

SESLHD PROCEDURE COVER SHEET



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SUMMARY	This procedure directs clinicians on how to provide best practice for HIV testing for patients/clients in SESLHD health care services. It incorporates: starting the conversation; assessing whom to test; HIV testing delegation; gaining informed consent, and providing HIV test results.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

The [National HIV Testing Policy v1.3](#) sets out the framework for providing quality testing and removing barriers to testing by providing guidance and/or links regarding procedures for the provision of HIV testing.

This policy is aligned with the NSW Ministry of Health [NSW HIV Strategy 2015 – 2020](#), which identifies the need for health services to make access to HIV testing easier.

“Strengthening service integration and models of care to deliver HIV testing in our priority settings will provide an opportunity for diagnosis among people who may not otherwise be diagnosed until they develop symptoms of advanced HIV infection.

The provision of HIV testing should occur for those with risk factors for HIV or certain clinical conditions, such as undiagnosed intestinal symptoms or anal pathology, as well as where a STI or hepatitis diagnosis has been made (particularly gonorrhoea and syphilis), to help reduce late HIV presentations. .Models of care should integrate HIV and STI testing where possible. Local testing policies and guidelines to support best clinical practice are required” (P12)

2. BACKGROUND

Successive National and NSW HIV Strategies have identified readily accessible HIV testing as an important tool for minimising the spread of HIV and facilitating access to treatment. Detection of HIV infection can effectively reduce onward transmission by empowering People Living with HIV (PLWH) to modify risk behaviour, undertake contact tracing, consider treatment options and assist with protection of the blood, tissue and organ donation supply. Testing is also vital to mapping patterns of HIV transmission and providing the evidence base for public health campaigns and health service planning.

Early diagnosis may also enhance the effectiveness of preventative strategies, as a person who has contracted HIV is particularly infectious soon after exposure. Individuals diagnosed early in the course of their infection have the opportunity to commence treatment at the optimal time from a secondary prevention perspective.

HIV Testing is indicated for various priority population groups and for people who have certain clinical indicator diseases, which raise suspicion of HIV. People who have had unsafe sex should be tested at least once.

<p>Priority population groups:</p>	<ul style="list-style-type: none"> • Gay men and other men who have sex with men • People who inject drugs • Aboriginal and Torres Strait Islander peoples • People from (or who travel to) high prevalence countries • Sex workers • People in custodial settings • People with multiple sex partners/recent partner change • Partners of the above, and partners of people living with HIV • People who have received a blood transfusion or blood products prior to 1985 in Australia, or from overseas • Pregnant women • People diagnosed with an infection with a shared transmission route (e.g. hepatitis B or C or a sexually transmitted Infection) • All people with tuberculosis should be tested for HIV and all people with HIV should be tested for tuberculosis
<p>Clinical indicator conditions for HIV testing include:</p>	<ul style="list-style-type: none"> • Conditions which are AIDS defining among People Living with HIV (PLWH) • Conditions associated with an undiagnosed HIV prevalence of > 0.1% • Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual’s clinical management (covers persons about to initiate aggressive immunosuppressive treatment and primary space-occupying brain lesions)

For a detailed table of the clinical indicator conditions, see below.

Clinical indicator diseases for adult HIV infection (From 2011 National HIV Testing Policy, ASHM)		
	AIDS defining conditions	Other conditions where HIV testing should be offered
Respiratory	Tuberculosis, Pneumocystis, Recurrent bacterial pneumonia	Aspergillosis
Neurology	Cerebral toxoplasmosis, Primary cerebral lymphoma, Cryptococcal meningitis, Progressive multifocal leucoencephalopathy	Aseptic meningitis/encephalitis, Cerebral abscess, Space occupying lesion of unknown cause, Guillain-Barre syndrome, Transverse myelitis, Peripheral neuropathy, Dementia, Leucoencephalopathy
Dermatology	Kaposi's sarcoma	Severe or recalcitrant seborrhoeic dermatitis, Severe or recalcitrant psoriasis, Multidermatomal or recurrent herpes zoster
Gastroenterology	Persistent cryptosporidiosis, Oesophageal candidiasis	Oral candidiasis, Oral hairy leukoplakia, Chronic diarrhoea of unknown cause, Weight loss of unknown cause, Salmonella, Shigella or Campylobacter, Hepatitis B infection, Hepatitis C infection
Oncology	Non-Hodgkin's lymphoma	Anal cancer or anal intraepithelial dysplasia, Seminoma, Head and neck cancer, Hodgkin's lymphoma, Castleman's disease
Gynaecology	Cervical cancer	Vaginal intraepithelial neoplasia Cervical intraepithelial neoplasia Grade 2 or above
Haematology		Any unexplained blood dyscrasia including: Thrombocytopenia Neutropenia Lymphopenia
Ophthalmology	Cytomegalovirus retinitis	Infective retinal diseases including herpes viruses and Toxoplasma. Any unexplained retinopathy
ENT		Lymphadenopathy of unknown cause, Chronic parotitis, Lymphoepithelial parotid cysts
Other		Mononucleosis-like syndrome (possible primary HIV infection) which may include symptoms such as fever, swollen lymph nodes, inflammation of the throat, rash, muscle pain, malaise, and mouth and oesophageal sores Pyrexia of unknown origin Any lymphadenopathy of unknown cause A sexually transmitted infection

