

1. Purpose

The Victorian Health Act (1953) mandates that a person undergoing HIV antibody testing is given information about the medical and social consequences of being tested and the possible result of the test. In accordance with this, clients of Melbourne Sexual Health Centre who undertake HIV antibody testing will be provided with HIV pre and post test counselling. The purpose of the procedure is to outline the process involved when in HIV antibody testing.

2. Definition of terms

- HIV Human Immunodeficiency Virus.
- **HIV Antibody Testing:** Examination of blood to detect for the presence of antibodies to HIV.
- **Pre-test Counselling:** The process of HIV risk assessment and provision of information relating to the HIV transmission, prevention and antibody testing. Counselling also includes; the implications of test results, ability to cope with a positive result and obtaining informed consent.
- **Post- test Counselling:** The process of giving HIV antibody test results.

3. Responsibility

- Medical Officers (MO's)
- Sexual Health Nurses (SHN's) who are of 'prescribed class' and are accredited in the provision of HIV pre and post test HIV counselling.
- HIV Advanced Practice Nurse: Referral Clinic
- Clinical Nurse Co-ordinators : Main Clinic and Referral Clinic
- Medical Services Manager
- Nursing Services Manager
- Sexual Health Counsellors

4. Equipment

5. Process

In all cases where HIV antibody testing is undertaken a comprehensive sexual history and Blood Bourne Virus (BBV) risk assessment must be undertaken to assess; the risk for HIV infection and the need for investigation for other STI's and BBV's.

HIV Antibody Testing Should Be Offered To:

- All clients being investigated/screened for Sexually Transmitted Infections (STI's). Priority populations include (The Royal Australasian College of Physicians/Australasian Chapter Of Sexual Health Medicine 2004) :
 - Gay Men and Men who Have Sex with Men (MSM)
 - Injecting Drug Users
 - Sex Workers

In addition to priority populations

- Contacts of HIV infection
- Persons from high HIV prevalence countries.
- Sexual and/or blood contact with a person from a high HIV prevalence country.
- Blood transfusion recipients between 1980 and 1985 who have not been tested previously.
- Clients who request a HIV test (eg. for immigration purposes).

HIV testing is not compulsory, but before accepting a refusal to test from the client, the practitioner must take all reasonable steps to ensure that the client understands why the test has been recommended.

In instances where the test has been offered to, but declined by the client; the fact that it has been offered to and then declined by the client should be documented clearly in the client's medical record/progress notes.

HIV Pre-Test Counselling aims:

- To enable clients to make an informed decision with respect to testing
- To provide information about the medical and social implications of a positive or negative result
- To educate clients about safer sexual practices and other risk reduction/preventative strategies
- To identify women who are at low risk for HIV acquisition in order to provide them with the option of receiving their results by phone.

HIV Pre-test Counselling should be adapted to an individual's knowledge and understanding of HIV as appropriate.

HIV Pre-Test Counselling Is A Prerequisite In All Cases And Should Include:

- Confidentiality and public health notification requirements.
- Reason and readiness to test.
- Previous history of HIV antibody testing and results
- Explanation of HIV transmission/natural history
- Explanation of HIV antibody testing and the window period (12 weeks).
- Discussion about risk of infection (informed by sexual history/BBV risk assessment)
- The implications of results (positive, negative or equivocal)
- Assessment of and discussion about ability to cope with testing and the possibility of a positive result. This may include an:
 - Assessment of psychiatric co-morbidity
 - Assessment of support networks, including support while waiting for results.
 - Referral to appropriate support services (eg AIDS line, Sexual Health Counsellors) as appropriate.
 - Referral for further counselling may be indicated when:

- The client is experiencing excessive anxiety about the test or there is evidence of psychological co-morbidities.
 - There is significant likelihood of a positive result
 - Further counselling about risk behaviour modification is required.
- Information on preventing transmission eg. Safer sexual practices/safe injecting practices.
- Obtaining Results
 - Time until results are available (7 days)
 - All male clients and higher risk women must return for results in person
 - The process for low risk women to obtain their results by phone.

NB. The result is to be obtained in person at MSHC in 7 days, whenever possible (except women who are assessed to be lower risk, see below). If this is not practicable and it is agreed that the result will be given by telephone, the staff member who agreed to do so should give the result. Such arrangements should be regarded as exceptional and are to occur only after all other options have been explored. Other options can include the client accessing their result at a GP or another sexual health centre. The arrangement must be clearly documented in the medical record with a legible signature.

NB. Ordering urgent HIV antibody tests should only be made in exceptional circumstances. In instances where HIV antibody tests are required 'urgently' then the request form must be clearly marked "URGENT", in red ink if possible. The expected turnaround time for urgent HIV antibody tests is 2-3 working days. The practitioner ordering the test is responsible for arranging an appropriate time with the client to give the result.

HIV Results for Women

Until recently, all clients have only been able to obtain their HIV result in person. It has now been established that women who are low risk for HIV acquisition will be able to obtain their results by phone.

All women must be asked the following questions to determine their level of HIV risk and the method by which they are able to obtain their results.

