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## **1.0 BACKGROUND**

HIV has been a reportable disease in British Columbia since 2003. Despite the option of non-nominal testing and/or reporting (Appendix I) to offer protection of privacy for those testing for HIV, concerns related to confidentiality persist.

Stigma associated with HIV continues to pose a barrier to accessing testing across multiple populations in BC. In 2003, Wardman et al conducted interviews with 219 Aboriginal people living in BC, of which approximately one-third reported confidentiality concerns related to their HIV test results (1). In addition, in 2008-09, 4% of MSM in Vancouver who had not recently tested, identified “being afraid of having their name reported”, as a reason for not testing (2). More recently, a national online survey highlighted concerns about confidentiality of HIV testing remaining a barrier for a small but significant number of gay and bisexual men in BC; with 15% of HIV negative or untested men who did not test or delayed testing in the past 12 months citing a lack of anonymous HIV testing as a barrier (3). These men were more likely to identify as bisexual or straight, be partnered with women, live in the suburbs, not be out to health care providers, or out in general, report behaviour that risks HIV transmission, or perceive self at risk for HIV (3).

Finally, in qualitative research, many youth in BC – particularly those in northern or rural areas - outlined concerns about privacy and confidentiality of STI testing sites as potential barriers to accessing testing services; with many travelling in order to access such services (4, 5). Similarly, clinicians report individuals travelling from other parts of BC to Vancouver to test; at clinics operated by BCCDC, between 1-2% of all clinic clients each year are not residents of the Lower Mainland.

To address these continued privacy and confidentiality concerns that pose a barrier to accessing HIV testing, an anonymous HIV testing (AHT) pilot was launched in BC from March 2013 to June 2016.

The results of the AHT pilot suggested that AHT provides a subpopulation of clients with particular concerns around privacy an HIV testing option that is more private than non-nominal testing.

Anonymous HIV testing allows a person to test without the collection of identifiable or contact information and to retrieve their results using a numbered code known only to the client. The person tested must provide their code to retrieve the result.



Anonymous testing is an addition to, not replacement of, existing HIV testing options (ex. nominal and non-nominal testing/reporting).

In June of 2016, as a result of the success of the AHT pilot, Communicable Disease (CD) Policy approved that the AHT pilot program no longer be considered a pilot, but rather remains as an HIV testing option for those sites attracting high risk groups that may not otherwise be tested.

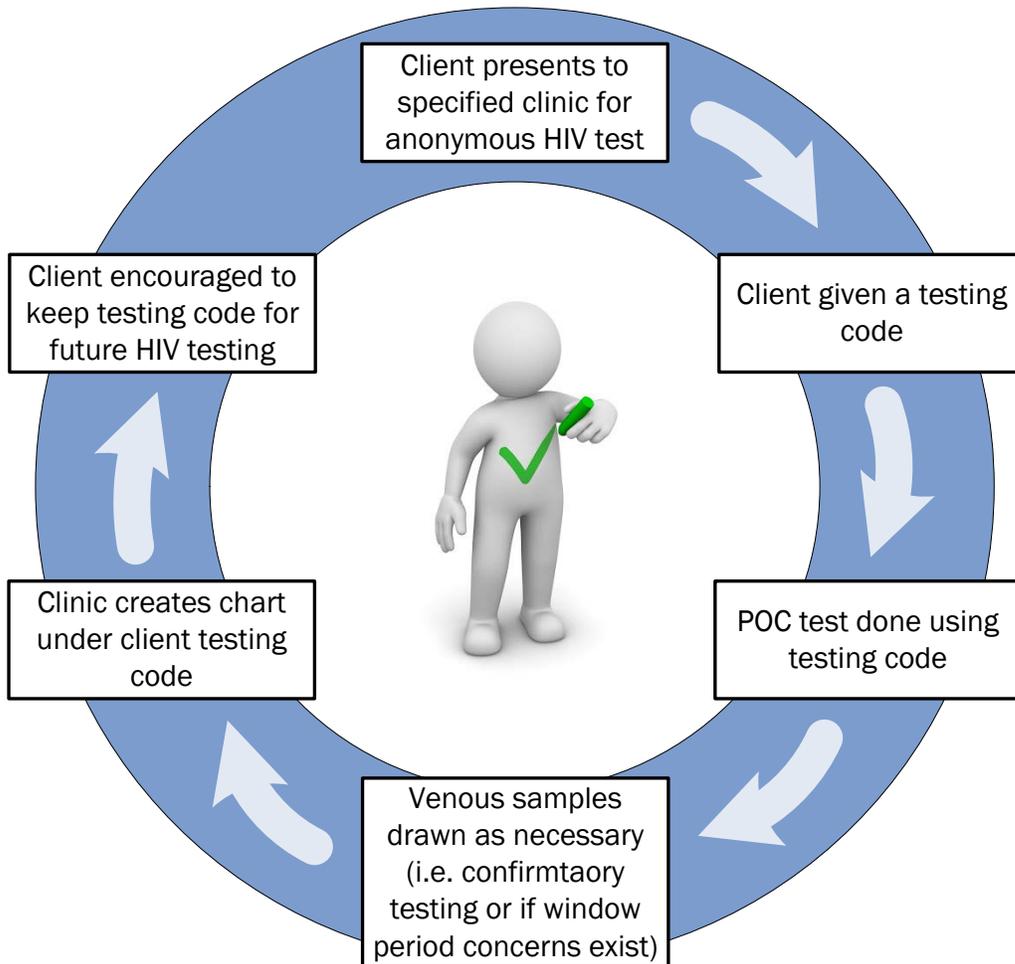
The following information outlines procedures for anonymous testing sites in the province of BC.

## 2.0 OVERVIEW OF MODEL

The below diagram provides an overview of the process for anonymous HIV tests drawn via venous specimen collection.



The below diagram provides an overview of the process for anonymous HIV tests completed via Point of Care (POC) testing.





### 3.0 PROCESSES FOR OFFERING, RECORDING, COLLECTING, SUBMITTING AND POST TEST DISCUSSIONS FOR ANONYMOUS HIV TESTING

BCCDC will provide all necessary supplies to sites interested in offering anonymous testing to their clients.

This will include:

- 4 client labels with anonymous HIV testing numbers (AN numbers)
- client reminder cards to affix the client's AN label
- requisitions to be used for anonymous HIV tests

#### 3.1 Offering Anonymous HIV Tests to Clients

Sites are expected to continue to offer nominal, non-nominal and pseudonym HIV testing options according to current practice (see Appendix I for definitions). In the event a client expresses significant concerns around privacy and confidentiality, discussion of anonymous HIV testing may occur during the pre-test discussion. It is **not expected** that all clients who present for HIV testing be offered anonymous HIV testing. It is recommended that options for additional confidentiality (e.g. non-nominal, pseudonym testing, and discussion around the safeguarding of information) be offered when a provider identifies that the client has specific concerns about confidentiality during the pre-test assessment.

BCCDC can assist sites in tailoring current practices for offering HIV testing to be inclusive of the anonymous HIV test option as this may differ from site to site.

#### ***Practitioner Alert!***

It is important to emphasize with the client that anonymous testing applies to HIV testing only and not for STI testing. AN numbers are not to be used in place of a client's name when sending samples for STI testing. STI samples sent to the BCCDC Public Health Laboratory with AN numbers will not be processed.



The [Guidelines for Testing, Follow-up, and Prevention of HIV \(October 2016\)](#) provide direction as to what should be included in all pre and post-test discussions regardless of the testing option chosen. In addition to following these guidelines, it is also important to highlight the following with clients who choose to test for HIV anonymously:

- There will be no way for the provider to notify the client regarding results
- There will be no connection between anonymous HIV testing and the client's identity, as the testing provider will not connect the two in a separate record
- HIV testing is anonymous however STI testing will remain nominal or with the client's chosen pseudonym
- If clients lose their AN number, they will not receive their HIV test result and a re-test will be offered
- If the client is testing in a small community or if the tester and client know each other, discuss what will happen if the client does not return for their result
- Paper/hard copies of anonymous HIV test results cannot be given
- If a client tests HIV positive anonymously and would like to access treatment they will need to use their real name and Person Health Number (PHN)

### 3.2 Recording

For all HIV tests done anonymously, a new client chart is initiated (unless the client is testing using their AN number from a previous test). The only demographic information that is recorded in a client's chart is:

- Last name: AN
- First name: the client's AN number
- Year of Birth: client's correct year of birth
- Day of Birth:01
- Month of Birth: January
- Gender: client's gender

#### ***Practitioner Alert!***

If the client has previous or subsequent testing done or care given, these charts are not to be linked with their anonymous HIV testing number.



