

**1. How do I offer an HIV test to all my patients?**

- Use all clinical opportunities to offer an HIV test. These include the patient's first visit to the clinic; every time you order a blood test and every time you do a PAP test or an STI test.
- Offer the test as part of routine care. For example, "I am ordering some blood tests today and I see you have not had an HIV test in the past year. I normally order an HIV test for all my patients and would like to add it to your blood tests today".

**2. What about pre-test counseling?**

- Detailed pre-test counseling is now recognized as a barrier to testing. Therefore, recommendations have changed and detailed pre-test counseling is no longer required before an HIV test.
- For most patients, offer the test as outlined above and provide the patient handout for those who have questions. The BCCDC HIV Pre and Post Test Guidelines outline that this is considered sufficient for informed consent. Ensure the patient knows that you are recommending the HIV test and that the test is now considered a part of routine health care.

**3. How often should I test my patients for HIV?**

- At this time, test all patients who have not had an HIV test in the previous year and then test annually unless there is an indication to test more frequently.
- Test for HIV every time a patient is tested for an STI, hepatitis B, hepatitis C, or tuberculosis, or when performing a PAP test.
- People with known risk factors may need more frequent testing. If the clinician is aware of an ongoing high risk of HIV infection (using injection drugs, being a sex trade worker, multiple partners), test every 3 months.

**4. What should I say if a patient asks why they are being tested?**

- Remind them that an HIV test is something you do as part of routine health care and they are not being singled out.
- Most patients are at very low risk for HIV and will have a negative test.
- It is just as important for us to know if you are negative as knowing if you are positive. HIV status affects how we treat infections, cancer and even which vaccinations you should get.
- The only way to know your HIV status for sure is to get the test.
- HIV may not show symptoms for many years. During this time, an HIV positive person's health is deteriorating and they may be spreading HIV to others.
- HIV treatment prolongs and improves people's lives. You don't know if you need treatment unless you get the test.
- Getting an HIV test is the healthy thing to do.
- People on treatment for HIV can have long healthy lives. They can continue to work, have sexual relationships and can start a family.
- HIV treatment significantly reduces infectiousness.

**5. Why test patients with no risk factors?**

- Testing based on risk factors simply hasn't worked. Today, one in five patients diagnosed with HIV has AIDS and 60% are diagnosed after they should already be on treatment. By contrast, by testing almost all pregnant women, who are generally at very low risk, we have virtually eliminated mother-to-child HIV transmission. We now need to do the same for all other patients.
- HIV testing is simple, inexpensive and acceptable to the majority of patients.
- Patients do not always know if they are at risk and they may not tell their health care provider even if they do know.
- Everyone who has ever had sex is at some risk of contracting HIV.
- Routine screening for HIV in Vancouver's population is not only cost effective, it is cost- saving.

**6. What if the patient does not want an HIV test?**

- As with every medical intervention, the patient has the right to refuse an HIV test. However, it is important to inform the patient that knowing their HIV status is important for their health.

**7. What if the patient wants a non-nominal test?**

- In BC, patients can choose to use their full name (nominal) or a combination of their initials and birthdate (non-nominal) as their identifying information. As a result, if an HIV test is positive, it is reported to Public Health using the patient's choice of identifiable information.
- Nominal testing facilitates a smoother process for receiving and reviewing results as well as linking the patient to treatment, care and support. Health care providers can encourage clients to screen for HIV using the nominal testing approach.

**8. Do I need to call every patient back to discuss their HIV test result?**

- No. A negative HIV test can be treated as any other negative laboratory test. A negative HIV result can be shared with patients on the phone, as with any other result,. This reduces the need to see an increased number of patients as a result of increasing the volume of HIV testing.

**9. I'm not familiar with HIV care. What do I do if a patient tests positive?**

- You can contact a Vancouver Public Health Nurse by calling 604-675-3900 and asking to speak to a nurse. These nurses can assist not only on the phone, but also by coming to your office if needed. They can help with the disclosure of positive results, partner notification, local referral options and connecting patients to care.

**For any questions related to routine HIV testing please contact the Medical Health Officer for Vancouver, at 604-675- 3900.**