Has the woman:

- Had sex (or surgery) in a High Prevalence Country (HPC: identified as a country where more than 1% of the population has HIV)?
- Had sex in Australia with a partner from a HPC?
- Had sex with a bisexual man?
- Had sex with a man who has HIV?
- Used Intravenous drugs?

Indicate that you have asked these questions in the appropriate places on the MSHC progress notes.

- If the woman answers 'yes' to one or more of these questions then she must return to MSHC in person to collect the result.
- If the woman answers 'no' to all of the questions then she can be given the option of receiving the result by telephone.
- If the woman chooses to receive the result by telephone then the clinician must clearly indicate this on the consultation form. The woman should also be given a copy of the 'HIV Test Results for Women' Fact Sheet.

NB. Women will not be provided with their HIV result over the phone if the test is positive or indeterminate.

HIV Antibody Test Request Form and Specimen Collection.

- Once HIV pre-test counselling is complete and the client understands the implications of the test, has consented to the test and knows how to obtain test results the practitioner should then complete all sections of the Department of Human Services HIV antibody Test Request form.
- The completed request card together with an extra Client UR label (coded label only), for specimen labelling, should be submitted to the Serology Room for specimen collection. (see CS.Blood Collection: Procedure)
- The specimen and request card are then sent to the Victorian Infectious Diseases Reference Laboratory (VIDRL) for processing.

Post-Test HIV Counselling For A Negative/Indeterminate Result Involves:

- Explanation of the result and its implications.
- Determining whether a follow up test is necessary;
 - For closure of the 12 week window period if the client has had a significant risk exposure and has tested within the window period.
 - If the test result is indeterminate
- Reinforcing safer sexual practices and awareness of transmission risks.
- Referral to counsellors may also be considered and offered when;
 - The clients requires further exploration of risk behaviour modification
 - The client is experiencing anxiety about HIV infection that is disproportionate to the actual exposure risk.
 - When a woman is provided with her HIV test result over the phone ensure that the points described above are discussed.

When The HIV Antibody Test Result Is Positive:

- VIDRL telephones the Referral Clinic and speaks with either the HIV Advanced Practice Nurse or Clinical Nurse Co-ordinator to advise of the positive or indeterminate HIV result.
- The HIV Advanced Practice Nurse/Clinical Nurse Co-ordinator from the Referral Clinic will then inform the Medical Services Manager and the Nursing Services Manager who will review the file and document this in the progress notes. They will also add a note and an alert to CPMS stating that the file is to be reviewed prior to a result being given. This acts as a safeguard in the event that a practitioner takes the file from triage without being prepared.
- The Medical Services Manager and/or the Nursing Services Manager will then discuss the result with the staff member who did the pre-test counselling and ordered the test. A decision is made about who should inform client of the positive result, where if possible, the practitioner who provided the pre-test counselling gives the positive result.
- The Medical Services Manager and/or the Nursing Services Manager will also inform the MSHC Sexual Health Counsellors of the client with a HIV positive result.
- If the positive result is from an outreach clinic then the HIV Advanced Practice Nurse/Clinical Nurse Co-ordinator from the Referral Clinic will also contact: the SOPV Follow Up Nurse and the SOPV coordinators for a positive SOPV result or the RhED Coordinator for a positive RhED result.
- The HIV test result will then go through the Follow Up Nurse Procedure
- If a person with a positive result does not attend MSHC to receive the result, and no contact has been received in the following week, the Follow Up Nurse will follow the HIV positive guidelines accordingly.
- If there is no response using the follow up process the case is referred to the contact tracers at the Department of Human Services.

HIV Post-Test Counselling For A Positive Result Involves:

- Utilising the 'New HIV Positive Checklist' as a guide (placed in the clients file by the Follow-Up Nurse)
- Establish rapport and assess the clients readiness to receive results
- State the result clearly and offer to let the client visualise the paper copy of the result.
- Avoid information overload
- Use active listening and respond to the client's immediate needs
- Reinforce commitment to the client's health care.
- Discuss immediate implications.
 - Safer Sexual Practice/Safe Injecting Practice
 - Contact Tracing
- Review immediate plans and support (i.e. Next 24-48 hours)
- Discuss disclosure of the diagnosis to others
- Arrange other tests and next appointment
 - Introduction to the Referral Clinic
 - Consider referral to MSHC counsellors for further support during the adjustment to diagnosis.

6. Reference documents

Anderson, P; Fethers, K; McCoy, R; Harvey, P and Spencer, J (2001) Talking about testing: pre-test and post-test counselling. In Dore, G; Grulich, A; Hoy, J; Kidd, M; McCoy, R; Mijch, A and Strasser, S. (Eds) (2001) HIV/Viral hepatitis: a guide for primary care. Australasian Society for HIV Medicine Inc. Ch. 8: pp 63-70. www.ashm.org.au

The Royal Australasian College of Physicians/Australasian Chapter of Sexual Health Medicine, (2004). Clinical Guidelines for the Management of Sexually Transmissible Infections Among Priority Populations. www.acshp.org.au