Clients should be encouraged to save their AN number for future re-testing however this is not necessary.

***Practitioner Alert!***

Documentation standards and practices may vary among sites and among Health Authorities. For example, some electronic medical record systems may not allow first/last name fields to include numbers. In these instances, paper charts may be required.

### *3.3 Collecting the Sample*

Collection procedures for anonymous HIV testing remain the same as nominal, non-nominal and pseudonym testing.

### *3.4 Submitting Specimens*

Submitting HIV test specimens to the BCCDC Public Health Laboratory remains the same as for submission of other specimens, except with the following changes:

#### *3.4.1 Venous HIV Tests done Anonymously*

All venous anonymous HIV tests are to be sent to BCCDC Public Health Laboratory for processing. Requisitions should have the following fields completed (see Appendix II for an example):

- Date collected
- Time collected
- Ordering physician/healthcare provider
- Patient surname: complete using client's surname as "AN"
- Patient first name: complete using client's AN number
- DOB: complete using client's correct year of birth and day/month as 01/January
- Gender: client's gender
- HIV (non-prenatal): tick non-nominal reporting requested (*Note: if HIV serology is being done anonymously as part of prenatal screening, tick "HIV Non-Nominal Reporting"*)
- Comments: complete as per Agency standard



In order to protect the client's anonymity, anonymous HIV testing samples should be sent to BCCDC Public Health Laboratory in a separate biohazard bag from STI testing samples from the same client.

### *3.4.2 Anonymous Point of Care Testing*

There are no changes to the collection procedures for POC HIV testing done anonymously. Refer to the [BC Point of Care Testing Program](#) website for further information and resources related to POC testing.

### *3.4.3 Post Test Discussions*

Clients are required to provide their AN number and a second identifier (i.e. year of birth, chart number, encounter date) to receive their anonymous HIV test result. This applies if the client presents in person or calls to receive their HIV testing results over the phone. If clients are tested using venipuncture and have lost the AN number they will not receive those test results and a re-test will be offered under a new AN number.

## **4.0 POSITIVE ANONYMOUS HIV TEST RESULTS**

As per the [Guidelines for Testing, Follow-up, and Prevention of HIV \(October 2016\)](#):

### *4.1 Serology HIV Tests*

For serology samples, all reactive 4<sup>th</sup> generation (EIA) HIV results are confirmed by a HIV confirmatory assay prior to reporting the diagnosis to the clinician who ordered the test. As a consequence, most new positive test results do not need to be repeated to confirm the diagnosis. Repeat testing may be considered when the client's history suggests a low-risk exposure for HIV (e.g. to rule out specimen handling errors such as mislabeling) but in general a secondary confirmatory test is not required.

For individuals with falsely reactive screening tests, the serological pattern does not usually change over time and confirmatory tests, including HIV RNA NAAT on the initial and/or repeat falsely reactive specimen, will help to rule out HIV infection.

If a client tests positive anonymously by serology, and a confirmatory test is completed, it is recommended that the confirmatory test be done nominally - however the client may choose to use their AN number. If the confirmatory test is done using their AN number, requisitions should state in the history section, "Tested HIV positive on (insert date) under AN####" (see Appendix III). The provider may have to complete the requisition by hand if



labels are not available; extra care should be taken to ensure that the correct AN number is used.

#### *4.2 Point Of Care HIV Tests*

All positive results via Point of Care testing are considered preliminary positives and must be followed-up by a serology sample submitted to BCCDC Public Health Laboratory to confirm HIV diagnosis. It is recommended that confirmatory testing be done nominally - however clients may choose to do so anonymously using their same AN number as used for the POC test. If the confirmatory test is done using their AN number, requisitions should state in the history or comments section, "HIV POC test reactive on (insert date)". The provider may have to complete the requisition by hand if labels are not available; extra care should be taken to ensure that the correct AN number is used.

If the serology sample result is positive, follow procedures as per above (4.1).

#### *4.3 Recording Confirmatory Samples*

If a client chooses to have their confirmatory test done anonymously, all recording is done in the anonymous HIV testing chart per site documentation procedures.

In the event that a client presents for a nominal HIV test, confirmatory or otherwise, and indicates to the clinician they previously tested positive anonymously, the clinician will present the following documentation options to the client:

- No mention of their previous anonymous HIV test in the nominal chart or laboratory requisition
- "Previously positive anonymous" noted in the chart and on laboratory requisition.

