

HIV Test Counselling Checklist (Express)

Express testing is a briefer testing option intended for use with clients who are routine testers and who are familiar with the HIV testing process. It is an option some testing sites may employ to facilitate a greater volume of testing at their site and responds to client requests for more expedited testing. Clients may be provided this option when making their appointment or at intake.

This checklist can be used to guide an express testing appointment and may also be used to keep a record of the appointment for the client's file. For an uncomplicated non-reactive HIV test, express testing takes 10-15 minutes.

Beginning the test conversation

- Introduce yourself and tell the client that you are an HIV test counsellor
- Confirm the client is there for an HIV test

- Does the client seem competent to continue?
- Do you feel safe?

If you feel a client's judgement is too impaired to continue, defer the appointment and reschedule.

Client's testing history and pattern

- Have you been tested before for HIV?
- Did you have the test at this site?
- Are you being tested for other STIs today?
- Do you test for HIV regularly (routinely)?
- Have you been told you are a contact of someone recently diagnosed with HIV?
- Do you feel that you understand:
 - ___ how HIV testing is done
 - ___ what it means, and
 - ___ why you test regularly?

OBSERVER:

- ▶ Last test: _____
- ▶ Result _____
- ▶ Previous anonymous test#, if known _____
- ▶ What? _____
- ▶ HIV Testing frequency: _____
- ▶ ___ Yes ___ No
- Consider switching to the comprehensive checklist, if the client is:
 - *uncertain about the testing process*
 - *does not test regularly*
 - *is testing as part of contact tracing of a recent diagnosis*

CLIENT'S RISK PROFILE

Review information provided on the clinic intake form to explore any emerging risks in the client's life, to make referrals as needed, and to confirm that the client's current testing frequency is still appropriate.

Focus questions and risk assessment only on the period since the person's last test.

DISCUSSION OF SEXUAL RISKS

- I see on your intake form that your partners are.....
- Do you have one regular partner, a number of different partners, or both?
- Are you using PrEP?
- Are you using condoms? (all the time, most of the time, never)
- Do you ever have trouble negotiating condom use?

WHAT TO LOOK FOR AND HIGHLIGHT

- Changes in relationships and risks that might affect the need for HIV testing or recommendations around future testing
- Opportunities to encourage appropriate PrEP use (counsel or refer for PrEP prescribing/adherence support)
- Opportunities to encourage condom use and risk reduction (counsel, consider referrals to local ASO risk reduction programs)
- Ensure that STI testing is happening for those not using condoms frequently

Notes

DISCUSSION OF DRUG USE

- Do you use street drugs?
 - Do you inject anything (steroids, hormones)?
- If client is using drugs (or injecting)*
- If you inject, do you ever share needles?
 - Do you use drugs to heighten your sexual experiences?
 - Is your drug use a problem for you?

CE QU'IL FAUT REPÉRER ET METTRE EN ÉVIDENCE

- Opportunities to encourage harm reduction including appropriate referrals to programs as needed; talk about sharing of all equipment not just needles, as appropriate
- The impact of some drug use (such as methamphetamine) on sexual risk taking; refer to local support programs, as available
- Opportunities to refer clients to addiction services as appropriate and desired
- Hepatitis B/C vaccination and care referral

Notes

Did something happen that prompted you to come in today?

If **yes**, ask about details to assess risk. _____

- Clients that may have had experiences of sexual violence or coercion, who require referral to sexual assault care
- The window period, standard (p24) testing and 3-6-3 testing, as appropriate.
- **If last 72 hours, advise re: PEP.**

Notes

Are you feeling well today?

Have you had flu symptoms in the last 2-4 weeks?

- Be alert to symptoms of acute HIV infection: fever, sore throat, headache, muscle/ joint pain, swollen lymph nodes, rash, stomach upset, ulcers in mouth or anus and if these symptoms occurred in proximity to a high-risk exposure.
- The window period, standard (p24) testing and 3-6-3 testing, as appropriate.

Notes

CONSENT AND TESTING

- Ask client how they think they would react to a positive test. Do they have someone in their life they could talk to if they tested positive today?
- Remind the client about the pros and cons of finding out their status (early treatment is more effective, need to notify past current and future partners.)
- Ask if the client has any further questions.
- Confirm consent:** Does the client understand and agree to testing?

Remind the client that this is a rapid test, and that you will have a result in a few minutes.

RESULTS

- Non-reactive
- Negative (in window period)
- Indeterminate (Standard)
- Reactive (POC)
- Positive Confirmatory

POST-TEST COUNSELLING

If reactive/positive

- Provide support; review supports available including individuals they identified earlier
- Book follow-up appointment
- Provide reassurance about treatment efficacy, and the benefits of early treatment
- Review partner notification and plan on how to notify partners
- Review standard testing/confirmation of POC test
- Review strategies for protecting partners
- Discuss disclosure to future partners and responsibility to do so (legal risks)
- Offer referral to HIV care; help the client make the connection, as possible
- Refer to other services

If non-reactive/negative

- Discuss routine testing, if appropriate
- Ask about any further questions
- Review any other STBBI testing recommendations
- Recap service referrals details, and help clients contact service providers, when possible.
- Summarize referrals on front.

DETAILS OF ANY REFERRALS MADE FOLLOWING A POSITIVE TEST: