

Quick reference guide

Increasing the uptake of HIV testing among men who have sex with men

This quick reference guide presents the recommendations made in the NICE guidance 'Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men'.

It is for NHS and other commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, increasing the uptake of HIV testing among men who have sex with men. This includes those working in local authorities and the wider public, private, voluntary and community sectors. It will also be of interest to members of the public, in particular men who have sex with men.

The guidance complements NICE guidance on increasing the uptake of HIV testing among black African communities living in England (NICE public health guidance 33) and there is some overlap between the two sets of recommendations. People with an interest in HIV testing among both groups should refer to both pieces of guidance.

NICE public health guidance 34

This guidance was developed using the NICE public health intervention process. NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health.



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Introduction

Men who have sex with men

Men who have sex with men may be any age (and, for the purposes of the guidance, may include males under the age of 16). They come from any cultural, ethnic or faith background and include those who:

- identify as gay or bisexual
- may identify themselves as heterosexual (and may be having sex with both men and women)
- are involved in the commercial gay scene (such as bars and clubs)
- use public sex environments (such as public toilets and cruising areas)
- opportunistically have sex with men by other means, for example by using Internet sites where men meet for sex
- may have physical or learning disabilities
- may have a limited knowledge or understanding of English.

HIV testing

Current UK guidelines¹ aim to 'normalise' and increase HIV testing in all healthcare settings to reduce the levels of undiagnosed HIV infection. They recommend that an HIV test should be offered to everyone in some settings (for example, TB patients) and only to people at risk in other settings (for example, general practice). In areas where more than 2 in 1000 people in the general population have diagnosed HIV, the guidelines recommend an HIV test is considered for everyone at GP registration and hospital admission.

The ability to offer and recommend an HIV test should be within the range of competencies required for many health professionals. A lack of specific training should not be a barrier to carrying out HIV tests. For example, many health professionals should already be trained to take blood and carry out a range of other tests. In addition, they should already be trained in giving bad news (including the results of tests for life-threatening conditions). They should have the information and confidence to use these skills in relation to HIV.

This guidance assumes that HIV tests are delivered according to current best practice. They should be accompanied by pre- and post-test discussions according to locally agreed procedures. Further information can be found in the UK national guidelines for HIV testing¹, which are currently the national standard. Point-of-care testing (POCT) should be delivered in accordance with the British Association of Sexual Health and HIV guidance on the use of HIV POCT². The offer of an HIV test should:

- be suited to a person's age and culture
- take into account potential barriers to HIV testing, such as stigma or lack of access to services
- be delivered in a non-judgemental way.

All frontline healthcare staff, including non-clinical staff, should be trained in diversity issues and be able to challenge the stigma of, and dispel the myths surrounding, HIV and HIV testing. They should be able to create a physical and emotional environment where men who have sex with men feel able to disclose or discuss issues relating to their sexual preference and activity.

¹ British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) UK national guidelines for HIV testing 2008. London: British HIV Association.

² British Association of Sexual Health and HIV (2006) Guidance on the appropriate use of HIV point of care tests [online]. Available from www.bashh.org/documents/1176/1176.pdf

Recommendations

The absence of recommendations on any particular activities in this guidance is a result of a lack of evidence that could be included in the evidence reviews. It does not reflect a judgement on the effectiveness or cost effectiveness of such interventions. Differences in the recommendations between this guidance and the guidance on HIV testing in black African communities reflect differences between the two groups, and the availability of evidence to support particular activities for these groups. However, the two groups are not mutually exclusive.

Whose health will benefit?

Men who have sex with men living in England.

Others may benefit if they take advantage of the universal offer of an HIV test in certain settings, in high prevalence areas, or if they are specifically at risk because, for example, they regularly change their sexual partner or have multiple sexual partners. The recommendations may also benefit the wider community through reduced transmission of HIV as a result of testing and treatment.

Recommendation 1 Planning services – assessing local need and developing a strategy

Who should take action?

- Directors of public health.
- Public health specialists and commissioners with a remit for sexual health and local sexual health networks.

What action should they take?

