



TABLE OF CONTENTS

	PAGE
1.0 BACKGROUND	2
2.0 INTRODUCTION	3
3.0 PRINCIPLES	4
4.0 PRE-TEST DISCUSSION	5
4.1 Pre-test Discussion Process	5
4.2 Pre-test In-depth Discussion	7
5.0 POST-TEST DISCUSSION	8
5.1 HIV Test Negative Result – Standard and POC Testing Formats	8
5.2 HIV Positive Test Result – Post Test Discussion Standard Lab Testing Format	9
5.3 HIV Preliminary Positive Test Result – Post Test Discussion Point of Care Testing Format	12
6.0 DEFINITIONS	15
7.0 APPENDIX 1 – CLIENT FOLLOW-UP RECOMMENDATIONS AND REFERRAL SOURCES	20
8.0 APPENDIX 2 – SAMPLE DISCUSSION GUIDES FOR HEALTH CARE PROVIDERS	21
9.0 APPENDIX 3 – WORKING WITH CLIENTS WHEN THE HIV TEST RESULT IS POSITIVE	26
10.0 REFERENCES	26



1.0 BACKGROUND

A number of recent shifts have occurred in relation to HIV testing and the use of human immunodeficiency virus (HIV) pre and post test counselling guidelines. This document reflects the use of streamlined HIV pre and post test processes in time constrained health care settings such as emergency departments, primary care centres, and physician or nurse practitioner offices. A recommendation for increased provider initiated testing (UNAIDS & WHO, 2004) articulates the need for concise pre and post test processes that continue to maintain the human rights of clients and take place within a client-centred context while attending to the time constraints present in these clinical settings.

An additional recommended change reflected in this document is the transition away from the term voluntary counselling and testing (VCT), (UNAIDS & WHO, 2004; WHO, 2005; WHO, 2007), to use of the terms client-initiated and provider-initiated testing.

The use of the term *counselling* in HIV pre and post test counselling guidelines has been shown to be a barrier to instituting HIV testing as it implies a specialized set of skills and the need for time intensive discussions when offering HIV testing. This document uses the term *HIV pre and post test processes* instead of *counselling*.

Finally, this document summarizes

- steps involved with obtaining informed consent for an HIV test
- follow-up recommendations during HIV pre and post test discussions



2.0 INTRODUCTION

The purpose of this guideline is to outline best practice for health care providers including physicians, registered nurses, and nurse practitioners for pre and post-test processes for client and provider-initiated Human Immunodeficiency Virus (HIV) testing when using standard HIV laboratory tests and HIV point of care (POC) testing kits. It is important to note that some of the processes in POC testing differ in timing due to the pre and post-test discussions occurring in the same session when the test is negative.

Timely diagnosis of HIV infection has two important benefits for both the health of the client and the health of the population. First, people who are aware that they have an HIV infection have the opportunity to start treatment for HIV infection at an appropriate time and second, most people who are aware of their HIV infection will take steps to reduce transmission of the infection to others. Both of these effects reduce forward transmission of the virus and thereby decrease overall rates of HIV infection (PHAC, 2006).

It is essential that all HIV testing is voluntary, confidential, client-centred and occurs in a manner that is non-judgmental, reduces stigma, and maintains the human rights of clients (PHAC, 2006). Informed consent processes are used when providing HIV testing (Government of BC, 2011, CRNBC, 2011). Additionally, facilities offering testing services require established follow-up pathways to ensure that clients have the ability to obtain their test results and receive referrals for any recommended health care or other supports related to test results.



3.0 PRINCIPLES

- All laboratory testing, including HIV testing is confidential in British Columbia
- HIV testing is accompanied by obtaining informed consent, which requires that the person having the test understands the purpose and benefits of the test, is prepared for positive results, understands the nature of the type of test used (standard or POC), provides permission to be tested, is aware of where their personal information and test results will be stored, and is aware of follow-up processes and services available if the test is positive (UNAIDS/WHO, 2004).
- In BC, written consent for HIV testing is not required or recommended.
- At the time of HIV testing, individuals are to be offered nominal or non-nominal options for reporting of positive HIV results to the Medical Health Officer (MHO).
- Clients are provided with information regarding the electronic storage of HIV test results and who has access to that information for example, health authority information systems, the Provincial Laboratory Information Solution (PLIS) system (CMA, 2011).
- HIV is a reportable infection in British Columbia. The purpose of reporting positive HIV test results is to provide support, follow-up, and referral at an individual level for clients who are diagnosed with HIV infection. These supports include voluntary partner counselling and referral services. HIV reporting also facilitates the collection of information to develop population health level epidemiological data, which supports HIV program planning.
- Partner counselling and referral services (PCRS) are voluntary, confidential, and non-coercive.



