GIVING HIV TEST RESULTS

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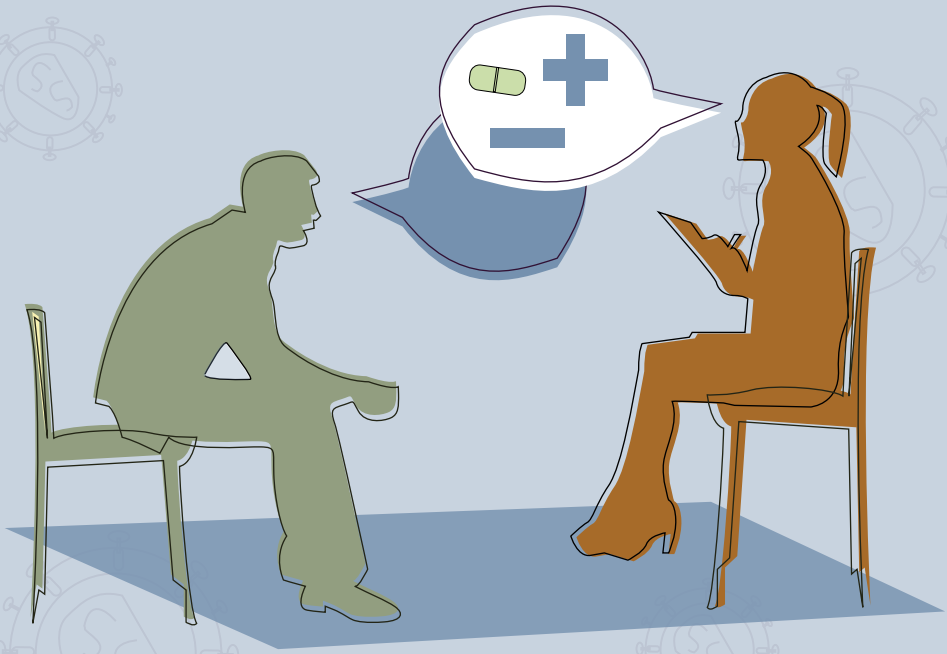

HIV PROVIDER REFERENCE SERIES

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GIVING HIV TEST RESULTS • 2013

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DELIVERING HIV TEST RESULTS

The purpose of this guide is to help care providers become more comfortable with and proficient at giving HIV test results. Given the global emphasis on "test and treat," "treatment as prevention," and the increasing awareness that early intervention can save thousands of lives, this step in the HIV testing process has become a critical component of the spectrum of HIV care. HIV testing provides an opportunity to deliver prevention messages, to assure that the patient enters into care for HIV infection and/or support services that decrease conditions that increase the risk for HIV, and to support long-term retention in care for patients who are found to be infected. A test should be offered to all patients between the ages of 13 and 64 even if there are no apparent risk factors. Tests should be ordered for any patient who requests one. Don't ask "Why?" (the patient will have his/her own reasons); there will be time after the test to discuss the patient's concerns.

Prepare the patient for the test by discussing the test and assessing the patient's ability to cope with a positive result.

- Ask, "What do you expect the test results will be? What do you think you will do if you have HIV? What will change if you are not infected?"
- If the patient talks about violence to self or someone else, more extensive counseling will be required prior to testing and/or disclosure of test results.
- If the patient expresses fear or anticipates abuse about disclosing to a partner, it would be best to explore those issues prior to testing.

HIV testing can now be done in several ways.

- The traditional test is one in which blood or oral fluids are taken from the patient and sent to a lab. The lab will do the initial screening test (ELISA) and, if the ELISA is positive, will do a confirming test (Western Blot). Reports are sent to the test site in 1-2 weeks.
- The rapid test is done at the site of care and can be completed in approximately 20 minutes. Rapid tests are highly sensitive and specific, so results are usually accurate, but they need to be confirmed by additional testing.
- Home testing is a relatively new testing option. The home testing process is supposed to provide on-line/telephone counseling for home testers.

As with any medical test, HIV test results should be delivered in a calm, safe, and nonjudgmental manner. Due to ongoing stigma and discrimination faced by people with HIV, the results, whether positive or negative, should be given confidentially, in person, and to the patient alone unless s/he has asked to have another person present. For patients who are not proficient in English, results should be given through a professional interpreter rather than a family member or friend.

GIVING POSITIVE TEST RESULTS

The focus of HIV post-test counseling is to provide emotional support to help the newly diagnosed patient:

- cope with the diagnosis,
- access treatment and other care services,
- disclose status to sexual partners,
- remain safe during the initial phase of dealing with a new diagnosis, and
- prevent further transmission of HIV.

Tips for giving a patient positive test results:

- Be specific about the test results. Tell the patient, "The tests confirm that you have HIV infection."
- After giving the positive test result, allow the patient time to react and process the news before launching into further information.
- Regardless of the patient's sex or drug behavior, hearing a diagnosis of HIV (or any chronic illness) may be something of a shock. Shock and disorientation are common initial reactions to such life-changing news, as are sorrow, anger, fear, or shame, even for patients who already suspected that they were infected.
- Human emotions are complex and varied. Your patient may respond with relief or acceptance. You may be surprised by the patient's reaction. Remain calm and nonjudgmental regardless of the patient's response to the news. You might say, "Tell me about your reaction. Is this a surprise or something you were expecting?"
- Even if the patient does not display signs of shock or disorientation, do not try to give too much information in this visit. S/he may still be unable to adequately process long explanations at this time.

