

## *West Virginia Bureau for Public Health*

### *STD/HIV/Hepatitis Program*

#### *HIV Testing Protocol*

##### **Purpose**

HIV testing provides the most accurate means of determining a person's HIV status. Early diagnosis of HIV infection with referral to medical care and supportive services assures an individual of the best possible outcome. Client-centered HIV counseling and testing helps the client identify and assess their personal risk behavior(s), develop a risk reduction plan and, the opportunity to be tested for HIV infection.

##### **Policy**

STD Clinics contracted and authorized by the West Virginia Bureau for Public Health HIV/AIDS and STD program shall provide without charge, client-centered HIV counseling and testing to any West Virginia resident that meets the established testing guidelines as outlined in this document.

##### **Target Population**

According to the new CDC guidelines HIV testing should be specifically targeted to the "Very High Risk" and "High Risk" category.

***Very High Risk:*** A person is considered "Very High Risk" for HIV infection if he/she (**within the past six months**) has:

- ❖ Had unprotected sex with a person who is living with HIV,
- ❖ Had unprotected sex in exchange for money or drugs,
- ❖ Had multiple (greater than five) or anonymous unprotected sex or needle-sharing partners, or
- ❖ Have been diagnosed with a sexually transmitted disease.

***High Risk:*** A person is considered "High Risk" for HIV Infection if he/she has:

- ❖ Had unprotected sex or has shared injecting equipment in a high prevalence setting or with a person who is living with HIV.

**Note:** Risk assessment is a prerequisite for HIV testing and every effort should be made to assess client's risk behavior. Clients that don't have a risk or don't meet the above Very High Risk and High Risk category should **not** be tested. However, testing may be offered in certain special circumstances at the sole discretion of the

**counselor. One example of this would be a situation where the counselor strongly believes that the client is/may be at risk of HIV but has not been forthcoming with the information necessary for HIV risk determination.**

*“A High Prevalence Setting” is a geographic location or community with a HIV seroprevalence greater than or equal to one percent.*

*Note: There are no areas in WV with a seroprevalence greater than or equal to one percent. A person who has had a sexual encounter with someone from an area with a seroprevalence greater than or equal to one percent will fall under the "High Risk Category". This includes sexual encounter with an individual from a neighboring state or any other part of the country/world with a seroprevalence greater than or equal to one percent. (See attached list)*

### **Standard**

Each clinic shall strive to achieve and maintain a consistent level of performance for conducting HIV counseling and testing that conforms to established project guidelines and laws governing client confidentiality (*WV Code of State Rules Title 64, Section 64-64-9*).

### **Qualification of Personnel and Training**

All persons seeking certification from the WVBPH to conduct HIV Counseling and testing must meet the following criteria:

- ❖ Must hold a professional license (i.e. Physician, Physicians Assistant, LPC, RN, LPN, Nurse Practitioner, LSW, etc. per WV Code 16-3C-AIDS Testing and Confidentiality Act, 1989.)
- ❖ Must successfully complete the following training provided by the WVBPH-AP.
  - HIV/AIDS 101 pre-course knowledge assessment
  - Client-Centered Counseling and Testing

### **Pre-Test Counseling**

Prior to testing, each candidate for testing must receive “Pre Test Counseling” regarding their personal risk behaviors for HIV infection. HIV counseling must be conducted in private, on a one-to-one basis with the client. Counselors should utilize the six steps counseling protocol as outlined in the CDC certified HIV/AIDS Counseling and Testing training manual. These steps are:

- Introduce and orient the client to the session
- Identify the client’s personal risk behaviors and circumstances
- Identify safer goal behaviors
- Develop a client action plan

- Make referrals and provide support
- Summarize and close the session

### **Quality Assurance**

Trainees conducting testing for the first time will be supervised and observed by a HIV/AIDS/STD program Health Educator or Disease Investigation Specialist (DIS). The authorization to conduct counseling and testing will be based on demonstrated and documented assessment by the program Health Educator or DIS. The HIV/AIDS/STD program will continue to monitor each CBO testing program over a period of 6 months and periodically to assure compliance with program guidelines.