4.0 PRE-TEST DISCUSSION

4.1 Pre-test Discussion Process (see sample discussion guides appendix 2.0 and figure 1)

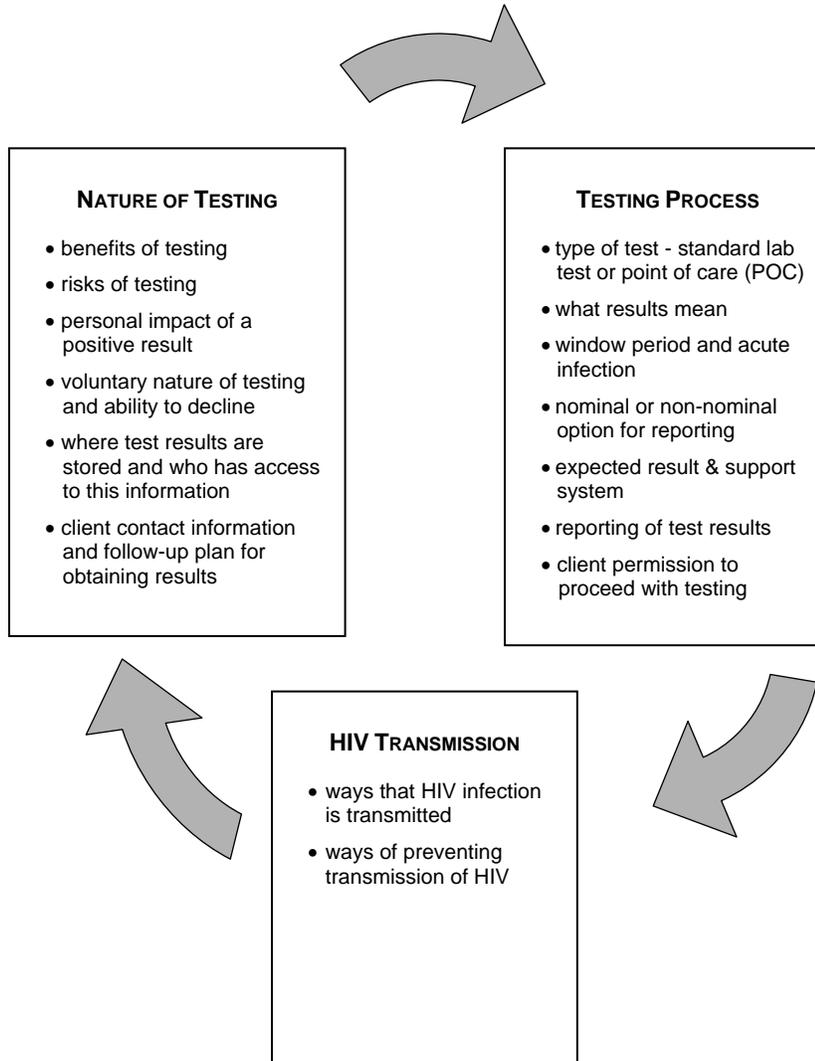
During the pre-test discussion, the health care practitioner provides the following information and seeks feedback from the client in order to obtain informed consent to proceed with HIV testing.

1. Information about the test (see *testing information for informed consent* below)
2. Reason why HIV testing is being recommended
3. Current contact information and a plan for how the client will obtain HIV results
4. Supporting the client to reduce transmission while waiting for test results in situations where the individual has experienced an event that is associated with a higher likelihood that subsequent infection may have occurred.
5. Answers client questions

The following information is given to the client in order to obtain informed consent for HIV testing. The information may be provided either verbally or in writing such as in a health file, or pamphlet. The HIV and HIV Tests HealthLink BC File #08m (Healthlink BC, 2011) is an example of an appropriate resource for this purpose:

Testing information required for informed consent:

- description of HIV infection, transmission, and the window period
- description of positive and negative HIV test
- expected benefits and any risks of HIV testing
- early access to treatment
- decreased transmission of virus to others
- access to voluntary partner counseling and referral services
- impact of a positive result on personal safety
- requirement to report positive results to public health
- voluntary nature of HIV testing and right to decline
- option to chose full name or initials and birth date for the purpose of reporting positive results (nominal or non-nominal)
- alternatives to HIV testing
- follow-up and supports available for negative and positive HIV test results



The information required for obtaining informed consent for HIV testing may be provided in the form of a health file or pamphlet. The Health File #08m HIV and HIV tests is one example of an appropriate resource for this purpose.

Figure 1 - HIV Pre-test Discussion Informed Consent



4.2 Pre-test In-depth Discussion (see Figure 1)

When HIV testing is client-initiated and/or occurs in settings with broader STI service mandates such as youth clinics, STI clinics, outreach settings, or community-based services more in-depth client-centred discussions are recommended.

In addition to the minimum requirements for HIV pre-test discussions, the following are potential discussion topics to support individual client needs:

1. Determine any information needs, current concerns, or issues that the client may have in relation to testing and or HIV transmission
2. Assess situations in which the client may be exposed to HIV and determine whether the client is aware of and understands which types of activities are more likely to result in HIV exposure and transmission.
3. Determine if there are areas where the client would like to reduce or change activities that have the potential to transmit HIV.
4. Determine if there are issues of power, abuse, or other contextual factors, that may be increasing the risk of acquiring an HIV infection or affect ability to act on knowledge of status, which the client would like support in addressing,
5. Provide relevant harm reduction supplies, referrals, and resources.



5.0 POST-TEST DISCUSSION

5.1 HIV Test Negative Result – Standard and POC Testing Formats (see figure 2 & 3)

When the HIV test is negative, for both standard and POC testing formats, the post-test discussion for clients includes:

1. Interpretation that the test result indicates that no antibodies to HIV were detected and there is no evidence of HIV infection. This interpretation is framed in view of any further testing recommendations that may result due to the window period or re-exposure
2. Confirmation that the client understands the test results
3. Opportunity for questions related to the result or further testing
4. Opportunity for the client to discuss any concerns related to activities or situations that might increase the transmission of HIV
5. Discussion of any further needs for education, community-based resources, and access to harm reduction supplies
6. Recommendations for future testing
7. Documentation of discussion in client record as per agency standards or regulatory body requirements



5.2 HIV Positive Test Result – Post Test Discussion Standard Lab Testing Format

When a standard HIV lab test is positive it is essential to provide clients with post-test information and follow-up. In the event that the testing provider or facility is unable to provide the required post test follow-up processes, the pre-test discussion includes establishing a plan with the client about the general nature of follow-up and how it will occur.

