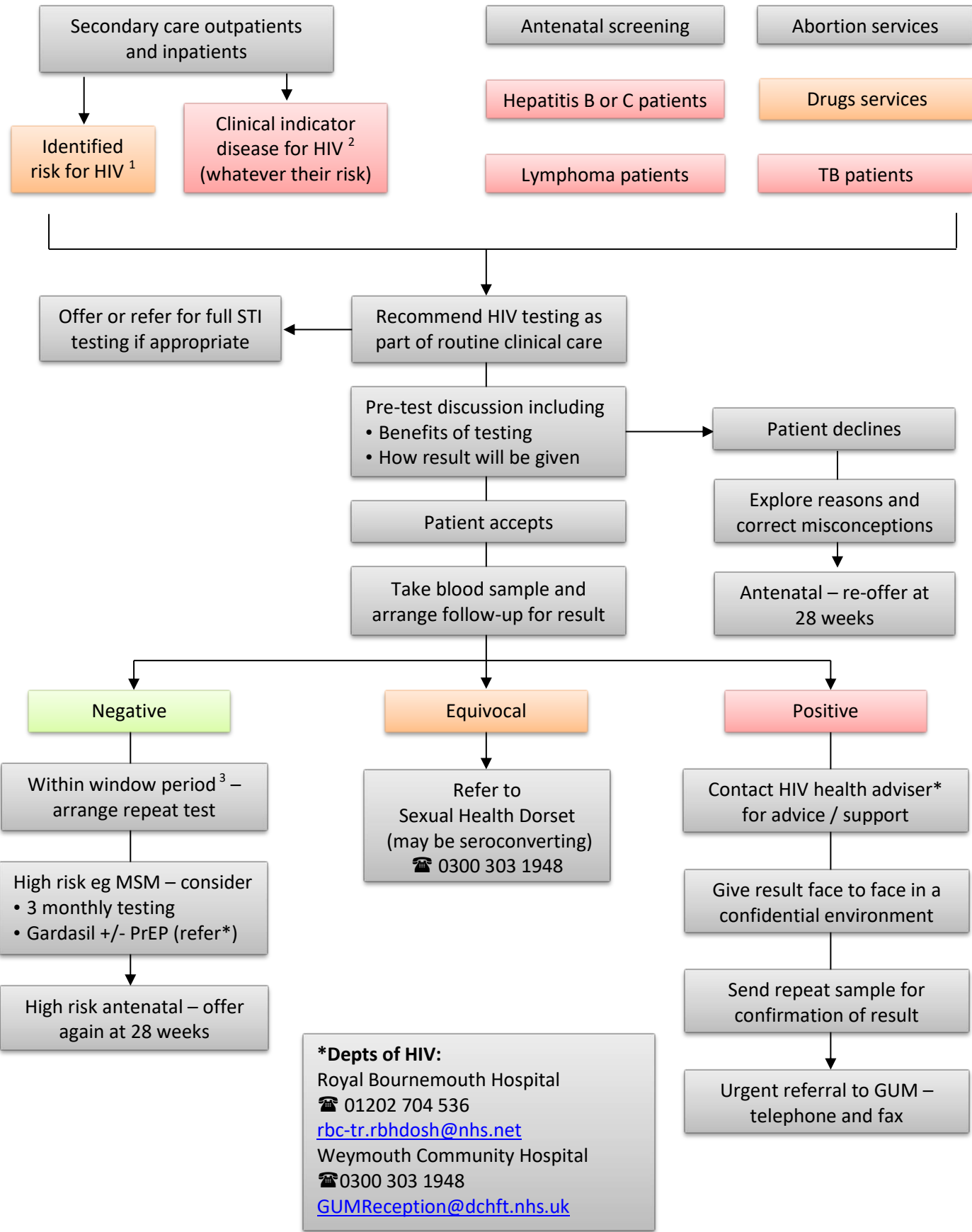


Pathway for HIV testing in services other than primary care



1. Specific risk factors for HIV

- Patients diagnosed with a sexually transmitted infection
- Sexual partners of men and women known to be HIV positive
- Men who have disclosed sexual contact with other men
- Female sexual contacts of men who have sex with men
- Patients reporting a history of injecting drug use
- Men and women known to be from a country of high HIV prevalence (>1%)*
- Men and women who report sexual contact abroad or in the UK with individuals from countries of high HIV prevalence*

* See <http://www.unaids.org/en/dataanalysis/datatools/aidsinfo>

2. Clinical indicator diseases for adult HIV infection

	AIDS-defining conditions	Other conditions where HIV testing should be offered
Respiratory	Tuberculosis Pneumocystis	Bacterial pneumonia Aspergillosis
Neurology	Cerebral toxoplasmosis Primary cerebral lymphoma Cryptococcal meningitis Progressive multifocal leucoencephalopathy	Aseptic meningitis /encephalitis Cerebral abscess Space occupying lesion of unknown cause Guillain–Barré syndrome Transverse myelitis Peripheral neuropathy Dementia Leucoencephalopathy
Dermatology	Kaposi’s sarcoma	Severe or recalcitrant seborrhoeic dermatitis Severe or recalcitrant psoriasis Multidermatomal or recurrent herpes zoster
Gastroenterology	Persistent cryptosporidiosis	Oral candidiasis Oral hairy leukoplakia Chronic diarrhoea of unknown cause Weight loss of unknown cause Salmonella, shigella or campylobacter Hepatitis B infection Hepatitis C infection
Oncology	Non-Hodgkin’s lymphoma	Anal cancer or anal intraepithelial dysplasia Lung cancer Seminoma Head and neck cancer Hodgkin’s lymphoma Castleman’s disease
Gynaecology	Cervical cancer	Vaginal intraepithelial neoplasia Cervical intraepithelial neoplasia Grade 2 or above
Haematology		Any unexplained blood dyscrasia including: <ul style="list-style-type: none"> • thrombocytopenia • neutropenia • lymphopenia
Ophthalmology	Cytomegalovirus retinitis	Infective retinal diseases including herpes viruses and toxoplasma Any unexplained retinopathy
ENT		Lymphadenopathy of unknown cause Chronic parotitis Lymphoepithelial parotid cysts
Other		Mononucleosis-like syndrome (primary HIV infection) Pyrexia of unknown origin Any lymphadenopathy of unknown cause Any sexually transmitted infection

3. Window period for HIV

The HIV test detects the body’s immune response to infection (HIV antibody), which can take up to 12 weeks to appear in the blood. This is called the “window period”. However the newer 4th generation tests, which are used in Dorset laboratories, also detect a part of the virus called the p24 antigen, and the vast majority will become positive 4 weeks after being infected. High risk patients are advised to have a repeat test at 8 weeks