

[Sentinel surveillance of blood borne virus testing](#) collects data for hospitals that submit HIV tests to participating laboratories. To aid measurability emergency services may wish to exclude people who attend but are then discharged or referred to another service.

b) Proportion of adults and young people who have not previously been diagnosed with HIV admitted to hospital or attending an emergency department and having a blood test in an area of high HIV prevalence who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of adults and young people who have not previously been diagnosed with HIV admitted to hospital or attending an emergency department and having a blood test in an area of high HIV prevalence.

Data source: Local data collection such as an audit of patient health records.

[Sentinel surveillance of blood borne virus testing](#) collects data for hospitals that submit HIV tests to participating laboratories. To aid measurability emergency services may wish to exclude people who attend but are then discharged or referred to another service.

Outcome

a) New HIV diagnoses in areas of high and extremely high prevalence.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#).

b) New HIV diagnoses made at a late stage of infection in areas of high and extremely high prevalence.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#). Late stage of infection is defined as a CD4 count less than 350 cells per mm³.

What the quality statement means for different audiences

Service providers (hospitals) in areas of extremely high HIV prevalence ensure that an HIV test is offered to all adults and young people admitted to hospital or attending an emergency department. In areas of high HIV prevalence providers offer an HIV test to adults and young people admitted to hospital or attending an emergency department who are having a blood test. Providers could offer the test via an opt-out testing system.

Healthcare professionals (such as doctors and nurses) in hospitals in areas of extremely high HIV prevalence offer an HIV test to all adults and young people admitted to hospital or attending an emergency department. In hospitals in areas of high HIV prevalence healthcare professionals offer an HIV test to all adults and young people admitted to hospital or attending an emergency department who are having a blood test. Healthcare professionals should emphasise that having an HIV test is a routine procedure but if the test is declined, they should provide information on how to access other local HIV testing services.

Commissioners (such as clinical commissioning groups) include HIV testing in the service specification for hospitals, including emergency departments, in areas with an extremely high or high HIV prevalence. Commissioners ensure that hospitals offer an HIV test to all adults and young people admitted to hospital or attending an emergency department in areas with an extremely high HIV prevalence and to those admitted to hospital or attending an emergency department and having a blood test in areas of high prevalence.

Adults and young people admitted to hospital or seen in the emergency department (A&E) are offered an HIV test if the hospital is in a very high-risk area. People are also offered an HIV test if they are already having a blood test and the hospital is in a high-risk area. This will help to ensure that people with HIV are diagnosed and treated as early as possible.

Source guidance

[HIV testing: increasing uptake among people who may have undiagnosed HIV](#)

(2016) Joint NICE and Public Health England guideline NG60, recommendations 1.1.6 and 1.1.7

Definitions of terms used in this quality statement

High/extremely high HIV prevalence

Local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years have a high HIV prevalence and those with a diagnosed prevalence of 5 or more per 1,000 people have an extremely high HIV prevalence (based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's [sexual and reproductive health profiles](#)).
[NICE's guideline on [HIV testing](#)]

Quality statement 2: HIV testing in GP surgeries

Quality statement

Adults and young people in areas of high or extremely high HIV prevalence are offered an HIV test by their GP when registering or when having a blood test if they have not had an HIV test in the last 12 months.

Rationale

Increasing the uptake of HIV testing among people living in areas with a high or extremely high HIV prevalence is important to reduce late diagnosis. Early diagnosis improves treatment outcomes and reduces the risk of transmission to other people. Offering HIV testing routinely in GP surgeries in high and extremely high prevalence areas will help to ensure that having an HIV test is regarded as routine practice and reduce stigma.

Quality measures

Structure

a) Evidence of local arrangements to ensure that adults and young people in areas of high or extremely high HIV prevalence are offered an HIV test when registering with a GP.

Data source: Local data collection such as service protocol.

b) Evidence of local arrangements to ensure that adults and young people who have not had an HIV test in the last 12 months in areas of high or extremely high HIV prevalence are offered an HIV test when having a blood test at their GP surgery.

