MIDWEST AIDS TRAINING + EDUCATION CENTER

HIV
Testing and Counseling

Disclosure of Interest

The presenters for this program have the following financial interest/relationship with manufacturers of commercial products.

- Chena Brown: None
- Jada Sims: None

Housekeeping

Financial Disclosures:

- The presenter has no financial interest to disclose

Continuing Education Credits:

- Social Work & Nursing CEs offered

Cell Phones/Pagers:

- Please place on silence or vibrate

Restrooms:

- If you gotta go…please go!

Learning Objectives:

- Know the 6 steps of Risk targeted HIV testing
- Conduct an HIV pretest counseling session
- Conduct HIV post test counseling session
- Demonstrate how to incorporate risk reduction options into a treatment plan

Introductions

Name

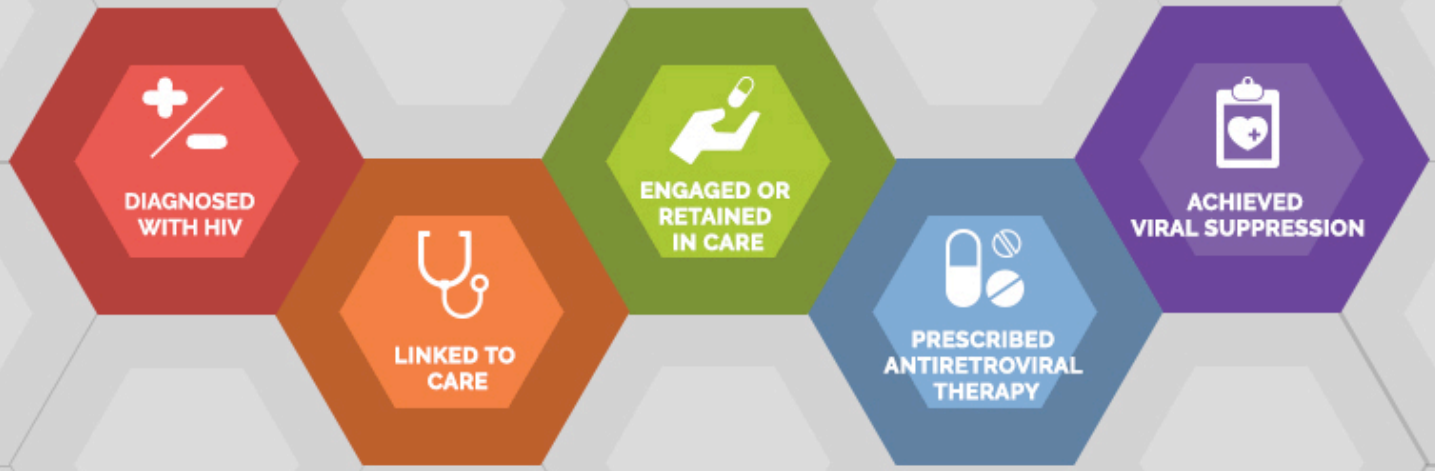
Gender Pronouns

Agency


FINAL
JEOPARDY!
Knowledge
of
HIV

HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



Client-centered counseling techniques

Using open-ended questions

- avoid asking closed-ended questions that limit the client's possible responses
- open-ended questions start with "who," "what," "when," "where," "how," or "tell me about"

Attending

- eye contact, facial expressions, body language
- nodding, quasi-verbal remarks ("mm," "ok," etc)

Paraphrasing and Reflecting feelings

- using your own words to rephrase the main points (content) shared by the client
- using the same feeling words to validate the emotions (affect) expressed by the client

Giving information simply (KISS)

- avoid jargon
- address specific information needs, not HIV 101 (clarify myths/misconceptions)
- acknowledge what you don't know
- check the client's understanding

Client-centered counseling techniques

Third-Personing / Normalizing

- using the experience of others to help normalize a situation

Acknowledging strengths

- point out the positive or beneficial aspects of the client's situation or behavior

Client-centered counseling techniques

Confronting

- asking for clarification when the client's thoughts/behaviors seem inconsistent

Summarizing and Closing

- briefly recapping the main points of the conversation and what happens next

Make these questions open-ended

Do you know how HIV is transmitted?

Do you have unprotected sex?

Do you use condoms?

Are you monogamous?

Have you ever shared needles?

Do you understand your test results?

6 Steps of Risk Targeted HIV Testing

1. Introduce and orient the client to the session
2. Prepare for and conduct the rapid HIV test
3. Conduct brief risk screening
4. Deliver result
5. Develop a care, treatment, and prevention plan based on test result
6. Summarize and close session

COUNSELING BEGINS….

NOW…

ROLE PLAY

FULL SESSION

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Step 1: Introduce and Orient Client to the Session

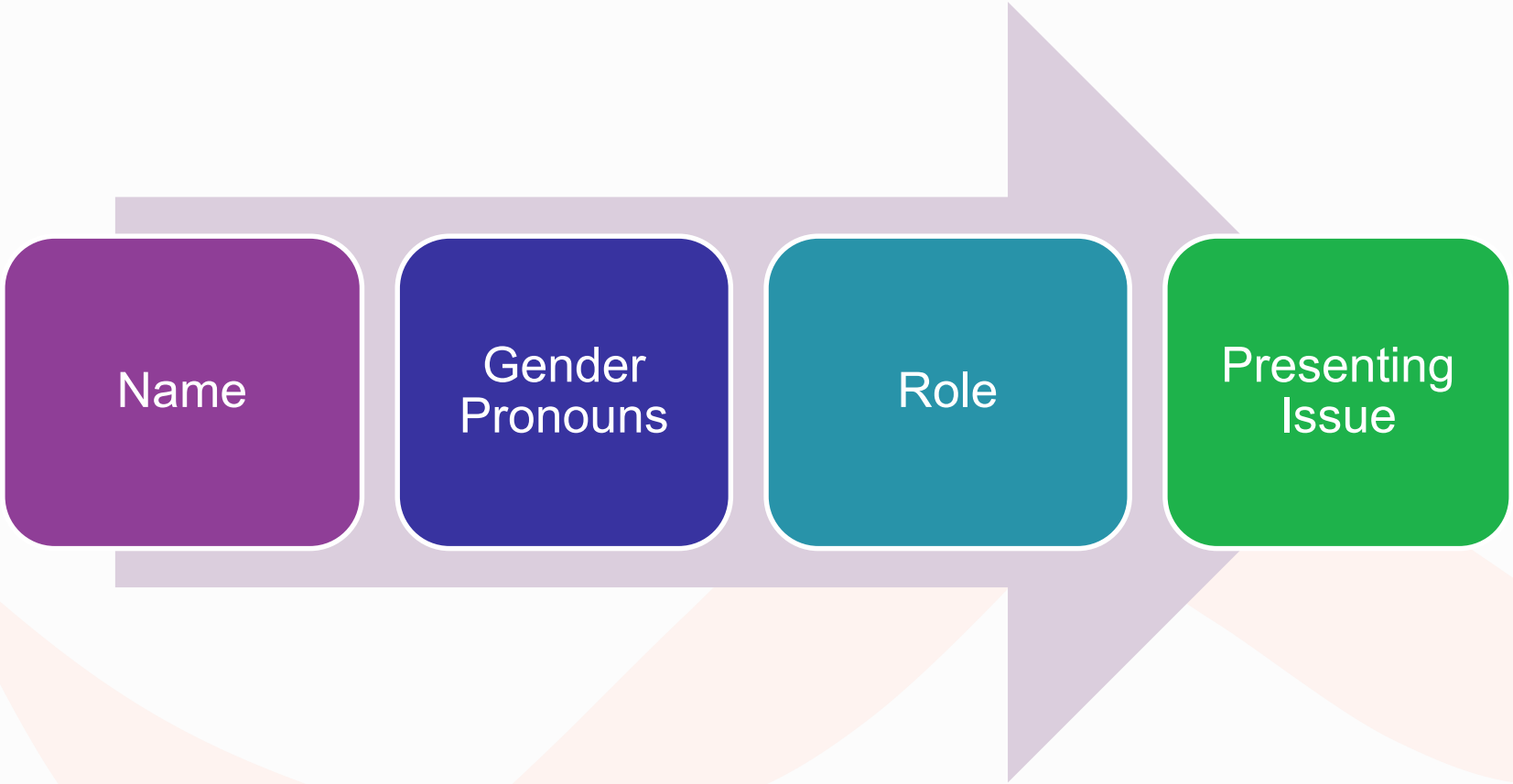
6 Steps of Risk Targeted HIV Testing

1. **Introduce and orient the client to the session**
2. Prepare for and conduct the rapid HIV test
3. Conduct brief risk screening
4. Deliver result
5. Develop a care, treatment, and prevention plan based on test result
6. Summarize and close session