Receiving a diagnosis of HIV is complex and life changing. It is important that the person providing the test result understands that delivering the result is part of a larger process, which also involves establishing follow-up planning for the client.

Key Elements of Providing a Positive HIV Test Result (see also appendix 3)

The key elements to providing a positive HIV test result are:

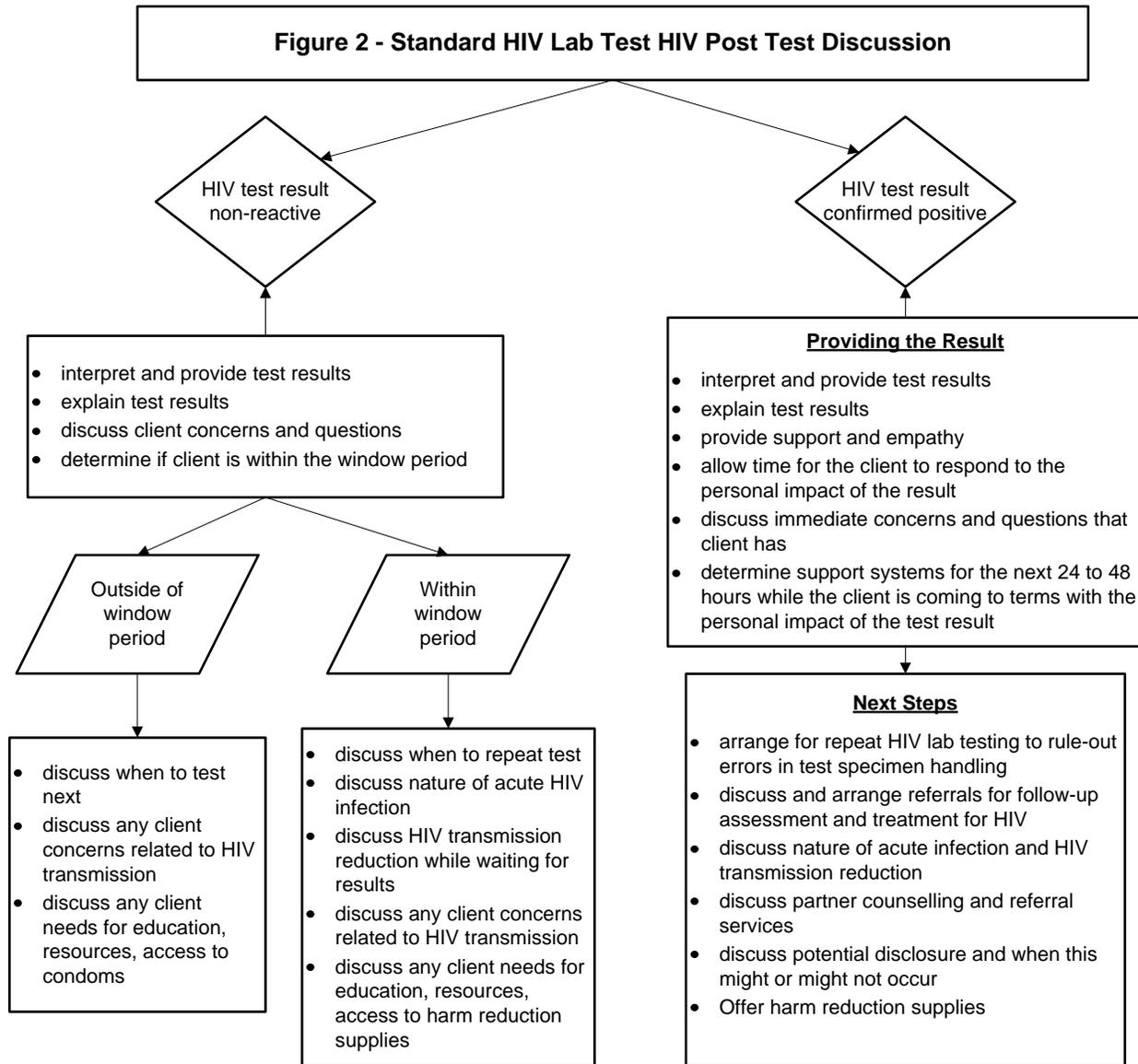
- being prepared before conveying the result
- having time available to spend with the client to provide support following delivery of the result
- knowing the resources and referrals available for clients with a positive test
- being compassionate, direct, and honest when delivering the HIV result
- providing time for the client to process the result before launching into next steps
- understanding that each person will react differently to being told he or she has a positive HIV test and has HIV infection
- emphasizing the chronic nature of HIV and the treatments and supports that are available
- determining sources of emotional support
- developing a follow-up plan including:
 - availability of partner counseling & referral services
 - referrals to medical follow-up
 - referrals or written materials about available community resources
 - information about HIV infection and ways of reducing forward transmission of the virus to others
 - arranging for a repeat standard HIV blood test
 - making an appointment for a follow-up visit as needed
- documenting the discussion and follow-up plan



5.2 HIV Positive Test Result – Post Test Discussion Standard Lab Testing Format continued

When the standard HIV lab test is positive (see figure 2), the post-test discussion includes:

1. Informing the client in a simple and straight-forward manner that the test is a confirmed reactive or positive HIV result. The test has detected antibodies to HIV and the person is infected with HIV
2. Providing the client time to consider the result
3. Ensuring that the client understands the result
4. Determining the impact of the result on the client
5. Inviting the client to ask questions
6. Providing support and empathy for emotions that the client might have in response to the test result
7. Determining support systems for the next 24 to 48 hours while client is coming to terms with the personal impact of the result
8. Discussing immediate concerns that the client may have such as partners, families, impact of results, and disclosure of results
9. Describing follow-up services available including treatment, care, counselling, and other community-based services
10. Discussing partner counseling and referral services
11. Discussing client options for disclosure of result, when this might occur and to whom for example, partners, contacts, other health care providers, and discuss when disclosure may not need to occur
12. Discussing the nature of acute HIV infection and the increased ability to transmit the virus during this phase of HIV infection
13. Discussing ways to prevent forward transmission of HIV
14. Offer or arrange for access to harm reduction supplies
15. Discuss potential legal requirements for disclosure when participating in activities that may transmit the virus to another person
16. Arranging for a second blood test to rule-out rare errors that might occur in the testing process
17. Arranging for follow-up visits or referrals for treatment, care, counselling, and other community-based supports
18. As per agency or regulatory body requirements, documenting the discussion in client record





5.3 HIV Preliminary Positive Test Result – Post Test Discussion Point of Care Testing Format

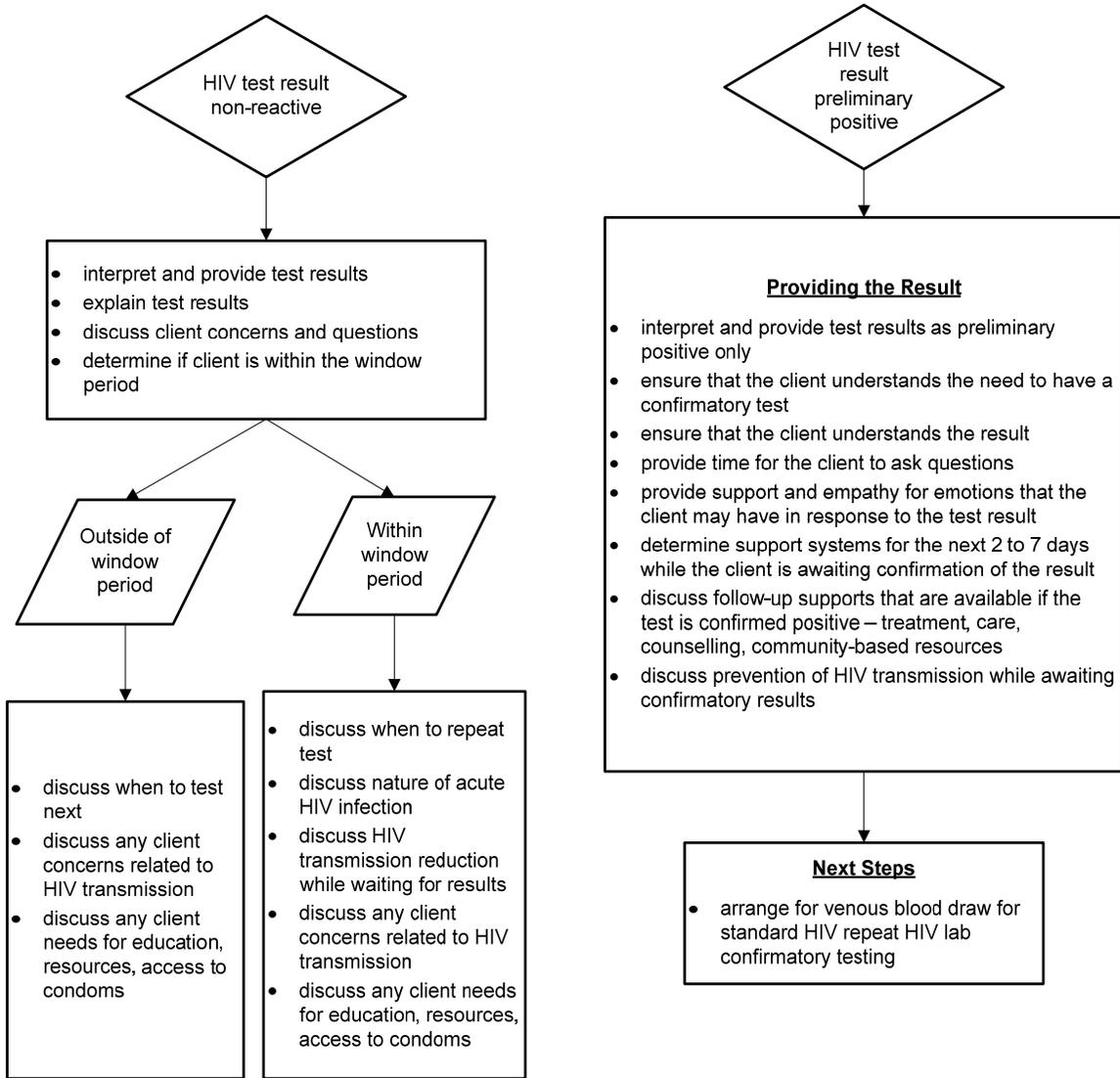
Test results that are potentially positive when using an HIV POC test may be false positive and are reported as preliminary positive only (see figure 3). All clients receiving a preliminary positive result will need to have a standard HIV test venous blood sample drawn and tested to confirm positive HIV status or to rule out a false positive POC HIV test kit result.

