

S137

2-hour Symposium

What is hot in HIV/AIDS in 2015?

European HIV testing guidelines

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The European Guideline on HIV Testing was revised and published recently. (1) The purpose of the guideline is to provide advice on testing for HIV infection in individuals aged 16 years or older who present to sexually transmitted infections (STI), genito-urinary (GU) or dermatovenereology (DV) clinics across Europe. The aim is to provide practical guidance to clinicians and laboratories that undertake HIV testing and to indicate standards for best practice.

The setting of HIV testing was redefined to include GU clinics and primary care was also mentioned. The benefits of HIV testing and the risks of late presentation were emphasized with a reference to indicator condition guided testing strategy.

Strong emphasis was made on the use of fourth generation assays. A general statement on confirmatory algorithms was added to address different choices of confirmatory tests among countries across Europe. Confirmation of indeterminate results was addressed with a special emphasis on early HIV infection in addition to false reactivity. All patients with an initial indeterminate result were recommended to undergo repeat testing and the time to repeat testing was determined as 1-2 weeks due to the high sensitivity of fourth generation assays. In cases where recent infection was strongly suspected, HIV RNA or p24 assays were recommended to replace repeat serology.

Nucleic acid amplification tests (NAATs) were not recommended for screening since they offered marginal advantage over 4th generation assays. In patients with suspected primary infection who showed negative serology, HIV RNA testing was the recommended methodology.

The cut-off for re-testing was determined as 6 weeks for 4th generation and 12 weeks for 3rd generation tests. In persons who received postexposure prophylaxis, patients who required further reassurance, in case of impaired ability to develop antibodies and in the presence of simultaneous acute CMV or HCV infection the final test time was defined to be 12 weeks.

Regarding point-of-care tests, obtaining a blood sample for laboratory testing was recommended in all patients with reactive or indeterminate results and in patients with a negative test if recent infection was suspected. Self-testing for HIV was addressed with caution and was recommended only where validated tests were available with appropriate support and access to clinical care.

Guidelines are not strict rules and include recommendations that are based on either evidence or expert opinions and the uptake of recommendations by healthcare professionals or healthcare seekers is variable. Thus, promotion, encouragement and training of healthcare providers and follow-up regarding the use of the guidelines are essential to assess if they apply to real life situations.

1. Gökengin D, Geretti AM, Begovac J, et al. 2014 European Guideline on HIV Testing. *Int J STD and AIDS* 2014 25(10): 695-704.