3. RESPONSIBILITIES

All employees of SESLHD must support HIV testing of patients/clients who are part of higher risk groups within our population to undertake HIV testing.

3.1 Clinicians will identify patients/clients who are members of priority populations and patients/clients who have clinical indicator conditions, and offer HIV testing. This process will involve:

- Obtaining informed consent for testing (See Appendix A and B)
- Ensuring test results are delivered (See Appendix C)
- Maintaining confidentiality (See References)
- Providing non-discriminatory care

3.2 Line Managers will facilitate compliance with this SESLHD procedure.

3.3 District Managers/Service Managers will facilitate compliance with this SESLHD procedure by ensuring that when the need to conduct an HIV test has been identified and informed consent gained, clinicians ensure the test is ordered, and results provided.

3.4 Medical staff will identify opportunities for HIV testing in compliance with this procedure and ensure informed consent for HIV testing has been obtained (See Appendix A and B). Delegation of authority for HIV testing may be considered.

3.5 Other clinical staff will identify opportunities for HIV testing in compliance with this procedure and ensure informed consent for HIV testing has been obtained from patients/clients being tested for HIV (See Appendix A and B).

4. PROCEDURE

4.1 Assess whether patient is in a HIV infection priority population and/or has clinical indicator disease/s for HIV Infection. Clinicians are encouraged to print the tables which appear in this procedure for a quick reference.

4.2 If no, there is no need to offer a test unless the patient requests one.

4.3 If yes, have a conversation with the patient/client eg, "*have you had a HIV test before; when was your last test*" and gain informed consent - explain what the test means and reasons why testing is being offered (see Appendix A and B).

4.4 If the patient/client accepts test offer, organise arrangements for provision of results (see Appendix C).

- 4.5** If patient/client declines test offer, explain where they can go for a HIV test in the future eg HIV/Sexual Health Service, Community based Point of Care testing site or GP. Information about SESLHD Clinics is available at [SESLHD HIV Clinics](#).

Information about other HIV testing sites is available from:

- [NSW HIV Information Line](#)
- [NSW Sexual Health Infoline](#)

5. DOCUMENTATION

- Appendix A – Informed Consent
- Appendix B – Provision of test results
- Appendix C – Provision of test results Informed Consent

6. AUDIT

- SESLHD HARP Unit will monitor levels of HIV Testing data from SESLHD laboratories
- Clinical Services may implement periodic audits of clinical practice related to this procedure.

7. RESOURCES

- [HIV & Related Programmes Service Map](#)
- [Australasian Society of HIV Medicine - HIV Testing Portal](#)
- [Australian Federation of AIDS Organisations](#)
- [HIV/AIDS, STI & Hepatitis C Strategies: Implementation Plan for Aboriginal People](#)
- [Conveying a Negative HIV Test Result](#)
- [Conveying a Positive HIV Test Result](#)

8. REFERENCES

- [NSW HIV Strategy 2015 – 2020](#)
- [National HIV Testing Policy v1.3](#)
- [NSW Health Privacy Manual for Health Information](#)
- [HIV testing rates and co-infection among patients with tuberculosis in south-eastern Sydney, 2008–2013](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2013	1	Developed by Kenneth Murray, Clinical Nurse Consultant, HIV Testing & Project Liaison Officer & David Murray, Manager, HIV Outreach Team
September 2013	2	Draft Procedure approved for consultation by Executive Sponsor, Dr Michael McGlynn, Medical Executive Director
February 2014	3	Approved by District Clinical and Quality Council
May 2014	3.5	Minor Amendment made by Authors to Appendix B. Approved by Executive Sponsor, Dr Michael McGlynn.
September 2014	4	Minor Amendment to Appendix A, addition of new Appendix B, Original Appendix B renamed Appendix C. Approved by Executive Sponsor, Dr Michael McGlynn
December 2015	5	Revision by Author Procedure approved for consultation by Executive Sponsor, Ms Julie Dixon
April 2016	6	Revised by Mark Denoe
July 2020	7	Executive Sponsor updated from Director, Planning Population Health and Equity to Director, Population and Community Health. Approved by Executive Sponsor.

