

March 2008

# Quick Guide for HIV Counselling and Testing

SAY YES TO  
KNOWING

HIV Get Tested



# A Quick Guide to HIV Counselling and Testing

In Ontario, HIV testing must be accompanied by pre- and post-test counselling. Counselling provides an opportunity for one-to-one prevention education that can help people assess their risk and protect themselves and others from HIV. It is also a means of providing support for individuals who test positive. As the Canadian HIV/AIDS Legal Network notes, “Inadequate counselling is not only unethical and poor practice, it is contrary to the legal doctrine that medical interventions require a patient’s informed consent.”<sup>1</sup>

The goals of HIV counselling are to help individuals

- Assess their risk.
- Make an informed decision to be tested.
- Know how to protect themselves and others from exposure or re-exposure to HIV.
- Connect with services that can provide information, treatment (for people who test positive) and support in managing the illness.

This brief guide is designed to help health care providers in Ontario provide high quality, consistent HIV counselling and testing.

## 1. Consent and Informed Choice

Patients can be tested for HIV only with informed consent. The practitioner will

- Discuss the benefits and risks of being tested.
- Explain that the test is for antibodies to HIV, not HIV itself and that it takes

up to three months (the window period) after someone is infected with HIV to develop antibodies.

### If language is an issue . . .

*If the health care provider does not speak the same first language as the patient and is concerned that the patient may not understand what is being said in the pre-test counselling session, an interpreter should be used.*

*If an interpreter is not available, contact the AIDS Hotline (416-392-2437 or 1-800-668-2437; French line: 1-800-267-7432). Hotline staff provide service in 18 languages (including English and French) and are able to assist with HIV counselling.*

- Explain the patient’s testing options:
  - Nominal testing: the practitioner orders the test using the person’s name.
  - Non-nominal testing: the practitioner orders the test using a code instead of the person’s name.
  - Anonymous testing – done only in authorized anonymous testing sites: the name or identity of the person being tested is not requested, recorded or reported. The test is

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<sup>1</sup> Canadian HIV/AIDS Legal Network. HIV Testing – Counseling. Information sheet #8. <http://www.aidslaw.ca/Maincontent/issues/testing>

ordered using a code known only to the person being tested.

- Describe the types of tests available and their benefits and risks:
  - Standard HIV laboratory testing: a blood sample is sent to the public health laboratory. Results take about two weeks.
  - Point-of-care testing: provided free by anonymous test sites, some public health sexual health clinics and some community health centres. The test is done using a finger prick while patient waits. Negative test results are available immediately; reactive tests have to be confirmed through standard testing and results take about two weeks.
  - P24 antigen testing: the public health laboratory will automatically do a p24 antigen test for anyone in the window period who has had a high risk exposure to HIV and who has symptoms.
- Discuss what test results mean:
  - Negative – the person is not infected or is in the window period.
  - Positive – the person is infected with HIV.
  - Indeterminate – the result is not conclusive and the test must be done again.
  - Reactive (point-of-care testing) – the person may be infected and must be tested again using standard HIV testing.
- Ensure the patient has understood the information and given informed consent (a signed form is not required).

## 2. Risk Assessment/History

To help the patient make an informed choice about being tested, it is important to assess his or her risk:

- Ask the patient the reason for being tested and whether he or she has been tested for HIV before.
- Explore whether the patient is involved in activities that put him or her at risk (see HIV Testing Checklist).
- Clarify the activities that put people at risk and correct any misperceptions.

### *High risk activities*

- Unprotected anal or vaginal intercourse with someone who is HIV positive.
- Sharing uncleaned sex toys.
- Sharing needles and other drug equipment.

### **Criteria for p24 Antigen Testing**

- *The possible exposure was at least seven days ago.*
- *The patient is still in the window period.*
- *The patient is experiencing symptoms (i.e., flu-like symptoms).*
- *The patient has had a high risk exposure (e.g., condom break during sex with a positive partner, sexual assault).*

- Perinatal transmission – during pregnancy, childbirth and/or breastfeeding if the mother is HIV-positive.
- Needle-stick injury.

### *Low risk activities*

- Unprotected oral sex with someone who is HIV-positive.
- Discuss factors that can increase or decrease risk, including
  - Frequency, duration and type of exposure.

- Development/health of the mucosal membrane.
- Viral load – a low viral load may reduce but does not eliminate the risk of HIV transmission.
- Female genital mutilation and other cultural practices

*HIV transmission can only occur when body fluids that have high concentrations of virus – such as blood, pre-ejaculate, semen, vaginal fluid and breast milk – enter another person’s bloodstream, usually through small breaks or tears in the vagina, anus, mouth or skin, or through contact with blood in the uterus. Other body fluids, such as saliva, sweat, tears and urine, do not carry enough virus to transmit HIV.*

that cut or damage skin or membrane, making people more susceptible to HIV infection.

- Body piercing (e.g., tongue, lips, scrotum), which can be done with contaminated needles or cause breaks in the skin – both of which can make people more susceptible to HIV infection.
- Power imbalances in relationships (including financial dependence) which can affect an individual’s ability to negotiate safer sex.
- Alcohol and drug use which can affect people’s ability to practise or negotiate safer sex and drug use.

### 3. Prevention Education

Prevention education and harm reduction are extremely important, regardless of patients’ HIV status. Using the patient’s risk history as a guide

- Discuss the safer sex practices patients are using now and their confidence in them.
- Provide detailed information on safer sex practices, including the use of dental dams and the cleaning of sex toys, if relevant.
- Show patients how to use condoms properly to minimize breakage.
- Explain safer drug use practices – stressing that using a needle once and discarding it safely (i.e., single use) is best practice: cleaning and reusing needles is **not** safe.

*Avoid making assumptions about patients’ sexual or substance use activities or practices. When taking a risk history, ask direct questions, such as:*

- *Are your sexual partners women, men, transgendered?*
- *When you have sex with men, do you ever have anal sex?*
- *Have you ever shared sex toys?*
- *Have you ever used a needle to inject substances?*
- *Have you ever smoked crack?*

- Provide the location of needle exchange programs.
- Discuss any factors that may affect patients’ ability to reduce their risk (e.g., unwillingness/inability to negotiate safer sex and/or drug use with partners, problems getting partners to agree, safety/violence issues, lack of self-esteem, the impact of culture on their ability to negotiate safer sex or drug use, self-destructive behaviours, unrealistic attitudes).
- Discuss patients’ willingness to take risks.
- Work with patients to develop a harm reduction plan.

- Offer patients referrals to addiction counselling and treatment services that support a harm reduction approach.

#### 4. Preparing the Patient for a Positive Test Result

Practitioners will have a sense from patients' risk histories whether they are likely to be HIV-positive. It is important to prepare people for a positive test result by discussing the possibility and helping to normalize it:

- Discuss how patients think they will react to a positive test result (e.g., reactions can

*Be sex positive and promote healthy sexuality (i.e., have sex, have fun, but do it safely).*

range from anger to fear to relief).

- Tell patients about the effectiveness of treatments for HIV.
- Reinforce that finding the virus early can lead to better health outcomes.
- Ask about their support systems (e.g., friends, primary care provider, counselling services). If their test result is positive, who will be supportive? Who will they be able to talk to?
- Discuss the support they may need to notify partners or disclose their HIV status to family and friends.
- Provide referrals to the AIDS Hotline (416-392-2437 or 1-800-668-2437; French line: 1-800-267-7432), or to the community-based AIDS organizations or professional counselling services that can help them cope with any anxiety while waiting for their test results.

#### 5. Giving a Negative Test Result

**All HIV test results should be given in person, not by phone.**

For patients who test negative on either point-of-care or standard HIV testing

- Discuss the window period for seroconversion and decide whether the patient should be retested in a few weeks' time.
- Review harm reduction and prevention information.
- Discuss the specific activities/factors that have put the person at risk in the past.
- Discuss specific strategies patients will use to reduce risk in the future.
- Encourage patients who reported problems with alcohol, drugs, abuse, violence or other factors to seek appropriate support.
- Refer patients who continue to be anxious for more in-depth counselling.

#### 6. Giving a Positive Test Result

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For patients who test positive

- Provide immediate support.
- Reassure patients that shock, anger, fear and guilt are normal responses.
- Talk about how others have responded to testing positive.
- Remind patients: HIV is a slow-acting, treatable virus; early detection can lead to better health outcomes; and people with HIV can remain healthy and productive for decades.
- Discuss the person's health and other needs.
- Check that patients have understood and retained the harm reduction and prevention information covered during pre-test counselling and are aware of the steps they can take to continue enjoying a healthy sex life without putting themselves or others at risk.
- Discuss their ability to address health issues and reduce the harm associated with certain behaviours (e.g., alcohol or drug use), which can have negative effects on their health and on disease progression.

- Ensure patients have a supportive person to talk with after the counselling session.
- Make an appointment for a follow-up visit in a few days or refer the patient to an appropriate support service.

## 7. Partner Notification and Disclosure

Partner notification is part of effective HIV/AIDS prevention and management. In most cases, patients will be willing to inform their sexual and drug use partners about a possible exposure to HIV; however, telling partners is difficult, particularly if patients fear that partners may react with anger or violence, or withdraw emotional or financial support. The practitioner will

- Discuss how important it is for past and current partners to know they may have been exposed to HIV so they can be tested and receive care and treatment.
- Help patients identify partners and contacts, and develop strategies to inform partners while protecting themselves.
- Tell patients about some of the options available to them, such as having public health assist with partner notification.
- Explain the legal risks patients may face if they engage in any activities that would put a partner at “significant risk” without telling the partner that they have HIV.
- Discuss the risks associated with disclosing to family, friends and employers (e.g., stigma), and encourage patients to take time to decide who to tell, when to tell them, and how to tell them.

### What to say when a patient tests positive

*According to professionals who have been giving positive tests for a number of years:*

- *Be direct: “It’s not the news we hoped for. You have tested HIV-positive.”*
- *Be aware that patients often hear nothing except the diagnosis, so encourage them to make another appointment and return after they have had time to process the information.*
- *Stress the fact that there are treatments, and people can stay healthy and lead full lives with HIV.*
- *Reassure patients that it takes some time to come to terms with the diagnosis, but in six months’ time they will feel more in control of their lives again.*
- *Ask the patient how he/she will get home.*

Under the *Health Protection and Promotion Act*, practitioners are required to report positive HIV tests to the Medical Officer of Health and provide the names of contacts. Public health will follow up with the physician to ensure that partners have been contacted and encouraged to go for testing, and to assist with partner notification. Health care providers should also contact public health if there is any question about how to contact or manage contacts.

For more detailed information, see the Ontario Ministry of Health and Long-Term Care’s *Guidelines for HIV Testing and Counselling*.