With the client's permission it can be stated in the nominal chart, "Client previously tested HIV positive anonymously." Information related to year and province of testing may also be included in the client's nominal chart with the client's consent however there should **never** be a link with the client's AN number.

#### *4.4 Referral to Care*

It is important to discuss with the client that HIV referral and treatment (ARV therapy and other) can only be accessed if they use their full name. It is also important to recognize that some clients may not be ready to re-test nominally or to access HIV treatment and to discuss with them the supports available in the interim.



#### *4.5 Anonymous HIV Testing Case Reporting*

The process for anonymous HIV case reporting remains the same as for nominal/non-nominal HIV testing, with all positive HIV results (lab-based and point of care) being reported to the regional medical health officer .

Per the [Guidelines for Testing, Follow up, and Prevention of HIV \(October 2016\)](#), the HIV Surveillance Nurse at BCCDC receives all reactive HIV test results from the BCCDC Public Health Laboratory, including anonymous tests. If the result is determined to be a new positive case based on available information/identifiers (i.e. no history of positive in Lab or Surveillance databases), the case will be reported to a Public Health/Communicable Disease unit (in the HSDA where the test originated) and assigned to a nurse designated to provide HIV case management.

If BCCDC HIV Surveillance receives an HIV positive report from the lab that states, “Previously Positive” or “Previous Positive Anonymous” and they cannot confirm the client had a previous positive in the surveillance/provincial lab databases or any available clinical charting systems, they will err on the side of caution and call the result to the HSDA where the testing occurred. The HSDA is then free to contact the testing site to provide follow-up and support.

The HSDA nurse assigned to provide HIV case management will confirm with the healthcare provider at the testing site the client’s AN number, year of birth and gender. The case report form is to be completed whether the client has returned for their test result or not; the client’s name is reported using their AN number, DOB as their correct year of birth and 01/January as day and month of birth.

Clients should be offered and encouraged to discuss partner notification options with the assigned HIV nurse, or provider trained in partner notification. If the testing provider is not trained in partner notification, support can be sought from the HIV assigned nurse. Clients who test positive anonymously may choose to have no further follow up; however, if a client is receptive to follow up, all further case reporting processes remain the same as outlined in the [Guidelines for Testing, Follow up, and Prevention of HIV \(October 2016\)](#). If the client chooses to have follow-up done, they may be given the HSDA HIV assigned nurse’s contact information.



#### 4.6 Partner Notification

Support, referrals and assistance with partner notification should be offered to all persons newly diagnosed with HIV. Support may occur on or around the time of initial diagnosis, or made available throughout the course of their engagement with care. Partner notification options are the same regardless of testing or reporting option chosen. Clients may choose to be supported by the HIV nurse assigned to their follow-up to provide assistance in partner notification; either by supporting the client in self-notification of contacts, provider-notification, or a combination.

### 5.0 SURVEILLANCE AND EVALUATION

Surveillance and evaluation are vital components to any program, and both serve to inform the direction of HIV testing in British Columbia. BCCDC will rely on the assistance of participating sites to gather and share pertinent information as needed.

BCCDC will collect the necessary anonymous HIV surveillance data from BCCDC Public Health Laboratory for all serological (venous) specimens.

For all anonymous HIV testing done via Point of Care (POC), please ensure that information is collected and recorded on the POC program monthly report. There is a section on the POC monthly report to record all anonymous POC tests.

Please be sure to include:

- Testing site location
- AN ##
- Year of birth
- Gender
- Test date
- Result
- Whether client received result (yes/no)

For all clients testing positive, further information will be required. BCCDC will follow-up accordingly.



## 6.0 SITE LEAD AT SITES

It is recommended that each site assign a Site Lead to be responsible for the overall implementation of anonymous HIV testing at the site. The responsibilities of the Site Lead include:

- Coordinating site level implementation as needed.
- Overseeing the technical aspects of anonymous HIV testing at the site including:
  - ensuring HIV test requisitions and samples are sent according to procedure,
  - charting is completed per procedure,
  - ordering AN numbers from BCCDC.
- Ensure surveillance or evaluation requirements are completed including submitting monthly POC reports to BCCDC.
- Working with BCCDC to train new staff to deliver anonymous HIV testing.
- Identifying issues and communicating issues to BCCDC.
- Maintaining inventory of anonymous testing kits and ordering more when needed.