- Offer immediate reassurance that HIV does not mean AIDS and is not a death sentence. Stress the importance of receiving care even if the patient does not feel sick right now. Tell the patient, "People with HIV who receive the care they need can live long and healthy lives. With proper treatment you can as well."
- If the patient asks, tell him/her that additional testing will be needed to know whether s/he has AIDS or not. Explain the difference between HIV and AIDS.
- Ask what specific questions and concerns the patient has right now. Address the immediate questions in as simple terms as possible. Follow this with, "As time passes, you will have more questions, and your care providers will do their best to answer all of them. If you have questions be sure to ask."
- Let the patient know that a number of auxiliary and support services exist for people with HIV, and that you will link him/her to a social worker or case manager to help access services available in your area. Familiarize yourself with the local resources available.
- When the patient is ready (for some, this may be the same day as receiving the test results, for others it may be the next visit after they've had a chance to process the diagnosis), conduct a comprehensive risk assessment to identify continued risk behaviors. (A how-to *STD/HIV Risk Assessment Quick Reference Guide* can be downloaded at www.mpaetc.org under the Products link.)

Assess the following:

- patient's understanding of how HIV is transmitted
- whether the patient is a past or current injection drug user
- whether the patient currently uses any drugs or alcohol
- whether the patient uses drugs or alcohol before sexual activity
- whether s/he shares drug paraphernalia
- number of sexual partners
- frequency of condom use; are condoms used only in specific sexual situations and/or with specific partners
- patient perception of personal ability to change behaviors
- belief that vulnerability is associated with luck or fate
- whether the patient is being treated for sexually transmitted diseases
- whether he is a man who has sex with other men

Behavioral risk reduction counseling should:

- be patient centered, culturally appropriate, and suitable to the patient's situation
- be relevant to patient's individual risks and concerns
- be focused on reducing the high risk behaviors the patient is able and willing to commit to changing
- be focused on small, achievable goals (baby steps), not large, overwhelming, global goals
- offer information about how further STIs and other forms of continued exposure to HIV can compromise a patient's ability to stay healthy. Offer this as information, not as a scare tactic, but as a reason to have an STI screen

If a patient is frightened to or unwilling to notify sexual partners of a diagnosis of HIV, explore the reasons. If there is a real concern about abuse or harm to the patient, help him/her work through those issues first. Use your local referral systems to help the patient stay safe. Partner Notification Services is funded to help patients with disclosure issues; they can be contacted online or through your local Health Department.

Finally, after giving positive HIV results, immediately link the patient to a clinic or treatment facility.

- Be sure to tell the patient, "Even if you feel fine right now, it is very important to receive good HIV care."
- Stress that people in regular care live longer and stay healthier than people who wait until they are feeling sick to start treatment.
- The more active the referral, the better for the patient. For instance, you can pick up the phone and make an appointment for the patient while s/he is still in the office. If you are lucky enough to be located close to a treatment facility, you (or a case manager or another member of your staff) can take the patient to the clinic, make introductions, and help him/her get an appointment before s/he leaves.

"While a small number of the test providers indicated that they felt no or little impact of delivering the HIV-positive test result because the diagnosis is 'not the end of the world', most indicated it was difficult as it was anticipated that the test recipient would (or did) find the news distressing" (Myers et al., 2007, p. 1017).

GIVING NEGATIVE TEST RESULTS

A negative test result may mean that the patient has not been infected with HIV, or it may be that s/he is in the "window period" of time between becoming infected with the virus and producing antibodies. Most people will develop detectable antibodies within 2 to 8 weeks (the average is 25 days), but some individuals will take longer. Therefore, if the initial negative HIV test was conducted within the first 3 months after possible exposure, repeat testing should be considered 3 months after the exposure occurred to account for the possibility of a false-negative result.

If the HIV test produced a false negative result, the person can transmit HIV to others during this "window period." In fact, the window period is an especially dangerous time for transmission because the viral load is usually very high during this period. This makes prevention and risk reduction counseling a crucial component of giving negative test results.

Prevention counseling must include guidance on methods to prevent HIV transmission to others and to prevent transmission to the patient if s/he is indeed uninfected. At a minimum, this will involve:

- An explanation of the test results, including information about the window period for the appearance of HIV antibodies and a recommendation to retest 3 months after a recent exposure. "Although the test indicates that you are not infected, it is possible that the virus hasn't had time produce enough antibodies to show up in your blood/oral fluids. To be certain that you do not have HIV, I recommend getting another test 3 months after your last risk of exposure. Can I help you figure out when that would be?"
- An assessment of the patient's risks, including substance use, sexual behavior, and a history of violence, abuse or trauma. A how-to *STD/HIV Risk Assessment/Risk Reduction Quick Reference Guide* can be downloaded at www.mpaetc.org under the Products link.
- Advice on methods to prevent acquiring HIV (consistent condom use, not sharing injection drug paraphernalia, limiting number of sex partners, not having sex while intoxicated or high, etc.). This information can also be found in the *Risk Assessment/ Risk Reduction Quick Reference Guide*.
- Referral to substance abuse and mental health services as appropriate.
- Referral to case management or community based services to provide more comprehensive education and support.
- Referral to domestic violence services as appropriate.

- Referral to an HIV specialist for evaluation for pre-exposure prophylaxis (PrEP), if you feel the patient will have on-going risks. PrEP is the routine use of HIV medication to help people at high risk avoid acquiring and transmitting the virus.

Given the ongoing advances in HIV treatment, conducting HIV testing as a routine standard of care, appropriate posttest counseling, and swift linkage to treatment and services will help ensure optimal outcomes for patients who do not know they are infected with HIV, and may help to prevent infection in those who are not. Delivering test results in a calm and supportive manner can enhance the relationship between patient and provider, and may contribute to early linkage to HIV care.

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