



Complete Summary

GUIDELINE TITLE

United Kingdom national guidelines on HIV testing 2006.

BIBLIOGRAPHIC SOURCE(S)

Rogstad KE, Palfreeman A, Rooney G, Hart G, Lowbury R, Mortimer P, Carter P, Jarrett S, Stewart E, Summerside J. United Kingdom national guidelines on HIV testing . London (UK): Clinical Effectiveness Group, British Association for Sexual Health and HIV; 2006. 22 p. [31 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Human immunodeficiency virus infection

GUIDELINE CATEGORY

Diagnosis
Evaluation
Prevention

CLINICAL SPECIALTY

Family Practice
Infectious Diseases

Internal Medicine
Obstetrics and Gynecology
Urology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To reduce the number of undiagnosed human immunodeficiency virus infections in patients visiting Genitourinary Medicine Clinics

TARGET POPULATION

People aged 16 years or older presenting to health care professionals working in Genitourinary Medicine Clinics within the United Kingdom

INTERVENTIONS AND PRACTICES CONSIDERED

Human immunodeficiency virus (HIV) testing, including consideration of when to consider testing; how to test; pre-test discussion, informed consent, and confidentiality; methods to increase the uptake of testing; and methods of giving results

MAJOR OUTCOMES CONSIDERED

- Percentage of genitourinary medicine (GUM) clinic attendees offered and undergoing human immunodeficiency virus (HIV) testing
- Incidence of HIV infection

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Evidence for these guidelines was provided by review of the Cochrane Library, Medline, Embase, conference proceedings, and other guidelines up to December 2004. Articles not published in English were excluded. Much of the advice is based on expert opinion and practice because of a lack of other evidence.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Ia Evidence obtained from meta-analysis of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one type of well-designed quasi-experimental study

III Evidence obtained from well-designed, non-experimental descriptive studies, such as comparative studies, correlation studies, and case control studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The guideline has been produced by a multidisciplinary group comprising of consultants in genitourinary medicine/human immunodeficiency virus (GUM/HIV), health adviser, nurse, a representative of MedFASH (Medical Foundation for Acquired Immune Deficiency Syndrome [AIDS] and Sexual Health, formerly British Medical Association [BMA] Foundation for AIDS), a representative of the Terrence Higgins Trust (THT), a Virologist from the Health Protection Agency (HPA, formerly the Public Health Laboratory Service [PHLS]), a General Practitioner and a public health scientist from the Medical Research Council. The THT was the main source of patient input.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

A (Evidence levels Ia, Ib)

Requires at least one randomized controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation

B (Evidence levels IIa, IIb, III)

Requires availability of well conducted clinical studies but no randomized clinical trials on the topic of recommendation

C (Evidence level IV)

Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions of the levels of evidence (I-IV) and grades of recommendation (A-C) are provided at the end of the "Major Recommendations" field.

When to Consider Testing for Human Immunodeficiency Virus (HIV)

- Any patient presenting to a Genitourinary Medicine (GUM) clinic should be offered a human immunodeficiency virus (HIV) test regardless of signs or symptoms of disease or risk factors for infection. **III B**
- It is recommended that patients have a baseline HIV test done at presentation and if necessary this be repeated at 3 months from the time of any risk activity. **IIb B**
- People exposed to the risk of HIV should not be fully reassured until at least 3 months have passed during which they remain seronegative (the window period). **IV C**

How to Test for HIV

Please refer to the Health Protection Agency (HPA) laboratory testing guidelines (as prepared by the HIV Laboratory Diagnoses Forum) for comprehensive details on the testing recommendations and methodology.

- Screening for HIV infection on venous blood is recommended. **IIa B**
- A properly validated confirmatory testing algorithm must be used to confirm HIV infection. **IV C**
- All patients whose first specimen indicates evidence of HIV infection must have their HIV status confirmed by tests on a second sample collected at another time. **IV C**

Pre-test Discussion, Informed Consent, and Confidentiality

- Testing should be undertaken only with the individual's specific informed verbal consent which should be documented. **IV C**
- Patients must be given a clear indication why testing is being considered. **IV C**
- Provision of a leaflet about HIV testing can provide much of the information needed prior to obtaining consent. **III B**
- Patients identified as being at high risk for HIV or those with particular concerns should be offered more in depth discussion or counseling in addition to a test. **IV C**
- Pre-test discussion (PTD) is appropriate for the majority of patients being tested with the aim of obtaining informed verbal consent. **IV C**

Methods to Increase the Uptake of Testing

- An information leaflet should be used to increase uptake of HIV antibody testing. **III B**
- All patients attending GUM clinics should be offered an HIV test on an "opt-out" basis. **III**
- HIV prompts in case notes. **IV C**

Methods of Giving Results

- It is essential that procedures are established for how the patient will receive the result, with particular attention to the means by which a positive result will be delivered. **IV C**
- Arrangements for communicating the results should be discussed and agreed with the patient at the time of testing. **IV C**

Definitions:

Levels of Evidence

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III Evidence obtained from well-designed, non-experimental descriptive studies, such as comparative studies, correlation studies, and case control studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

Recommendation Grades

A (Evidence levels Ia, Ib)

Requires at least one randomized controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation

B (Evidence levels IIa, IIb, III)

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C (Evidence level IV)

Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate use of human immunodeficiency virus (HIV) testing
- Reduction of the number of undiagnosed HIV infections
- Improvement in the health and well-being of individuals through access to medicines
- Improvement in the Public Health from the expected reduction in onward transmission
- Patient empowerment in knowing their status

POTENTIAL HARMS

A positive result may affect patients' ability to get life insurance, mortgages, and other financial services and products.

QUALIFYING STATEMENTS

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The recommendations in this guideline may not be appropriate for use in all clinical situations. Decisions to follow these recommendations must be based on the professional judgement of the clinician, consideration of individual patient circumstances, and available resources.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006

GUIDELINE DEVELOPER(S)

British Association for Sexual Health and HIV - Medical Specialty Society

SOURCE(S) OF FUNDING

No specific or external funding was sought or provided in the development of this guideline.

GUIDELINE COMMITTEE

Clinical Effectiveness Group

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors: K E Rogstad; A Palfreeman; G Rooney; G Hart; R Lowbury; P Mortimer; P Carter; S Jarrett; E Stewart; J Summerside

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All authors and group members have declared, and provided details, of any actual or potential conflicts of interest.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [British Association for Sexual Health and HIV Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

Auditable outcome measures are provided in the [original guideline document](#).

PATIENT RESOURCES

None available

NGC STATUS

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