When the POC HIV test is preliminary positive, the post-test discussion includes:

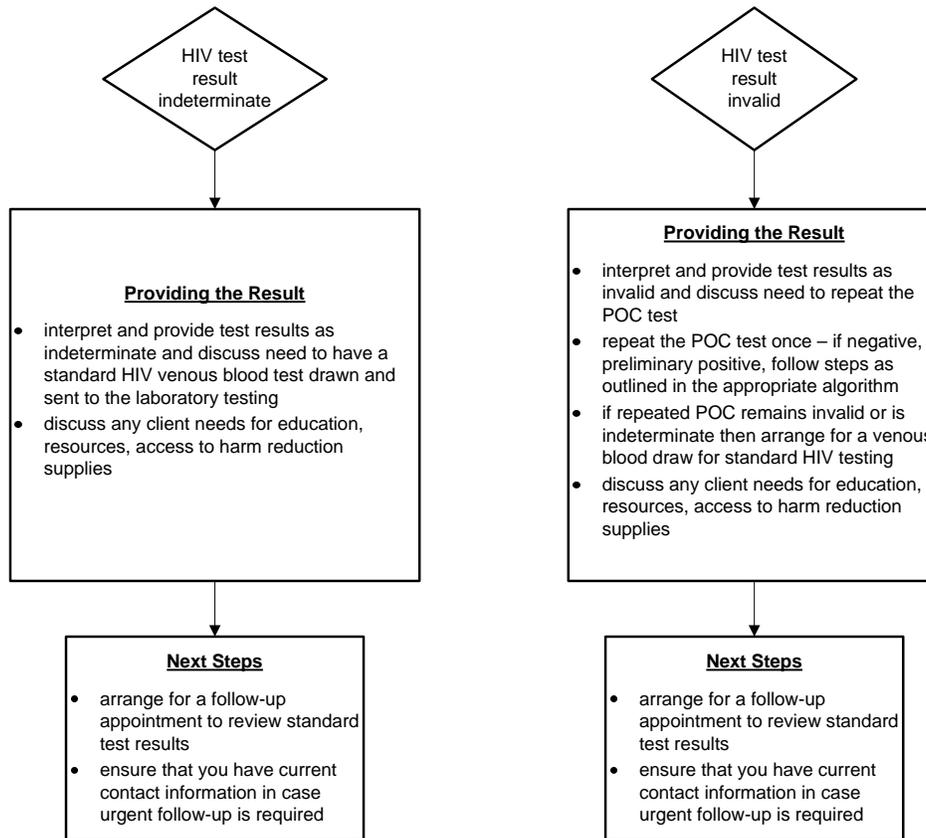
1. Interpreting the result as a preliminary positive diagnosis only. Discuss that the test results means that the client may have been infected with HIV and a standard HIV lab test blood sample is required to confirm an HIV diagnosis
2. Ensuring that the client understands the result and the need to have a blood sample taken to confirm the result.
3. Providing time for the client to ask questions
4. Providing support and empathy for emotions that the client might have in response to the test result
5. Determining support systems for the next 2 to 7 days while client is waiting for confirmation of the result
6. Discussing immediate concerns that the client may have such as partners, and families, impact of results if confirmed
7. Describing follow-up services available including treatment, care, counselling, and other community-based services if test is positive
8. Discussing prevention of transmission while waiting for confirmatory test results
9. Reporting the preliminary positive result to the local Health Authority Medical Health Officer (MHO)
10. As per agency or regulatory body requirements, documenting the discussion in client record

If the confirmatory result is positive – refer to the *HIV Positive Result Post-test Discussion – Standard Lab Testing Format* section for follow-up steps.

**Figure 3 - Point of Care HIV Test Post Test Discussion
Non-reactive or Preliminary Positive**



**Figure 4 - Point of Care HIV Test Post Test Discussion
Indeterminate or Invalid**





6.0 DEFINITIONS

Acute HIV infection

An acute HIV infection occurs during the first two months of acquiring the infection. During this timeframe, an individual with acute HIV infection has a significantly high HIV viral load, which increases the possibility of transmitting HIV to others.

Client-initiated testing

Client-initiated testing refers to HIV testing that is sought and requested by the client.

Informed Consent

Informed consent refers to the process of obtaining voluntary agreement for proposed care, treatment, or research. Conditions for consent include the client being adequately informed, the client being capable of giving or refusing consent, that consent is given voluntarily without coercion, fraud, or misrepresentation. The reasonable information provided in order for a person to make a decision for the proposed health care include: the condition for which the care is proposed, the nature of the care, the risks and benefits of the care, and alternatives to the care, the opportunity to ask questions and receive answers about the proposed care (CRNBC, 2011, Gov't of BC, 2011).

Nominal and non-nominal Identifiers

Individuals testing for HIV has the legal right to choose whether to use their name (nominal) or their initials (non-nominal) as the identifiers for reporting positive HIV results to the Medical Health Officer. At the time of testing, all individuals testing for HIV are offered the option of nominal (using their name) or non-nominal testing (using initials only) for the purposes of reporting positive results. The option is then indicated on the HIV laboratory testing requisition.

Opt-in testing

Opt-in testing refers to testing where clients agree to having an HIV test performed after having had pre-test information and/or in-depth pre-test discussion provided prior to testing.



DEFINITIONS continued

Partner counselling and referral services (PCRS)

Partner counselling and referral services (PCRS) refers to the confidential, non-coercive, and voluntary counselling and support services available to clients diagnosed with HIV infection. One component of PCRS is to support clients and to develop a plan for notifying sexual or drug-sharing partners who would benefit from testing. The client with HIV infection has the control over the amount and type of information that she or he chooses to provide the health care provider about his or her potential contacts or partners. (Kendall, 2002) Partner notification may be done by the client, or anonymously by health care providers as directed by the client.

Point of care (POC) test

POC HIV tests (or rapid HIV tests) are screening tests for antibodies for HIV. POC tests are licensed by Health Canada for use by health care professionals in clinical or laboratory settings, typically providing results within minutes. The current Point of care (POC) test (INSTI), licensed for use by trained health care providers is performed on a finger stick sample of blood and is capable of producing a negative, preliminary positive, indeterminate or invalid result.

