

**EUROPEAN
TESTING
WEEK**
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Toolkit 6

Guidance overview: a
summary of resources to
support regular HIV testing
in healthcare settings

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Thank you for downloading the guidance overview toolkit

This toolkit has been developed to support you in engaging with healthcare professionals and comprises of a summary of the key HIV testing guidelines to build a compelling case for regular HIV testing in healthcare settings.

This toolkit includes:

Section 1 – Indicator condition guided testing

Section 2 – Healthcare professionals code of conduct

Section 3 – Implementing guidance

This document aims to provide support and guidance only and it is not mandatory that your organisation uses the information outlined in this toolkit as part of your testing week activities. If you have any questions do get in touch:

eurotest.rigshospitalet@regionh.dk

Please also remember we are active on [Facebook](#) and [Twitter](#). Tell us about your plans, share information and photos and tweet us (using #EuroTestWeek or #TestTreatPrevent) to help build anticipation and excitement for the week.

Section 1 – Indicator condition testing

Guidance for implementing HIV testing in adults in healthcare settings

The unacceptable reality is that one in five of the 2.3 million people living with HIV in Europe are unaware that they are HIV positive; and over 50% of those who are positive are diagnosed late, delaying access to treatment. Late diagnosis and delayed access to treatment are the most important factors associated with HIV related illness and death; these factors also affect rates of onward transmission.

Normalising HIV testing for both patients and healthcare professionals (general practitioners, doctors working in hospital departments etc.) is essential to ensure that anyone at-risk of or who may have been exposed to HIV is tested on a regular basis and linked to appropriate care and services. To support healthcare professionals to implement this in their clinic or practice, **indicator condition guided HIV testing** is recommended to ensure that all patients presenting to any healthcare setting with specific indicator conditions are routinely offered an HIV test. Routine testing for conditions with an HIV prevalence of >0.1% has been reported to be cost-effective and has the potential to increase earlier diagnosis of HIV, leading to earlier opportunities for care and treatment.

[The Guidance document](#) in part builds on the methodology developed through HIDES (HIV Indicator Diseases across Europe Study), which identified indicator conditions with more than 0.1% undetected HIV prevalence. Further evidence from recent studies demonstrates the feasibility and acceptability of introducing HIV indicator condition guided HIV testing as a part of routine care.

HIV indicator conditions can be divided into three categories:

1. Conditions which are AIDS-defining among people living with HIV
2. Conditions associated with an undiagnosed HIV prevalence of >0.1%
3. Conditions whereby *not* identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management.

Recommendations:

- Any person (not already known to be HIV-positive) presenting with potentially AIDS-defining conditions should be strongly recommended HIV testing
- Any person presenting with an HIV indicator condition with an undiagnosed HIV prevalence of >0.1% should be strongly recommended HIV testing
- For indicator conditions where expert opinion considers HIV prevalence likely to be >0.1%, but awaiting further evidence, it is recommended to offer HIV testing.

- For conditions whereby *not* identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management, testing should be offered to avoid further immune suppression with potentially serious adverse outcomes for the individual, and to maximise the potential response to the treatment of the indicator condition (irrespective of whether the estimated prevalence is lower than 0.1% or not)

The full Guidance document is available in English at www.eurotest.org

1. Conditions which are AIDS-defining among people living with HIV

Strongly recommend offering testing

- **Neoplasms**
 - Cervical cancer
 - Non-Hodgkin 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) > 1 month/bronchitis/pneumonitis
 - Progressive multifocal leukoencephalopathy
- **Parasitic infections**
 - Cerebral toxoplasmosis
 - Cryptosporidiosis diarrhoea, > 1 month
 - Isosporiasis, > 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

2a. Conditions associated with an undiagnosed HIV prevalence of >0.1

Strongly recommend offering testing

- Sexually transmitted infections
- Malignant lymphoma
- Anal cancer/dysplasia
- Cervical dysplasia
- Herpes zoster
- Hepatitis B or C (acute or chronic)
- Mononucleosis-like illness
- Unexplained leukocytopenia/thrombocytopenia lasting >4 weeks
- Seborrheic dermatitis/exanthema
- Invasive pneumococcal disease
- Unexplained fever
- Candidaemia
- Visceral leishmaniasis
- Pregnancy (implications for the unborn child)

