

From the Chief Medical Officer
Dr Michael McBride



Department of

**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 9052 0563
Fax: 028 9052 0574
Email: michael.mcbride@dhsspsni.gov.uk

HSS(MD)23/2007

To: All Doctors and Nurses in
Northern Ireland

Your Ref:
Our Ref: HSS(MD)23/2007
Date: 19 September 2007

Dear Colleague

IMPROVING THE DETECTION AND DIAGNOSIS OF HIV IN NON-HIV SPECIALTIES INCLUDING PRIMARY CARE

1. We are writing to ask for your help in combatting the continuing threat of HIV infection to the public health. A special effort on your part would do much to improve the situation.
2. This letter highlights best practice about offering and recommending, where appropriate, HIV testing in all healthcare settings, not just those traditionally offering this service. The number of people living with HIV infection in the UK, and including Northern Ireland, is continuing to rise due both to new infections and successful treatment for those diagnosed promptly. Delayed diagnosis can limit treatment options and result in premature death.
3. To reduce HIV-related morbidity and mortality it is essential that HIV is diagnosed as early as possible. A major audit by the British HIV Association (BHIVA) of deaths from HIV among adults reported that, in around a quarter of cases, diagnoses occurred too late for effective treatment and late diagnoses accounted for at least 35% of HIV-related deaths¹. There is also evidence that a significant proportion of people who are diagnosed late with HIV infection had been in contact with healthcare professionals in the preceding year with symptoms which, in retrospect, were likely to be related to HIV².
4. HIV continues to be one of the most important communicable diseases in the UK. HIV is not confined to London and the major cities; people with HIV are now living in all areas of the UK. While prevalence in Northern Ireland remains lower than the other UK countries, annual new diagnoses have increased year on year since 2001, almost doubling between 2003 and 2004. The numbers of HIV-infected residents of Northern Ireland (as defined when last seen for care in 2005) receiving care have increased to 285 in 2005, compared with 104 in 2000.³ In their 2005 annual report⁴, the Health Protection Agency reported 7,450 individuals were newly diagnosed with HIV in the UK in that year.

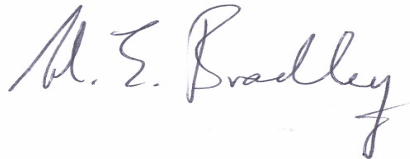
5. While new diagnoses continue to be made among men who have sex with men (M)SM, heterosexual transmission has assumed increasing importance and now accounts for 39% of all cases diagnosed in Northern Ireland since reporting began. Cumulative data also show that, as elsewhere in the UK, the majority of those infected through heterosexual contact with non-“high risk” partners have been infected through exposure outside the UK, with 62% (70/113) of these reporting exposure in Africa. Therefore heterosexuals who have had unprotected sex in sub-Saharan Africa or with someone from that region should be considered as “at risk” for HIV infection.
6. Please be alert to the circumstances in which it is appropriate to offer and recommend an HIV test. This is especially important when the patient may have an unacknowledged but identifiable risk, or have symptoms or signs of HIV infection. As well as non-specific symptoms such as malaise and weight loss, patients with HIV may present across a range of clinical areas, such as:
 - thoracic medicine (for example, tuberculosis, pneumonia)
 - gastroenterology (for example, oral candidacies, severe gastroenteritis)
 - oncology (for example, lymphoma)
 - dermatology (for example, shingles, severe fungal dermatoses)
 - haematology (for example, Idiopathic Thrombocytopenic Purpura)
 - emergency medicine (for example, coma, meningitis)
7. Many of these patients will be presenting to their General Practitioner. HIV testing in general practice would therefore expedite referral directly to HIV services thereby saving time and decreasing morbidity.
8. There are two common concerns regarding HIV testing that create barriers to uptake and need to be dispelled. Firstly, lengthy pre-test HIV counselling is not a requirement, unless a patient requests or needs this. The minimum requirement is to provide an opportunity for pre-test discussion to ensure informed patient consent to the test. *HIV in Primary Care* provides guidance on the pre-test discussion which is of general relevance to clinicians⁵. Secondly, the fact that a patient has had an HIV test, if negative, does not need to be disclosed on applications for insurance (see Association of British Insurers Statement of Best Practice on HIV and Insurance⁶).
9. The introduction 10 years ago of highly active antiretroviral therapy has transformed HIV services and health outcomes and today most people are living with HIV as a chronic long-term condition instead of an acute fatal illness. However, HIV remains a serious and often stigmatised health condition which may deter individuals from actively seeking or being offered an HIV test. There are clear public health and individual benefits for people in knowing their HIV status, especially if they face an increased risk of HIV, or are a partner of a person at increased risk.

10. The risks of remaining undiagnosed are clear. Please offer your patient an HIV test if they may have been exposed to HIV infection and recommend to them that they should accept testing.

Yours sincerely



Dr Michael McBride
Chief Medical Officer



Mr Martin Bradley
Chief Nursing Officer

This letter is available at www.dhsspsni.gov.uk and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.

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