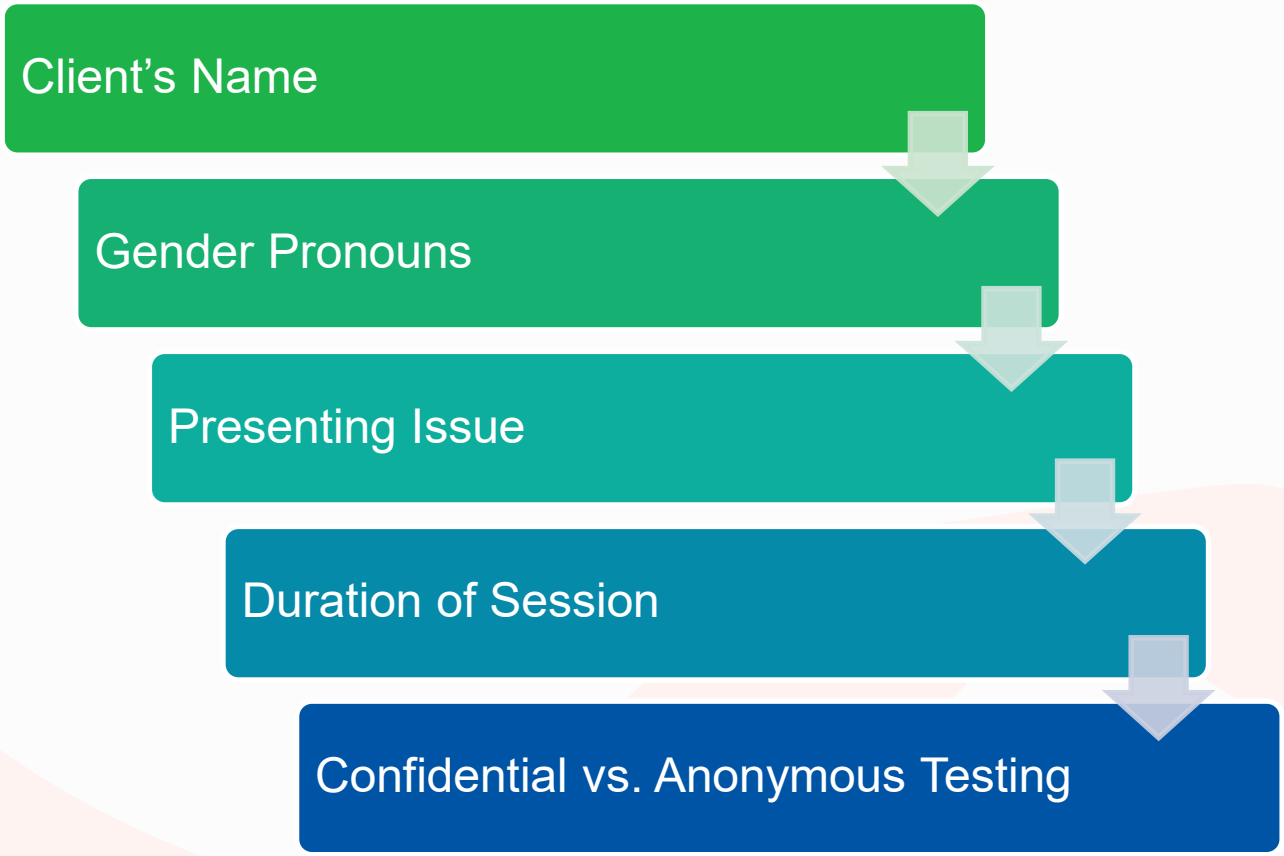
Step 1: Introduce and orient client to the session

- Your name
- Your role
- Client name
- Confidentiality (and exceptions)
- Presenting issue
- Approximate duration of session
- Confidential vs. anonymous testing
- Knowledge of HIV

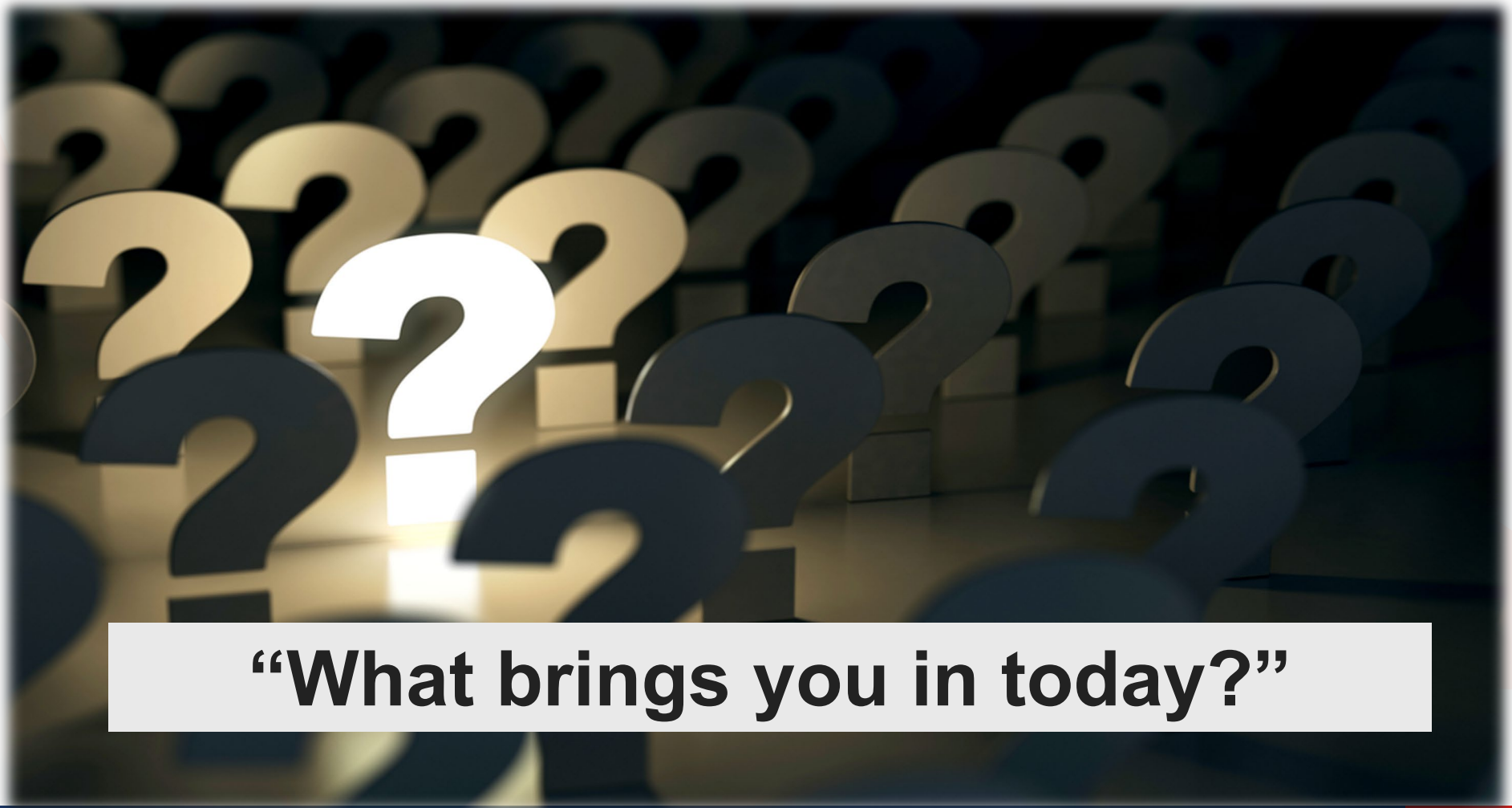
Orienting Yourself



Step 1: Orienting Client to the Session



Step 1: Presenting Issue



Patient-Initiated Testing

If the patient requests an HIV test

Have you had an HIV test before?

When was your last HIV test?

What was the result of your last HIV test?

Have you had a recent exposure to HIV?

Provider-Initiated Testing

If the patient does not request an HIV test

Establish rapport and address the client's presenting health concern(s) first

Within the context of their care when possible

Explain your reason for raising the issue

Testing is recommended for

Confidential Testing

Confidential: HIV antibody testing means that you and the health care provider know your results, and it may be recorded in your medical file at the testing site.

- Some clinics offer confidential testing to make it easier for the patient to access their own results at a later date, or to make it easier to track the number of unique new cases that are being found. In some places, the government requires confidential instead of anonymous as a condition of funding. This makes it easier for agencies to distinguish new HIV infections from cases of someone testing positive in multiple locations.