Data source: Local data collection such as service protocol.

Process

a) Proportion of adults and young people newly registered with a GP in an area of high or extremely high HIV prevalence who are offered an HIV test.

Numerator – the number in the denominator who are offered an HIV test.

Denominator – the number of adults and young people newly registered with a GP in an area of high or extremely high HIV prevalence.

Data source: Local data collection such as an audit of patient health records.

b) Proportion of adults and young people who have not had an HIV test in the last 12 months having a blood test at their GP surgery in an area of high or extremely high HIV prevalence who are offered an HIV test.

Numerator – the number in the denominator who are offered an HIV test.

Denominator – the number of adults and young people who have not had an HIV test in the last 12 months having a blood test at their GP surgery in an area of high or extremely high prevalence.

Data source: Local data collection such as an audit of patient health records.

c) Proportion of adults and young people who have not had an HIV test in the last 12 months having a blood test at their GP surgery in an area of high or extremely high HIV prevalence who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of adults and young people who have not had an HIV test in the last 12 months having a blood test at their GP surgery in an area of high or extremely high prevalence.

Data source: Local data collection. [Sentinel surveillance of blood borne virus testing](#) collects data for general practices that submit HIV tests to participating laboratories.

Outcome

a) HIV testing rate per 1000 registered patients in GP practices in areas of high and extremely high prevalence.

Data source: Local data collection from GP practices.

b) New HIV diagnoses in areas of high and extremely high prevalence.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#).

c) New HIV diagnoses made at a late stage of infection in areas of high and extremely high prevalence.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#). Late stage of infection is defined as a CD4 count less than 350 cells per mm³.

What the quality statement means for different audiences

Service providers (general practices) in areas of high or extremely high HIV prevalence ensure that adults and young people are offered an HIV test when they register with the surgery or when they are having a blood test if they have not had an HIV test in the last 12 months.

Healthcare professionals (such as GPs, practice nurses and healthcare assistants) in areas of high or extremely high HIV prevalence offer an HIV test to adults and young people when they register with the surgery or when they are having a blood test if they have not had an HIV test in the last 12 months. Healthcare professionals emphasise that having an HIV test is a routine procedure, but if the test is declined, they should provide information on how to access other local HIV testing services.

Commissioners (such as clinical commissioning groups and NHS England) commission general practice services in areas of high or extremely high HIV prevalence that offer an HIV test to adults and young people at registration or when they are having a blood test if they have not had an HIV test in the last 12 months. Commissioners ensure training and resources are available to support general practices to implement increased HIV testing.

Adults and young people in areas with a high risk of HIV are offered an HIV test when they register with a GP or when they are having a blood test at their GP surgery if they have not had an HIV test in the last 12 months. This will help to ensure that people with HIV are diagnosed and treated as early as possible.

Source guidance

[HIV testing: increasing uptake among people who may have undiagnosed HIV](#)

(2016) Joint NICE and Public Health England guideline NG60, recommendation 1.1.9

Definitions of terms used in this quality statement

High/extremely high HIV prevalence

Local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years have a high HIV prevalence and those with a diagnosed prevalence of 5 or more per 1,000 people have an extremely high HIV prevalence (based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's [sexual and reproductive health profiles](#)).
[NICE's guideline on [HIV testing](#)]

Quality statement 3: HIV testing for indicator conditions

Quality statement

Adults and young people diagnosed with an indicator condition are offered an HIV test.

Rationale

Increasing the uptake of HIV testing among people who may have been infected is important to reduce late diagnosis. Early diagnosis improves treatment outcomes and reduces the risk of transmission to other people. By offering HIV testing in primary and secondary care to people with conditions that may indicate HIV infection, potentially serious consequences of HIV infection could be avoided. It may also improve response to treatment for the indicator condition.

Quality measures

Structure

Evidence of local arrangements to ensure that adults and young people diagnosed with an indicator condition are offered an HIV test.

Data source: Local data collection such as service protocol.

