

## Expert testimony to inform NICE guideline development

### Section A: Developer to complete

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<b>Role:</b>	Public Health Expertise
<b>Institution/Organisation (where applicable):</b>	Public Health England
<b>Contact information:</b>	
<b>Guideline title:</b>	Increasing the uptake of HIV testing among people at higher risk of exposure
<b>Guideline Committee:</b>	PHAC A
<b>Subject of expert testimony:</b>	HIV testing in the UK and summary of current UK practice
<b>Evidence gaps or uncertainties:</b>	

## Section B: Expert to complete

### Summary testimony:

[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary ]

### HIV new diagnoses

Latest data on the HIV epidemic was presented based on the HIV annual reports published in December 2015. Overall, the number of people living with HIV in the UK continues to increase and the number living with undiagnosed HIV remains high. In 2014, an estimated 103,700 people were living with HIV (PLWH) in the UK and 18,000 (17%) remained undiagnosed. Despite a decline in undiagnosed HIV infections among men who have sex with men there is evidence that rates of ongoing HIV transmission remain high. HIV testing in STI clinic attendees continues to increase throughout most of England with high coverage particularly among MSM. Prompt diagnosis remains a priority for heterosexuals and MSM living with HIV. The full reports are available at <https://www.gov.uk/government/statistics/hiv-in-the-united-kingdom>.

### Current Practice in HIV Testing:

In a probability sample of the British population, 27.6% of women and 16.9% in men aged 16-44 reported having had an HIV test in the past 5 years<sup>1</sup>. In the two populations most at-risk of HIV (men who have sex with men and black Africans) the majority of respondents reported having had an HIV test (91% of MSM<sup>2</sup> and 65% of black Africans<sup>3</sup>. Current recommendations are for individuals who think they may have been at risk should seek an HIV test. MSM should have an HIV test at least annually, and every three months if having unprotected sex with new or casual partners<sup>4</sup>.

Guidelines recommend that in all areas, regardless of background HIV prevalence, the routine offer of an HIV test to all individuals who attend a service with high background HIV prevalence (e.g. sexual health clinics, Antenatal, Termination of Pregnancy etc), who report higher risk behaviour (e.g. MSM, injecting drug use) or are diagnosed with a clinical indicator disease<sup>5</sup>. A recent audit of European centres reported HIV positivity in excess of 0.1% for many indicator conditions<sup>6</sup>, a threshold deemed cost-effective<sup>7</sup>.

In areas with a high diagnosed HIV prevalence (>2/1,000 residents aged 16-65 years old), current guidelines also recommend the introduction of routine HIV testing in general medical services, such as general practice and hospital general medical admissions<sup>5</sup>. Despite evidence from a number of reviews that routine testing in UK clinical settings resulted in high positivity rates<sup>8,9</sup>, only a minority of high prevalence areas in England had implemented these recommendations<sup>10</sup>. In contrast, most high prevalence of HIV had commissioned community HIV testing services.

Recent innovations in HIV testing have been to increase access to an HIV test, either through self-testing or self-sampling. Regulations to prohibit the sale of HIV self-tests in the UK were repealed in April 2015 and so allows individuals to purchase HIV test which they can perform on themselves, in a non-medical setting (e.g. home), and see a result immediately without the mediation of a healthcare professional<sup>11</sup>. Self-sampling is when person takes a sample (saliva or blood from a finger prick), and sends it to a laboratory

for testing but the results are then given by the service. Pilot studies of HIV self-sampling proved extremely successful, able to deliver high volumes managed through the internet to populations that were different to clinic populations but were at high risk through high risk sexual behaviour and/or low HIV testing rates<sup>12</sup>.

**References to other work or publications to support your testimony' (if applicable):**

1. Sonenberg P et al. Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*. 2013 Nov 30;382(9907):1795-806.
2. Wayal S et al. Trends in undiagnosed HIV and HIV testing behaviour in community samples of men who have sex with men in London, UK: Results from repeat cross-sectional surveys between 2000–2013. *HIV Medicine* Volume 16, Supplement 2. P107.
3. Bourne A et al. African Health & Sex Survey 2013-2014: headline findings. SIGMA. <http://www.sigmaresearch.org.uk/files/report2014c.pdf>
4. Yin Z et al. HIV in the United Kingdom 2014 Report: data to end 2013. November 2014. Public Health England, London.
5. BHIVA. UK National Guidelines for HIV Testing 2008. National Institute of Clinical Excellence. Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men. 2011; Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England. 2011;
6. Raben D et al. Auditing HIV Testing Rates across Europe: Results from the HIDES 2 Study. *PLoS One*. 2015 Nov 11;10(11):e0140845
7. Paltiel AD et al. Expanded screening for HIV in the United States--an analysis of cost effectiveness. *N Engl J Med* 2005; 352(6):586-595.
8. Elmahdi R et al. Low levels of HIV test coverage in clinical settings in the U.K.: a systematic review of adherence to 2008 guidelines. *Sex Transm Infect*. 2014 Mar;90(2):119-24.
9. Ong KJ et al. Estimated cost per HIV infection diagnosed through routine HIV testing offered in acute general medical admission units and general practice settings in England. *HIV Med*. 2016 Apr;17(4):247-54.
10. Hartney T et al. Expanded HIV testing in high-prevalence areas in England: results of a 2012 audit of sexual health commissioners. *HIV Med*. 2014 Apr;15(4):251-4.
11. HIV Testing and Self-Testing Answers to frequently asked questions. Public Health England. April 2014 [http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317141025695](http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317141025695)
12. Nardone A et al. HIV in the UK: test, test, and test again. *Lancet* 2013; 382(9906):1687-1688.

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.