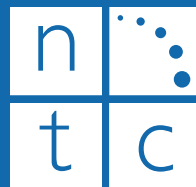


GUIDANCE FOR DELIVERING HIV PRE-TEST & POST-TEST RESULTS

Integrating HIV Screening
Into Title X Services



Family Planning
National Training Centers
www.fpntc.org

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) recommends HIV screening for clients aged 13-64 years in all health-care settings.¹ The recommendations promote routine voluntary HIV screening as a normal part of medical practice, similar to screening for other treatable conditions. To support implementation of CDC recommendations, a set of evidence-based practices has been established intended to guide the provision of HIV screening services. However, the application of these practices can vary greatly across healthcare provider practices.

These practices include:

- Notifying the client that testing will be performed, but retaining the option for the client to decline or defer testing (an opt-out approach)
- Incorporating consent for HIV testing into the general informed consent for medical care in the same manner as other screening or diagnostic tests and removing requirements for a separate consent form for HIV testing
- Removing requirements associated with providing prevention counseling in conjunction with HIV diagnostic testing or as part of the HIV screening program²

HIV screening services are a core family planning service.³ Establishing and communicating a set of standardized practices associated with the delivery of HIV-related screening services, consistent with CDC recommendations, can promote expanded provision of HIV screening within Title X Grantee provider networks. This, in turn, can support national priorities to identify individuals who are HIV positive, do not know their status, and link them to care.⁴

OVERVIEW

The purpose of this resource is to support Title X Grantees and their network of family planning providers in identifying and standardizing their approach to providing HIV screening services, consistent with CDC recommendations, in a family planning clinic setting. It is intended to complement guidance provided within *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)* for providing HIV testing services,⁵ and also build upon publicly available resources.^{4,6}

Opt-out testing, meaning the test will be performed but the client can retain the option to decline or defer it, can significantly streamline the testing process and can help to normalize and destigmatize HIV testing services.

It has demonstrated greater test acceptance than opt-in testing, when testing is offered and the client must actively give permission. If allowed by state law, an opt-out consent process should be used when testing for HIV.

Laws regarding consent processes vary from state to state and can be found in the Compendium of State HIV Testing Laws at:
<http://nccc.ucsf.edu/clinical-resources/hiv-aids-resources/state-hiv-testing-laws/>

Use this as a guide and adapt as necessary to align with the laws in your state and promote cultural competency.



THE PROCESS OF CONDUCTING AN HIV SCREENING ENCOUNTER:

The first section of this guide describes the process of conducting an HIV screening encounter.



SAMPLE SCRIPTS FOR CONDUCTING PRE-AND POST-TEST HIV SCREENING SERVICES:

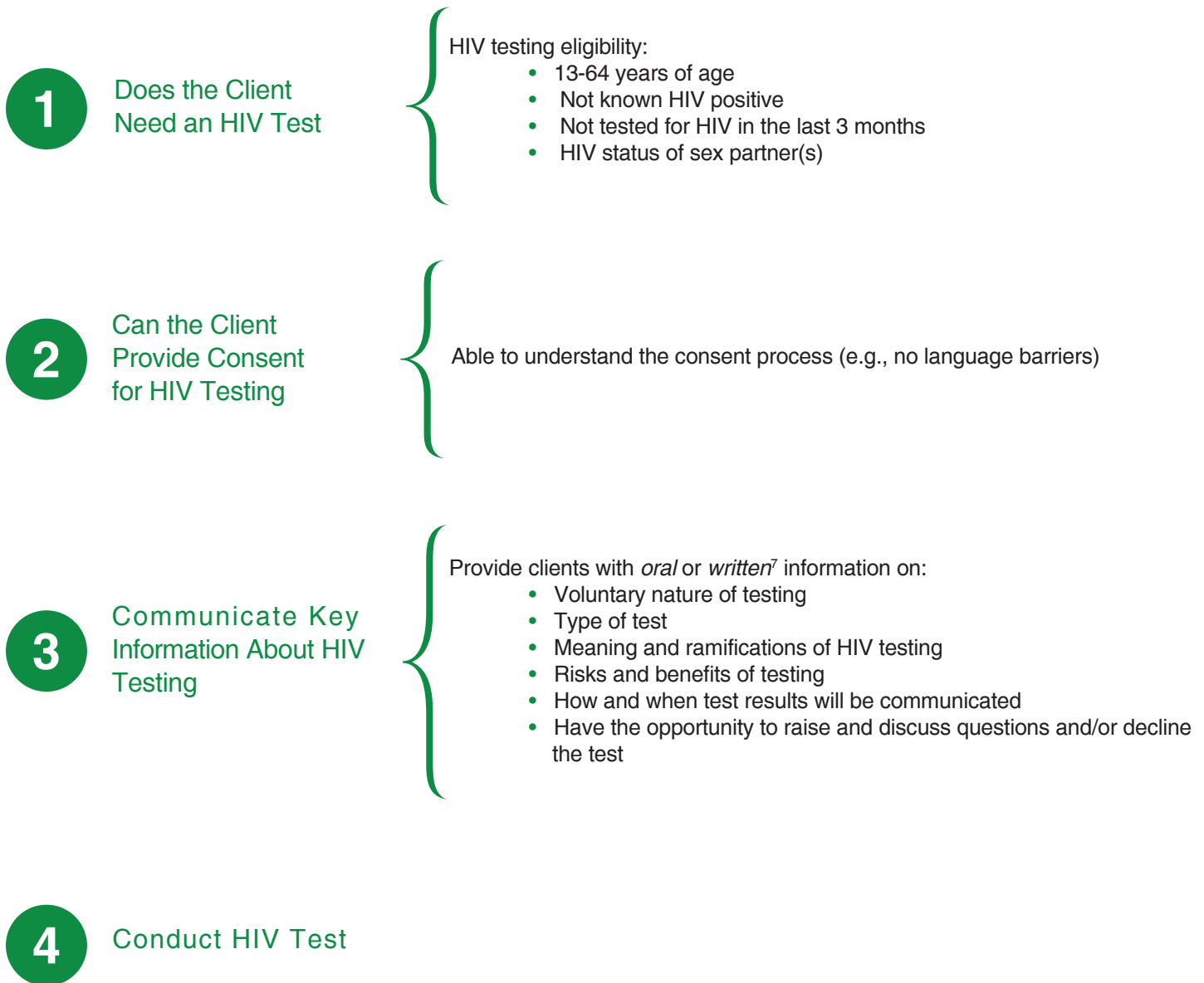
The second section contains sample scripts for the healthcare team to follow when introducing HIV screening to and delivering post-test results to clients.



THE PROCESS OF CONDUCTING AN HIV SCREENING ENCOUNTER

During each HIV screening encounter, it is important to follow a process based on CDC recommendations and best practices. Prior to conducting the HIV test, staff should determine that the client needs an HIV test and can consent to HIV testing. In addition, in writing or verbally, staff should share information about the HIV test to be conducted, how and when results will be communicated, and provide the client with an opportunity to ask questions. During the post-test negative discussion staff should communicate results, indicate if any follow-up testing is recommended, and offer additional services based on risk.

A summary of this process is outlined below:



5

Deliver HIV Test Results

- Negative, Low-Risk Client
- Negative, High-Risk Client
- Preliminary Positive
- Confirmed Positive
- Invalid Test

Negative, Low-Risk Negative Client

- No further testing is required
 - Unless the client may have been exposed during the last 2 -12 weeks (“window period”), depending on which HIV test is used.⁸

Negative, High-Risk Negative Client

- Retest at least annually
- Discuss options and offer referrals to health, behavioral and supportive service providers in your area who specialize in prevention counseling and services (e.g. PrEP¹⁰, support groups, substance abuse programs)
- Provide fact sheets or information

Preliminary Positive

- The result almost always means that a person has HIV
- Explain the need for a confirmatory test
- Focus on HIV as a manageable disease, e.g. you can live a long, healthy life
- Explore options for healthy disclosure of test results to others
- Address prevention (use condoms, do not share needles, etc.)
- Verbally “contract” with the client re: going for confirmatory test (if not offered at your clinic), and returning for results
- Linkage to Care: Some healthcare providers may determine it best to link to care as soon as a client tests *preliminarily positive*

Confirmed Positive

- This result means that a person has HIV
- Focus on HIV as a manageable disease
- Starting medical care for HIV is crucial. Even if they feel fine, the virus is active, and early care is important
- HIV can be transmitted to others. HIV can be transmitted to others
- Revisit Prevention Counseling in light of diagnosis
- Discuss Disclosure. (e.g. sharing results with family and friends)
- Discuss Partner Notification
- Link to care. Set up an appointment for the client before they leave the office and follow-up with the client/clinic to make sure that the appointment was kept

Invalid Test

- Invalid results are very uncommon
- Repeat HIV test



SAMPLE SCRIPTS FOR CONDUCTING PRE-AND POST HIV SCREENING SERVICES

In this section, suggested scripts are provided for the healthcare team to follow when introducing HIV screening and for providing post-test results to clients. Two models for pre-test discussion, one model for post-test negative results, one model for post-test preliminary position and one model post-test confirmatory position are included. Each model includes a brief overview and a suggested script that models the delivery of HIV screening services. The language used in the script can and should be adapted to address differences in state laws and guidelines and to promote cultural competency. Each model is consistent with QFP and CDC recommendations for providing HIV screening services.