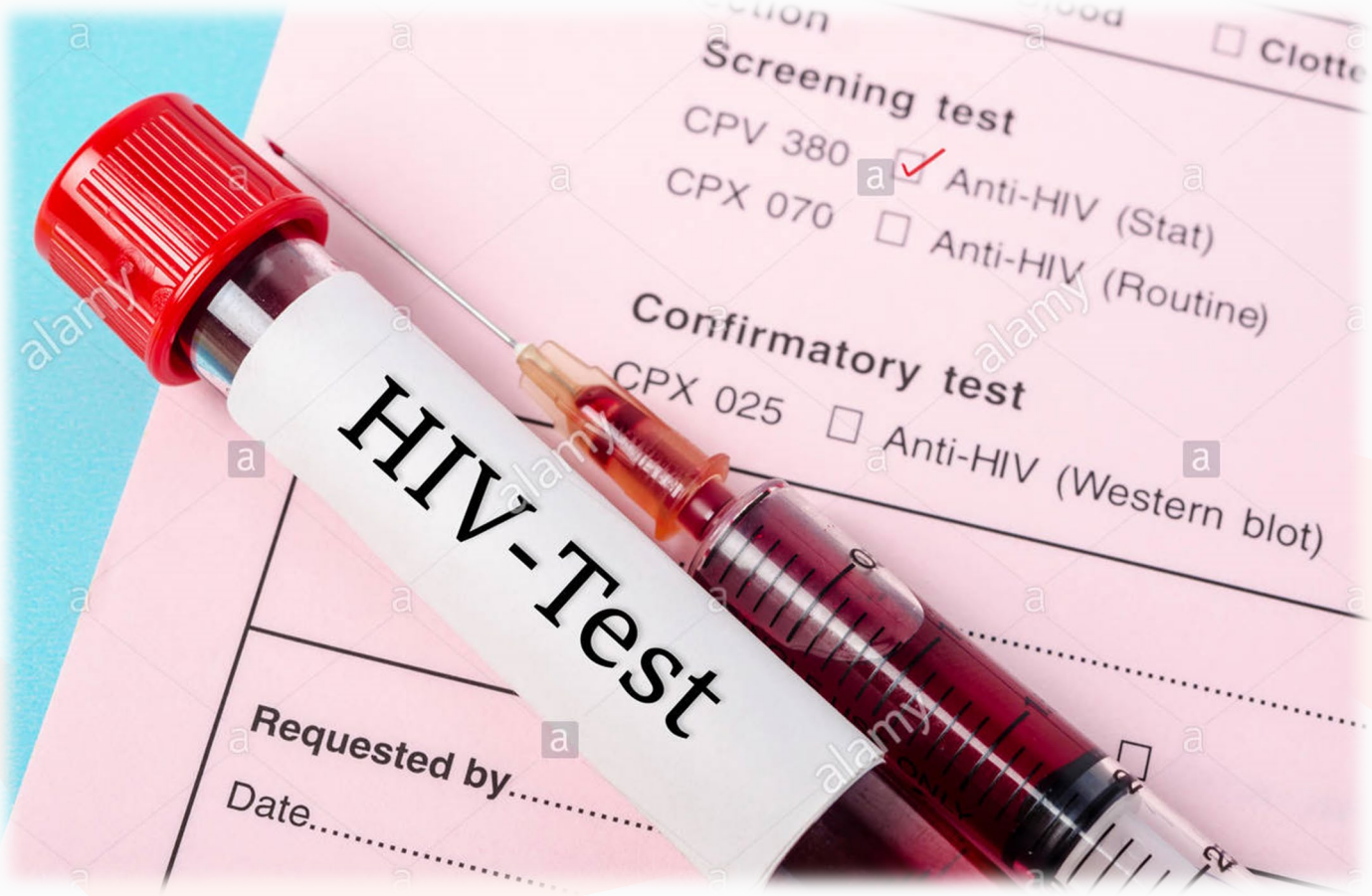
Anonymous Testing

Anonymous testing means that absolutely no one other than you has access to your test results since your name is not recorded at the test site.

- Anonymous and confidential HIV tests use the same testing method.

The **only difference** is that one does not have your name attached to the results.

Rapid vs. Conventional Testing



Rapid vs. Conventional Testing

- **Conventional HIV Test:**

Intravenous blood test, blood sample is sent laboratory for testing and it can take 1-2 weeks before the test results are available.

Rapid HIV Test:

can provide results within 15-20 minutes using oral fluid or a blood or plasma sample., requires a confirmatory test.

Example: Unigold, Clearview

ROLE PLAY

STEP 1

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Step 2: Prepare for and Conduct the HIV Test

6 Steps of Risk Targeted HIV Testing

1. Introduce and orient the client to the session
2. **Prepare for and conduct the rapid HIV test**
3. Conduct brief risk screening
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6. Summarize and close session

Step 2: Prepare for and Conduct the Rapid HIV test

Explain the process of conducting the HIV test
Explain the meaning of the possible results
Explain
Obtain consent
Collect specimen & conduct test

Process of Conducting an HIV Test

Explain Testing Procedure

(Note: Testing will vary by site: Quick finger prick, oral swap, blood test)

How accurate is an HIV test?

- More than 99% accurate …

Test	Specimen	Sensitivity	Specificity
EIA (lab)	plasma	99.7%	98.5%
OraQuick	oral fluid	99.3%	99.8%
OraQuick	fingerstick	99.6%	100%
UniGold	fingerstick	100%	99.7%
ClearView	all specimens	99.7%	99.9%

Diagnostic Tests for HIV Infection

	Assay Type	Indicated Uses
3rd generation antibody	EIA or ELISA	screen for chronic HIV infection
	Western Blot (WB)	confirmation of HIV infection

- Detects within 3-4 weeks
- if lab enzyme immunoassay (EIA) / enzyme-linked immunosorbent assay(ELISA) is negative, no further testing is done
- if lab EIA is positive, 2nd EIA and WB are done automatically to confirm presence of HIV Ab
- all rapid tests are EIAs and must be confirmed

Diagnostic Tests for HIV Infection

	Assay Type	Indicated Uses
4th generation dual assay	Determine® HIV-1 / HIV-2 Ab / Ag	screening for both acute and chronic HIV infection

- detects p24 antigen within 10-14 days of infection
- detects antibodies to HIV-1 or HIV-2 within 4 wks
- positive Ag must be confirmed with Nucleic Acid Test (NAT)
- positive Ab must be confirmed with Multi-spot

5th Generation Testing

- “5th Generation” (BioPlex 2200 HIV Ag-Ab assay) design
- Simultaneously detects and reports a screen and three individual HIV results:
- HIV Ag-Ab Screen with
- HIV-1 p24 Ag
- HIV-1 Ab (Groups M & O)
- HIV-2 Ab
- Includes HIV-1 and HIV-2 Ab Differentiation & Enhanced sensitivity for p24 antigen detection
- Very similar to generation 4, big difference is the addition of the HIV-1 Ab (groups M & O)

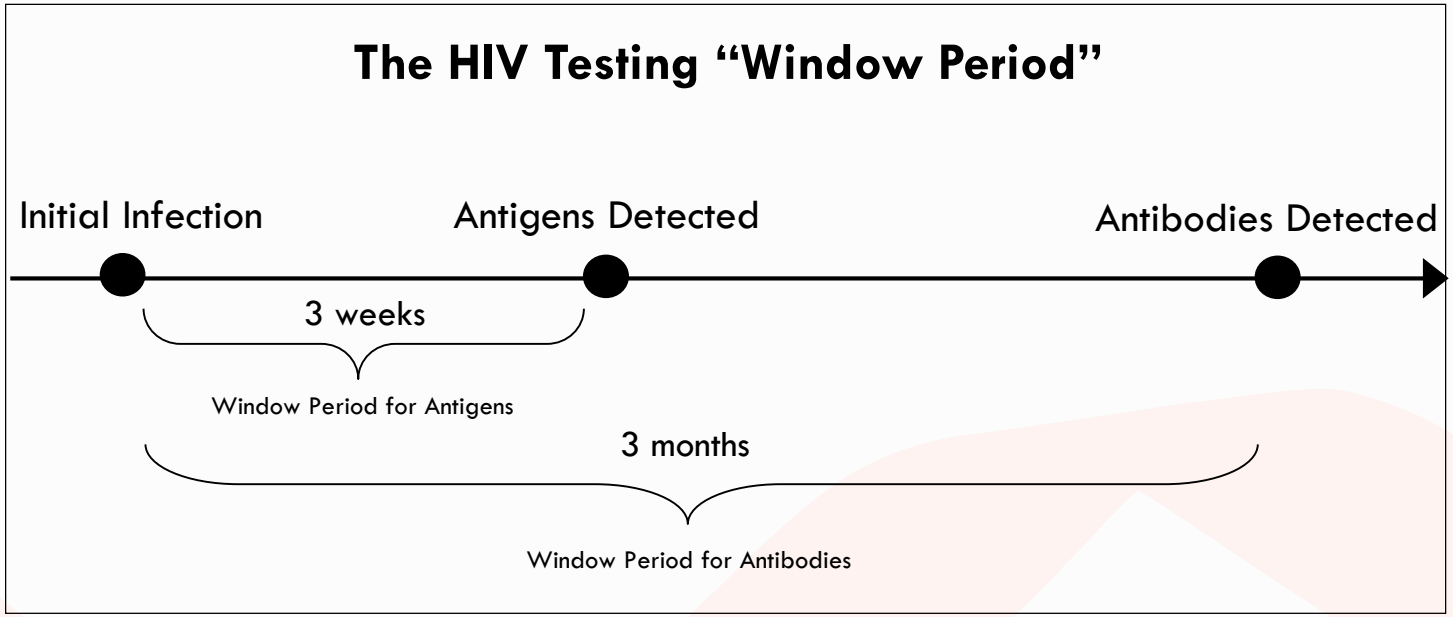
What is the "window period"

The window period is the time between potential exposure to HIV and the point when a test will give an accurate result.

The window period for a 4th generation antigen/antibody test (i.e. **Determine™ HIV – 1/2 Ag/Ab Combo**) is **12-26 days**.

The window period for an antibody test (i.e. **Clearview® COMPLETE HIV 1/2**) is **90 days**

Window Period



NOTE: You will need to explain the window period to every client you test, regardless of the test you use. **IT NEEDS TO BE DISCUSSED PRIOR TO TESTING**.

Explain Meaning of Possible Results

Negative= No HIV was found

(Non-Reactive)

- Discuss widow period

Preliminary Positive (Reactive)

