

New CLAHRC research published in The Lancet HIV has found that offering HIV testing to people on registration with a new GP in areas of high prevalence of the disease is cost-effective and will save lives.

Researchers based at the London School of Hygiene & Tropical Medicine and Queen Mary University of London (QMUL) carried out the study in areas with high prevalence of HIV – involving 86,000 people from 40 GP surgeries.



The promising results prompted CLAHRC researchers to call for a roll-out of HIV screening to all 74 high HIV prevalence local authorities in England (those with more than two diagnosed HIV infections per 1,000 adults).

HIV treatment is expensive, particularly when diagnosis is late. Early diagnosis means earlier intervention and treatment, saving the NHS money.

Building on earlier research from a trial in Hackney – a socioeconomically deprived inner London borough with an HIV prevalence rate of 8 per 1000 adults – the trial involved 40 general practices where they tested the effect of rapid fingerprick HIV testing as part of the standard health check during registration. They found it led to a four-fold higher HIV diagnosis rate.

Using a mathematical model that includes all the costs associated with HIV testing and treatment, the team now show that primary care HIV screening in high prevalence settings becomes cost-effective in 33 years (according to National Institute for Health and Care Excellence [NICE] criteria).

The CLAHRC North Thames study was carried out in partnership with NHS City and Hackney

and involved University College London, Homerton University Hospital NHS Foundation Trust, University of Warwick, and University of British Columbia.

Dr Werner Leber from QMUL said: ***“We’ve shown that HIV screening in UK primary care is cost effective and potentially cost saving, which is contrary to widespread belief. This is an important finding given today’s austerity. Financial pressures, particularly within local authority’s public health budgets, mean that the costs of HIV testing are under intense scrutiny, and in some areas investment in testing has fallen.”***



Read the full paper

Rebecca F Baggaley, Michael A Irvine, Werner Leber, Valentina Cambiano, Jose Figueroa, Heather McMullen, Jane Anderson, Andreia C Santos, Fern Terris-Prestholt, Alec Miners, T. Déirdre Hollingsworth, Chris J Griffiths.

[Cost-effectiveness of screening for HIV in primary care: a health economics modelling analysis.](#)

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