Process

Proportion of adults and young people not previously diagnosed with HIV and diagnosed with an indicator condition who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of adults and young people not previously diagnosed with HIV and diagnosed with an indicator condition.

Data source: Local data collection such as an audit of patient health records.

Outcome

a) New HIV diagnoses.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#).

b) New HIV diagnoses made at a late stage of infection.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#). Late stage of infection is defined as a CD4 count less than 350 cells per mm³.

What the quality statement means for different audiences

Service providers (such as hospitals and general practices) ensure that an HIV test is offered to adults and young people not previously diagnosed with HIV who are diagnosed with an indicator condition. Providers ensure systems are in place to alert healthcare professionals to the need to offer an HIV test when a relevant diagnosis is made.

Healthcare professionals (such as clinicians, GPs and nurses) offer an HIV test to adults and young people not previously diagnosed with HIV who are diagnosed with an indicator condition and tell them why it is important for them to have an HIV test. If the test is declined, healthcare professionals should provide information on how to access other local HIV testing services.

Commissioners (such as clinical commissioning groups and NHS England) include HIV testing in the service specification for hospitals and GP practices. Commissioners ensure hospitals and GP practices offer an HIV test to all adults and young people not previously diagnosed with HIV who are diagnosed with an indicator condition.

Adults and young people with a health condition that may suggest they have HIV are offered an HIV test. This is so that they can be diagnosed and treated as early as possible if they are infected.

Source guidance

[HIV testing: increasing uptake among people who may have undiagnosed HIV](#)

(2016) Joint NICE and Public Health England guideline NG60, recommendations 1.1.5 and 1.1.8

Definitions of terms used in this quality statement

HIV indicator conditions

HIV testing is recommended for people with indicator conditions as identified in HIV in Europe's guidance on [HIV indicator conditions](#). For practicality of measurement, the committee has suggested that service providers may wish to focus on the following priorities:

Conditions with an undiagnosed HIV prevalence of more than 0.1%

- Sexually transmitted infections
- Malignant lymphoma
- Herpes zoster
- Hepatitis B or C (acute or chronic)
- Unexplained lymphadenopathy
- Mononucleosis-like illness
- Community-acquired pneumonia
- Unexplained leukocytopenia/thrombocytopenia lasting more than 4 weeks
- Seborrheic dermatitis/exanthema

Other conditions considered likely to have an undiagnosed HIV prevalence of more than 0.1%

- Subcortical dementia
- Peripheral neuropathy
- Unexplained weight loss
- Unexplained chronic diarrhoea

Potentially AIDS-defining conditions

Neoplasms

- Cervical cancer
- Non-Hodgkin's lymphoma
- Kaposi's sarcoma

Bacterial infections

- *Mycobacterium tuberculosis*, pulmonary or extrapulmonary

- *Mycobacterium avium* complex (MAC) or *Mycobacterium kansasii*, disseminated or extrapulmonary
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
- Pneumonia, recurrent (2 or more episodes in 12 months)
- *Salmonella septicaemia*, recurrent

Viral infections

- *Cytomegalovirus retinitis*
- Cytomegalovirus, other (except liver, spleen, glands)
- *Herpes simplex*, ulcer(s) for more than 1 month/bronchitis/pneumonitis
- Progressive multifocal leucoencephalopathy

Parasitic infections

- Cerebral toxoplasmosis
- Cryptosporidiosis diarrhoea for more than 1 month
- Isosporiasis for more than 1 month
- Atypical disseminated leishmaniasis
- Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)

Fungal infections

- *Pneumocystis carinii* pneumonia
- Candidiasis, oesophageal
- Candidiasis, bronchial/tracheal/lungs
- Cryptococcosis, extrapulmonary
- Histoplasmosis, disseminated/extrapulmonary
- Coccidioidomycosis, disseminated/extrapulmonary
- Penicilliosis, disseminated

[\[HIV in indicator conditions\]](#) HIV in Europe]

Question for consultation

We have identified indicator conditions that could be a priority for local measurement from the longer list of indicator conditions identified by [HIV in Europe](#). Will it be practical to implement this?