Appendix A



Everything has changed. We can end HIV.

INFORMED CONSENT – CLINICIANS HANDOUT – HIV TESTING

Health knowledge varies widely between individuals, and clinicians make judgements daily around levels of discussion and education required to elicit informed consent for all healthcare interventions. This is also true for obtaining informed consent for HIV testing.

What is a HIV test? What is it testing for?

- A standard HIV test is a test for HIV antibodies. All laboratories across the state use some form of Antigen/Antibody test – these are very reliable
- False negative results are extremely rare
- All positive results are re-tested using the Western Blot test – this usually takes a week. Positive results are only given after confirmatory results are received.

Why offer the test? (relates to: “Why am I being offered the test?” on patient handout)

Increasing HIV testing is part of the [NSW HIV Strategy 2015 – 2020](#). One of the main goals of this Strategy is to reduce the number of late diagnoses. It is estimated 2000 to 5000 people living in New South Wales are not aware they are HIV positive.

Screening of all persons in groups where HIV seroprevalence is greater than 1:1000 is cost effective. In Australia, some priority population groups, as well as some medical conditions fall into this category ([see SESLHD HIV Testing Procedure for more detail](#))

Diagnosis and treatment of HIV improves morbidity and mortality outcomes related to the HIV, as well as for other co-existing medical conditions.

What are the limitations of HIV testing?

It can take up to 3 months after becoming infected with HIV for the body to make enough antibodies to HIV for the test to detect. This means a person could have been infected in the last 3 months and still test HIV antibody negative. It may be helpful to think of the HIV test as giving a very reliable result of what the person’s HIV status was 3 months ago.

If there may have been HIV exposure in the last 3 months, a further test in 3 months should be arranged, while ensuring no exposure during that 3 months (e.g. sharing injecting equipment, having unsafe sex). An accurate HIV status can then be certain.

When are the results expected?

Full results will usually be available in approximately 7 days. Clinicians may need to check with local laboratories for circumstances in their clinical areas. Patients can be provided negative results at their usual scheduled follow up appointment. Positive results must be followed up immediately and should always be provided in person.

What does a positive result mean, and what supports would be available?

HIV is a chronic manageable medical condition. All new HIV diagnoses should be referred to a HIV/Sexual Health treatment service.

Seek support and/or advice for clinicians and/or clients from any Infectious Disease/HIV/Sexual Health/Immunology Service, or contact the NSW Sexual Health Information Line (Ph: 1800 451 624) or HIV Information Line (Ph: 02 9332 9700 or 1800 451 600) for information and advice for clinicians and/or patients. [Follow this link to](#) a list of SESLHD HIV Specialist Clinics.

Each new HIV diagnosis will prompt contact from a Local Health District expert in HIV management who will offer assistance to the diagnosing doctor to provide support and referral pathways.

What does a negative result mean?

Provision of this result provides an opportunity to:

- re-visit the window period and assess whether another test in 3 months is needed
- reinforce safe behaviours, ensuring comprehension that repeated risky behaviours accumulate risk of transmission, and are therefore not safe

Private and Confidential

Reinforce that record of HIV test is not generally visible in healthcare record. Only positive results are reported to Ministry of Health, and they are coded, with name removed.

What are the implications of not being tested?

Undiagnosed HIV will not be treated and this would mean that HIV is more easily transmitted (than if HIV was treated). Without treatment, HIV will inevitably progress to AIDS, with potentially poor health outcomes. With the right support and treatment, most people with HIV can live a normal life and normal lifespan.

For further information see: [NSW Health HIV Support Program Information for Health Professionals](#)

Appendix B



Everything has changed. We can end HIV.

INFORMED CONSENT – for Patients considering a HIV test

What is a HIV test? What is it testing for?

The HIV test is designed to detect antibodies to HIV in your blood. Antibodies are proteins produced by your body when you have an infection and they help fight infection. If a person is infected with HIV, their body makes very specific antibodies to fight the infection. The HIV antibodies are different from antibodies for the flu, hepatitis, or other infections. If a person has HIV antibodies, they have been infected with HIV.

Why am I being offered the test?

There is new research showing that in NSW there are likely to be between 2000 and 5000 people living with HIV who don't know they have HIV. In light of this, the NSW Health Public System is offering more HIV testing to patients receiving healthcare. Many adults have some small potential risk of HIV. If a person is left untreated for HIV, this will lead to complications with their health. A person who knows they have HIV can receive treatment, have better health, and reduce the likelihood of spreading the infection. If you are pregnant and have HIV, there are very good prevention strategies available that mean your baby has only a very small (less than 1%) chance of contracting the virus.

