Most people accept an HIV and hepatitis test

when suggested by their healthcare provider

EUROPEAN TESTING WEEK
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TEST for HIV and viral hepatitis.
TREAT HIV and viral hepatitis.
PREVENT onward transmission of HIV and viral hepatitis.

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WHEN should an HIV and/or hepatitis test be offered?

A test should be routinely offered to individuals who:

- Identify as members of certain key populations or have risk behaviours *(see opposite page for ECDC's definition of who should be offered a test)*.
- Have been diagnosed with (other) sexually transmitted infections.
- Present with signs and symptoms that could be related to HIV or hepatitis infection *(see opposite page for a list of HIV Indicator Conditions)*.

WHY should an HIV and/or hepatitis test be offered early?

- When people are diagnosed late, they are less likely to respond well to treatment and more likely to have health and/or treatment-related complications.
- Late diagnosis and delayed access to treatment are the most important factors associated with ongoing transmission of HIV and hepatitis.
- Late access to HIV and hepatitis care is more costly for the health care system.

The number of people who are diagnosed late or unaware of their HIV or hepatitis infection remains far too high in Europe. Proactively proposing a testing to the above-mentioned groups helps to reduce the stigma related to these infections and increases testing uptake.

For more information about the European Testing Week and how you can participate, visit **www.testingweek.eu**

ECDC guidance on who to test for HIV and viral hepatitis

Public health guidance in brief on HIV, hepatitis B and C testing in the EU/EEA, European Centre for Disease Prevention and Control, 2018.

The guidance identifies the following population groups suitable for targeted HIV, HBV and HCV testing due to higher risk of infection and suggests offering tests to:

- men who have sex with men (MSM)
- trans* people
- people who inject drugs (PWID)
- migrants
- household contacts of people diagnosed with HBV
- homeless people
- sex workers
- people in prison
- pregnant women
- haemodialysis patients
- people who have received blood products, organs or surgical interventions before adequate safety and
- quality regulations were enforced; and
- sexual or injecting partners of people diagnosed with HIV, HBV and HCV.

Indicator condition guided HIV testing

The guidance on implementing indicator condition-guided HIV testing in healthcare settings draws on a large body of evidence and expert opinion to recommend HIV testing for individuals presenting with indicator conditions. These HIV indicator conditions can be divided into three categories:

- AIDS-defining illness
- condition associated with an undiagnosed HIV prevalence of at least 0.1% (individuals presenting with these conditions when tested for HIV have a positive testing rate of at least 1/1000)
- condition where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management (e.g. for conditions requiring chemotherapy or biologics).

The conditions include:

- sexually transmitted infections (STIs)
- malignant lymphoma
- cervical/anal dysplasia or cancer
- herpes zoster infection
- hepatitis B or hepatitis C infection
- ongoing mononucleosis-like illness
- unexplained leukocytopenia or thrombocytopenia and dermatitis/exanthema

For the full list of all 60 indicator conditions, refer to Annex 5 in "Public health guidance on HIV, hepatitis B and C testing in the EU/EEA -An integrated approach", ECDC, 2018.