## 7.0 BCCDC SUPPORT FOR PARTICIPATING SITES

BCCDC will work closely with sites to assist with any new site implementation and to ensure that ongoing operational requirements of anonymous HIV testing are being supported as required.

For any questions or concerns related to the anonymous HIV testing program, please refer to the BCCDC contact on the main [webpage](#).



## APPENDIX I: HIV TESTING AND REPORTING OPTIONS IN BC

### **Nominal HIV Testing:**

HIV testing in which the test is conducted and reported using the client's full name and other personal identifiers (e.g. contact information, gender, date of birth, PHN).

### **Non-Nominal Testing:**

HIV testing in which the test is conducted using a client's initials per agency standards. This may take the form of a person's first name, surname/name initials (e.g. Sylvester, TS). The collection of some personal identifiers are recommended (like the person's real date of birth and gender), but not verified. At least one form of contact information is provided.

*Note: In BC, the ability to test under initials is not covered by regulation; rather this is a matter of practice/policy of the provider or site ordering the test.*

### **Pseudonym HIV Testing:**

HIV testing in which the test is conducted using a pseudonym. This may take the form of an assumed or false name (For example, the BCCDC clinical sites add a prefix of YYY (e.g. YYYDuck, Daffy) to clearly identify all clients testing using an assumed or false name). The collection of some personal identifiers are recommended (like the person's real date of birth and gender), but not verified. At least one form of contact information is provided.

*Note: In BC, the ability to test under a pseudonym is not covered by regulation; rather this is a matter of practice/policy of the provider or site ordering the test.*

### **Anonymous Testing:**

HIV testing and reporting in which results are connected to the person being tested using a code known only to the client. No identifiable or contact information is collected and the person being tested must provide their anonymous testing code in order to receive their result. The onus is on the individual to obtain their test results.



## Reporting:

HIV has been a reportable disease in British Columbia since 2003. As a reportable disease, all positive/reactive HIV results are reported by the BCCDC Public Health laboratory and/or their delegate to the Medical Health Officer (MHO) in the Health Service Delivery Area in the community where the individual tested.

Currently in BC, individuals testing for HIV have the legal right to have their name and address removed as identifiers for reporting of positive HIV results to the MHO. This is called **Non-Nominal Reporting**.

*Note: The Communicable Disease regulation applies specifically to non-nominal reporting to public health and not to the non-nominal ordering of tests. Non-nominal HIV reporting is identified through checking a tick box on the laboratory requisition form, or is assumed if known to be a non-nominal test.*



### APPENDIX II: EXAMPLE OF COMPLETED REQUISITION FOR ANONYMOUS HIV TEST (VENOUS)

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## PHSA Laboratories

Public Health Microbiology & Reference Laboratory

## Serology Screening Requisition

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

### Section 1 - Patient Information and Physician Information

PERSONAL HEALTH NUMBER (or out of province Health Number and province)	DATE COLLECTED (DD/MM/YYYY) 11/10/2018	TIME COLLECTED (HH:MM) 14:25	ORDERING PHYSICIAN/HEALTHCARE PROVIDER (Provide MSCR Name and address of report delivery) Enter provider information
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> I do not require a copy of the report
DOB (or Chart #) Patient Surname: AN Patient First Name: 1057	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> LNK		
ADDRESS DOB: 01/Jan/20	CITY/TOWN		ADDITIONAL CORES TO: (Address/MSCR)
GENDER Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	POSTAL CODE		1
SAMPLE REFERENCE NO.			2
			3

### Section 2 - Clinical Information

<b>Clinical Information</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Headache / Stiff neck <input type="checkbox"/> Rash symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> STD contact <input type="checkbox"/> STD symptoms <input type="checkbox"/> Other, specify: _____		<b>Reason for Test</b> <input type="checkbox"/> Therapeutic/monitoring <input type="checkbox"/> Immigration <input type="checkbox"/> Prenatal <input type="checkbox"/> Follow-up <input type="checkbox"/> NEEDLESTICK <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Other, specify: _____
Recent Travel (Date/Location)	Onset Date DD/MM/YYYY	History

### Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

<b>PRENATAL SCREENING (PRENAT)</b> HIV <input type="checkbox"/> HIV2 HIV Non-Nominal Reporting <input type="checkbox"/> HIV3	<b>HEPATITIS</b> Acute - undefined etiology	<b>OTHER SEROLOGY</b> Immunity <input type="checkbox"/> Acute <input type="checkbox"/>
<b>HIV (Non Prenatal)</b> Note: Patient has the legal right to choose not to have their name reported to public health - non-nominal reporting HIV <input type="checkbox"/> HIV2 Non-Nominal Reporting Requested <input checked="" type="checkbox"/> HIV3		<b>OTHER TESTS (Specify)</b>  <b>COMMENTS</b>  For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at <a href="http://www.phsa.ca/bccdcpublichealthlab">www.phsa.ca/bccdcpublichealthlab</a>

For information on sample collection, please call the PHSA Client Services at 1-877-PHSALAB (1-877-747-2522)

Form CP3E-100-0001F 1.00 Version 2.0 09/2012

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### APPENDIX III: EXAMPLE OF COMPLETED REQUISITION FOR ANONYMOUS CONFIRMATORY HIV TEST

**PHSA Laboratories**  
Public Health Microbiology & Reference Laboratory  
BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

**Serology Screening Requisition**

SER

SER

#### Section 1 - Patient Information and Physician Information

<b>PERSONAL HEALTH NUMBER</b> (for out of province health number and province)	<b>DATE COLLECTED</b> (DD/MM/YYYY) 11/10/2018	<b>TIME COLLECTED</b> (HH:MM) 14:25	<b>ORDERING PHYSICIAN/HEALTHCARE PROVIDER</b> (provide MDC) Name and address of report delivery Enter provider information
<b>PATIENT SURNAME</b>	<b>PATIENT FIRST AND MIDDLE NAME</b>		<input type="checkbox"/> I do not require a copy of the report
<b>DOB</b> (DD/MM/YYYY) Chart #: 418561 Patient Surname: AN Patient First Name: 1057 DOB: 01/Jan/70	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK		
<b>ADDRESS</b> DOB: 01/Jan/70 Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<b>POSTAL CODE</b>		<b>ADDITIONAL COPIES TO:</b> (Address / MDC) 1. 2. 3.
<b>SAMPLE REFERENCE NO.</b>			

#### Section 2 - Clinical Information

<b>Clinical Information</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Headache / Siff neck <input checked="" type="checkbox"/> Rash symptoms <input type="checkbox"/> Fever	<input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> STD contact <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> STD symptoms	<b>Reason for Test</b> <input type="checkbox"/> Therapeutic monitoring <input type="checkbox"/> Immigration <input type="checkbox"/> Prenatal <input type="checkbox"/> Follow-up	<input checked="" type="checkbox"/> <b>NEEDLESTICK</b> <input type="checkbox"/> Acute <input type="checkbox"/> Convalescent <input type="checkbox"/> Outbreak/Cluster/Event <input type="checkbox"/> Other, specify: _____
<b>Recent Travel</b> (Date/Location)	<b>Onset Date</b> (DD/MM/YYYY)	<b>History</b>		

#### Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

<b>PRENATAL SCREENING (PRENAT)</b> HIV <input type="checkbox"/> HIV3 HIV Non-Nominal Reporting <input type="checkbox"/> HIV3	<b>HEPATITIS</b> Acute - undefined etiology	<b>OTHER SEROLOGY</b> Immunity <input type="checkbox"/> Acute <input type="checkbox"/>
<b>HIV (Non Prenatal)</b> Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting HIV <input type="checkbox"/> HIV3 Non-Nominal Reporting Requested <input checked="" type="checkbox"/> HIV3		<b>OTHER TESTS (Specify)</b>
		<b>COMMENTS</b> Tested HIV positive on 1 Oct 2018 under AN1057
For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at www.phsa.ca/bccdcpublichealthlab		

For information on sample collection, please call the PHSA Client Services at 1-877-PHSALAB (1-877-747-2822) Form CP56-100-0001F 1.00 Version 3.0 09/2013

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## **APPENDIX IV: FREQUENTLY ASKED QUESTIONS**

### **Why is anonymous HIV testing needed?**

In light of client and community feedback, the availability of the HIV home test in the US, and the changing landscape of electronic health records, the provincial CD policy committee agreed to pilot anonymous HIV testing in an effort to encourage HIV testing among clients with confidentiality concerns. As a result of the success of the pilot, anonymous HIV testing will continue to be offered as an HIV testing option for those sites attracting high risk groups that may not otherwise be tested.

Anonymous HIV testing aims to provide a way for a client to remain completely anonymous for both their testing and reporting and maintain control of when they access their test result.