Results that are negative are considered final (relative to the window period), while a positive test is considered a preliminary positive result and it is necessary to obtain a blood sample by venipuncture for confirmation by standard HIV testing.

Point of care (POC) test – negative result

If the POC screen test is non-reactive (negative), there is no evidence of HIV infection. If a POC test result is negative at the time of testing, then the result is relayed to the client as negative relative to the window period.

If the HIV POC test is negative and the client is in the window period with a high suspicion of having acquired HIV infection then standard HIV lab testing is recommended.

Point of care (POC) test – preliminary positive result

A positive POC result is conveyed to the client as a preliminary positive and blood collection for standard laboratory testing is necessary to provide confirmation of HIV infection for all preliminary positive POC results.



DEFINITIONS continued

Point of care (POC) test – indeterminate result

The test is indeterminate if a faint background ring appeared on the test area. If the screen test is indeterminate, the result cannot be interpreted. The client is advised that a venous sample must be drawn and sent for standard HIV testing (confirmatory testing).

Point of care (POC) test – invalid result

An invalid (or unacceptable) result indicates that there is a problem either with the testing process, the control material, or the testing device. If no dot appears at the top of the membrane, or only blue specks appear, or uniform tint across the membrane appears then the test is considered invalid. If the screen test is invalid the result cannot be interpreted. The POC test is repeated once with a new POC test kit and if it remains invalid a venous sample must be drawn and sent for standard HIV testing.

Provider-initiated testing

Provider-initiated testing refers to HIV testing that is offered to the client by a health care provider. In BC, provider-initiated testing is offered in an opt-in format.

Reporting

HIV is a reportable infection in British Columbia and all positive HIV results (lab-based and point of care) are reported to the regional medical health officer and followed up by a designated nurse.

New positive HIV results are identified by HIV Surveillance (HIVSS) at the BC Centre for Disease Control and provided to the medical health officer and public health nurses known as HIV designated nurses. The designated nurses (DN) are appointed by their health service delivery areas to perform HIV follow up. In the case of a positive HIV result, the DN will contact the health care provider who initiated the testing to determine follow-up processes.

All positive and negative standard HIV laboratory confirmatory test results are deposited into the PLIS system and such results and/or case notes associated with the positive test results may be deposited into health authority information systems. It is important that the client is notified about how HIV test results are stored and who potentially has access to this information.



DEFINITIONS continued

Standard HIV laboratory test

The standard HIV laboratory test is the process by which blood is drawn by venipuncture for HIV antibody testing and sent to the provincial lab for processing. In BC, all routine HIV specimens submitted for laboratory testing are screened with an anti-HIV-1&2 3rd generation enzyme immunoassay (EIA) test. Turn around time for the test is approximately 1 week.

Standard laboratory test - non-reactive (negative) result

If the screen test is non-reactive (negative), no HIV antibodies were detected and no further testing is performed. If the client is outside of the window period, this result indicates no evidence of HIV infection.

If a client is thought to be within the window period, then follow-up testing is recommended (BCCDC, 2010) to confirm HIV status. The current 3rd generation HIV antibody tests are capable of detecting HIV antibodies as early as 3 weeks after a possible exposure. Retesting is necessary if there has been possible exposure in the three month period preceding the test.

Standard HIV laboratory test – reactive or equivocal result

If the screen test is reactive or equivocal, confirmatory tests including a supplemental EIA screen test, Western Blot (WB) and HIV-1 RNA test are performed to confirm or rule out HIV infection. A reactive (positive) result indicates HIV antibodies were detected.

Laboratory HIV testing uses the Western Blot as the confirmatory test. It is possible for a Western Blot to be indeterminate. A positive Elisa test and a negative or indeterminate Western Blot may be indicative of an acute HIV infection. RNA testing may be performed to determine if HIV is present. In this situation the lab will also recommend retesting. The accepted standard for a diagnosis of HIV is a reactive Western Blot.

It is recommended that all individuals who have a reactive HIV test result have a second blood specimen drawn and sent for testing to ensure that the test is accurate. The possibility of a false positive test result (due to the characteristics of the tests used or errors such as mislabeling of submitted specimens) is very low but is not zero.



DEFINITIONS continued

Window Period

The window period is the time from when a person is first infected with HIV to the point when the infection is detectable through laboratory testing (BCCDC, 2010).

Progress in HIV test technologies continues to result in tests with shorter window periods. All routine patient specimens are screened with a 3rd generation anti-HIV – 1 & 2 EIA test. While maximum window periods for specific tests are difficult to estimate, under the standard testing algorithm at PHS Laboratories it is estimated that greater than 95% of individuals will show detectable antibodies to HIV within 4-6 weeks of being infected, and > 99% will have sero-converted by 3 months (Gilbert, Kraiden, & Cook, 2009).

(For baseline testing and for early reassurance, a person can be tested at 3- 4 weeks following a situation where the possibility of HIV exposure exists. Repeat testing 3 months following exposure will rule out HIV infection in 99% of cases).

Window period estimates should not be interpreted as an absolute cut-off as individual variation does occur between infection and detection.



7.0 APPENDIX 1 – CLIENT FOLLOW-UP RECOMMENDATIONS AND REFERRAL SOURCES

Provide client centered referrals and laboratory testing as appropriate.

