

# HIV Testing

## What's New

No new changes

### Background – Why it's important to test for HIV

HIV is a treatable medical condition and the majority of those living with the virus remain fit and well on treatment.

People with HIV who are unaware of their infection continue to have risk to their own health and of unknowingly transmitting HIV to others.

Late diagnosis is the most important factor associated with HIV-related morbidity and mortality in the UK.

Current BASHH guidelines recommend that all patients attending sexual health or TOPAR services should be offered an HIV test.

### Who should test for HIV

All patients attending Sandyford should be given information on the availability of having a sexual health screening inclusive of an HIV test.

If there is no opportunity to test at the initial consultation, a further appointment should be offered. This is particularly important if the patient indicates a higher risk of HIV transmission. The offer and the outcome of the discussion should be documented in the patient's notes.

When a test for HIV is declined, this should be documented in the client's notes, with the underlying reason if given.

### When should an HIV test be obtained

All patients attending Sandyford for a sexual health screen should be tested at their appointment.

It is good practice to document the date of last sexual exposure and any significant risk since the last negative HIV result.

Patients should be informed of the window period. This is the time after infection during which the antibody response cannot be detected by the test. It is important to establish whether the person being tested could be in the window period. If they are, and do not already attend for regular sexual health screening a further appointment should be arranged or a recall added to NaSH for a text reminder to repeat the HIV test (see appendix 1).

### HIV Window Period Guidance

Blood samples sent to the virus laboratory for testing are tested by a fourth generation test. Latest guidance advises that the window period for this test is 45 days.

Other types of HIV test such as point of care may have longer window periods, the clinician must check the manufacturers guidance for the specific test chosen.

### Point of Care HIV test

A point of care (POC) test involves using a fingerprick sample to achieve an HIV result within minutes.

An INSTI POC test can be used when clinically indicated, for instance as a guideline for safe starting PrEP or when venepuncture isn't possible.

POC tests should only be used for patients who indicate a transmission risk from a population with a higher HIV prevalence for example, MSM, PWID or contact of someone known to be HIV positive.

Due to the lower specificity of POC tests and the resulting poorer positive predictive value there is a risk of false positive results, particularly in lower prevalence groups. Reactive POC tests should always be confirmed by a fourth generation test.

A POC test should not be used to confirm reactive HIV results from tests ordered online or via another agency.

Only staff who have attended training should perform the test. A list of Sandyford nursing staff who have attended Pasante INSTI test training can be found in Appendix 2.

### Dried Blood Spot (DBS) Tests

Dried blood spot testing (DBS) is a form of biosampling where samples are obtained from a finger-prick and are blotted and dried on filter paper. DBS tests are useful for individuals with poor venous access and can be used to test for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) as well as HIV. DBS sample kits, lab request forms and clear instructions for using the test can be found in the Staff Base at Sandyford Central and should also be available at Hubs/ connects.

Instructions for using the test and obtaining results in NHS GGC can be found here: <https://www.nhsggc.org.uk/media/256162/dbs-testing-instruction-sheet-for-users.pdf>

### References

BASHH/ BHIVA/ BIA Adult HIV Testing Guidance 2020  
<https://www.bashguidelines.org/media/1246/hiv-testing-2020.pdf> accessed 07/12/2020

Appendix 1

Special Forms

Patient Actions and Recall Detail NaSH v0.3

Record No.\*  Source Manual ▼ **Patient Actions and Recall Detail** Actions Summary

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Date Created \*  19/02/2020  Other Clinician Requested by

Reason \* BBV follow-up ▼ Sub-Reason Requires repeat test ▼

Infection Related Yes ▼ Partner Gender  ▼

Infection Type

Trichomonas  
 Other (Specify)  
 Chlamydia  
 Gonorrhoea  
 Hepatitis B  
 Hepatitis C  
 HIV  
 HSV  
 Mycoplasma Genitalium  
 Negative  
 NSGI (Non Specific Genital Infection (Non Chlamydia))  
 Other(Specify)  
 POSITIVE

Action Required \* Recall ▼

Date Required By \*  19/04/2020 Assigned To

Date Closed  19/02/2020

Closed By

Notes

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Recall Detail
Show Records:  Active  Inactive  Both

Attempt	Recall Method	Recall Outcome	Recall Closed by	Recall Close

Appendix II

Staff who have attended INSTI poc test training

Janice Abrami

Kristie Bell

Sheena Forsyth

Batool Hasan

Lesley Maxwell

Ashley Milrine

Louise Moultrie

Deborah Potter

Sarah Reilly

Yvonne Stanway

Hayley Tomkinson

Pauline Ward

Moira Young

Christine Baume

Caroline Donnelly

Shona Galbraith

Ian Lowry

Karen MacLaren

Fiona Mollison

Martin Murchie

Deborah Reilly

Val Smith

Emma Thomson

Fiona Tweed

Lisa Woodrow