



Module 2: Assessing HIV Risk

Materials in this module will help you:

- Understand the balance of partners, practices and protections, when assess HIV risk
- Ask clients about their reasons for testing and their risk behaviours in a respectful way
- Adapt counselling to the needs of the individual testing
- Outline Ontario's guidelines about appropriate frequency of HIV testing

When Should a Client Be Tested for HIV?

A client should be tested for HIV whenever they have had one or more **high-risk exposure(s)** to HIV. To determine if there has been a high risk exposure consider the three Ps:

Risk assessment is working with clients to understand the balance of the three Ps.



1. Partners

An exposure may be high risk if a client's sexual partners are HIV-positive (or may be HIV positive), and may have detectable levels of HIV; sharing of needles and other equipment should always be considered a risk if the drug-use partner(s) may be HIV-positive. However, people are often uncertain about their partner's HIV status. In Ontario, HIV is most prevalent in the following **priority populations**.

- gay, bisexual and other men who have sex with men, including trans men
- African, Caribbean and Black communities—including men and women from regions where HIV is endemic
- Indigenous peoples
- people (men and women) who inject drugs or share drug equipment
- women* = cis and trans women, including women from the above populations, and other women who face systemic and social inequities, and are more likely to be exposed to HIV through a sexual or drug using partner

When a client or their partner(s) is a member of these populations, their practices may be high-risk, and should be assessed.

Understanding the role of a partner's HIV status (negative, undetectable) leads some clients to serosorting (choosing sexual partners based on their perceived status). Particularly for casual partners, this raises challenging questions about how well people know their own status, and how well they can (and are willing to) communicate it. **The basic rule: If there is uncertainty about a partner's negative or undetectable status in an otherwise high-risk exposure, recommend testing!**

Undetectable means that HIV treatment has reduced the amount of virus in a person's blood below the level that a viral load test can measure. The person is not cured, but if they continue treatment, HIV will cause little harm to their body. They will not be able to pass HIV to another person sexually and the risk of transmission through drug use is reduced.



2. Practices

Only **five body fluids** can contain enough HIV to transmit HIV infection: blood, semen (including pre-cum), rectal fluid, vaginal fluid and breast milk. There is no risk associated with saliva or sweat, urine or tears. Sex and drug use can expose people to another person’s fluids. The most common means of high risk exposure are:

- Anal sex - both receptive and insertive
- Vaginal sex - both receptive and insertive
- Sharing needles or other equipment to inject or inhale drugs
- Sharing sex toys inserted into both bodies without washing in between

There are a few other possible ways to transmit these body fluids (tattooing with shared equipment outside a sterile setting, a blood transfusion outside Canada is an environment where blood screening may be sub-standard), however you are much less likely to encounter these. Other sexual activities with properly cleaned sex toys, as well as oral sex, and masturbating together have very low or no risk, regardless of a partner’s HIV status.

More Resources on Transmission Risk:

- CATIE. *Safer Sex Guide*. 2016. At: <https://www.catie.ca/en/practical-guides/safer-sex-guide>
- CATIE. *Putting a number on it: The risk from an exposure to HIV*. 2012 At: <https://www.catie.ca/en/pif/summer-2012/putting-number-it-risk-exposure-hiv>

This document explores the complexities of HIV transmission calculations and is the source of the table included in the slide deck.

3. Protections

Clients can, and do, take action to protect themselves; sometimes there can be gaps. Asking about gaps helps you more accurately assess risk, and may present opportunities to suggest improvement.

Useful Strategies	Possible Gaps to Ask About
Abstinence/Low Risk Sex – avoiding activities that exchange body fluids	Confirm whether this is always or “mostly” happening.
Harm Reduction – using clean disposable products to inject or use drugs	Ask about cookers, water, filters, as well as pipes and stems - not just needles. Ask whether the client takes different sexual risks when high.
Condoms – using condoms every time there is penetrative sex (anal or vaginal)	Have they ever had a condom break or slip since their last HIV test? Have they ever been <i>stealthed</i> (someone covertly removed a condom)? Do they ever wait to put the condom on (pre-cum)?
PrEP (Pre-Exposure Prophylaxis) – taking antiviral drugs regularly to prevent infection	Do they take their PrEP every day? Do they ever miss a dose? When did they last miss a dose? Do they test every three months?

During counselling, think about the prevention, harm reduction and support services your clients need and where services are available in your community that may be able to help. You can be a gateway to these services for your clients.





Frequently Used Phrases in HIV Test Counselling

There is no set script for HIV test counselling, it should be driven by the client's needs and concerns. Start by introducing yourself, confirming that the client is there for an HIV test, and asking why they came in today, then move on to discussing (and potentially expanding on) the concerns and risks that they identify.