When result is positive:

- Facilitate access to a clinical assessment of HIV status as soon as possible
- Refer to the B. C. Center for Excellence in HIV/AIDS (CfE) Therapeutic Guidelines – Antiretroviral Therapy for HIV-1 Infected Adults (www.cfenet.ubc.ca)
- Consult Oak Tree Clinic to refer children and families:
<http://www.bcwomens.ca/Services/HealthServices/OakTreeClinic/default.htm>
- Community Health, Mental Health and Substance Use referral sources – see Community Healthcare and Resource and Directory -
<http://info.chardbc.ca/default.asp>



8.0 APPENDIX 2 – SAMPLE DISCUSSION GUIDES FOR HEALTH CARE PROVIDERS

The following guides are examples of how health care providers may lead discussions with clients, these are only guides and are offered only as suggestions for providers who are wondering how to start a conversation about HIV testing.

Example 1 - General Discussion for any Patient (Client) for Standard Format HIV Testing (not POC)

In BC, given the highly treatable nature of HIV infection, as a pilot public health initiative, HIV tests are being offered to all patients (clients) who have not had an HIV test in the last year. I agree with this recommendation and I have begun offering HIV testing to all of my patients. Would you be interested in taking the test?

To obtain informed consent the following information is provided, however, it is available in the HIV and HIV Tests health file (HealthLink BC, 2011) in several languages:

HIV stands for human immunodeficiency virus and it is an infection that makes it difficult for the body to fight off infections. Over time, HIV severely damages the immune system and may lead to a disease called Acquired Immunodeficiency Syndrome (AIDS). When a person has AIDS they can get many types of infections and cancers.

HIV is passed from one person to another through contact with blood or body fluids. Some ways that HIV is passed is through having sex or sharing needles or drug-using equipment with someone who has the virus. You cannot tell by looking at someone if he or she has the virus and most often people who have the virus do not recognize the infection. When a person becomes infected with HIV it takes between 4 weeks and 3 months to develop antibodies to the virus. The HIV test looks for those antibodies.

If the antibodies are seen on the test it is called positive and the person has an HIV infection and is able to pass HIV on to others. If the results are negative it may mean that there is no HIV infection. However, if it has been less than three months since the person may have been infected with the virus, it may be too soon for the antibodies to show up on the test. If you suspect that you may have an HIV infection, it is important to have a second test three months after the date when you may have acquired the infection. Always using condoms for any sexual activities (oral, anal, or vaginal), not sharing razors or toothbrushes, and not sharing drug-using or tattooing equipment are important ways of decreasing the chances of passing HIV infection from one person to another.



8.0 APPENDIX 2 – SAMPLE DISCUSSION GUIDES FOR HEALTH CARE PROVIDERS CONTINUED

Like all healthcare services in British Columbia, HIV testing is a confidential process. The test involves a simple blood test and the results are available in 7 to 10 days. Sometimes we will call you sooner for the results, is the contact information that I have for you correct? In BC, positive HIV tests are reported to the local medical health officer. As well, public health providers including public health nurses provide voluntary partner and counselling referral services and will confidentially contact people who have a positive HIV test to provide support for follow-up.

For this test, you have two options available for having the test results reported from the lab. The first option is to use your full name and birth date, which many of my patients choose or, you may also choose to test using only your initials and birth date. Choosing to use only your initials means that only you and I know the results of your test and if positive it would be reported to the medical health officer with your initials only. In BC, the test results are stored in the Provincial Laboratory Information Solution. Here is some additional written information about how your health information, including lab results is stored, who has access to that information, and who you can contact for further information.

Do you have any questions?

Example 2 - Clients with Increased Likelihood of HIV Acquisition or Suspected HIV Infection

In order to provide the best medical care for you, I would recommend that you have an HIV test at this time. HIV is passed from one person to another through sexual activities including vaginal, oral, and anal sex, and by sharing needles and drug-using equipment. Today there are medications available for HIV and it is a highly treatable infection. From some of the information that you have shared with me today, I believe that it would be beneficial to know your HIV status for me to provide you with the best health care.

Here is a health file *HIV and HIV Tests* (2011), which provides more information. Please have a read through it and then we can talk about any questions that you have and next steps.

Do you have any questions about the information in the health file?

Like all healthcare services in British Columbia, HIV testing is a confidential process. The test involves a simple blood test and the results are available in 7 to 10 days. Sometimes we will call you sooner for the results, is your contact information that I have here correct? In BC, positive HIV tests are reported to the local medical health officer so that public



health providers including public health nurses are able to speak with patients to offer support and provide access to treatments and voluntary follow-up.



8.0 APPENDIX 2 – SAMPLE DISCUSSION GUIDES FOR HEALTH CARE PROVIDERS CONTINUED

For this test, you have two options available for having the test results reported from the lab. The first option is to use your full name and birth date, which most of my patients choose. Or, you may also choose to test using only your initials and birth date. Choosing to use only your initials means that only you and I know the results of your test and if positive it would be reported to the medical health officer without your full name. In BC, the test results are stored in the Provincial Laboratory Information Systems and also the health authority system. Here is some additional written information about how your health information, including lab results is stored, who has access to that information, and who you can contact for further information.

Do you have any further questions? Are you okay if we go ahead with the test?

Example 3 - General Discussion for Client Discussion for Provider Given POC Testing Format

As part of your sexually transmitted infection testing today I am able to offer you a point of care HIV test. With POC testing you would have the results in a few minutes. The other way to test for HIV is to have a standard HIV test and the test results will be available in 7 to 10 days. In BC, positive HIV tests are reported to the local medical health officer so that public health providers including public health nurses are able to speak with patients to offer support and provide access to treatments and voluntary follow-up. Currently, there are medications and supports available for people with HIV and it is a highly treatable infection.

HIV stands for human immunodeficiency virus and it is an infection that makes it difficult for the body to fight off infections. Over time, HIV severely damages the immune system and may lead to a disease called Acquired Immunodeficiency Syndrome (AIDS). When a person has AIDS they can get many types of infections and cancers.