► PRE-TEST DISCUSSION











MODEL 1 (STREAMLINED)

Overview: This model integrates HIV screening into the standard set of services for a given visit and includes consent (with all relevant details related to testing) obtained annually or less frequently.

SCRIPT:	
	“As part of your visit today, we will be conducting an HIV test. We do this for all of our clients.” Or “We perform routine screening for HIV on all clients, and we’ll be doing that as part of your visit today.”
	“The test is confidential. This means that your test results will become part of your medical record and will only be shared with the medical staff that takes care of you, as well as the Department of Health if you have HIV. All records with the Department of Health are kept confidential and are not shared with anyone or any other government agency.”
	“We will perform your HIV test today using [insert test type (rapid, serology)] conducted with a(n) _____ (blood, oral) sample.”
	“It’s a quick test, and you will know the results before you leave today.”
	“If your test result is negative, we do not need to do any more testing.”
	“How does that sound?”

MODEL 2 (EXPANDED)



Overview: This more comprehensive model integrates HIV testing into the standard set of services, and includes consent as above (see Model 1), as well as asks clients about previous HIV testing and knowledge of HIV status.

SCRIPT	
	“As part of your visit today, we strongly recommend doing a routine screening test for HIV.” Or “We perform routine screening for HIV on all clients, and we’ll be doing that as part of your visit today.”
	“Do you know your HIV status?” Or “Have you been tested for HIV before?” Or “Have you ever tested positive for HIV?”
	If yes: “What was the test result?” (if client reports a positive test result, do not test and focus on ensuring linkage to care)
	If no: “Have you been tested for HIV before?”
	If no: Continue with testing
	If yes: “How long ago were you tested?”
	“Have you had any specific risks recently that you’re concerned about? Tell me more about them and when they occurred.”
	“Have you had sex without a condom with someone whose HIV status you didn’t know, or who you know was HIV positive?”
	If tested within previous 3 months, test only if client has had a recent exposure or engages in high-risk behaviors (see box below for more detail).
	“Do you know your partner’s HIV status?”
	If no: “It is important to know your partner’s HIV status. We recommend that both partners get tested before starting a new sexual relationship. We also recommend using condoms for sexual intercourse until you know each other’s HIV status.”
	“The test is confidential. This means that your test results will become part of your medical record and will only be shared with the medical staff that takes care of you, as well as the Department of Health if you have HIV. All records are kept confidential and are not shared with anyone or any other government agency.”
	“You can decline the test and it will not affect the care you receive today.”
	“We will perform your HIV test today using [insert test type (rapid, serology)] conducted with a(n) _____ (blood, oral) sample.”
	“It’s a quick test and you will know the results before you leave today.”
	“If your test result is negative, we do not need to do any more testing.”
	“If your test result is positive, we will need to do more testing, and you should know that there are many effective treatments for HIV.”
	“Do you have any questions?”



High-Risk Negative Clients: Injection-drug users (IDUs) and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and men who have sex with men (MSM) or heterosexual persons who themselves or whose sex partners have more than one sex partners since their most recent HIV test⁹), share these additional messages and information.

► HIV POST-TEST NEGATIVE DISCUSSION

Overview: This model integrates key messages for delivering negative HIV test results to clients. The messages for a client who tests negative are brief. However, if the client is considered high-risk, there are additional messages and information that should be provided

SCRIPT	
	"Your test result was negative. This means that you are NOT infected with HIV."
	"To know if your test results are correct, ask yourself two questions:"
	1. "Have you had sex (vaginal, oral, or anal) without a condom, even just once, in the last 3 months?"
	2. "Have you shared needles in the last 3 months?"
	If yes to either question: "You will need to be retested in [insert window period appropriate to the HIV test you use] after your most recent exposure." (See Appendix 1)
	If no to both questions: "You are not infected with HIV."