2b. Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1%

Offer testing

- Primary lung cancer
- Lymphocytic meningitis
- Oral hairy leukoplakia
- Severe or atypical psoriasis
- Guillain–Barré syndrome
- Mononeuritis
- Subcortical dementia
- Multiple sclerosis-like disease
- Peripheral neuropathy
- Unexplained weight loss
- Unexplained lymphadenopathy
- Unexplained oral candidiasis
- Unexplained chronic diarrhoea
- Unexplained chronic renal impairment
- Hepatitis A

- Community-acquired pneumonia
- Candidiasis

3. Conditions whereby *not* identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management

Offer testing

- Conditions requiring aggressive immuno-suppressive therapy:
 - Cancer
 - Transplantation
 - Auto-immune disease treated with immunosuppressive therapy
- Primary space occupying lesion of the brain
- Idiopathic/thrombotic thrombocytopenic purpura

Section 2 – Healthcare professionals code of conduct

A code of conduct for HIV and health professionals

WHO has defined five key components – the ‘5 Cs’ – that must be respected and adhered to by all HIV testing services and healthcare professionals.

- Consent
- Confidentiality
- Counselling
- Correct test results
- Connection/linkage to prevention, care and treatment

Addressing these principles and underlining the importance of all individuals’ right to health, the International AIDS Society has developed a code of conduct for HIV and healthcare professionals. These call for healthcare professionals to proactively protect and promote the rights of people living with HIV, at-risk populations and those affected by HIV/AIDS.

Healthcare professionals are encouraged to pledge their support at www.hivhumanrightscode.org.

Section 3 – Implementing guidance

There are a number of different activities your organisation can carry out to raise awareness of HIV testing guidelines in your country and reinforce the benefits of regular HIV testing as part of testing week and beyond. See **Toolkit 2** and the [Success stories](#) section of the testing week website for examples of activities carried out by other organisations.

To support healthcare professionals to implement the recommendations outlined in **Section 3**, a selection of initiatives is outlined below.

Healthcare training

Training is recommended to assist healthcare professionals to routinely offer HIV testing in their clinic/practice. You may want to consider the following:

- **Work with local stakeholders to support healthcare professional training.** Peer-to-peer training and best practice sharing can be particularly effective in promoting uptake of HIV testing guidelines. Identify healthcare professionals in your local area who have implemented regular HIV testing with strong referral pathways to care and counselling services in their clinic/practice and who are willing to share their experience with other professionals. Work with these stakeholders to coordinate a training session or disseminate factsheets with their peers. See [Toolkit 4](#) for more information on engaging with other partners
- **Ensure your training is robust and deliver a compelling case for HIV testing in your local area.** Routine HIV testing needs to be an international priority and to encourage this, healthcare professionals need to understand the prevalence of HIV in their local area. In countries where social or legal barriers to testing exist, it is particularly valuable to disseminate HIV prevalence figures that are specific to your country/region to reinforce the importance of implementing guidance in your local area

Influencing policy

As an organisation, discuss what policy changes you would like to happen in your local area. It is often best to start small, considering what changes could be implemented in your local hospital or sexual health clinic (such as opt-out HIV testing), before expanding your goals to regional or national policy.

Once you have decided on your objective, consider which relevant stakeholders you will need to engage with to achieve this. Holding a face-to-face meeting is a good way of bringing together a group of stakeholders with an interest in a particular issue

and it provides an opportunity to gain support and influence outside of your organisation. You may want to consider the following:

- **Select participants carefully.** If you invite too many participants, they will not all be able to make a significant contribution to the meeting. 6-10 attendees are usually the maximum for a good discussion. It is valuable to invite attendees from a number of disciplines, from doctors and nurses to government bodies that will be able to offer different perspectives on the discussion
- **Choose an experienced and well-respected chairperson** or facilitator to run the meeting to ensure that attendees keep to the relevant topics
- **Possibilities for meeting topics include:**
 - Best practice HIV testing: where are we now and where are we heading?
 - How to support indicator-guided testing in healthcare settings
 - Overcoming barriers to HIV testing in [insert hospital/region/country]

Supporting materials

A number of materials have been developed as part of the testing week to support local activities and are available in the [Get involved](#) section of the testing week website. The materials available have been designed to help support you implement your testing week activities.

As part of your initiative, you may consider handing out copies of [Factsheet 2](#) in local healthcare settings, to raise awareness of the current situation surrounding HIV in Europe and the benefits of regular testing amongst healthcare professionals.

In addition to the materials available on the testing week website, you may want to develop your own materials based on the information in this toolkit, such as a slide set summarising existing HIV testing guidance to be presented to healthcare professionals and/or used in their training.

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