HIV is passed from one person to another through contact with blood or body fluids. Some ways that HIV is passed is through having sex or sharing needles or drug-using equipment with someone who has the virus. You cannot tell by looking at someone if he or she has the virus and many people who have the virus are not aware that they have the infection. When a person becomes infected with HIV it takes between 4 weeks and 3 months to develop antibodies to the virus. HIV tests look for those antibodies.

With the HIV point of care test, if the test is negative and it has been longer than 3 months since the last time when you may have been exposed to HIV then it means that the test is not seeing antibodies to HIV and you do not have HIV infection. No further testing is needed. If the test is negative today and you suspect that you may have been exposed to



HIV, it is important to have a second test three months after the date when you may have been exposed to HIV.

8.0 APPENDIX 2 – SAMPLE DISCUSSION GUIDES FOR HEALTH CARE PROVIDERS CONTINUED

If the point of care test today shows two dots, this shows that you may have been infected with HIV and a standard blood test needs to be taken by venipuncture and sent to the lab to confirm the result. The results will be available in 7 to 10 days. Always using condoms for any sexual activities (oral, anal, or vaginal), not sharing razors or toothbrushes, and not sharing drug-using or tattooing equipment are important ways of decreasing the chances of passing HIV infection from one person to another.

For an HIV test, you have two options available for having positive HIV test results reported to the medical health officer. The first option is to use your full name or you may also choose to test using only your initials and birth date. Choosing to use only your initials means that only you and I know the results of your test and if positive it would be reported to the medical health officer without your full name. In BC, the test results are stored in the Provincial Laboratory Information Systems and also the health authority system. Here is some additional written information about how your health information, including lab results is stored, who has access to that information, and who you can contact for further information.

Do you have any questions? Would you like to proceed with the HIV test?



9.0 APPENDIX 3 – WORKING WITH CLIENTS WHEN THE HIV TEST RESULT IS POSITIVE

The following guides are examples of how health care providers may lead discussions with clients when providing a positive HIV result for a standard HIV test:

1. State the test result in a direct manner with a neutral tone
 - “Your HIV test result is positive, this means that you have been infected with HIV”
 - “your HIV test result is positive. What this means is that at some point you were exposed to HIV and you have an HIV infection”
2. Address client concerns & sources of emotional support
 - “what is on your mind right now?”
 - “who could be supportive of you as you are dealing with this?”
 - “it is important to take care of yourself emotionally now, how have you handled stressful situations in the past?”
3. Make a short term plan
 - “what will you do after you leave here? Who will you talk to about this news?”
 - “knowing that you have HIV, who else are you are concerned about”
 - “is there something that you will need to change or do differently now that you have HIV”
4. Make a follow-up plan
 - “We have talked about a lot today. What do you think will be most the important for you to deal with first?”
 - “Before we make a follow-up appointment, what other questions do you have for me today?”
 - “You may think of questions or have concerns after you leave here today. If you have questions you may contact me tomorrow to talk about it further”



10.0 REFERENCES

- BC Centre for Disease Control (BCCDC). (2007). Appropriate use of Point of Care HIV Testing in BC. BCCDC Communicable Disease Manual Chapter 5.
- BC Centre for Disease Control (BCCDC). (2010). HIV laboratory testing: A resource for health professionals. BCCDC Communicable Disease Manual Chapter 5.
- Branson, B., Handsfield, H., Lampe, M., Janssen, R., Taylor, A., Lyss, S., Clark, J. (2006). Revised recommendations for HIV testing of adults, adolescents, and pregnant women in Health-Care Settings. *Morbidity and Mortality Weekly Report* Vol 55. September 22, 2006. Centers for Disease Control and Prevention, Georgia.
- Canadian Medical Association (CMA). (2011). Principles for the protection of patient's personal health information. *CMA Policy*. Ontario.
- College of Registered Nurses of British Columbia. (2011). Practice standard for registered nurses and nurse practitioners: Consent. Pub #359. Retrieved from <https://www.crnbc.ca/Standards/Lists/StandardResources/359ConsentPracStd.pdf>
- Gilbert, M., Krajdén, M., Cook, D. (2009). Understanding the window periods of HIV tests. *SHAKE* 2(1) March, 2009. British Columbia Centre for Disease Control.
- Government of British Columbia. (2011). Health care (consent) and care facility (admission) Act [RSBC 1996] Chapter 181. Queen's Printer. Retrieved from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96181_01
- HealthLinkBC. (2011). HIV and HIV Tests. STI Series HealthLink File #08m, September 2011. Retrieved from <http://www.healthlinkbc.ca/healthfiles/hfile08m.stm>
- Kendall, P. (2002). Provincial Health Officer's report on HIV reportability. British Columbia Ministry of Health Planning, Office of the Provincial Health Officer, February 2002.
- Public Health Agency of Canada (PHAC). (2006). HIV testing and counselling: Policies in transition? Research paper prepared for the International Public Dialogue on HIV Testing and Counselling.
- Government of British Columbia. (2011). Health care (consent) and care facility (admission) Act [RSBC 1996] Chapter 181. Queen's Printer. Retrieved from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96181_01
- United Nations Programme on HIV/AIDS (UNAIDS)/World Health Organization (WHO). (2004). *UNAIDS/WHO Policy Statement on HIV Testing*. Geneva: UNAIDS/WHO.
- United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO). (2007). Guidance on provider-initiated HIV testing and counselling in health facilities. Joint United Nations Programme on HIV/AIDS, WHO HIV/AIDS Programme.
- World Health Organization (WHO) (2005). Scaling-up HIV testing and counselling services: a toolkit for programme managers. WHO HIV/AIDS Programme