### **Initiatives to encourage people to test often and nominally seem to contradict the anonymous HIV testing initiative. How do these testing options work together?**

Anonymous HIV testing complements these other testing initiatives by reaching individuals with privacy or other concerns preventing access to nominal testing. Persons who seek anonymous HIV testing may have not been tested previously or have delayed testing otherwise. Regardless of the test result, it opens the door to access other prevention or clinical services for potentially marginalized individuals. As well, if clients test positive, even if not engaged in care or follow-up, the knowledge of HIV status will likely result in behaviour change to prevent transmission to others which is consistent with messaging from testing programs around the province.

### **Is anonymous HIV testing illegal?**

Anonymous HIV testing is legal. The reason anonymous testing is legal is that section 4 (5) of CD Regulation, which requires that a report of a positive result HIV result must not include the name and address of a person who has chosen not to have their name and address reported, will apply to a person who has chosen to be tested non-nominally or anonymously.



**Is it expected that anonymous HIV testing will be offered to every client who seeks testing at sites?**

See section 3.1 above.

**What should I do if a client loses their AN number?**

Clients who have lost their AN number will not be able to receive their HIV test result but should be encouraged to have repeat testing done.

**Are we creating barriers to testing for clients who lose their AN number by requesting that they test again?**

In order to preserve the nature of anonymous HIV testing it is necessary for clients to return for an HIV re-test as we will be unable to retrieve their result without their AN number. For some clients this may be a barrier to accessing their HIV test result and those clients should be encouraged to test non-nominally or nominally where accessing their result will not require an AN number known only to them.

**How do I deal with clients who come in or call for their STI results and forget that they have had an HIV test done anonymously? Is it up to the clinician to prompt the client to ask for their HIV result?**

It is up to the client to remember that they had an anonymous HIV test done. If the clinician has knowledge that there was an anonymous HIV test done and the client does not indicate this, it is appropriate to encourage the client to look for a card with the testing number and if it did not exist, to have a repeat HIV test done.

**Can paper/hard copies of anonymous HIV test results be given to clients?**

No. If clients would like a paper copy of their results, testing needs to be done nominally.

**What if a client wants their HIV result sent to their doctor?**

If a client would like to have a copy of their HIV test results sent to their doctor, they should be encouraged to test nominally.

**What if the client brings in their AN number they used for previous tests, can they re-use it?**

Yes, clients can and should be encouraged to re-use their AN number.



**If a client tests positive for HIV anonymously and would like to have their confirmatory HIV testing done anonymously, can they use the same AN number?**

Yes, if the client chooses to have their confirmatory HIV testing done anonymously the same AN number should be used for confirmatory testing.

**What happens if STI tests are sent anonymously?**

It is important to emphasize with the client that AN numbers are not to be used in place of their name when sending samples for STI testing. If STI samples are sent to BCCDC Public Health laboratory with AN numbers they will not be processed.

**What are the parameters around not linking an STI chart with an anonymous HIV testing chart?**

See section 3.1 and 3.4 above for more information.

**What should I do if I discover that there has been a link of an anonymous HIV test result to a person's identifiers?**

Mistakes can happen and it is important to bring any links of anonymous HIV test results to identifying client information to the immediate attention of the site supervisor who can determine the appropriate course of action.

**What if I know the identity of my client who has tested HIV positive anonymously? How do I deal with that?**

The most likely scenario where this may occur is in small communities (social or geographic) or at sites that do not have a high volume of anonymous HIV testing. If the client tests positive for HIV, this may rarely pose challenges for the provider if the client has not yet returned for a positive result (e.g., in the case of a venous blood sample), or the provider is aware that the client is continuing to pose a risk of HIV transmission to others after receipt of their diagnosis. In the latter scenario, the provider may need to act on that knowledge as outlined in the [Guidelines for Medical Health Officers: Approach to people with HIV/AIDS who may pose a risk of harm to others \(June 2017\)](#), regardless of the fact that the test was done anonymously.

If as a provider you believe that you know the client well enough to identify and/or contact the client who is testing anonymously, this should be discussed with the client during the pre-test assessment, to determine whether anonymous HIV testing is in fact the best choice for the client. It may be worth considering regionally whether such sites



are the best location for anonymous testing or whether there are other strategies that could minimize the possibility of this happening (e.g., external providers who visit the site to conduct anonymous HIV testing, having another provider who does not know the client conduct the test).