FOR HIGH-RISK NEGATIVE CLIENTS:









SCRIPT	
	"We recommend that you take an HIV test at least annually. You can come back here at any time for another test."
	"I also want to make sure you are aware of some options that are available to you to help you stay healthy."
	For clients whose partner(s) is HIV positive: "If your partner is HIV-positive, I want to make sure you know that you can take a pill once per day to prevent HIV infection. This is called Pre-Exposure Prophylaxis, or PrEP. PrEP can also be used if people are sexually active, but find using condoms difficult. I can provide you will a referral for a physician that provides PrEP very close to this clinic."
	For clients who may be at increased risk for exposure to HIV: "If you think you are exposed to HIV in the future, you can use Post-Exposure Prophylaxis, or PEP, to prevent yourself from being infected. If you believe you have been exposed, go to the emergency room or your doctor within 72 hours and ask for PEP."
	For clients who may be experiencing symptoms: "Because you mentioned that you've experienced some symptoms of HIV infection, it's important for you to know that sometimes people experience symptoms right after they've been infected, and before the body has had time to develop antibodies that can be detected by the type of test we used today. I can refer you to a doctor to get a test that can more accurately detect acute HIV infection."
	Provide fact sheets, referrals to behavioral health, substance use, or other support groups or services in your community tailored for high-risk individuals.

Considerations for delivering negative test results:

- Use the client's name. It personalizes the interaction.
- Avoid jargon, or explain it if you must use it.
- Avoid qualifiers like, "It seems that..."
- Use a tone of voice and body language to convey genuine concern and compassion.

► POST-TEST PRELIMINARY POSITIVE DISCUSSION

Overview: This script integrates key messages for delivering preliminary positive HIV test results to clients. The messages for a client who tests preliminary positive are brief, as the clients will need to have a confirmatory test before extensive post-test counseling is provided. Depending on your agency or clinic's policy, you may decide to provide more extensive counseling after a preliminary positive rather than waiting for confirmation.














SCRIPT	
	“(Name), your HIV test result today is preliminarily positive”. (Pause.) “This result almost always means that a person is infected with HIV. To know for sure, we will do a second test. How are you feeling?”
	Pause, allow time for the news to be absorbed. Provide emotional support as needed.
	“Until we know for sure, it’s important to act as if you are infected with HIV, and take steps now to prevent spreading HIV to your sex (or needle sharing) partners. It’s also important to protect yourself from getting other infections. Let’s plan for how you can do that until you come back for your confirmatory results.”
	“Let’s talk about your plans for the rest of the day, and whether you plan to share this information with anyone.”
	“Emotional support can be important while you wait for the confirmatory results. I’d like to help you plan for getting that support if you feel like you need it. Is there someone in your life that you trust and rely on or that has supported you in the past?”
	“For the confirmatory test, we have to send the sample to the lab. It will take about ____ [insert average number of days based on the test used] days for the results of the confirmatory test to come back.”
	“How are you feeling right now?”
	“What else do you need today?”
	“Do you have any questions?”

Considerations for delivering HIV positive test results:

- Use the patient’s name. It personalizes the interaction
- Give the result promptly without small talk or saying “I’m sorry, but...”
- Avoid jargon, or explain it if you must use it. Avoid qualifiers like, “It seems that...”
- Use tone of voice and body language to convey genuine concern and compassion
- Everyone reacts differently to tests results. Make no assumptions. Some clients may take the results in stride or even expect the results to be positive
- Frame the delivery of the results based on the patient’s emotional response
- Allow the client to react to the result
- Respond to the client’s primary concern. (e.g. getting started on treatment, how to tell family and friends)


► POST-TEST CONFIRMATORY POSITIVE DISCUSSION

Overview: This script integrates key messages for delivering confirmatory positive HIV test results to clients. Clients who are confirmed as HIV-positive receive in-depth post-test counseling.

