

HIV TESTING AND PRE-TEST DISCUSSION

The Global Programme on AIDS defines HIV/AIDS counselling as: "a confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS. The counselling process includes an evaluation of personal risk and facilitation of preventative behaviour." (WHO, 1995).

The emphasis is on discussion, counselling skills are used to help the patient make an informed decision.

People request HIV testing for a number of reasons which may include one or more of:

- Personal or partners' sexual risk
- Personal or partners' injecting drug risk
- Physical symptoms which have raised concerns in patient (or their doctor) about HIV as the cause
- A current or previous sexual partner has tested HIV positive
- As part of an STI check-up that may be for a number of reasons, but include a new relationship and wanting to stop using condoms with current partner
- Following sexual assault
- The worried well
- As part of the routine national antenatal screening programme
- As a routine during blood donation
- As part of a routine medical examination or pre-operative assessment for some procedures
- Following occupational exposure either to body fluids of a known HIV positive individual or unknown status
- An individual who feels that the new drug therapies for HIV means they would like to know their status so they have an opportunity to use the drugs and improve their survival

PRE HIV TEST DISCUSSION

This is a non-judgmental process enabling the patient to make a decision whether or not to test. If doing HIV testing you must have arrangements for dealing with a positive diagnosis and onward referral.

Why do we do pre test discussion?

- To obtain informed consent
- assess risks
- prepare for positive diagnosis (where appropriate)
- health promotion
- partner notification

Risk assessment

This involves establishing that individual's personal risk of HIV infection from their history and identifies those individuals who will benefit from a more detailed discussion due to higher risk of having HIV infection. Factors which increase an individual's risk of HIV include men who have sex with men or their partners, injecting drug users and their sexual partners, and people from areas of the world where heterosexual HIV infection is endemic and their sexual partners. Other risks include blood/blood products / organ recipient between 1975-1985 (UK) and occupational and medical exposure via invasive procedures in unsterile conditions.

Benefits of knowing HIV status

There are medical benefits to knowing one's HIV status. Recent medical advances, in particular the development of highly active retroviral therapy has significantly improved the length and quality of life of most people living with HIV. It facilitates interventions aimed at reducing onward transmission. Advances in antenatal care can dramatically reduce the transmission from mother to infant if her status is known during pregnancy.

Potential disadvantages to having an HIV test may include difficulties with life insurance, etc

Window period to seroconversion

The standard HIV test detects HIV antibodies. It may take up to three months for antibodies to develop after acquisition of HIV. Other tests are available that detect virus and may be used in certain high-risk situations to enable an earlier diagnosis to be made.

Giving HIV results

Before calling the patient into the room check that the result is available and in the notes. Give HIV result clearly - give it first if there are a number of results to discuss.

If the result is negative you need to consider if a re-test is necessary (i.e. are they still in the window period?) You should consider whether to offer an STI screen or hepatitis B vaccination if they are at risk from their sexual behaviour or injecting drug use. This is also an opportunity to discuss safer sex practices and injecting drug use.

If the patient is HIV positive, at the initial consultation, however much the patient is expecting a positive result, they will be shocked so keep information to a minimum. Focus on how they will cope over the next few days. Arrangements will need to be made for a confirmatory HIV test, which may involve referral to the local GUM service or ID service. This facilitates early access to expert medical assessment, treatment and care. It has been shown that people with HIV infection have an improved survival if they care is supervised by a physician looking after a large number of HIV positive individuals.

Issues that will need addressing at a follow up appointment include:

- ongoing support and counselling, safer sex, and partner notification
- Telling others: who and how to tell, support networks - family, friends, community.
- Counselling for partners/family.
- Ongoing referral e.g. psychology, welfare rights, social services