Quality statement 4: Information about HIV testing services, including self-sampling

Quality statement

Adults and young people in at-risk groups in areas of high and extremely high HIV prevalence can find information about HIV testing services, including self-sampling.

Rationale

Some people who are at risk of HIV may not use healthcare-based HIV testing services. Therefore it is important to ensure that they are aware of alternative ways to access HIV testing, including community testing services and services that provide self-sampling. Self-sampling can help people to overcome some of the barriers to HIV testing as there is no need for the person to access a healthcare service.

Quality measures

Structure

a) Evidence that accessible information is available in areas of high and extremely high HIV prevalence about HIV testing services, including self-sampling.

Data source: Local data collection such as audit of local information sources.

b) Evidence of local processes to ensure that adults and young people in at-risk groups in areas of high and extremely high HIV prevalence can find information about HIV testing services, including self-sampling.

Data source: Local data collection such as service protocols.

Outcome

a) Number of self-sampling kits ordered in areas of high and extremely high HIV prevalence.

Data source: Local data collection from service providers.

b) Awareness of HIV testing services among adults and young people in areas of high and extremely high HIV prevalence.

Data source: Local data collection such as a survey of adults and young people.

c) New HIV diagnoses associated with community testing services and self-sampling in areas of high and extremely high HIV prevalence.

Data source: Local data collection on referral source for positive diagnoses.

d) New HIV diagnoses made at a late stage of infection in areas of high and extremely high HIV prevalence.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#). Late stage of infection is defined as a CD4 count less than 350 cells per mm³.

What the quality statement means for different audiences

Service providers (such as sexual health clinics, general practices, and community HIV testing services) ensure that information about local HIV testing services, including services that offer self-sampling, is available to people in at-risk groups in areas of high and extremely high HIV prevalence. The approach to providing information about HIV testing services should be tailored to the needs of different groups but may involve using digital and social media, providing details of websites, providing information in community venues or using local media campaigns.

Healthcare professionals (such as GPs, sexual health advisors, public health practitioners) provide information about local HIV testing services, including services that offer self-sampling, to people in at-risk groups in areas of high and extremely high HIV prevalence. The approach to providing information about HIV testing services should be tailored to the needs of different groups but may involve using digital and social media, providing details of websites, providing information in community venues or using local media campaigns.

Commissioners (local authorities) commission HIV testing services, including services that offer self-sampling, to meet the needs of adults and young people in at-risk groups in areas of high and extremely high HIV prevalence and ensure that information about these services is provided to those at risk.

Adults and young people who may be at risk of HIV can find information about where to get an HIV test, including information about testing in the community and self-sampling kits. Self-sampling can make it easier for people to have an HIV test because they can take their blood or saliva sample at home and send it by post for testing.

Source guidance

[HIV testing: increasing uptake among people who may have undiagnosed HIV](#)

(2016) Joint NICE and Public Health England guideline NG60, recommendation 1.3.2 and 1.2.4

Definitions of terms used in this quality statement

At-risk groups

HIV testing should be recommended to people in the following groups:

- People from a country with a high rate of HIV infection, including sub-Saharan Africa
- Men who have sex with men, including those who participate in high-risk sexual practices such as ‘chemsex’
- Trans women who have sex with men
- Injecting drug users
- People who are diagnosed with or tested for a sexually transmitted infection
- People who have had sexual contact with someone from a country with a high rate of HIV or someone with a high risk of HIV.

[Adapted from NICE’s guideline on [HIV testing](#), recommendations 1.1.5 and 1.1.8]

High/extremely high HIV prevalence

Local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years have a high HIV prevalence and those with a diagnosed prevalence of 5 or more per 1,000 people have an extremely high HIV prevalence (based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England’s [sexual and reproductive health profiles](#)).

