

## HIV TESTING: PRESENT AND FUTURE POLICY

### Introduction

1. This note sets out current Departmental policy on HIV antibody testing, discusses the historic reasons for that policy, and the case for change in the light of recent and prospective clinical developments. It concludes with a number of options for carrying policy forward.

### Current Policy

2. There are 2 reasons why HIV testing may be desirable:

- for the *personal benefit* of the patient. This could include clinical benefit from diagnosis and treatment, and psychological benefit through knowing his or her HIV status.
- on *public health grounds*: to prevent spread of infection by educating the infected person, contact tracing (usually referred to as partner notification), or the non-use of blood or organ donations from an infected person.

3. HIV testing has not been seen as a major component of preventing the spread of HIV infection, except that HIV testing is mandatory for all who wish to donate blood, semen or organs.

4. The main aim of HIV prevention activities has been to make contact with those whose behaviour might place them at risk and to seek to ensure that they understand the serious implications of HIV infection and the steps they can take to avoid such infection. An HIV test may be requested or offered as part of this process, but would only be carried out with the full informed consent of the patient. Any suggestions that people attending, for example, GUM or drug misuse clinics might find themselves being pressed to agree to an HIV test would be likely to discourage those most at risk of HIV infection from making use of these services, and getting the advice and treatment they need.

5. This is not to say that there has been a central policy of discouraging HIV testing. HIV tests are available free and in strict confidence to anyone who wants one, mainly through GPs and GUM clinics. This is well publicised in HEA literature by the National AIDS Helpline. About [X,000] HIV tests are carried out every year.

### Counselling

6. It is considered important that individuals seeking a test should fully understand the implications before consenting for a number of reasons:

- the implications of a positive result are severe for

the individual himself or herself, as well as for past, present and future sex partners, for offspring and (in the case of drug injectors) for needle sharing partners. It is desirable for the individual to have made some mental preparation for a positive result.

- preparation for a negative result is also desirable. The individual needs to know that this result is not conclusive - if he or she has recently been exposed to HIV seroconversion may not yet have taken place. In such cases a follow up test in 3 months is advisable. also it is important that a negative test result is not regarded as a licence to continue risky behaviour.

- the implications for future insurance of having a test need to be explained.

7. The extent of pre-test counselling which is needed will vary a great deal from case to case. For those who are well informed, have thought the issues through and have decided they want to be tested, very little will be required, but in other cases it will be desirable to help individuals through this process. The attached extract [paras 12-15] from the GMC's guidance to doctors sets out the requirements with which they should comply over HIV testing.

#### Attitudes to HIV Testing

8. When HIV tests first became available in 1985, there was no effective therapeutic intervention available for those found to be infected. As a result, many people - especially in the gay community - took the view that there was little benefit in being tested. What was important was that everyone should practice safer sex. There were fears that those confirmed as HIV+ would simply suffer discrimination for no personal benefit, and that those who had been practising unsafe sex but were found to be HIV negative would conclude they did not need to change their behaviour. We believe that these negative views are still common amongst those who counsel people about HIV.

#### New Developments

9. There have been developments in the treatment which is available for people with HIV infection.

- AZT has been licensed since 1987 for the treatment of people with AIDS or with other serious manifestations of HIV disease.

- Following the recent US decision, AZT is likely also to be licensed for treatment of asymptomatic HIV-positive people.

- Prophylactic treatment against Pneumocystic Carinii Pneumonia (PCP) which is one of the commonest manifestations



of AIDS, and is often fatal, is now available.

Because of these developments, many clinicians believe it is in the interests of people who are HIV positive to know their serostatus and to have their health regularly monitored. In many cases, such people will also need psychological and social support to help them to come to terms with an to live with the knowledge that they are infected with HIV.

#### Partner Notification

10. It is standard practice to discuss with people who are found to be HIV positive, what the implications could be for previous sexual or needle sharing partners. However, the long incubation period of HIV has meant that classic contact tracing, as applied for other STDs, has not been adopted.

11. The introduction of aggressive partner tracing and notification could have the effect of discouraging those at risk from coming forward for advice and testing, which would be counterproductive. But it would be worth considering the costs and benefits of developing partner notification procedures, which were sensitive to the wishes of individuals and provided good support to partners found to be HIV positive.

#### Next Steps

12. We have been advised by the Expert Advisory Groups on AIDS that we should move cautiously on encouraging HIV testing amongst people who might have been at risk. An aggressive policy would, in EAGA's view, be counterproductive.

13. We consider that the key elements of our policy should be:

- affirmation of the Government's support for WHO's policy that HIV testing should always be voluntary and with informed consent and counselling
- taking steps to ensure that the issues surrounding testing are fully discussed and understood by those who advise the public about HIV. A conference could be held to see if a consensus could be reached. As a first step, we would discuss this idea further with voluntary and statutory bodies, and the National AIDS Helpline.
- commission a study [from whom?] on the costs of benefits of partner notification. We would expect this to report in [6 months].

#### Conclusion

14. Is MS(H) content with the proposals in paragraph 12? We would be happy to discuss the issues in this submission.