**What if a client has tested positive for HIV anonymously and does not call or come in for their result? What if the positive result is acute?**

It is important to remember that the client's result is their own and if they have chosen not to call or return for their result, then it is within their right to do so.

If a client does not return for their positive result, this may pose challenges for testing providers as this is outside of routine practice. In order to minimize these challenges, the clinician may consider negotiating return dates as part of pre-test discussions; as well as information regarding the completion of case report forms for clients who test positive anonymously.

While the current practice with a positive acute HIV test is to notify the client as soon as possible, this is not the case for anonymous HIV testing as no contact information is available. Site procedures may need to be changed for positive cases (both acute and non-acute) that have tested anonymously to reflect the lack of contact information available.

**If we assume that most clients will not re-test for HIV using the same AN number, how will we deal with the inability to do retrospective analysis of clients who test positively for HIV anonymously?**

The benefit of having a client test for HIV outweighs the ability to track when a client may have become HIV positive. In the event that a client tests positive for HIV and subsequently chooses to test nominally, as part of the case reporting form completion process, clients will have the opportunity to identify if they had a previous positive anonymous HIV test.

**How will anonymous HIV test results be reported to public health? How will double reporting be avoided?**

Very little will change in the process of reporting anonymous HIV positive cases to public health than is currently done with nominal and non-nominal cases. See section 4.5 above for more information.



### **Can treatment for HIV be given anonymously?**

No, clients cannot receive HIV treatment anonymously. Clients who receive HIV treatment must provide a PHN.

### **Will anonymous HIV testing take away the ability to do non-nominal testing?**

Both non-nominal and anonymous HIV testing will continue to be available for clients.

### **How does anonymous HIV testing affect clients who are already testing using a pseudonym?**

Clients who choose to test using a pseudonym can be offered anonymous HIV testing however it should be made clear to the client that only their HIV test will be anonymous and their STI testing can still be sent using their pseudonym. As a result of this, clients may elect to continue having their STI and HIV testing done using a pseudonym.

### **How does testing for HIV via Get Checked Online (GCO) differ from anonymous HIV testing?**

When individuals create an account with GCO they must provide a date of birth, gender, some sort of name (excluding number or special characters) and a valid email address. Though individuals receive an alpha-numeric code (QQ#####), and it is that code that is provided to the testing laboratory, the alpha-numeric code remains linked to their email address for retrieval of results. Clients are able to retrieve non-reactive (negative) results online by logging in to their account; but for all reactive (positive) results, they are given a message asking them to call the Provincial STI Clinic to discuss their results with a Health Care Provider.

Though clients are provided an alpha-numeric code (AN####) when they choose anonymous HIV testing, this code is not linked to any identifiable or contact information. To retrieve their results, clients must present their anonymous HIV numbered code, which is only known to them. Health Care Providers have no contact information to follow up on either a reactive or non-reactive anonymous HIV test



## REFERENCES

- 1) Wardman D, Quantz D, Clement K. HIV/AIDS: testing and risk behaviors among British Columbia's rural Aboriginal population. *Int J Circumpolar Health*. 2006; 65:313-321.
- 2) Kanters S, Michelow W, Gilbert M. *Survey and Dried Blood Spot Results: Vancouver Site, MTrack Surveillance System 2010*.
- 3) Gilbert M, Salway Hottes T, Trussler T, Marchand R, Brownrigg B, Ogilvie G, Lester R, Kendall P. Avoidance of HIV testing among gay and bisexual men due to lack of anonymous testing in British Columbia. *CAHR 2013 Oral Presentation*.
- 4) Goldenberg S, Shoveller J, Koehoorn M, Ostry A. Barriers to STI testing among youth in a Canadian oil and gas community. *Health & place*. 2008;14(4):718-729.
- 5) Shoveller J, Johnson J, Rosenberg M, et al. Youth's experiences with STI testing in four communities in British Columbia, Canada. *Sexually transmitted infections*. 2009;85(5):397-401.
- 6) BC Centre for Disease Control. Guidelines for Testing, Follow up, and Prevention of HIV, October 2016. *Communicable Disease Control Manual Chapter 5 – Sexually Transmitted Infections*. 2016. Available from: [http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/HIV\\_Guidelines\\_Testing\\_FollowUp\\_Prevention.pdf](http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/HIV_Guidelines_Testing_FollowUp_Prevention.pdf)