

HIV testing as a normal diagnostic procedure

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Since improved antiretroviral therapy has normalised the life expectancy of HIV-infected individuals, HIV is no longer considered an important medical problem in the Netherlands. This is not only the feeling of the general public, but unfortunately also of doctors working outside the HIV field.

The cases described by Hermans *et al.* in this journal¹ are no exception: we often encounter patients with clear symptomatic clues for an HIV infection, who have been through several expensive and invasive diagnostic procedures, before an HIV test is considered. The unfortunate result is that in the Netherlands, even in 2010, 56% of patients were diagnosed as so-called late presenters: individuals either presenting for care with a CD4-cell count below 350 cells/mm³ (normally between 800-1200 cells/mm³) or presenting with an AIDS-defining event regardless of the CD4 count.² Late diagnoses are associated with poorer prognoses and increased medical costs.³ Furthermore, when individuals are unaware of their HIV status, they cannot take preventive measures against transmitting the virus to other people.⁴

Hermans *et al.* discuss the reluctant attitude of both doctors and patients towards HIV testing in the Netherlands.¹ As a result, the percentage of persons living in the Netherlands with an HIV infection, who have not been diagnosed yet, is estimated to be around 40%, with a regional difference of 25% in the Amsterdam area and 45% in the rest of the country.⁵ This percentage is one of the highest in Europe, a fact not to be proud of.

Much more effort has to be made to lower both the percentage of undiagnosed individuals as well as the number of late presenters. In the United Kingdom, a campaign was launched in 2010 to halve both numbers by 2015. This campaign was endorsed and financially supported by the central government to ensure that HIV testing became a specific priority for Public Health England and to position late diagnosis of HIV as a negative indicator in public health outcomes.⁶ Also in

other countries, national programs have been developed and installed to better trace and control the number of HIV-infected individuals.^{7,8} Unfortunately, although our Ministry of Foreign Affairs has assigned a special ambassador for HIV/AIDS, our Ministry of Health does not yet feel the urgency to install similar programs in the Netherlands to lower the undiagnosed HIV burden.

Therefore, doctors should implement HIV testing much earlier and more routinely in their diagnostic work-up for patients with symptoms often encountered in chronic HIV infection: lymphadenopathy, thrombocytopenia, lymphoma, tuberculosis, involuntary weight loss, etc. In the HIDES-1 study, a list of indicator diseases was designed, in which HIV testing was done routinely in all patients presenting with these illnesses. The overall HIV prevalence in 3588 patients tested this way was 1.8%, almost 20 times higher than the average prevalence of HIV in the background population.⁹ Classical risk factors as (former) intravenous drug use or homosexual behaviour were encountered more frequently in those patients who tested HIV positive, but these risk factors are not always asked for in routine history taking. By using this focused HIV testing routinely in patients with these frequently encountered symptoms, HIV diagnoses will be made earlier, regardless of untold or unknown risk factors.

As discussed by Hermans *et al.*¹ the informed consent and opting-in procedures in the early years formed a huge barrier for performing HIV testing in clinical practice. However, the opting-out approach is now widely accepted and should no longer be reserved for pregnancy screening or STD clinics. After informing a patient that an HIV test is included among other tests in the diagnostic work-up, our experience is that very few people will opt-out. If doctors start to act normally around performing an HIV test, the issue will be destigmatised and patients will accept it as a normal test as well. Only then will embarrassing cases as described by Hermans and others become anecdotes from the past.

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