### **Lab Form/Informed Consent**

After the counseling session has been completed, if the client desires testing, the counselor should complete the testing form (*SE-4 HIV*). Sections that **must** be completed include:

**(HIV testing is a voluntary process, and can only be conducted with the client's informed consent)**

- Name & Address
- County of Residence
- Date of Collection
- Date of Birth
- Sex
- Race
- Initial Screening
- Pregnant
- Risk Groups
- Collection Site
- Number of Marital Partners
- Referring Agency

After completing the lab form, the “Informed Consent for HIV Antibody Testing” must also be completed and signed by the client. Sections that must be completed include:

- Testing Facility
- Selected Post-Test Site
- Time
- Day
- Date

The client should then print and sign their name on the appropriate lines. It is also important to enter their address and phone number. If the client does not have a phone, the number of someone who can reach them should be inserted on the phone number line.

The authorized counselor must sign the witness section of the form or the sample will not be processed.

*(Note: failure to complete all of the lab form fields listed above will result in the sample not being processed)*

### **Testing**

All testing will be on a confidential (clients name will be used) basis. Clients desiring anonymous testing (client is identified only by number) should be referred to an AIDS Prevention Center (APC).

Once the lab form is completed and the informed consent form has been signed, the counselor may administer the test. The clients name must also be written on the tube as it appears on the lab form. After the test is completed, the counselor must schedule a date and time for the client to return for their results.

**(Note: Return dates should be a minimum of 10 days to allow for shipping time. Test results should never be scheduled for or given on a Friday. In the case of a positive result, it would be almost impossible to make a referral to medical and /or support services.)**

Clients must also be given a card with the counselor's phone number should the need to reschedule arise, and/or to confirm that their results have arrived.

The client should be given pamphlets on HIV Testing and Risk Reduction to reinforce information covered in the session, i.e. What it means if an HIV is negative or positive.

### **Specimen Submission**

The test subjects name must be written on the specimen tube as it appears on the lab form. The tube should then be placed in a plastic bag, along with absorbent material (to collect any seepage from the tubes). The plastic bag containing the test samples are then placed in the provided styrofoam box, and then into a mailing sleeve along with the completed lab forms. Samples are then sent to the lab via the established shipping/delivery service.

### **Records / Record Keeping**

All confidential client information and records must be restricted to the authorized licensed professional. Records associated with HIV testing must be stored in a secure lockable, fire proof filing cabinet. All positive results must be returned to the

HIV/AIDS/STD program after **30 days** if the client has not returned for their results. **Negative** results may be held for a period of **60 days** and then must be destroyed if the client has not returned.

According to West Virginia Code of State Rules, (64 CSR), "unauthorized disclosure or breach of confidentiality will subject the person to all of the penalties available."

### **Post Test Counseling**

All post test counseling sessions must be conducted in person. A client's test results should never be given over the phone, through the mail or to anyone else.

#### *Giving HIV negative results*

- ❖ Check client identification
- ❖ Discuss HIV test result
- ❖ Review date of last risk behavior
- ❖ Offer re-testing at appropriate times (If test is inconclusive or additional risk is identified.
- ❖ Review Risk Reduction Plan
- ❖ Offer condoms
- ❖ Allow client time for questions

#### *Giving HIV positive results*

❖ The AIDS Program Surveillance Staff will receive notification of a positive result from the state lab. The test counselor will coordinate with the local Disease Intervention Specialist (DIS) to be present when the positive result is given. The test counselor must provide case management referral information to the client. The DIS will conduct the partner notification process with the client.

**(Note: DIS Partner notification is required by law).**

- ❖ Prepare HIV positive information packet for each client
- ❖ Check client identification
- ❖ Discuss test results (Elisa positive, Western Blot reactive)
  - ❖ If an OraSure Elisa is reactive and no Western Blot confirmation was done retesting with blood specimen is recommended. CBO's should have documented arrangements for client referral for blood testing
- ❖ Offer support to client
- ❖ Offer referral for clinical and support services

### **Materials / Clinical Supplies**

All forms, shipping materials and clinical supplies (condoms, test kits, etc.) will be supplied by the HIV/AIDS/S

### **Collaboration with Medical Providers**

In an effort to educate medical providers to provide routine HIV screening in high prevalence areas the following staff have responsibilities to work with medical providers on a routine bases:

- HIV Prevention Specialists
- Surveillance Nurse
- Disease Intervention Specialist
- Hepatitis Epidemiologist
- Adult Viral Hepatitis Coordinator

Collaboration is achieved via trainings, one on one involvement, surveillance activities, disseminating information (literature etc.), and technical assistance.