Universal HIV testing for TB patients:

Information for healthcare professionals working with TB

The leaflet contains information about universal HIV testing among TB patients and explains the implementation of a universal HIV testing policy.
What is universal HIV testing?

Universal HIV testing means that all individuals diagnosed with TB disease attending the TB clinic are offered and recommended a HIV test as part of their routine care. This is applicable to all patients, irrespective of their age, and offer of the test is not based on an individual’s risk factors. The individual has the right to refuse the test.

Why is universal HIV testing necessary among TB patients?

TB is often seen in HIV-infected individuals and is one of the most common AIDS-defining illness in the UK and Europe. Furthermore, infection with HIV will affect the way that TB is treated. Optimal care for all TB patients should include the routine offer of an HIV test as recommended in national guidelines for HIV testing in the UK and the British Medical Journal Best Practice guidance for tuberculosis*. In the UK, up to one in four people infected with HIV are unaware of their infection. An early diagnosis of HIV infection will improve the prognosis for the individual and also reduce the risk of transmission of virus in the community. The aim of universal testing is to identify infected individuals and link them to HIV specific care. In other medical settings the universal offer of HIV testing has been shown to improve patient care and outcomes. In antenatal settings, universal HIV testing has increased the uptake of testing, identified people unaware of their positive status at an earlier stage of the infection and reduced mother-to-child transmission of the virus. In those TB clinics where HIV testing is offered universally, uptake has exceeded 90%.

Pre-test considerations

Is pre-test counselling required? In depth counselling is not required beyond that used for any other routine clinical practice. Asking patients questions about their sexual and social behaviour is not necessary. You do not need to carry out a risk assessment before offering a HIV test.

How should we raise the issue of HIV testing? Provide a short, focused pre-test discussion as you would for any other test. For example: “We routinely offer HIV testing to all TB patients because if someone is infected with HIV, they can be treated for both infections. This is important if we want to achieve the best results.”

Is written consent required? As long as the patient understands that they are being tested for HIV, written consent is not required. Follow normal practice and record the discussion in the patient’s case notes.

What if the patient does not understand English? Arrange for appropriate recognised interpreting services or language lines. Do NOT use family or friends as interpreters due to confidentiality issues and the possibility of stigma and discrimination. Record in the patient’s case notes that an interpreter was used to aid explanation and discussion.

What if the patient refuses to be tested? Explore reasons for refusal and address their concerns. Below are some examples:

- If they are in a state of shock/denial regarding their TB diagnosis you can discuss HIV testing on their next clinic review. Write it in the patient’s notes.
- Reiterate that the test is now carried out routinely as part of normal management of TB patients.
- Explain to them that knowing their HIV status is beneficial to them as there is good treatment available for HIV that can improve their quality of life and keep them healthy.
• If they prefer to be seen at a sexual health clinic, where additional support is available, make arrangements for their referral.
• Explain that the test results are strictly confidential and will not be shared with anyone without their explicit permission. Assure them that the results will NOT be discussed with the Home Office, insurance companies, their bank, family and friends. The results may only be shared with other healthcare professionals directly involved in their medical care.
• Reassure them that having a HIV test will not affect their immigration, housing, employment or insurance application. Those who had a HIV test, if negative, do not need to disclose it on their applications for insurance.

If a patient decides not to be tested, record their refusal and their reasons. HIV testing may be offered again at future appointments.

HIV testing and giving results

TB clinics should establish strong links with their local sexual health/HIV services and virology laboratories. Clinics should have a local policy on HIV testing and identify and train individuals who will give results. The policy should be referred to when discussing HIV testing and giving patients their results. Ensure the following is discussed and recorded in case notes:
• Inform patients of how the test is carried out in your clinic.
• Inform them when the results will be ready.
• Record contact details and check preferred method of contact.
• Take note of who will give the result.
• Record whether the patient has agreed that the result may be shared with their GP to enable appropriate follow up.
• Your clinic should have a definite pathway to refer your patients.
Post-test discussion

When negative:
• Give the result and record in case notes.
• Provide further information on HIV and its prevention if appropriate.

When positive:
• Give results face to face, use clear and direct language while ensuring confidentiality.
• Provide information on the care pathway, local services and onward referral.
• Patients should be clear about when and where they will be seen again.
• Explain to the patient that the HIV specialist team or a joint HIV / TB team will manage their HIV care where appropriate.
• The HIV team will undertake the following: (i) full assessment; (ii) answer questions about prognosis; (iii) provide treatment options and (iv) advice on how to reduce risk of onward transmission – you will not need to be familiar with the complexities of these matters.
• Provide information on voluntary and community organisations that provide services and support, including counselling for people with HIV (see ‘further information’ for a list).

Those not attending for their HIV results
• Your local policy should include procedures to maximise follow up of people who do not return.
Cost of treatment

HIV testing, support and treatment are available free of charge to anyone living in England+
+www.dh.gov.uk/health/tag/overseas-visitors-regulations
Further information available at:

For guidelines on HIV testing and treatment and information on sexual health services:
British HIV Association: www.bhiva.org
British Infection Society: www.britishinfection.org/drupal/

For information on sexual health services and testing and treatment for other STIs:
British Association for Sexual health and HIV: www.bashh.org

For information on living with HIV, social aspects of HIV infection, testing and legal issues and on charging for HIV treatment:
National AIDS Trust: www.nat.org.uk
Terrence Higgins Trust: www.tht.org.uk

For information on HIV prevention and HIV testing:
National AIDS Trust: www.nat.org.uk
Terrence Higgins Trust: www.tht.org.uk
Do it right: www.doitright.uk.com

For information on HIV and TB, and additional TB resources:
TB Alert: www.tbalert.org
National Knowledge Service (NKS) TB: www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Tuberculosis/NationalKnowledgeServiceTB/

For epidemiological information and clinical research on HIV, TB and HIV and TB co-infection:
Public Health England: www.phe.gov.uk

For further practical help on conducting HIV testing in non-specialist settings:
Medical Foundation for AIDS & Sexual Health: www.medfash.org.uk
Find out more

For more information on our work and priorities please visit our website at www.gov.uk/phe.

You can also visit our Facebook page at www.facebook.com/PublicHealthEngland and follow us on Twitter (@PHE_uk).

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