

HIV/AIDS Management Guidelines

Voluntary counselling and testing for diagnosis of HIV infection

Checklist for HIV testing and pre-test discussion

Specific consent to be tested for HIV must always be obtained.

It is recommended to consider addressing the following issues in the course of pre-test discussion, depending on their applicability or relevance to the individual. If not addressed in the pre-test discussion, they should be addressed during post-test counselling.

1. The test is for HIV infection, not a test for AIDS.
2. Significance of the 'window period' in relation to recent risk behaviour and the resulting accuracy of the test result.
3. Significance of a positive test with respect to:
 - medical implications (prognosis, treatment)
 - psychological issues (coping, support, relationships)
 - social implications (who needs to know, employment, discrimination implications for insurance)
 - HIV and New Zealand legislation.
4. Explain safeguards regarding preservation of confidentiality ie, anonymous encryption of test form.
5. Discuss future prevention measures.
6. Safer sexual behaviour.
7. Safe drug injecting behaviour.
8. How results of test are to be obtained (in person, face to face).
9. Any costs that may be involved.

Post-test counselling

Providing the test result

- a. If HIV positive:

- Provide the result in person, face to face.
- Schedule adequate time to give positive results.
- Arrange initial psychological support arrangements and follow-up appointment.
- Discuss need for further testing (repeat/confirmatory test, viral load, CD4 count).
- Discuss with an infectious disease consultant including process for partner notification.
- Referral for specialist counselling and support.
- Provide information on HIV and community resources.
- Reinforce safe sex and needle-using behaviours.
- Explain partner notification and other implications of positive diagnosis.

a. If HIV negative

- Results can be delivered by phone or other agreed means.
- Discuss possible significance of 'window period' if recent high risk behaviour and need for repeat test for final confirmation.
- Reinforce behavioural changes needed to prevent HIV infection in future eg, prescription for condoms, information on needle exchange outlets/services.
- Refer for specialist sexual health counselling, if required.

Reference 1

Revised guidelines for HIV counselling, testing and referral. *Morbidity and Mortality Weekly Report (MMWR)* 50: RR19:

- www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm

This document contains the most recent set of guidelines on HIV testing produced by the US Centers for Disease Control (CDC). It provides an excellent, comprehensive, evidence-based summary of best practice with regard to HIV counselling, testing and referral.

The document states 'the goals of HIV counselling testing and referral are to:

1. ensure that HIV infected persons and persons at increased risk for HIV

- have access to HIV testing to promote early knowledge of their HIV status
- receive high-quality HIV prevention counselling to reduce their risk for transmission or acquiring HIV
- have access to appropriate medical, preventive and psychosocial support services

2. promote early knowledge of HIV status through HIV testing and ensure that all persons either recommended or receiving HIV testing are provided information regarding transmission, prevention and the meaning of HIV test results.'

The document provides guidance about the nature of pre-test counselling which should consist of both provision of information regarding HIV transmission and prevention and the meaning of HIV test results. HIV prevention counselling should also be given to help identify the specific behaviours putting clients at risk for acquiring or transmitting HIV and to commit to steps to reduce this risk.

The document states that information can be provided in a pamphlet, brochure or video rather than in a face-to-face encounter and that prevention counselling could take only a few

minutes for those at lower risk for acquiring HIV.

Reference 2

HIV testing policy. Australian National Council on AIDS and Related Diseases (ANCARD). September 1998:

- www.health.gov.au/pubhlth/ancard/pdf/hivtest.pdf (PDF document)

This document provides the most recent Australian guidelines on HIV testing policy and related issues.

It suggests that HIV test discussion rather than pre-test counselling should precede HIV testing and that post-test counselling should be provided with the results of the HIV test.

The document suggests that HIV test discussion should include:

- an assessment of risk of HIV infection and reasons for testing
- information about confidentiality and privacy
- obtaining informed consent
- discussion of the test's implications and consequences
- arranging follow-up
- an assessment of support mechanisms while waiting for the test result and/or if the result is positive.

Post-test counselling should include:

- giving the result in person in a sensitive and supportive manner and re-assessing support mechanisms and requirements of the client

and, if the result is negative:

- reinforcing prevention of infection

and, if the result is positive:

- discussing immediate needs and support, safe behaviours, informing others, managing emotions, options in treatment, ongoing counselling, etc.

AIDS defining criteria

In New Zealand, the occurrence of an AIDS defining event determines when a person should be notified to the local Medical Officer of Health. A positive HIV test result is not notifiable. Once the diagnosis of AIDS has been established, there is a statutory duty to notify the case to the Medical Officer of Health using the recommended notification code and the special form.

Following clinical evaluation, individuals can be classified according to their clinical status as

per the list below. Cases of obstetric or paediatric HIV infection should be referred to an appropriate specialist with expertise in the management of HIV infection.

Clinical assessment

Following initial assessment, patients can be classified as:

a) Asymptomatic which includes:

- i) those with features of a seroconversion illness
- ii) completely asymptomatic.

b) Symptomatic which includes:

- i) those with recurrent fevers, sweats and weight loss due to HIV
- ii) those with symptoms or conditions indicative of a defect in cell mediated immunity (in the past patients with these symptoms were considered to have ARC ie, AIDS Related Complex).

Examples of these conditions include:

- persistent generalised lymphadenopathy
- candidiasis: oropharyngeal (thrush) or vulvovaginal (persistent/recurrent)
- cervical dysplasia (moderate or severe), carcinoma-in-situ
- constitutional symptoms such as fever (38.5°C) or diarrhoea lasting >1 month
- oral hairy leukoplakia
- *Herpes zoster* (shingles), involving at least two distinct episodes or more than one dermatome
- idiopathic thrombocytopenic purpura (ITP)
- peripheral neuropathy.

c) AIDS defining conditions in New Zealand are:

- candidiasis of bronchi, trachea or lungs
- candidiasis, oesophageal
- cervical cancer, invasive
- coccidioidomycosis, disseminated or extrapulmonary
- cryptococcosis, extrapulmonary
- cryptosporidiosis, chronic intestinal (>1 month's duration)
- cytomegalovirus disease (CMV) (other than liver, spleen or nodes)
- cytomegalovirus retinitis (with impairment of vision)
- encephalopathy, HIV related
- *Herpes simplex*: (HSV) chronic ulcer(s) >1 month's duration; or bronchitis, pneumonitis or oesophagitis
- histoplasmosis, disseminated or extrapulmonary
- isosporiasis, chronic intestinal (>1 month's duration)
- Kaposi's sarcoma (KS)
- lymphoma, Burkitt's (or equivalent term)
- lymphoma, immunoblastic (or equivalent term)
- lymphoma, primary, of brain
- *Mycobacterium avium* complex (MAC) or *M. kansasii*, disseminated or extrapulmonary
- *Mycobacterium tuberculosis*, any site (pulmonary or extrapulmonary)
- *Mycobacterium*, other species or unidentified species, disseminated or extrapulmonary
- *Pneumocystis carinii* pneumonia (PCP)
- pneumonia, recurrent bacterial
- progressive multifocal leukoencephalopathy

- *Salmonella septicaemia*, recurrent
- toxoplasmosis, cerebral
- wasting syndrome due to HIV.

Related information:

[HIV and AIDS homepage](#)

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