- Ensure there is a local strategy to increase the uptake of HIV testing among men who have sex with men. The strategy should encourage these men to undergo HIV testing. It should also encourage professionals to offer and recommend HIV testing to them.
- Ensure the strategy is planned in partnership with relevant local voluntary and community organisations and user groups and in consultation with men who have sex with men.
- Ensure the strategy is developed with representation from:
 - genitourinary medicine clinics, GPs, secondary and emergency care, the police and other voluntary and statutory bodies whose remit includes promoting the health of men who have sex with men
 - owners and managers of commercial gay venues, including venues that may not be associated with gay people, but where men congregate to have opportunistic sex with other men (for example, some saunas and gyms)
 - those with a responsibility for local sites used as public sex environments (for example, the local authority or organisations that own land used for these purposes).
- Ensure the strategy is informed by existing strategic frameworks such as the ‘Making it count’ strategy³. It should also be developed in accordance with UK national guidelines for HIV testing⁴. It should take into account the local needs of different groups and pay particular attention to groups of men who are less likely to use existing services.
- Ensure the strategy is regularly monitored and evaluated (including via consultation with men who have sex with men).
- Collect and analyse local data to estimate the prevalence and incidence of HIV among men who have sex with men. This includes information (for example, from the annual ‘Gay men’s sex survey’⁵) about the composition of local groups and about commercial gay venues, public sex environments and other locations where men have sex with men.

³ Hickson F, Nutland W, Weatherburn P et al. (2003) Making it count: a collaborative planning framework to reduce the incidence of HIV infection during sex between men. London: Sigma Research. Available from www.sigmaresearch.org.uk/downloads/report03e.pdf

⁴ British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) UK national guidelines for HIV testing 2008. London: British HIV Association.

⁵ A national survey of gay men conducted annually by Sigma Research. www.sigmaresearch.org.uk

- Collect information about HIV-testing services. This includes data on where they are offered (for example, in genitourinary medicine clinics and GP surgeries), access times and general accessibility (especially if rural). In addition, determine the types of test offered and how frequently, the take-up rates and how quickly results are given. Note variations in factors such as waiting times and staff provision. Also gather information on service users (self-identified sexuality, age, ethnicity, sexual behaviour and date of last HIV test).
- Carry out an appraisal of local interventions that aim to increase the number of men in this group who take an HIV test. (Information should be gathered on where, when and how often HIV testing is promoted to this group and by whom.)
- Gather the views of local men who have sex with men and their representatives to understand their specific issues and concerns in relation to HIV testing.

Recommendation 2 **Promoting HIV testing among men who have sex with men**

Who should take action?

- Commissioners and staff in public health, primary care (including GPs), local authorities and the voluntary sector with a remit for health promotion, education and advice for men who have sex with men (including providers of HIV testing).
- Proprietors and staff in commercial venues frequented by men who have sex with men.
- Other local and national organisations that produce, or are responsible for providing, information about HIV, HIV testing and treatment for men who have sex with men.

What action should they take?

- Ensure interventions to increase the uptake of HIV testing are hosted by, or advertised at, venues that encourage or facilitate sex between men (such as some saunas or websites). This is in addition to general, community-based HIV health promotion (for example, at GP surgeries and in other locations such as bars).
- Promote HIV testing when delivering sexual health promotion and HIV prevention interventions to men who have sex with men. This can be carried out in person (using printed publications such as leaflets, booklets and posters) or via electronic media.

- Ensure that health promotion material about HIV testing encourages all sexually active men who have sex with men to test for HIV at least annually⁶. Testing should be presented as an empowering and responsible act. Promotional material could focus on getting tested at key life stages, such as at the beginning of a new relationship or when changing sexual partner.
- Ensure health promotion material presents a positive test result as a route into treatment and a way to avoid complications and serious illness in the future. In addition, it should aim to reduce the stigma associated with HIV testing and living with HIV, both among men who have sex with men and among health professionals. It should also dispel any myths about the need to disclose HIV status for insurance or legal purposes.
- Ensure health promotion material includes information on how and where to access HIV testing locally. It should also provide up-to-date information on modern HIV tests, in particular, the availability of POCT. In addition, it should highlight the significantly reduced 'window period'⁷ resulting from the introduction of newer tests such as 'fourth generation' p24 antigen testing (if these tests are available).

⁶ British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) UK national guidelines for HIV testing 2008. London: British HIV Association.

⁷ The window period is the time between infection and when antibodies to the virus are detectable by a test. Depending on the type of test it can take up to 3 months, although fourth generation testing can detect the virus much sooner.