SCRIPT	
	“ I am so glad you are here today”
	“(Name), your test shows that you have HIV.”
	Pause, allow time for the news to be absorbed. Provide emotional support as needed.
	“Today we can take some time to talk about what these results mean to you, your reactions, how you can get support, and make an appointment with a healthcare provider. How does that sound?”
	“Right now it is important to know HIV is a virus that weakens a person’s immune system.”
	“While HIV can lead to AIDS, this test doesn’t say whether or not you have AIDS. Once linked to care you will have other tests that can tell how strong your immune system is” With the medicines we have today, almost everyone being treated for HIV is leading a very long and very healthy life, that is why it is so important to be linked to care as soon as possible.”
	“While there is no cure for HIV, I want you to know that an HIV diagnosis today is not like it used to be. There are many good medicines. With regular medical care and some lifestyle changes, people with HIV can live long and full lives.”
	“I will help you today to connect with excellent doctors and programs that take care of people infected with HIV. They can help you with your medical care, provide emotional support, and help you decide with whom and when to share this information.”
	“It is important to have emotional support throughout this process. Is there someone in your life that you trust and rely on or that has supported you in the past?”
	“Many people with HIV make changes to protect themselves and others. Let’s talk about how you plan to keep others, and yourself, safe.”
	Referral and linkage to care: “It’s important to see a doctor for HIV treatment as soon as possible. The sooner you start treatment, the healthier your immune system will stay, and the less likely you will be to pass HIV on to others. I will give you the name and contact information of a physician (or clinic). I will also be happy to set up an appointment for you before you leave the office today.”
	“ I want to make sure you are aware of a couple other requirements.”
	HIV Reporting: “The health department collects the names of all patients testing HIV positive. This list is kept safe and not shared with anybody. It is used by the health department to know how many people in an area have HIV, so that resources can be made available. The results and names are not shared with any other agency, including law enforcement and immigration agencies.”
	Partner Notification: “It’s important to give other people a chance to have a test. The health department encourages everyone with HIV to tell their present and past sex (and needle sharing) partners. You can tell them yourself, or you can give their names to the health department staff. They will notify your partners that they may have been exposed and should be tested, without using your name.”
	If your state requires partner identification: “I also need to let you know that people with HIV are required by law to inform any sex or needle partners of their HIV status before having sex or sharing needles with them.”
	In some instances, family planning clinic staff may assist clients in exploring how they might disclose their HIV status to family.
	“How are you feeling right now?”
	“What else do you need today?”
	“Do you have any questions?”

► POST-TEST INVALID DISCUSSION

Overview: This model integrates key messages for delivering invalid HIV test results to clients. Invalid HIV test results are very uncommon. The HIV test should be repeated as soon as possible.

SCRIPT	
	“Your HIV test result was invalid. This means there was a malfunction, and we must repeat the test.”
	Continue with the repeat test immediately if possible.

REFERENCES

- ¹ CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006;55(No.RR-14).
- ² Branson, Bernard M, MD; et al; (2006) “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.” MMWR, Recommendations and Reports, September 22, 2006 / 55(RR14);1-17. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
- ³ Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
- ⁴ National HIV/AIDS Strategy for the United States: Updated to 2020. <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>
- ⁵ Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
- ⁶ HIV Counseling and Testing: Providing Test Results--You Matter. Southeast AIDS Education and Training Center. <http://aidsetc.org/resource/hiv-counseling-and-testing-providing-test-results-you-matter>
- ⁷ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
- ⁸ The “window period” is the time between infection and when diagnostic tests can detect it. The “3rd generation” rapid test can detect HIV antibodies within 12 weeks after infection. The “4th generation” rapid test can detect p24 antigens about 2-6 weeks after infection. (Adapted from CDC, HIV Basics: Testing.)
- ⁹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
- ¹⁰ Pre-exposure prophylaxis (PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. PrEP is only for people who are HIV negative. Clinical practice guidelines can be found here: <http://www.hivguidelines.org/clinical-guidelines/pre-exposure-prophylaxis/guidance-for-the-use-of-pre-exposure-prophylaxis-prep-to-prevent-hiv-transmission/> and <http://www.cdc.gov/hiv/guidelines/preventing.html>
- ¹¹ source: http://www.cdc.gov/hiv/pdf/testing_Advantages&Disadvantages.pdf
- ¹² http://www.cdc.gov/hiv/pdf/testing_Advantages&Disadvantages.pdf

APPENDIX 1: MESSAGES REGARDING SPECIFIC TEST TYPES

If using antibody tests (3rd generation, e.g. ADVIA Centaur IV 1/O/2 Enhanced (EHIV) (CLIA-moderate complexity); Ortho Vitros Eci/ECiQ Anti-HIV 1+2 (CLIA-high complexity); Bio-Rad GS HIV-1/2 Plus O):



“The HIV test you just had does not look for the HIV virus itself. It looks for the cells in your body that fight HIV. These are called antibodies. The body starts making them in reaction to the HIV virus. It can take your body up to 3 months to make these cells. So, if you had an exposure (unprotected sex, used needles), you could be HIV-positive, but the test would not be able to detect it. You will need to come back for testing again at least 3 months from your last possible exposure.”

If using combination antibody/antigen tests (4th generation, e.g. Abbot Architect HIV Ag/Ab; Combo Assay; Bio-Rad GS HIV Combo AgAb EIA):



“The HIV test you just had does not look for the HIV virus itself. It looks for both antibodies and antigens. The body starts making antibodies in reaction to the HIV virus. Antigens are pieces of the virus that can take up to 2-3 weeks to be detected. So, if you had an exposure (unprotected sex, used needles) in the past 21 days, you could be HIV-positive but the test would not be able to detect it. You will need to come back for testing again at least 21 days from your last possible exposure.”