

## HIV Testing

### Key facts about HIV

**Treated HIV = Near-normal life expectancy.** With anti-retroviral (ARV) treatment, HIV is a manageable chronic condition—better long-term prognosis than type 2 diabetes.

**Undetectable = Untransmissible.** The goal of treatment is to suppress viral load to undetectable levels. People with an undetectable viral load cannot pass on HIV.

**Early ARV saves lives.** Starting treatment early reduces mortality, morbidity, and transmission. 43% of HIV diagnoses are late (CD4 <350), increasing mortality 10-fold.

### Who should I test?

**High prevalence areas (2–5/1000):** Test all patients having bloods who haven't been tested before.

**Lower prevalence:** Test those with indicator conditions or those from high-risk groups. Common indicator conditions presenting acutely include pneumonia, unexplained weight loss, fever of unknown origin and mononucleosis-like illness.

**High-risk groups:** Offer frequent testing\* to men who have sex with men (if more than one partner), people who inject drugs, trans women, sex workers, and people from high-prevalence countries (>1%). \*usually annually, but more frequently if higher risk behaviours (i.e. >10 partners over 12 months, anonymous partners, chemsex...)

A full list of indications for testing can be found here:



ARVs interact with multiple other medications. Check for interactions here:



**Consent** should be obtained for testing in the same manner as for other blood tests

### Prescribing considerations

**PrEP:** Some at-risk individuals take Pre-Exposure Prophylaxis (PrEP)—a 2-in-1 ARV tablet which can be taken daily or around sexual activity.

**Ask about PrEP:** It may not appear in electronic records; prescribing drugs that reduce PrEP efficacy increases infection risk.

### Final thought

**UK stats:** 93% of people living with HIV are diagnosed; 97% of those are on treatment; 97% of those have undetectable viral load.