Think about mirroring their language. If they talk about their boyfriend (husband, trick), use that language. If they use casual language for sex do that too; if they are more clinical (anal sex), speak as they do.

Here are some phrases that experienced counsellors say they use frequently.

Simple direct questions to determine the extent of the risks people are telling you about:

- Do you ever have anal sex?
- (To a man), do you ever have sex with men?
- When was the last time you had sex without a condom? Who was it with?
- Do you ever have condomless sex with casual partners?

Questions like these, give permission for the next conversation.

How HIV is transmitted:

- Are you familiar with the fluids that transmit the virus?
- There are only five fluids that can transmit the virus: blood, semen (including pre-cum), rectal fluid, vaginal fluid and breast milk. There is no risk associated with saliva or sweat, urine or tears.

Weighing HIV risks:

- In order for transmission to take place, many factors that have to line up.
- You are much more likely to get an STI like chlamydia, syphilis, or gonorrhoea than you are to get HIV.
- HIV is not an automatically transmitted virus. You can have sex with someone who is positive and stay negative.
- Are you familiar with U=U?

Connect people to other services:

- Are you familiar with PEP or PreP?
- Do you know where to get clean drug use supplies?
- Is your drug use a problem for you? Do you need support?

Consent and the possibility of a positive test:

- If you are HIV positive, lots of good treatments are now available. I can connect you to a doctor.
- A reactive result on a POC test will need to be confirmed, but it will likely mean that you are HIV-positive. Are you ready to receive a reactive result?
- If you are HIV-positive you will need to tell your past and present partners. I can help you do that anonymously if need be.
- Do you understand what we have talked about? Are you ready to do the test?

What a negative result will mean:

- Your test is only yours. It doesn't tell you what your partner's status is, the only way they will know is for them to test.

Always ask if there is anything else they are concerned about before doing the test.



Testing Frequency Recommendations

- When a client has had a high-risk exposure to HIV the optimal approach is to test regularly at three weeks and six weeks (3-6) (lab-based testing) and three months (3-6-3) after the exposure (POC testing only) (More about the scientific basis for this is provided in the training module, The Science and Practice of HIV Testing).
- If a client has had only protected exposures, or only participated in low risk practices (i.e. oral sex) advise them that their risk is low. If they request testing provide it, however there is no need for follow-up 3-6 or 3-6-3 testing.

Ongoing Testing

- Clients from priority populations who had any potential exposures (even ones where protections were used) should be advised to **return for testing annually**; even if they are unaware of a subsequent high-risk exposure.
- If a client is having very frequent high-risk exposures, and it does not seem feasible to the client to return after each exposure, suggest testing as frequently as possible, **at least every 3 months**; encourage consideration of PrEP.
- Clients with no risk exposures do not require routine testing unless their risk behaviours change.

If a client is routinely returning for testing without any significant risk:

- Tell them they are not at risk, but don't repeat this endlessly.
- Talk about what is making them feel anxious, and refer them to additional counselling, as possible.
- Use your judgement about performing the test. It is OK to do a test if desired, but to avoid fueling a cycle of anxiety, it may some-times be appropriate not to do requested testing for these clients.

See Calla D, Chan KBK, et al. *Counselling Guidelines for Clients with High HIV Anxiety and No/Low Risk*, 2009. At <https://bit.ly/2H3ja5W> (on the CATIE web site)

Useful Ontario-wide Service Resources

Sexual Health Information Line Ontario - Toll-free at 1-800-668-2437 or <https://sexualhealthontario.ca/>

Assaulted Women's Health Line - 1-866-863-0511 or TTY 1-866-863-7868 or online <http://www.awhl.org/>

Ontario Harm Reduction Distribution Program – Find a Needle/Syringe Program
<http://www.ohrdp.ca/find/find-a-needle-syringe-program/>

HIV411.ca – Find HIV/AIDS service organizations across Canada at <https://hiv411.ca/>

New PrEP website – Find a PrEP provider <https://ontarioprep.ca/clinic-finder/>

Other Resources for More Information:

Rapid Response Service. *A cross-jurisdictional review of HIV testing intervals for population groups at high risk of HIV infection*. Toronto, ON: Ontario HIV Treatment Network; forthcoming.

Sexual Assault and Trauma-informed Care

Trauma Informed Care training – HIV Resources Ontario offers this e-learning module about trauma informed care developed by Alberta Health Services. It is appropriate for anyone providing health services, who wishes to learn more about responding appropriately to clients who have experienced trauma. At: <http://www.hivresourcesontario.ca/training-sessions/#trauma>

Women's College Hospital. *Addressing Past Sexual Assault in Clinical Settings*. <http://dveducation.ca/sexualassault/> Although this assumes that all clients are women, it is a useful review.