⁸ This is in line with the British HIV Association 'UK national guidelines for HIV testing 2008'.

Recommendation 3 Specialist sexual health services: offering and recommending an HIV test

Who should take action?

- Clinical staff in genitourinary medicine and specialist sexual health services.

What action should they take?

- Ensure all men who attend a specialist sexual health service for screening or treatment are offered and recommended an HIV test⁸. This includes those who have previously tested negative for HIV or have never been tested. This should happen whether or not they disclose that they have sex with men.
- Ideally, offer both fourth generation serological testing and POCT.
- Ensure practitioners directly involved with testing for HIV and other sexually transmitted infections are trained to routinely offer and recommend an HIV test. They should be able to:
 - provide information on HIV testing and discuss why it is recommended (including to those who indicate that they may wish to decline the test)
 - conduct post-test discussions, this includes giving positive test results and delivering post-test and general health promotion interventions
 - recognise illnesses that may signify primary HIV infection and clinical indicator diseases that often coexist with HIV
 - assess the man's level of knowledge about HIV and refer him to a service where health promotion interventions can be provided, if necessary.

Recommendation 4 Primary and secondary care: offering and recommending an HIV test

Who should take action?

- Commissioners, practice managers, GPs, practice nurses and clinical staff in community clinics, health centres and walk-in centres.

What action should they take?

- Primary care providers should offer and recommend HIV testing to all men who have not previously been diagnosed HIV positive and who:
 - register with a practice in an area with a large community of men who have sex with men, or
 - register with a practice in an area with a high HIV prevalence (high prevalence means more than two diagnosed cases per 1000 people), or
 - disclose that they have sex with other men, or
 - are known to have sex with men and have not had a HIV test in the previous year, or
 - are known to have sex with men and disclose that they have changed sexual partner or disclose high risk sexual practices, or
 - have symptoms that may indicate HIV or HIV is part of the differential diagnosis (see national guidelines⁹ for HIV indicator diseases), or
- are diagnosed with, or request screening for, a sexually transmitted infection, or
- live in a high prevalence area and are undergoing blood tests for another reason.
- Primary care providers should ensure annual HIV testing is part of the integrated healthcare offered to men who are known to have sex with men.
- Secondary and emergency care providers should offer and recommend HIV testing to all men admitted to hospital who have previously tested negative for HIV, or have never been tested, and who:
 - are admitted in areas with a high prevalence of HIV (more than two diagnosed cases per 1000 people), or
 - disclose that they have sex with other men, or
 - have symptoms that may indicate HIV or HIV is part of the differential diagnosis (see British HIV Association guidelines for HIV indicator diseases⁹).
- Ideally, test providers should offer both fourth generation serological testing and POCT.
- Ensure practitioners directly involved with testing for HIV and other sexually transmitted infections are trained to routinely offer and recommend an HIV test. They should be able to:
 - provide information on HIV testing and discuss why it is recommended (including to those who indicate that they may wish to decline the test)

⁹ British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) UK national guidelines for HIV testing 2008. London: British HIV Association.

- conduct post-test discussions, including giving positive test results and delivering post-test and general health promotion interventions
- recognise illnesses that may signify primary HIV infection and clinical indicator diseases that often coexist with HIV
- assess the man's level of knowledge about HIV and refer him to a service where health promotion interventions can be provided, if necessary.

Recommendation 5 **Outreach: providing rapid point-of-care tests**

Who should take action?

- Commissioners, consultants and staff in genitourinary medicine and accident and emergency units.
- Public health and health promotion specialists with a remit for men who have sex with men.
- Community workers, outreach workers and other detached (non-clinic-based) staff who work with men who have sex with men.

What action should they take?

- Set up outreach services in a sensitive manner in consultation with men who have sex with men. (For example, be aware that not all community settings are appropriate for POCT.)
- Offer tests via outreach in venues where there is high-risk sexual behaviour or in venues sited in areas where there is high local prevalence of HIV. This could include community or voluntary sector premises, public sex environments (such as saunas or cruising areas) or other venues identified during the planning exercise (see recommendation 1). Tests should be undertaken in a secluded or private area, in line with British HIV Association guidelines¹⁰.

¹⁰ British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) UK national guidelines for HIV testing 2008. London: British HIV Association.