[NICE’s guideline on [HIV testing](#)]

Self-sampling

Self-sampling HIV kits allow people to collect their own sample of blood or saliva and send it by post for testing. [NICE's guideline on [HIV testing](#)]

Quality statement 5: Regular HIV testing

Quality statement

Adults and young people in at-risk groups who test negative for HIV are advised to repeat the test at least annually.

Rationale

Regular HIV testing for people in groups or communities at risk of HIV exposure is important to reduce late diagnosis. People who test negative for HIV may continue to be at risk and regular tests will ensure early diagnosis. Early diagnosis will improve treatment outcomes and reduce the risk of transmission to other people. People who have unprotected sex with new or casual partners are at high risk of exposure and should be advised to have an HIV test more than once a year.

Quality measures

Structure

Evidence of local arrangements to ensure that adults and young people in at-risk groups who test negative for HIV are advised to repeat the test at least annually.

Data source: Local data collection such as service protocol.

Process

Proportion of adults and young people in at-risk groups who test negative for HIV who are advised to repeat the test at least annually.

Numerator – the number in the denominator who are advised to repeat the HIV test at least annually.

Denominator – the number of adults and young people in at-risk groups who test negative for HIV.

Data source: Local data collection such as an audit of patient health records or report from recall system.

Outcome

a) Proportion of adults and young people in at-risk groups having an HIV test whose previous HIV test was in the past 12 months.

Numerator – the number in the denominator whose previous HIV test was in the past 12 months.

Denominator – the number of adults and young people in at-risk groups having an HIV test.

Data source: Local data collection such as an audit of patient health records. Data for sexual health clinics on timing of most recent HIV test is available from Public Health England's [Genitourinary medicine clinic activity dataset](#).

b) New HIV diagnoses in at-risk groups.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#).

c) New HIV diagnoses made at a late stage of infection in at-risk groups.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#). Late stage of infection is defined as a CD4 count less than 350 cells per mm³.

What the quality statement means for different audiences

Service providers (such as sexual health clinics, hospitals, general practices, community HIV testing services) ensure that processes are in place to advise adults and young people in at-risk groups who test negative for HIV to repeat the test at least annually and more often if they are at high risk of exposure. Providers may introduce systems to remind people when a repeat HIV test is due. There should be clear referral pathways to services that actively remind people when another HIV test is needed if the person wants this.

Healthcare practitioners (such as sexual health advisers, doctors and nurses and lay testers) advise adults and young people in at-risk groups who test negative for HIV to repeat the test at least annually and more often if they are at high risk of

exposure. Healthcare practitioners refer adults and young people in at-risk groups to a service that will actively remind them when they need to have another test if the person wants this. If people are reluctant to have an HIV test at least annually, healthcare professionals should provide information on how to access other local HIV testing services, including those that offer less invasive forms of specimen collection and self-sampling.

Commissioners (local authorities, clinical commissioning groups and NHS England) commission services that advise adults and young people in at-risk groups who test negative for HIV to repeat the test at least annually. Commissioners ensure that clear referral pathways are in place to services that provide an HIV test reminder for people in at-risk groups who want to be reminded.

Adults and young people who have a negative HIV test but who may still be at risk of exposure are advised to repeat the HIV test at least annually. This is so that they can be diagnosed and treated as early as possible if they become infected. If they want a reminder of when their test is due, they may be referred to a service that can provide this.

Source guidance

[HIV testing: increasing uptake among people who may have undiagnosed HIV](#)

(2016) Joint NICE and Public Health England guideline NG60, recommendation 1.2.6

Definitions of terms used in this quality statement

At-risk groups

HIV testing should be recommended to people in the following groups:

- People from a country or group with a high rate of HIV infection
- Men who have sex with men including those who participate in high-risk sexual practices such as 'chemsex'
- Trans women who have sex with men
- Injecting drug users
- People who are diagnosed with or tested for a sexually transmitted infection

- People who have had sexual contact with someone from a country with a high rate of HIV or someone with a high risk of HIV.