- must be confirmed by a laboratory test

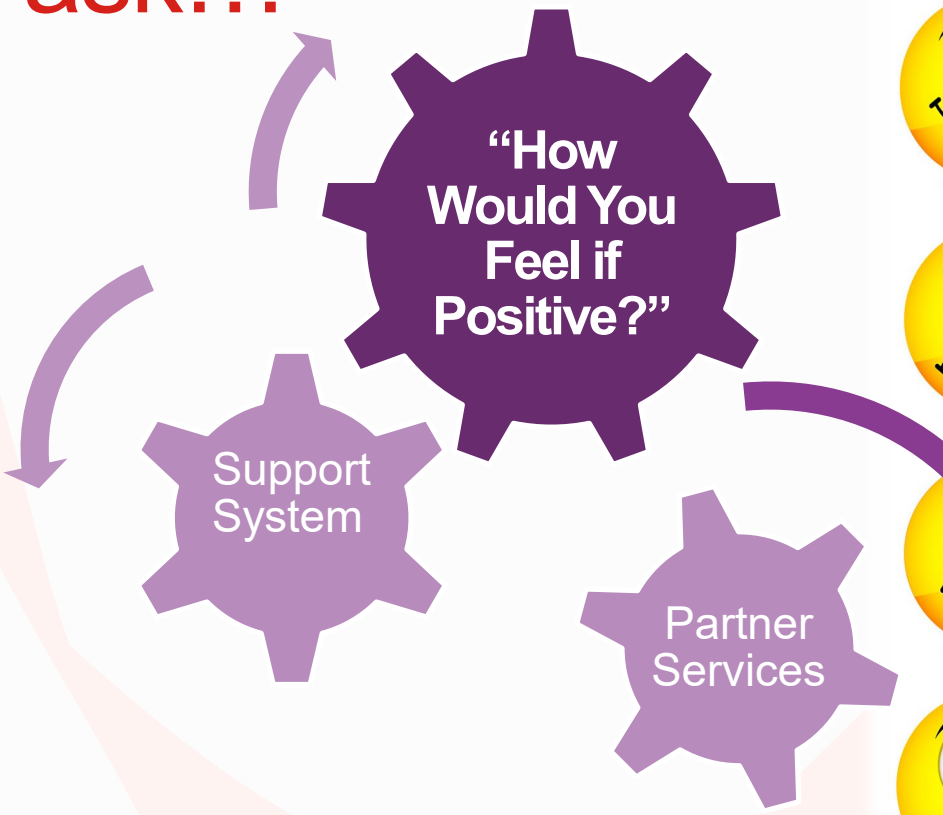
Invalid

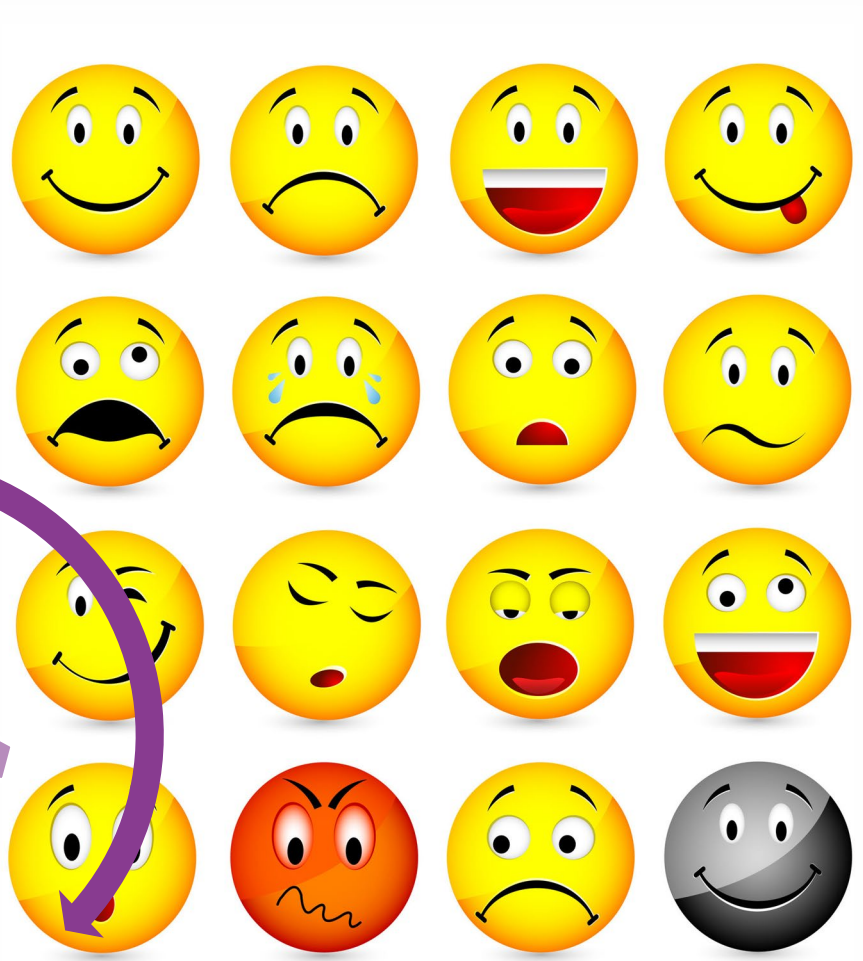
- Faulty Test

If Preliminary Positive …

Confirmatory Test

The question you should always ask…





Disclosure / Partner Services

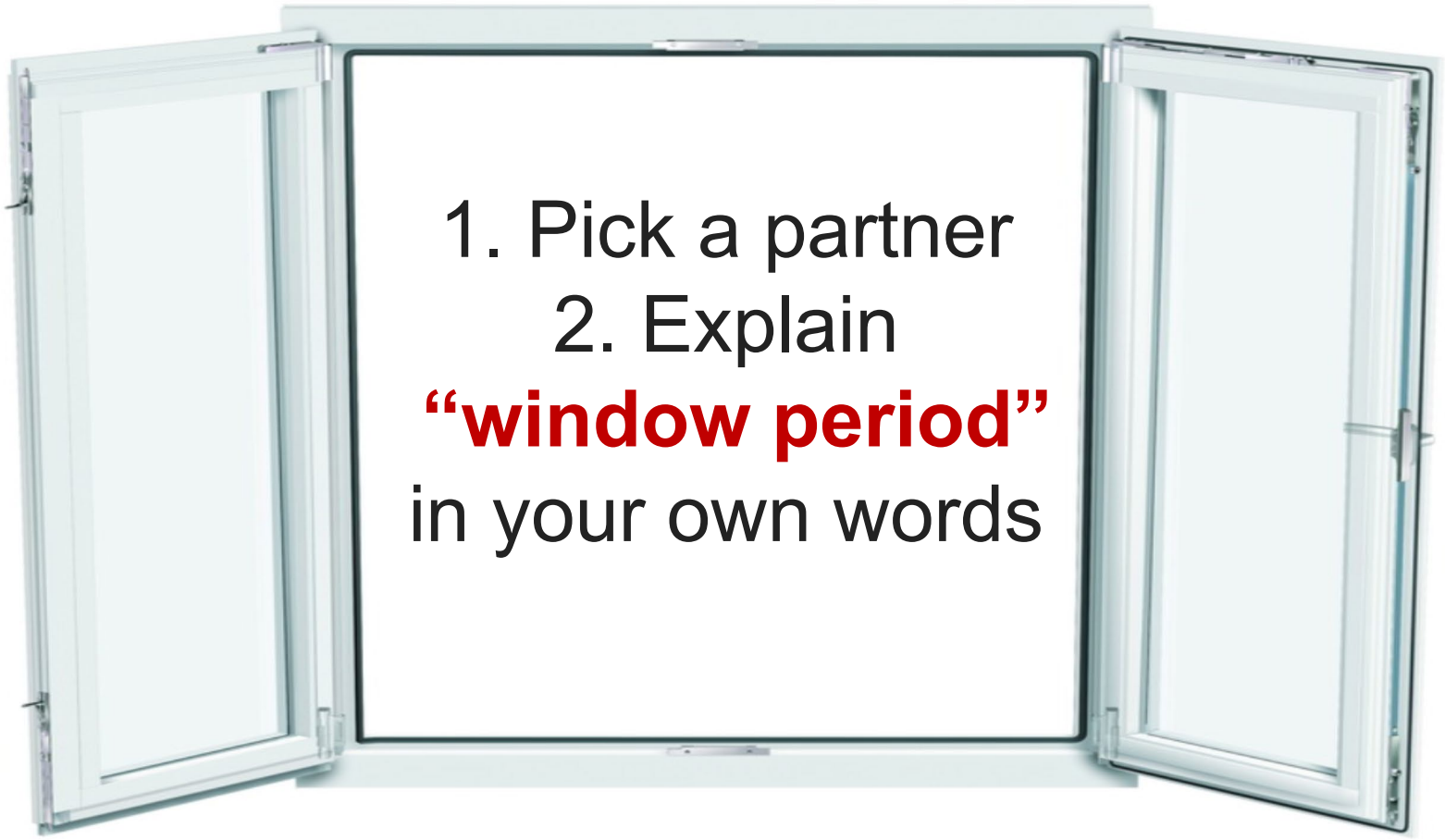
Disclosure

- Tester MUST report test results to the city
- Person with HIV can decide whether or not to disclose to friends/family/partners

Partner Services

- Provide range of medical and behavioral services to those infected with HIV and other STIs
- Confidentially notify partners of infected persons

Finding your own words



Informed Consent
HIV Testing in Illinois

The AIDS Confidentiality Act (ACA)

HIV testing is voluntary – patients may “opt-out”

Since 6/08, written consent is not required; verbal consent documented in the medical record is sufficient to order an HIV test

No HIV test may be ordered without:

explaining test procedures, meaning of results

explaining confidential vs. anonymous testing

- if anonymous testing is requested but not performed on-site, the individual must be referred to another site. Call 800-AID-AIDS (800-243-2437) for anonymous testing locations.

referring to anonymous testing site if desired

obtaining consent (verbal or written)

AIDS Confidentiality Act (ACA):

AIDS Confidentiality Act (ACA):

Providers should:

- utilize best practices by giving test results in person whenever possible
- provide referrals for follow-up counseling
- provide referrals to appropriate medical care

Exceptions to Informed Consent

Illinois State law allows HIV testing without consent in a few additional circumstances:

