INITIATING HIV TESTING

TALKING TESTING

HIV testing is a normal part of preventive health care. GPs should consider discussing HIV testing with all patients, including those who don't present with risk factors for HIV. Patients may choose not to volunteer risk factors due to embarrassment or stigma. Testing is recommended for people with risk factors for HIV, which include: gay/ bisexual

men; anyone with recent partner change; history of unprotected sex with a person whose HIV status is unknown; recent diagnosis of an STI; people from (or with partners from) high prevalence countries; people who inject drugs. The absence of a risk factor should not preclude HIV testing.







TESTING CHECKLIST	PRACTICE TIPS	TALKING TESTING
Good medical practice Doctor-patient partnership Effective communication	Developing rapport with your patient is important. Discussions about HIV may be difficult for some patients. Consider how people's experiences, behaviours, and beliefs may impact on their understanding of HIV and the experience of being tested. Normalise HIV testing for all sexually active patients. Assess the need for an interpreter. Be aware that some patients may prefer a same-gender doctor or interpreter when discussing sexual health. Assure the person they do not need to disclose any details about risks to proceed with testing.	In this practice, we routinely discuss HIV testing with all our clients. It's recommended when there has been a change of partner, if someone has spent time in a high prevalence country, and during pregnancy. Which language do you prefer to speak when using this service?
□ Confidentiality □ Notification	Explain clearly how your service manages health records and privacy. The Victorian HIV notification form uses a coded version of the patient's name.	If any results are positive, some details are sent to the health department for public health purposes. This information does not include name or address. This information is kept securely inside the health department. Is that OK?
□ Testing history	Asking about the patient's history of testing helps to identify HIV health literacy, and provides a time frame to focus any risk discussion.	Have you ever been tested for HIV? If so, when?
□ Basic information about HIV □ Health literacy	Use open-ended questions and support patient health literacy. Reiterate or clarify basic information about HIV.	What is your understanding of HIV? HIV is an infection that affects the immune system. Without treatment, HIV causes very serious health problems. Nowadays, HIV treatments are excellent and people with HIV can live as long people that are HIV negative. Treatments can also stop HIV transmission to others.

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 □ Basic information about the HIV test □ 6 week window period 	Further HIV testing is recommended for people who may be in a test window period. If your pathology provider uses a 4th generation HIV test, the window period is 6 weeks. Rapid test (point of care and self tests) and 3rd generation HIV test window periods can vary, and are often up to 3 months.	Results of the HIV blood test will be either positive or negative . The test only shows your HIV status, not the status of previous or current partners. A positive result means you have HIV. A negative result means you do not have HIV, but the test does not detect recent infections. Another test may be needed if there have been any exposures in the last 6 weeks.
□ Stigma sensitive discussion about risk and transmission	Use respectful, non-judgemental language when discussing risk factors. Direct questioning about risk practices is not required for testing and may cause discomfort for both the clinician and the patient. Be aware of cultural sensitivities around discussing sexual practices. If there is discomfort it may help to mention sexual transmission briefly and provide further detail in written format. Explain transmission in a way that allows the patient to generalise to their individual circumstance. Consider discussing Pre Exposure Prophylaxis (PrEP) with people that have significant ongoing risk factors for HIV. All people at risk of HIV should be aware of or offered PrEP in accordance with the Australian PrEP guidelines.	HIV can be transmitted through sexual fluids and blood. It is mainly passed on during unprotected sex (vaginal and anal), and through sharing injecting equipment. HIV can also be transmitted during childbirth and breastfeeding. Would you like us to talk a bit more about how HIV is passed on? Do you have any concerns about transmission that you'd like to discuss?
□ Patient is prepared for the test result	Explain how results will be given. If results will not be given in person, discuss where to get further information, and reiterate the need for follow up testing if tested in a window period. Many people are concerned about the possibility of a positive result and should be given the opportunity to explore these concerns. If appropriate, refer to state/territory HIV peer support service. In some jurisdictions (including Victoria) positive HIV results must be given in person.	How do you think you would manage if the result is positive? Who are your supports? An HIV positive result can be distressing, but excellent treatments can be started immediately and they keep people well.
□ Informed consent	Has the person had an opportunity to assess the personal implications of having the test today? Ensure the patient understands HIV and the testing process to the extent required to gain informed consent. A lack of informed consent prior to testing is likely to increase the shock and distress of a positive result, and may negatively impact engagement with care.	Do you have any questions or anything you'd like to talk more about? Do you want to have the HIV test? It's your choice.