Information page for web

<u>Method of measuring the uptake of voluntary confidential HIV testing/and or sexual</u> <u>health screens</u> Background

The proportion of STI clinic attendees accepting a voluntary confidential HIV test and taking up sexual health screens is measured through the Unlinked Anonymous STI clinic survey which is part of the Unlinked Anonymous Prevalence Monitoring Programme.

The Unlinked Anonymous STI clinic survey measures HIV prevalence (including undiagnosed HIV prevalence) using residual blood taken for routine syphilis testing for HIV testing after irreversibly unlinking and anonymising the sample from any patient identifiers. It is impossible to trace back an HIV result, positive or negative, to the individual from whom the sample was taken.

Only limited information is retained, including: age group; world region of birth; sexual orientation; acute STI diagnosis; HIV diagnosis status; and acceptance of voluntary confidential HIV testing and sexual health screens.

HIV diagnosis status

If an anonymised blood sample is found to be HIV positive (ascertained through Unlinked Anonymous HIV testing), this record is allocated into one of three categories, using the limited information that was collected at the time of the clinic attendance (on HIV diagnosis status and acceptance of voluntary confidential HIV testing):

- Previously diagnosed: The patient was diagnosed with HIV prior to the clinic attendance
- New diagnosis: The patient was diagnosed with HIV during the episode of clinical care
- Remaining undiagnosed: The patient left the clinic remaining unaware of their HIV infection

Uptake of voluntary confidential testing and sexual health screens

Information on voluntary confidential testing and/or sexual health screens is derived from the KC60 codes* allocated to the patients at the clinic attendance as part of the UA STI clinic survey:

In 2003, KC60 codes were modified: the S1 and S2 codes were introduced, and the definition of the P1B code was altered.

S1 – Sexual health screen without a voluntary confidential HIV test. This code is used to count all patients who are given a sexual screen excluding an HIV test (either because they were not offered, or they declined a test).

S2 – Sexual health screen with a voluntary confidential HIV test. This code is used to count all patients who are given a sexual health screen including an HIV test.

P1A - HIV testing only. The patient was offered and accepted a voluntary confidential HIV test.

P1B – Voluntary confidential HIV test offered, but declined. This code was redefined in 2003 to include all patients who were offered an HIV test, but who refused it, regardless of whether counselling was given and who refuse the test. Prior to 2003, P1B was defined as voluntary counselling for HIV testing without an HIV test.

Sexual health screen uptake:

From 2003, patients are categorised as follows (patients who were previously diagnosed with HIV are excluded):

- a) Undertook a sexual health screen without voluntary confidential HIV testing:
 - S1 sexual health testing without HIV test
- b) Undertook a sexual health screen with voluntary confidential HIV testing:
 - S2 sexual health screen with HIV test
- c) Did not have a sexual health screen:
 - No relevant KC60 codes allocated at the clinic attendance (e.g. no KC60 codes relating to HIV testing or diagnosis status)

Voluntary confidential HIV testing uptake:

Patients who are eligible for HIV testing (all patients, excluding those previously diagnosed with HIV infection) are categorised as follows:

a) Offered and accepted a voluntary confidential HIV test:

- P1A HIV antibody test (no sexual health screen) and/or;
- S2 sexual health screen with HIV test[†]
- b) Offered and refused a voluntary confidential HIV test[‡]:
 - P1B HIV test offered and declined[†]

c) Did not accept a voluntary confidential HIV test[‡]:

- P1B HIV test offered and declined and/or
- S1 sexual health screen without HIV test[†] or
- No relevant KC60 codes collected

* Statutory KC60 returns from all STI clinics in England, Wales and Northern Ireland provide aggregate data on the total episodes of diagnosed STIs by sex and age groups. Individual KC60 codes refer to specific diagnoses, conditions or other sexual health services undertaken. In 2003 the KC60 codes were modified.

[†]Codes introduced/redefined in 2003. Before 2003 the same allocation was used, but b) "offered and refused a voluntary confidential test" could not be measured. Patients allocated P1B before 2003 were categorised as c) did not accept a voluntary confidential HIV test.

⁺b) and c) are not mutually exclusive.