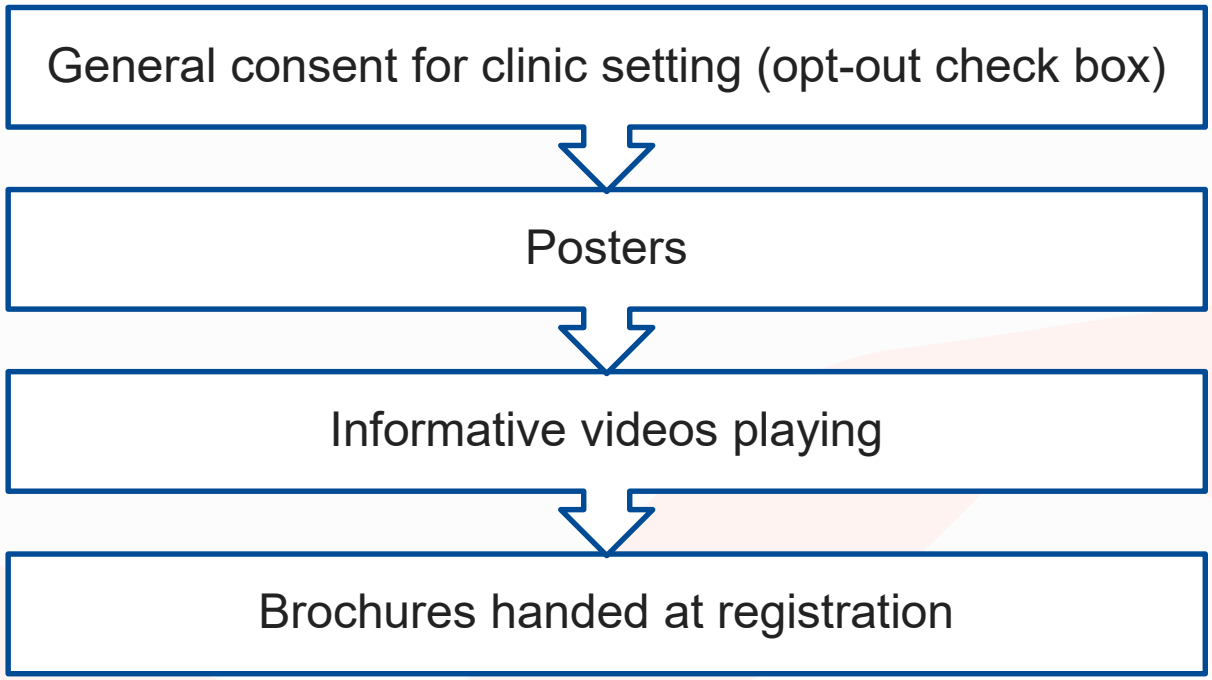
Individuals involved in a blood or other bodily fluid exposure with a healthcare worker, law enforcement officer, or paramedic, if a physician determines that the exposure is likely to transmit HIV.

Individuals charged with certain criminal sexual offenses.

Newborn infants of mothers whose HIV status is unknown.

Quick Tips!

Consent and information related to HIV testing can often be offered through the following:



Remember: **Learn your reporting forms!**

Collect Specimen and Conduct Test

ROLE PLAY

STEPS 1 & 2

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Step 3: Conduct Brief Risk Screening

6 Steps of Risk Targeted HIV Testing

1. Introduce and orient the client to the session
2. Prepare for and conduct the rapid HIV test
3. **Conduct brief risk screening**
4. Deliver result
5. Develop a care, treatment, and prevention plan based on test result
6. Summarize and close session

Conduct Brief Risk Screening

What are the client's immediate risk concerns?

What made him/her decide to test?

Listen and probe for

Previous testing history

Indicators of increased risk

Potential exposure in previous 3 months

Symptoms

Ongoing risk behaviors

Questions to Ask Client to Identify Risk Behaviors

What brought you in for testing today?

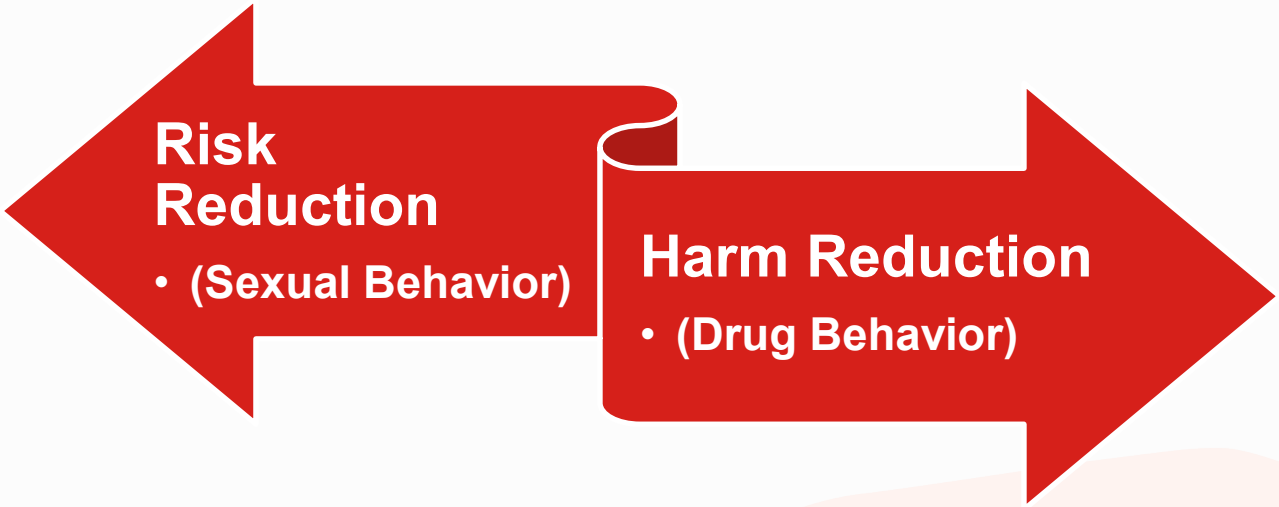
What do you think might have put you at risk for HIV?

When was the last time you had sex without a condom?

Tell me about your partners

Tell me about your drug use

Develop Action Plan



1. Separate into two teams.
2. One group creates ideas for risk reduction options
3. One group creates ideas for harm reduction options
4. Both teams will report their ideas to entire group

What can clients do to prevent HIV?

Sexual Behavior

- Abstinence
- Be faithful
- Mutual Monogamy
- Condoms

Drug Use Behavior

- Don't use
- Don't share
- Don't inject

Problems?

LET'S PRACTICE

What advantages are there to the receptive partner (female) condom?

Can be used vaginally or anally	Polyurethane transfers partner's body heat
Works with any type of lubrication without damaging the condom	Good option for people with latex allergy
Increases receptive partner's control/power	Can be inserted up to 2 hrs before sex

https://fc2femalecondom.com

Pre-exposure Prophylaxis (PrEP)

The word "prophylaxis" means to prevent or control the spread of an infection or disease

Must be HIV-

ONE pill daily
Truvada
Descovy

Risk of getting HIV is 92%-99% lower for those on PrEP with consistent adherence

Follow up and prescription refills every 3 months

Covered by ***most*** insurance programs

Post-exposure Prophylaxis

Must be taken within 72 hours of exposure

Must be HIV-

Must be taken for 28 days

Return for HIV test after 4 week medication completion

Resource links

- prep4illinois.com
- gileadadvancingaccess.com/financial-support/government-insurance
- prep4love.com
- pleaseprepme.org

ROLE PLAY

STEPS 1 & 3

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Step 4: Deliver Test Results

6 Steps of Risk Targeted HIV Testing

1. Introduce and orient the client to the session
2. Prepare for and conduct the rapid HIV test
3. Conduct brief risk screening
4. **Deliver result**
5. Develop a care, treatment, and prevention plan based on test result
6. Summarize and close session

Guidelines for Delivering Test Results

Assess Readiness

Provide Test Result Promptly

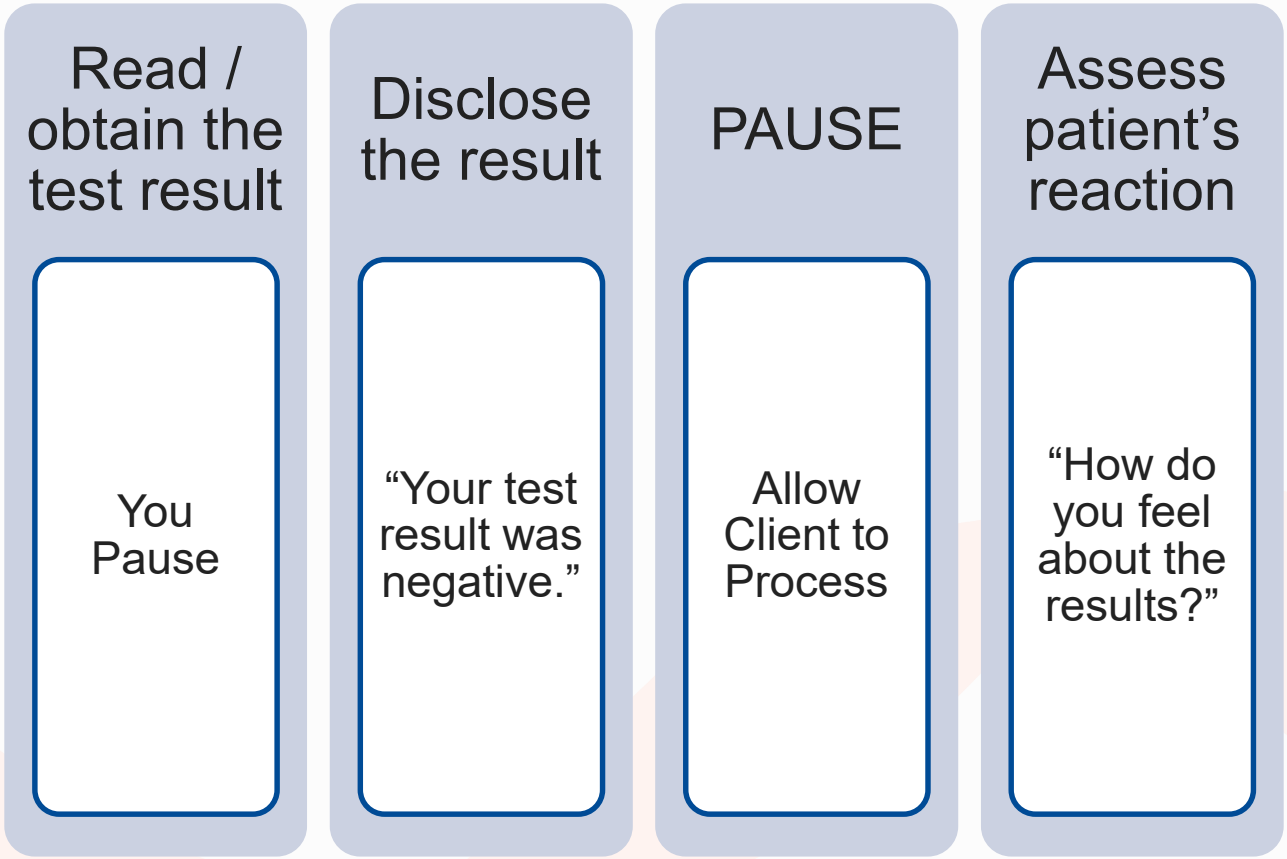
Interpret meaning of results

Risk Reduction Plan or Refer to Additional Services

Client-centered Counseling Techniques

- The Client is in Charge / Control
- Feelings as important as information
- Respect the client's choices
- Remain non-judgmental
- Ask before touching

