# key points

SELECTED BY

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**Some men who have sex with men (MSM) have** exclusively male partners, others have partners of both genders or identify themselves as heterosexual but have occasional casual sexual encounters with men. There were an estimated 415,600 MSM aged 15-44 in the UK in 2007. The estimated prevalence of HIV in this group was 5.2%.

**In 2010, just under half of new HIV diagnoses were in MSM.** MSM are the group most at risk of acquiring and transmitting HIV in the UK. In March of this year, NICE published guidance aimed specifically at increasing uptake of HIV testing in this group. The need for specific guidance with regards to testing in this population was felt necessary because of the high levels of infection, high levels of recent acquisition of HIV infection and continued high-risk behaviour.

**Delayed diagnosis of HIV confers a poor prognosis: 73%** of the 516 patients with HIV who died in 2009 had been diagnosed late. An estimated 39% of MSM in 2009 were diagnosed when their immune system was below the threshold at which antiretroviral treatment should be commenced. Many of these men had seen their own GP with signs and symptoms of HIV and the opportunity to make the diagnosis had been missed.

**One of the most important indicators not to miss is** primary HIV infection. This seroconversion illness presents with a flu-like illness often lasting more than two weeks with a rash, sore throat and lymphadenopathy. An HIV test should be performed straightaway on all MSM presenting with these features. The benefits of increased testing and early diagnosis include reduced mortality and morbidity related to HIV and the potential to reduce onward transmission.

**The NICE guidance advocates regular HIV testing of MSM:** MSM are recommended to have HIV tests at least annually as part of routine care, and additionally if the patient: has a new sexual partner; has high-risk sexual intercourse; is diagnosed with another STI; requests a sexual health screen; or presents with an HIV indicator disease.

**GPs should offer HIV testing and be able to inform their** MSM patients of how to access other sources of testing. Lengthy and onerous pre-test discussion is unnecessary. Verbal consent should be obtained in the same manner as for any other blood test. As a minimum the patient should be informed of the benefits of testing and advised how they will receive their result. Details of the pre-test discussion and the HIV result should be recorded in the patient's notes. Concerns about confidentiality should be addressed with explicit confidentiality policies in practice leaflets and waiting rooms. Consider offering the test to all men in areas with a large MSM population, or where diagnosed HIV prevalence exceeds 2 per 1,000 adults.