Reducing the prevalence of undiagnosed HIV remains a challenge for the UK. Almost a quarter of the 107, 800 people with HIV are undiagnosed and 42% are diagnosed late (CD4 count < 350) and 24% very late (CD4 count < 200).

Earlier diagnosis can reduce morbidities related to low CD4 counts as well as risk of onward transmission.

NICE has already endorsed expansion of HIV testing especially in areas with high diagnosed prevalence of HIV (> 2 per 1,000). Pilot studies have demonstrated acceptability and feasibility of HIV testing in primary care but expanded testing has not been widely adopted in this setting.

Financial incentives and educational strategies are not the panacea to behaviour change in healthcare professionals especially in terms of health promotion and disease prevention. The jury is still out regarding the most effective strategy to encourage HIV testing in primary care. Perhaps we need to understand the motivation for primary care teams to deliver HIV testing.

DR RICHARD MA

● **Leber W, McMullen H, Anderson J et al. Promotion of rapid testing for HIV in primary care (RHIVA2): a cluster-randomised controlled trial. *Lancet HIV* dx.doi.org/10.1016/S2352-3018(15)00059-4**

Addiction

High rate of undiagnosed hepatitis C among current and former drug users

More than half of those who have ever injected drugs (PWID) in Scotland have hepatitis C (HCV) and six out of ten remain undiagnosed, a modelling study has estimated.

The authors set out to estimate the size and nature of the population of HCV-infected individuals among PWID in Scotland in 2009, both diagnosed and undiagnosed. They used the extensive data sets available in Scotland, including a drug misuse and a hepatitis C database and surveillance information from needle exchange schemes.

The authors estimated HCV antibody prevalence among PWID at 57% (95% credible interval (CI): 52-61%), corresponding to 46,657 cases (95% CI: 33,812-66, 803). Of these 59% were undiagnosed, representing 27,434 cases (95% CI: 14,636-47,564). Among the undiagnosed, 83% (95% CI: 75-89%) had not injected in the past year and 71% (95% CI: 58-85%) were aged 35-64 years.

This study demonstrates a high number of undiagnosed HCV-infected cases in Scotland. Undiagnosed status was particularly high among those who had not injected drugs for a year or more and who are more than 35 years old.

Chronic infection with HCV is a major cause of liver disease in the UK, which untreated may progress to cirrhosis and hepatocellular cancer. The most important vector for disease transmission is injecting drug use. Previous studies have indicated that the majority of those with HCV infection may be unaware of the diagnosis.

Targeting of screening and effective case finding are essential to reduce the burden of this disease, particularly as new developments in HCV antiviral treatments make them more effective, simpler and with fewer unwanted effects.

Case finding is essential both from the individual health and public health perspectives. Much of this will be undertaken in drug services. The study shows that a high proportion of undiagnosed cases are no longer injecting and are in an older age group, and so may no longer be in contact with drug services.

Doctors working in primary care may need to take a more active role in case finding. 'Targeting older individuals with a history of injecting drug use though primary care can also be an effective case-finding approach,' the authors state.

DR JEZ THOMPSON

● **Prevost TC, Presanis AM, Taylor A. Estimating the number of people with hepatitis C virus who have ever injected drugs and have yet to be diagnosed: an evidence synthesis approach for Scotland. *Addiction* 2015;110:1287-1300**

We welcome your feedback

If you would like to comment on any of the clinical reviews write to: **editor@thepractitioner.co.uk**