Delivering Posttest: Negative Result



Posttest: Positive Result

Read / obtain the test result	Disclose the result	PAUSE	Assess patient's reaction
You Pause	"Your test result is a preliminary positive."	Allow Client to Process	"How do you feel about the results?"

ROLE PLAY

STEP 4

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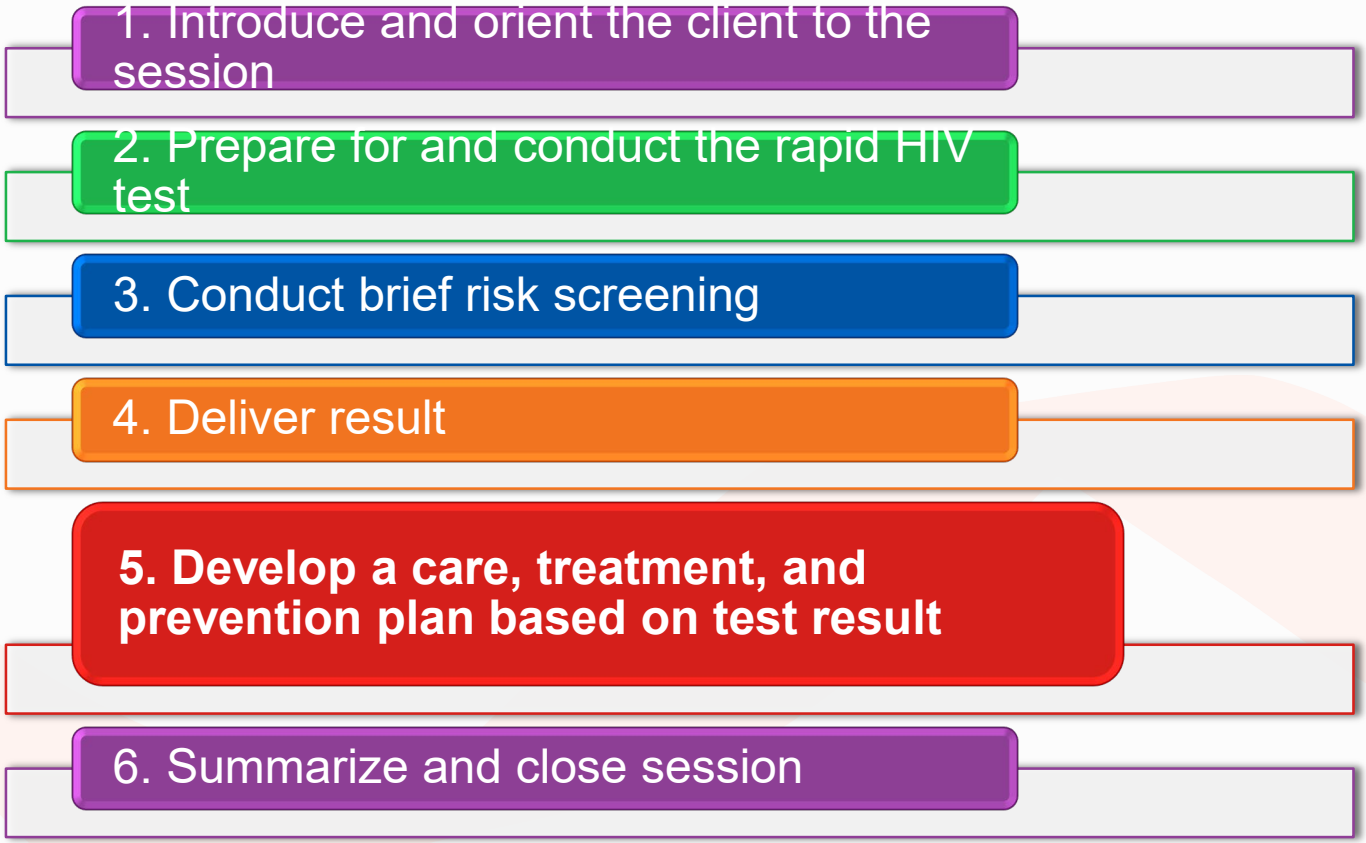
Step 5: Develop a care, Treatment, and/or Prevention Plan based on test result

6 Steps of Risk Targeted HIV Testing



Posttest Negative Result

- Review Meaning of Results
- Explain the possible need for retesting (i.e.: window period)
- Reinforce risk reduction strategies
- Answer questions/offer referrals as needed

Posttest: Negative Result Dialogue Examples

- **Review meaning of result**

  "Tell me, what does a negative result mean?"

- **Possible need for retesting**

  "Remember, it can take up to 2 weeks (or 12 weeks) for the test to detect HIV. So we recommend you come back for another test in (time frame). How do you feel about that?"

Posttest: Negative Result Dialogue Examples

- **Reinforce risk reduction options**

  "What's your plan to protect yourself until then?"

- **Answer questions/offer referrals as needed**

  "What questions do you have …?"

Posttest Positive Results

- Offer emotional support as needed
- Explain need for confirmatory testing
- Discuss Partner Services & Disclosure
- Advise to access care and treatment for HIV
- Answer questions

Posttest: Positive Result Dialogue Examples

- **Offer emotional support as needed**
  - **Validate the client's feelings**
  - **Assess emotional stability / coping**

    "What are your plans when you leave?"
    "Who can you turn to for support?"

- **Confirmatory Testing**

  "A preliminary positive means we found antibodies for HIV in your blood, but we will need to do a lab test to confirm the results. This may take several days to get the results back."

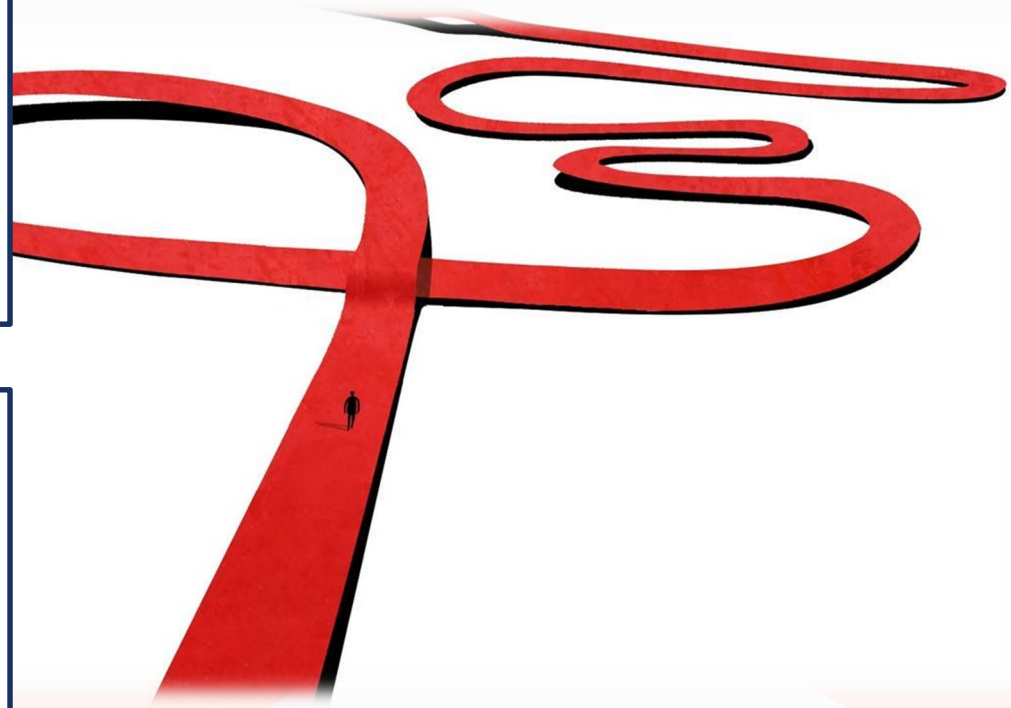
Posttest: Positive Result

Disclosure

- Tester MUST report test results to the city
- Person with HIV can decide whether or not to disclose to friends/family/partners