[Adapted from NICE guideline's on [HIV testing](#), recommendations 1.1.5 and 1.1.8]

Quality statement 6: Contacts who may be at risk of HIV

Quality statement

People identified as at risk of HIV from contact with an adult or young person newly diagnosed with HIV are offered an HIV test.

Rationale

People who have had contact with a person with HIV in a way that is associated with HIV transmission are at high risk of being infected. Identifying and contacting these people will enable an HIV test to be offered as soon as possible. Early diagnosis of HIV improves treatment outcomes and reduces the risk of transmission to other people.

Quality measures

Structure

Evidence of local arrangements to ensure that notification procedures are in place to identify people at risk of HIV from contact with an adult or young person newly diagnosed with HIV. These arrangements may include referral pathways to specialist sexual health services.

Data source: Local data collection such as service protocol.

Process

Proportion of contacts identified as at risk of HIV who are tested within 3 months.

Numerator – the number in the denominator who are tested for HIV within 3 months.

Denominator – the number of contacts identified as at risk of HIV.

Data source: Local data collection such as an audit of patient health records.

Outcome

a) Number of contacts tested per total number of index cases.

Data source: Local data collection such as an audit of patient health records.

b) New HIV diagnoses.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#).

c) New HIV diagnoses made at a late stage of infection.

Data source: Local data collection for Public Health England's [HIV and AIDS reporting system](#). Late stage of infection is defined as a CD4 count less than 350 cells per mm³.

What the quality statement means for different audiences

Service providers (such as sexual health clinics, hospitals, general practices and community HIV services) have processes in place to ensure that any contacts of people newly diagnosed with HIV who may also be at risk of HIV are offered an HIV test. Providers who do not provide notification for contacts who may be at risk of HIV ensure there are clear referral pathways in place to another provider.

Healthcare professionals (such as sexual health advisers, doctors and nurses and lay testers) ensure adults and young people who test positive for HIV have the opportunity to identify any contacts who may be at risk of HIV. Healthcare professionals either use standard notification procedures to identify contacts who may be at risk of HIV or refer the person diagnosed with HIV to another service for this. Once contacts who may be at risk are identified healthcare professionals make contact with them to offer an HIV test.

Commissioners (local authorities, clinical commissioning groups and NHS England) commission services to ensure people who may be at risk of HIV because of their contact with adults or young people who test positive for HIV are identified and offered an HIV test.

People at risk of HIV due to contact with a person newly diagnosed with HIV are contacted and offered an HIV test. This will ensure that, if they also have HIV, they are diagnosed and treated as early as possible.

Source guidance

- [HIV testing: increasing uptake among people who may have undiagnosed HIV](#) (2016) Joint NICE and Public Health England guideline NG60, recommendation 1.2.9
- [Sexually transmitted infections and under-18 conceptions: prevention](#) (2007) NICE guideline PH3, recommendation 3

Definitions of terms used in this quality statement

People at risk of HIV from contact with an adult or young person newly diagnosed with HIV

People who have had contact with a person with HIV in a way that is associated with HIV transmission. Potential routes of exposure included in this quality standard include sexual, injecting drug use and other (including blood/blood product transfusion, organ and skin transplantation, semen donation, and needlestick and other injury). [Adapted from [HIV partner notification for adults: definitions, outcomes and standards](#) British HIV Association]

Question for consultation

The 3-month timescale included in the process measure is derived from the British HIV Association [HIV partner notification standards](#) for sexual health services and is included to aid measurability. Is this timescale an appropriate focus for quality improvement in all settings responsible for contacting people who may be at risk following a diagnosis of HIV?

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been incorporated into the NICE pathway on [HIV testing and prevention](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- uptake of HIV testing

- number of HIV diagnoses
- HIV morbidity
- late diagnosis of HIV
- health-related quality of life for people with HIV
- hospital admissions for people with HIV
- mortality associated with HIV.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- [NHS outcomes framework 2016–17](#)
- [Public health outcomes framework for England, 2016–19](#).

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact template](#) for the NICE guideline on HIV testing to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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