

Our recently published research on the cost-effectiveness of screening for HIV in primary care has caused a great deal of interest and widespread media coverage.

We have produced a BITE sized summary of the paper with the headline findings and links to further information of interest.

CLAHRC BITE

Brokering Innovation Through Evidence

August 2017

Is screening for HIV in primary care cost-effective?



Offering a HIV test to people when they register with a new GP in high-prevalence areas is cost-effective and will save lives

CLAHRC researchers created and applied a new model - the first of its kind in England - to explore the cost effectiveness of screening for HIV in primary care in UK metropolitan areas

Background

People with HIV have near normal life expectancy if they are diagnosed early and have access to treatment. Those taking effective treatment are no longer infectious and their care is less expensive.

Early diagnosis reduces morbidity and mortality as well as the probability of onward transmission & associated costs *but* might increase cost because of earlier initiation of antiretroviral treatment (ART).

CLAHRC researchers investigated this trade off.

Methods

Our model used data collected from an earlier trial (RHIVA 2) based in Hackney - a London borough with high HIV prevalence, defined as an area with two or more adults living with HIV per 1000 population. The trial involved 40 general practices, testing the effect of including rapid finger prick HIV testing as part of the standard health check during registration. This led to a four-fold higher HIV diagnosis rate.

Building on this research we applied the model to estimate costs and results in other areas of high HIV prevalence. We included costs associated with HIV testing, and took account of costs arising from treating people diagnosed earlier in the course of infection.

Results

Our model showed that screening in areas of higher HIV prevalence is cost effective and potentially cost saving. It also falls within the threshold of cost-effectiveness of interventions used by the NICE in the UK.

Initial costs are high due to more people being diagnosed and needing anti-retroviral treatment - but these programmes become cost-effective in the longer-term.

Onward transmission of the virus is brought under control, and earlier treatment increases chances of staying healthy.

The research, published in *The Lancet HIV*, represents the first time a model to explore the cost effectiveness of screening for HIV in primary care has been applied to the UK.

Health

HIV tests for new GP patients 'can aid early diagnosis'

By Katie Silver
Health reporter, BBC News

🕒 31 July 2017 | [Health](#)

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GETTY IMAGES

Offering HIV testing when people register with a new GP in areas of high prevalence is cost-effective and could prolong lives, a new study says.

Patients at 40 GP surgeries in the London borough of Hackney were given finger-prick HIV testing when registering.

The study, in the *Lancet*, found this raised the rate of diagnosis four-fold.

The Terrence Higgins Trust welcomed the findings and called on healthcare commissioners to act on them.

Public Health England already recommends that all GPs in areas where HIV prevalence is high, or extremely high, should offer testing to everyone who

Science

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HIV tests 'should be offered to everyone in high risk areas when they enroll with new GP'



2 Comments



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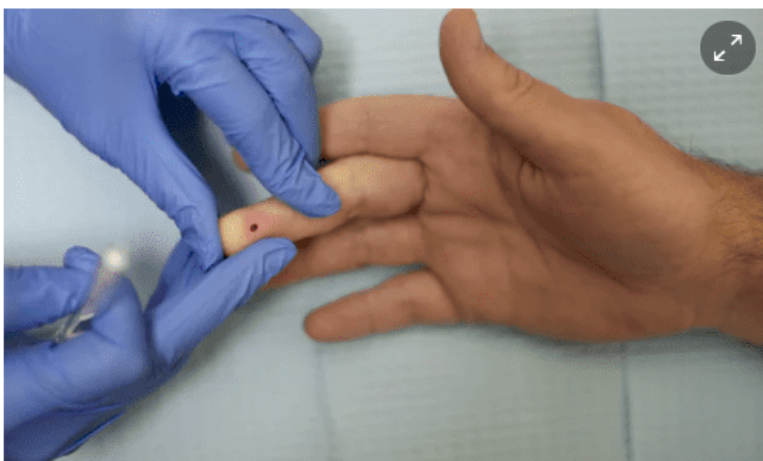
By **Sarah Knapton**, SCIENCE EDITOR

30 JULY 2017 • 11:30PM

Everyone in high risk areas should be offered HIV tests when they enroll for a new GP because 13,500 people are unaware that they have the disease, public health experts have said

HIV tests for GPs' new patients could save lives and money, says study

Researchers find fourfold increase in diagnosis rate when testing carried out as part of surgeries' registration health check



Researchers argue that adding a finger-prick test for HIV to the standard new patient health check would prevent undiagnosed patients passing on the virus. Photograph: Chip Somodevilla/Getty Images

Offering routine HIV tests to people when they register with new GP surgeries in high-risk areas is cost-effective and could save lives, a study has shown.

The researchers are calling for HIV screening to be introduced in all 74 local authorities in England with high rates of infection with the virus.

High HIV prevalence is defined as having more than two diagnosed infections per 1,000 adults in a given area.

An estimated 13,500 people in the UK do not know they carry the virus that causes Aids, meaning they miss out on treatment and pose an infection risk to others.

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Our data provide the most reliable analyses to date and justify the investment needed to deliver HIV screening in primary care in the 74 localities considered to have high HIV prevalence – essentially most UK metropolitan areas.

Researcher and practicing GP Dr Werner Leber from Queen Mary University London 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.”