Partner Services

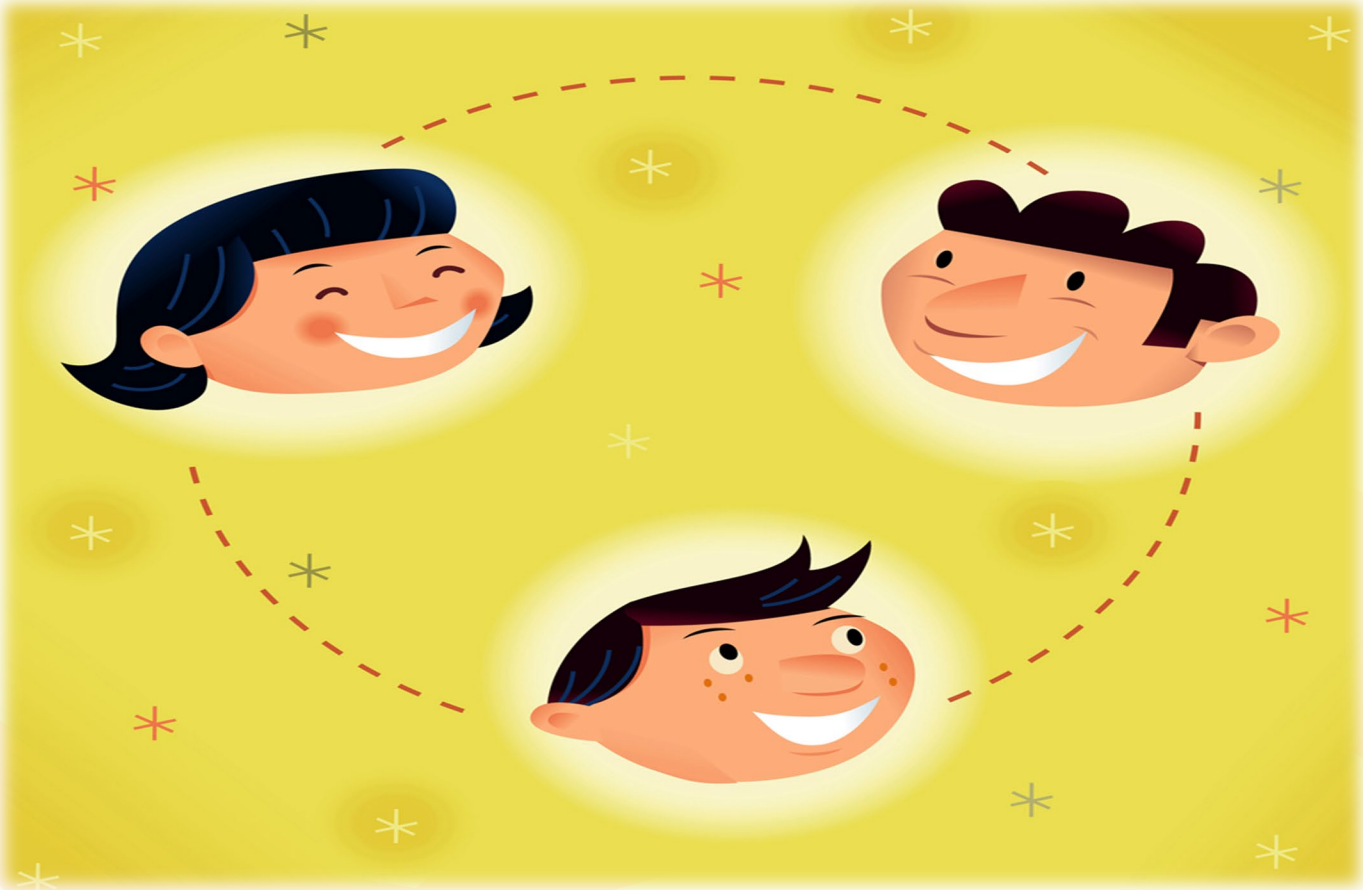
- Confidentially notify partners of infected persons



Posttest: Positive Result Dialogue Examples

- **Advise** **accessing care to treat HIV**
- "I would like to follow up with you about the next steps in your care plan. Is that okay? When is the best time I can reach you?"

Talking in circles…



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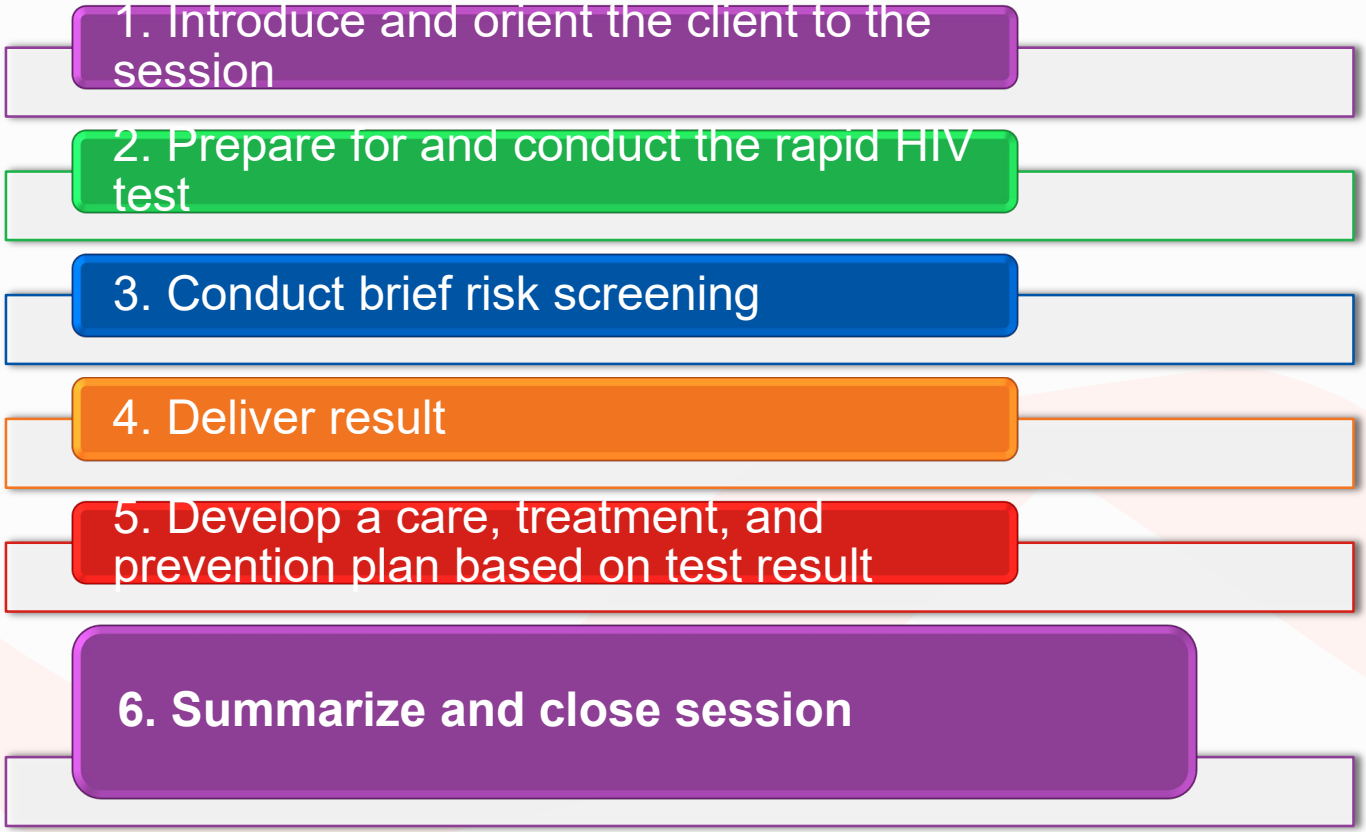
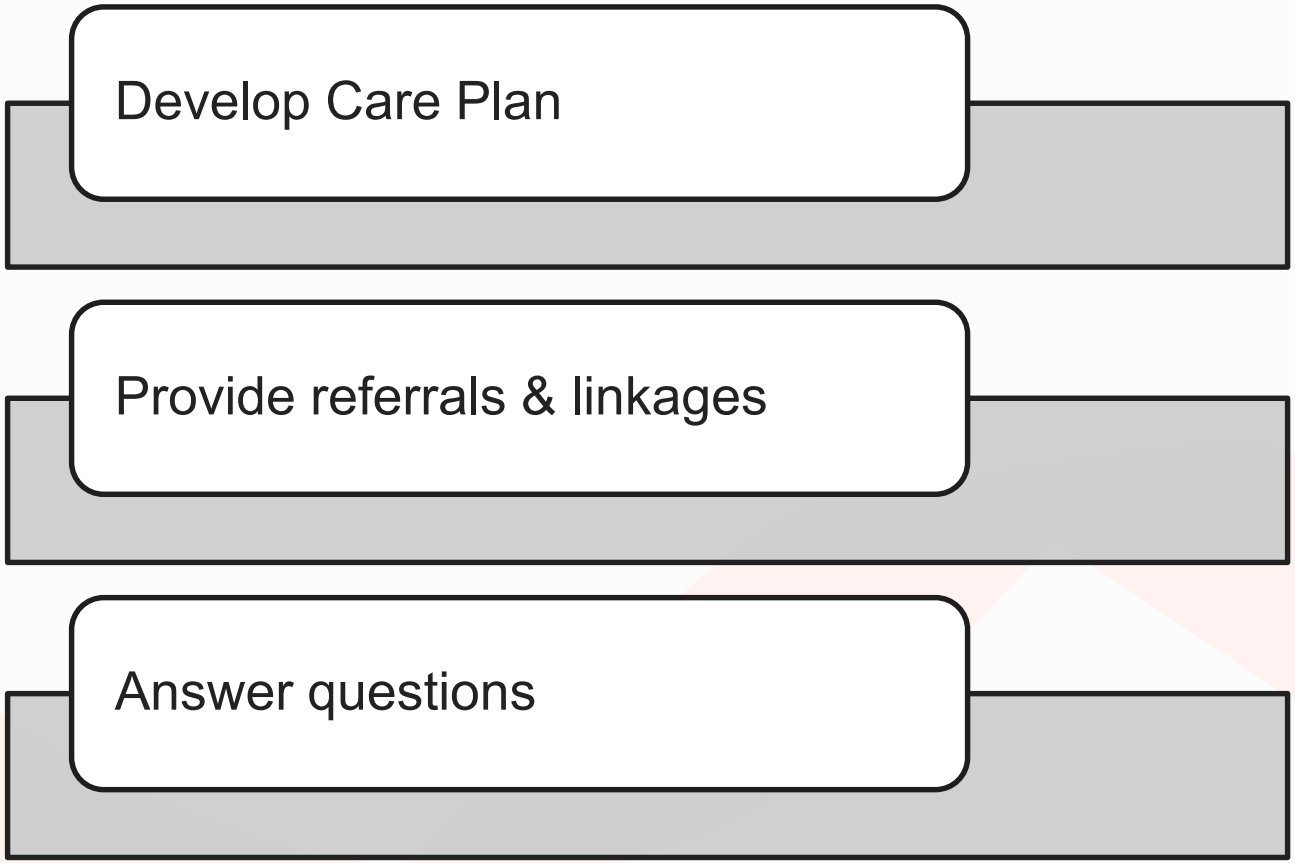
Step 6: Refer and link with medical care, social, and behavioral services

