Public Health England

Areas where wider HIV testing policies should be considered

Guidelines[1] from the British HIV Association (BHIVA), the British Association for Sexual Health and HIV (BASHH) and the British Infection Society (BIS) aim to increase the offer of HIV testing that was recommended by the Chief Medical Officer in September 2007[2]. Assuming that the prevalence of diagnosed HIV infections is a good indicator of the prevalence of undiagnosed HIV infection in a particular place, the guidelines state that where the prevalence of diagnosed HIV infections is two in 1,000 or more, HIV tests should be offered to all individuals aged 15-59 registering in general practice as well as to all general medical admissions.

Public Health England uses data from SOPHID[3] (Survey of Prevalence HIV Infections Diagnosed) to show the local authorities (LAs) in England where the prevalence of diagnosed HIV infection exceeds two adults (aged 15-59) per 1,000 population. Table 1 shows the LAs with an overall prevalence above this threshold in 2012.

In 2012, 64 LAs had a diagnosed prevalence above the two per 1,000 threshold. Half the LAs were in London (32/64). All but one of the 33 London LAs have prevalence above this threshold. Outside London, the five LAs with the highest prevalence above the two per 1000 threshold include: Brighton and Hove, Salford, Manchester, Blackpool and Luton.

A universal offer of HIV testing is estimated to be cost-effective where the diagnostic rate of HIV is greater than one per 1,000[4-7]. However, the evidence on the cost effectiveness of expanding HIV testing in the population of England is sparse. Therefore, local innovations to expand HIV testing should be the subject of formally designed service evaluations and be sufficiently large so as to better inform the implementation of the guidelines and the development of national policy.

Table 1. Local authorities in England where the prevalence of diagnosed HIV infection exceeded two adults per 1,000 population (aged 15-59 years) in 2012.

Local Authority	Residents accessing HIV related care* (aged 15-59)	Estimated resident population in 1,000s** (aged 15-59)	Diagnosed HIV prevalence per 1,000 (aged 15-59)
Inside London			
Lambeth	3232	224.6	14.39
Southwark	2554	209.9	12.17
Kensington and Chelsea	958	104.4	9.18
City of London	48	5.4	8.89
Westminster	1373	156.5	8.77
Islington	1295	153.4	8.44
Camden	1304	155.5	8.39
Lewisham	1509	190	7.94
Hackney	1374	177.4	7.75
Hammersmith and Fulham	990	128	7.73
Haringey	1154	177.1	6.52
Newham	1398	216.3	6.46
Tower Hamlets	1193	191	6.25
Barking and Dagenham	668	116.6	5.73
Greenwich	950	169.7	5.60
Croydon	1168	230.2	5.07
Wandsworth	1094	220.1	4.97
Waltham Forest	817	172.8	4.73
Enfield	814	196.5	4.14
Brent	827	208	3.98
Merton	511	131.8	3.88
Hounslow	611	169.8	3.60
Ealing	704	222.4	3.17
Barnet	660	225.8	2.92
Redbridge	485	177.3	2.74
Hillingdon	460	177.3	2.59
Bexley	333	138.7	2.40
Sutton	285	118.8	2.40
Bromley	439	184.8	2.38
Richmond upon Thames	275	116.5	2.36
Harrow	321	150.1	2.14
Kingston upon Thames	211	105.4	2.00
Outside London			
Brighton and Hove	1434	185	7.75
Manchester	1983	350.1	5.66
Salford	663	148	4.48

Luton	541	128.2	4.22
Blackpool	290	81.5	3.56
Leicester	757	213.1	3.55
Slough	306	90.6	3.38
Reading	324	103.2	3.14
Northampton	402	132.2	3.04
Crawley	206	68	3.03
Coventry	608	200.7	3.03
Bournemouth	335	116.2	2.88
Watford	165	58.1	2.84
Southend-on-Sea	287	101.8	2.82
Nottingham	576	207.2	2.78
Milton Keynes	422	156.3	2.7
Harlow	123	49.8	2.47
Wolverhampton	369	150	2.46
Oxford	255	105	2.43
Worthing	142	59.3	2.39
Birmingham	1542	666.2	2.31
Lewes	120	52.5	2.29
Leeds	1048	475.2	2.21
Eastbourne	119	54.7	2.18
Stevenage	112	52.3	2.14
Woking	127	59.5	2.13
Adur	72	33.9	2.12
Corby	81	38.7	2.09
Norwich	181	87.1	2.08
Sandwell	376	185.5	2.03
Bedford	191	94.4	2.02
Hastings	107	52.9	2.02

*Data from the Survey of Prevalent HIV Infections Diagnosed (SOPHID), Public Health England, 2012.

**Data from the Office of National Statistics, mid -2012 estimates.

In 2011, there were an estimated 96,000 people living with HIV in the UK, 24% of whom remained unaware of their infection, potentially putting their sexual partners at risk of HIV[8]. Furthermore, about half of all newly diagnosed individuals each year are diagnosed late (CD4 cell counts <350 cells per mm^3) and are at increasing risk of early death[8-10]. The expected benefits of increased HIV testing are a reduction in late HIV diagnoses and consequent mortality and a reduction in the number of people unaware of their HIV infection and consequent HIV transmission[9-11].

In addition to considering wider HIV testing policies in areas of high prevalence, the

Guidelines[1] also recommend:

A. Universal offer of an HIV test in each of the following settings:

1. Genitourinary medicine (GUM) or sexual health clinics;
2. Antenatal services;
3. Termination of pregnancy services;
4. Drug dependency programmes;
5. Healthcare services for those diagnosed with tuberculosis, hepatitis B, hepatitis C and lymphoma.

B. HIV testing should be also offered and recommended as part of routine care to the following patients:

1. Any patient presenting for healthcare where HIV, including primary HIV infection, enters the differential diagnosis;
2. All men and women diagnosed with a sexually transmitted infection;
3. All sexual partners of HIV-infected men and women;
4. All men that have disclosed sexual contact with other men;
5. All female sexual contacts of men who have sex with men;
6. All patients reporting a history of injecting drug use;
7. All men and women known to be from a country of high HIV prevalence (>1%[12]);
8. All men and women who report sexual contact abroad or in the UK with individuals from countries of high HIV prevalence[12]

C. For the following groups in accordance with existing Department of Health guidance:

1. Blood donors,
2. Dialysis patients,
3. Organ transplant donors and recipients,
4. All patients requiring immunosuppressant therapy.

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