What are the limitations of HIV testing?

It can take 3 months after becoming infected with HIV for the body to make enough antibodies to HIV for the test to detect. So a person could have been infected in the last 3 months and still test HIV antibody negative. It might be helpful to think of the HIV test as giving a very reliable result of what your HIV status was 3 months ago (i.e. HIV positive or HIV negative).

If you think you might have been exposed to HIV in the last 3 months, you should ask for another test in 3 months, while taking care to not have any further exposure during that 3 months (e.g. sharing injecting equipment, having unsafe sex). Then you will have an accurate picture of your HIV status.

When are the results expected?

Your nurse or doctor will confirm these arrangements for getting your test results.

What does a positive result mean, and what supports would be available?

A positive result would mean you have been infected with HIV. HIV is a chronic manageable medical condition. You would need to see a healthcare team skilled in HIV care. They would monitor your health and advise you on your care and treatment options. All of this is available with a Medicare Card.

There are services with doctors, nurses, psychologists, social workers, dieticians and other healthcare professionals to assist people who have HIV. You can also be referred to other support services such as counselling.

There are many organisations dedicated to assisting People Living with HIV. You could contact many of these organisations yourself, or a specialist HIV healthcare provider could refer you to them. Follow the links on "recently diagnosed" at <http://www.afao.org.au/living-with-hiv/recently-diagnosed> for contact details of many organisations.

Services exist for women living with HIV who are pregnant and also for children living with HIV.

What does a negative result mean?

A negative result means that you were not infected with HIV 3 months ago. If you have had a risk of exposure to HIV in the 3 months prior to your test, you need to re-test in 3 months to be sure you are, in fact, HIV negative.

To remain HIV negative, you will need to ensure you protect yourself against exposure to HIV in the future (e.g. not sharing injecting equipment; use condoms for sex).

Private and Confidential

In the event of a positive result, no name is attached to the report to NSW Ministry of Health. There is no visible record of your test or result, except to those clinicians specifically authorised to view HIV results.

What are the implications of not being tested?

You may be HIV positive and not know it. Undiagnosed HIV will not be treated and without treatment, HIV will inevitably progress to AIDS, with dire health outcomes. If diagnosed, HIV can be treated so that in most cases a person can live a normal life span.

If you are pregnant and have HIV, the risk of transmission to your baby is much higher than if a diagnosis is made and prevention of transmission strategies are put in place throughout your pregnancy.

Appendix C**CONVEYING HIV TEST RESULTS**

[The NSW Health HIV Support Program](#) ensures that each new HIV diagnosis will prompt an offer of assistance from a local expert in HIV management who can advise on providing the diagnosis and referrals to specialists and services.

Clinical services will apply processes appropriate to their specific circumstances; however all services need to ensure:

- Follow up appointment/arrangements for provision of test results are made at the time of testing
- Current contact details of patients/clients are on record, so that should the patient/client not return for results, follow up can be pursued. Wherever possible, 2 methods of contact should be recorded.
- Test results are provided to patients/clients

Conveying a positive result to an outpatient

In addition to the guidance in [Section 5.2 of the National HIV Testing Policy](#) positive HIV results should:

- where possible be given by the practitioner who facilitated the pre-test informed consent/discussion
- be discussed with the Infectious Diseases(ID)/HIV/Sexual Health Registrar/Consultant beforehand if the result is being delivered by a non-ID/HIV/Sexual Health team
- have a plan of care for rapid specialist follow-up if the test has been conducted by a non-ID/HIV/Sexual Health team
- be given at a time that allows for the best possible follow-up care and support
- be given in an area where privacy and confidentiality can be maintained

Conveying a positive result to an inpatient

In addition to the guidance in [Section 5.2 of the National HIV Testing Policy](#) positive HIV results should:

- where possible be given by the practitioner who facilitated the pre-test informed consent/discussion

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- be discussed with the ID/HIV/Sexual Health Registrar/Consultant beforehand if the result is being delivered by a non-ID/HIV/Sexual Health medical team
- have a plan of care for rapid specialist follow-up if the test has been conducted by a non-ID/HIV/Sexual Health
- be given at a time that allows for the best possible follow-up care and support
- be given in a private area i.e. not by the bedside in an open ward
- respect the patient's rights to confidentiality and are not to be communicated to partners, family members or friends without permission of the person being tested

Conveying a negative result

Guidance on providing a negative HIV test result can be found at [Conveying a Negative HIV Test Result](#)