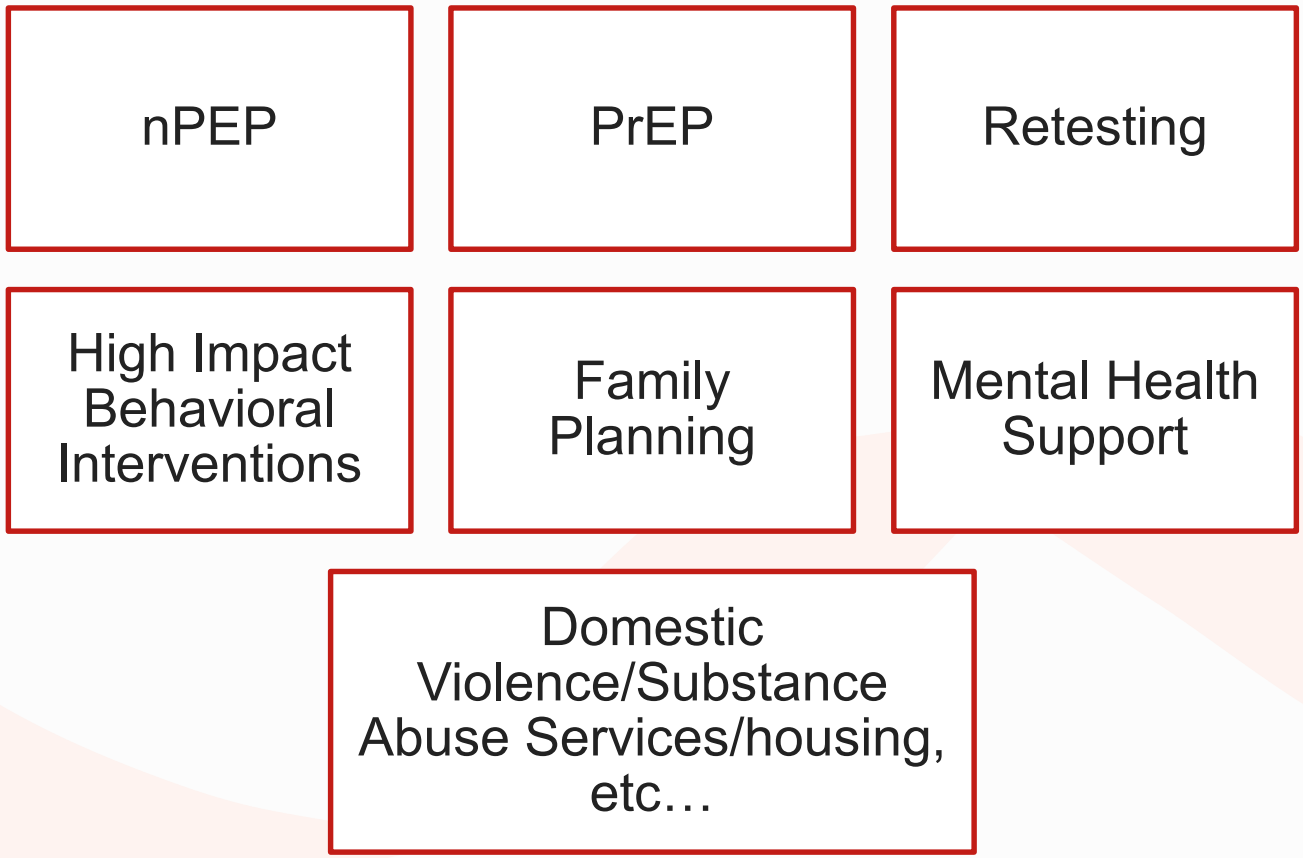
6 Steps of Risk Targeted HIV Testing



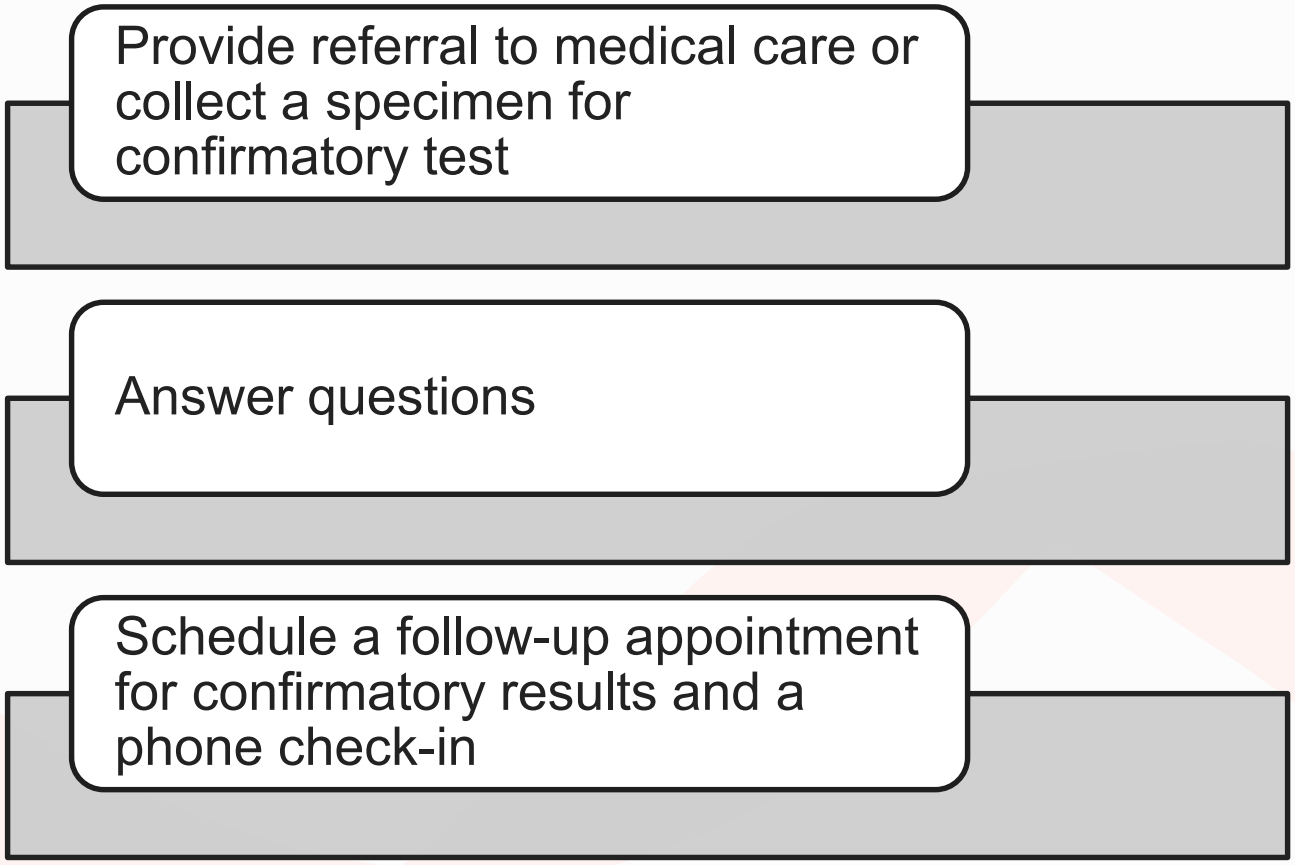
Step 6: Posttest: Negative Result



Types of Referrals and Linkages Negative Result



Step 6: Posttest: Positive Result



Types of Referrals and Linkages Positive Result

Follow up testing	HIV Care & Treatment	Partner Services
Medication Adherence	STI Screening & treatment prevention for positives	Mental Health Support
Domestic Violence/Substance Abuse Services, Housing, etc…		

Summarize & Close

Closure summarizes the client's has agreement to behavioral changes and the counselor's means of supporting them in making the agreed upon changes.

ROLE PLAY

FULL SESSION

ROLE PLAY

STEPS 4 & 5 & 6


now
working
even
women
people
vaccine
testing
United States
health
HIV/AIDS
federal
medication
approach
make
years
funding
virus
cells
take
little
fight
policy
one
help
think
states
stem
important
budget
get
patients
cure
HIV
plan
much
national
abstinence
President
research
future
infections
populations
increase
cured
person
just
money
waiting
disease
epidemic
communities
programs
Africa
new
medications
done
really
true
prevention
decrease
costs
support
work
sexual
Obama
ADAP
pharmaceutical
drugs
many
administration
aids
care
community
government
question
ever
treatment
going
blood
reduce
countries
transplant
Administration
find
made
schools
AIDS
human
see
others
still
need
positive
know
education
like
cell
especially
current
drug
level
death

Questions?