

### WHY? 26% of HIV positive people are unaware of their status.<sup>1</sup>

- In spite of The Joint United Nations Programme on HIV and AIDS (UNAIDS)/WHO 2004 recommendations, **people who should be tested are still being missed.**
- **Missed testing opportunities** when providers are required to determine need for testing based on risk.
- **Missed testing opportunities** when testing is mainly client-initiated.
- **Stigma and discrimination** will lessen when testing is routine.
- **To increase rate of testing, promote earlier diagnosis, improve treatment outcomes & reduce transmission.**



### WHO?

- **All patients aged 13 to 70 receiving primary or emergency health care who do not know their HIV status.**
- All persons who **are sexually active with multiple/successive long-term partners** and have not had an HIV test in the last 12 months.
- **All patients who have requested an HIV test.**
- All **pregnant women.** HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women (Society of Obstetricians and Gynecologists of Canada [SOGC], 2006). Repeat screening in the third trimester may be indicated based on clinical assessment and labor and delivery guidelines. (Morbidity and Mortality Weekly Report [MMWR] Recommendations and Reports, 2006) (SOGC, 2006).
- All patients **assessed in a sexually transmitted infection (STI) clinic** or seen in any health care setting for an STI or Hepatitis B or C.
- All persons with **current or past history of illicit drug use.**
- All persons **from endemic<sup>2</sup> countries.**
- All **tuberculosis (TB) patients (active and latent)** and contacts as indicated.
- All patients **showing signs/symptoms that may be consistent with HIV-related disease.<sup>3</sup>**



### WHEN?

- Consider at least once every 5 years in all adults.
- Part of an annual exam.
- Whenever a risk is discussed.
- On a regular basis or with other blood work. Refer to time frames in "Negative Result" section.



<sup>1</sup> Public Health Agency of Canada, HIV/AIDS Epi Updates - July 2010, [www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/2-eng.php](http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/2-eng.php)

<sup>2</sup> The Public Health Agency of Canada defines countries where HIV is endemic as those where the prevalence of HIV among people ages 15 to 49 years is 1.0% or greater and one of the following:

- 50% or more of HIV cases are attributed to heterosexual transmission;
- a male to female ratio of 2:1 or less among prevalent infections; or
- HIV prevalence greater than or equal to 2% among women receiving prenatal care.

<sup>3</sup> [https://www.escmid.org/fileadmin/src/media/PDFs/4ESCMID\\_Library/2Medical\\_Guidelines/ESCMID\\_Guidelines/2012\\_HIV\\_Indicator\\_Conditions\\_-\\_Guidance\\_for\\_Implementing\\_HIV\\_Testing\\_in\\_Adults\\_in\\_Health\\_Care\\_Settings\\_FINAL\\_version\\_2012-10-26.pdf](https://www.escmid.org/fileadmin/src/media/PDFs/4ESCMID_Library/2Medical_Guidelines/ESCMID_Guidelines/2012_HIV_Indicator_Conditions_-_Guidance_for_Implementing_HIV_Testing_in_Adults_in_Health_Care_Settings_FINAL_version_2012-10-26.pdf)

## HOW?

**Confidentiality**    **Counselling** – dependent on setting    **Consent** – informed and voluntary

Written, signed consent is not required; however verbal, informed consent must be obtained and all care providers must document on patient record that verbal consent was/was not obtained.

**Minimum** information for consent:

- **Benefits** of testing.
- **Right to refuse.**
- **Availability of support, assistance, care and effective treatment options.**
- Information is kept strictly **confidential** throughout the testing process.
- HIV is **reportable** to the regional Medical Health Officer, who will assist with **partner/contact follow-up** and with responsibilities under *The Public Health Act* regarding **disclosure** to future partners.

The ability of a person (including a minor) to provide informed consent is determined by the extent to which the person's physical, mental, and emotional development will allow for a full understanding of the test, including the right to refuse. Refer to the College of Physicians and Surgeons of Saskatchewan's Policy on Determining Capacity to Consent at: <http://www.cps.sk.ca/Documents/Legislation/Policies/GUIDELINE%20-%20Determining%20Capacity%20to%20Consent.pdf>

HIV Client Information Sheet may be used to provide the above information. The practitioner simply confirms that the client understands the information, discusses any client concerns, obtains verbal consent and documents.

**“Did you have a chance to look over the Information Sheet? Unless you'd like to discuss any questions first, I'm going to include a routine HIV test with your blood work today. HIV testing is now recommended for people 13 years and older, so I ask everyone.”**

See **In-depth HIV Pre- and Post-Test Counselling Guide** for situations requiring more detailed information.



## ORDER HIV SCREENING TEST

### NEGATIVE RESULT

- Discuss result.
- Review **need for further testing:**
  - At 4 weeks and 3 months after a known/suspected exposure.
  - Every 3-6 months for clients with on-going high-risk activities.
  - Every 12 months for clients who are sexually active.
- Reinforce prevention and **risk reduction.**
- Offer **referrals** for support services e.g. prevention and risk reduction programs, addiction services, mental health services.

### POSITIVE RESULT

- **Prepare** before giving result (urgent but not emergent).
- Protect the patient's **privacy** and **confidentiality.**
- Provide sufficient time to discuss the **impact of the positive result** and **ask questions.**
- Arrange for a **follow-up appointment.**
- Provide **risk reduction information** to prevent transmission of the virus.
- Work with the patient to discuss when, how and with whom to **disclose the positive test result** and develop a **partner notification strategy.** Contact Public Health to assist with **partner/contact follow-up.**
- Providers may also **contact Population/Public Health** (or the Infectious Disease Clinic for In-Patients) to assist with:
  - **Finding** patient.
  - **Referral** to Infectious Disease Clinic.
  - Specific patient needs/**situations** e.g. pregnant, addictions.
  - Completion of **HIV Case Report Form.**
  - **Linkage** to care, treatment and support services.

### INDETERMINATE RESULT

Repeat test in 2-4 weeks, or consult with Infectious Disease Specialist or Microbiologist if client has signs and symptoms consistent with HIV infection.