- In appropriate settings, offer rapid POCT to men who have previously tested negative for HIV, or who have never been tested. Use a less invasive form of the test such as a mouth swab or finger-prick. CE-marked¹¹ POCT kits should be used.
- Provide men who refuse, or who may not be able to consent to, a test with information about other local testing services. (Inability to consent may be due to alcohol or drugs, for example. A refusal might be because of the setting or concerns about privacy.)
- Ensure non-clinical practitioners delivering POCT are trained to collect blood spots and mouth swabs, handle test material and administer the test. Training should be supervised and signed off by an appropriate clinician. It should be updated annually. Staff should also have access to clinical advice and supervision.
- Ensure non-clinical practitioners delivering POCT are aware of local referral systems and services for people who test positive. They should be trained to provide appropriate information and support, including information about the relatively poor specificity and sensitivity of POCT. In addition, they should be able to assess the client's level of knowledge about HIV and provide appropriate health promotion interventions (or refer them to a service that can).

Recommendation 6

Repeat testing

Who should take action?

- All staff who provide HIV testing, give results or promote HIV prevention.
- All practitioners with a responsibility for providing health promotion to men of all ages.

What action should they take?

- Recommend that all men who have tested negative but who may have been exposed to HIV have another test, once they are past the 'window period'¹².
- Recommend annual testing to all men who have sex with men, and more frequent testing for those who have a high risk of exposure to the virus, for example, through multiple sexual partners or unsafe sexual practices.

¹¹ The CE mark is a declaration by the manufacturer that the product meets all of the appropriate requirements of the In Vitro Diagnostic (IVD) Medical Device Directive (98/79/EC). It is illegal to place on the market or supply in the EU any IVD that is not CE marked.

¹² The window period is the time between infection and when antibodies to the virus are detectable by a test. Depending on the type of test it can take up to 3 months, although fourth generation testing can detect the virus much sooner.

Recommendation 7 HIV referral pathways

Who should take action?

- Commissioners and providers of HIV testing services in both the statutory and voluntary sector.

What action should they take?

- Ensure there are clear referral pathways for practitioners delivering HIV tests (including those delivering outreach, rapid POCT), for both positive and negative test results. They should be able to refer clients quickly and easily to suitable sexual health services, confirmatory HIV testing, and post-test care and treatment services. These pathways should include ensuring the following:
 - Men who test positive are seen by an HIV specialist at the earliest opportunity, preferably within 48 hours, certainly within 2 weeks of receiving the result¹³. They should also be given information about the diagnosis and about local support groups.
 - Men who regularly engage in high-risk sexual behaviour (whatever their test result) are offered behavioural or health promotion interventions (for example, advice on safer sex, training in negotiating skills and providing condoms). Some men (including under-16s) may need additional psychological support and should be referred to counselling services that are totally accepting of their sexuality.
- Repeat testing is encouraged after a negative result (see recommendation 6).
- Practitioners in the voluntary or statutory sector are able to refer men from HIV prevention and health promotion services for HIV testing and vice versa.
- People who choose not to take up the immediate offer of a test know how to access testing services.

¹³ British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) UK national guidelines for HIV testing 2008. London: British HIV Association.

Implementation tools

NICE has developed tools to help organisations put this guidance into practice. For details see our website at www.nice.org.uk/guidance/PH34

Further information

You can download the following from www.nice.org.uk/guidance/PH34

- A quick reference guide (this document) for professionals and the public.
- The guidance – the recommendations, details of how they were developed and evidence statements.
- Details of all the evidence that was considered and other background information.

For printed copies of the quick reference guide, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote N2487.

The NICE website has a screen reader service called Browsealoud which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

Related NICE guidance

For more information about NICE guidance that has been issued or is in development, see www.nice.org.uk

- Increasing the uptake of HIV testing among black Africans in England. NICE public health guidance 33 (2011). Available from www.nice.org.uk/guidance/PH33
- Community engagement. NICE public health guidance 9 (2008). Available from www.nice.org.uk/guidance/PH9
- Prevention of sexually transmitted infections and under 18 conceptions. NICE public health guidance 3 (2007). Available from: www.nice.org.uk/guidance/PH3

Updating the recommendations

This guidance will be reviewed 1 year after publication to determine whether all or part of it should be updated. Information on the progress of any update will be posted at www.nice.org.uk/guidance/PH34

This guidance represents the views of NICE and was arrived at after careful consideration of the evidence available. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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