

14 May 2007

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Dear Don

“Normalisation” of Medical HIV Testing

With reference to your letter of 28 April 2007 in which you sought endorsement of the recommendations regarding “normalisation” of HIV testing in the medical context, I am happy to convey the endorsement of the New Zealand Committee of Pathologists. There was a very good response from pathologists and most supported the recommendations unreservedly and considered them timely. A few, while generally in support of the recommendations, made further comments which are copied below for your information and consideration.

“I broadly agree with the proposal to streamline HIV testing.

I think however that the AMTAC document misses out a critical area for recommending HIV testing, and needs to be amended to include testing for those who have an illness potentially related to HIV. Such diseases include lymphoma, shingles in a young person, unexplained "glandular fever" like illness, Guillain Barre disease, to name but a few.

The AMTAC document concentrates on exposure risks rather than "could this illness be HIV?" type of questions. Streamlining or normalising testing requires less thought on how, but more on whether the person got HIV. I suggest that the RCPA's comments reflect this gap.”

“I support HIV testing being managed as a routine test, not requiring explicit consent. I would go further than the AMTAC recommendations of November 2006. I believe that the patient should be informed that HIV testing is planned, in the context that this is a standard procedure for their situation. The patient should have the opportunity to decline testing but should not need to explicitly state their consent. This is the “normal” procedure for routine tests such as glycosylated haemoglobin and chest X rays. Also, in the low prior probability situations of “normalised testing”, discussing management of presumed risk behaviours would not be necessary.

Analogous, well accepted tests include HBsAg and syphilis testing in pregnancy and even the full blood count, which from time to time may detect unanticipated leukaemia, whose prognosis is equally as dire as HIV infection.

During the past year in the Waikato, we have diagnosed three previously unknown HIV cases by routine testing: two in antenatal screens and one body fluid exposure source, tested while still under anaesthetic. In each case, interventions resulted which are likely to have prevented others becoming infected.

On the technical side, I would strongly argue against the use of rapid or “Point of Care” tests as a primary assay, particularly in the “episodic care settings” described in the AMTAC paper. The highest possible degree of certainty regarding the lab result is needed before the delicate stage of informing the patient and obtaining a second sample to confirm the patient and specimen identity. Ideally, a second assay should be used which differs as much as possible from the first in format and antigens used. Traditionally, the Western Blot fulfilled this role but more timely alternatives are available; at Waikato we test first with the Architect Ag/Ab EIA, retest reactive samples in duplicate and simultaneously test on the Multispot. The clinician has very high certainty that technical factors have not caused a false positive and truly indeterminate results can be recognised and explained as such to the patient. If the patient may be soon lost to follow up, giving a result of less than the best available sensitivity and specificity is an avoidable risk.”

“The expectations of every practitioner in NZ and every patient is adherence to good principles of medicine and communication which are nicely outlined in the The Code of Health and Disability Services Consumers’ Rights, especially under Right 6.

The point of Right 6 is that nothing is normalised. Everything is subject to communication and consent.

So in a sense we should emphasise that all tests and treatments receive the care that is the officials seem to think is reserved for HIV. All testing should be associated with pre-test counselling. Although 'counselling' is not the word that we would usually use to describe communication and consent it amounts to the same thing.

You should be careful, so that RCPA is not endorsing a lower standard of care given around HIV testing.”

Yours sincerely



Richard Steele
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Chairman, New Zealand Committee of Pathologists