

Routine HIV Testing in Primary Care

Frequently Asked Questions

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** a you do a PAP test or an STI test.
- Offer the test as part of routine care. For example: "I'm 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 counselling?

- Detailed pre-test counselling is now recognized as a barrier to testing. Therefore, recommendations have changed, and detailed pre-test counselling is no longer required before an HIV test.
- For most patients, offer the test as above, and provide the patient hand-out for those who have questions. This is now considered sufficient for informed consent.

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.
- Test for HIV every time a patient is tested for an STI.
- People with known risk factors may need more frequent testing. If the clinician is aware of an ongoing high risk of HIV infection, such as using injection drugs, being a sex trade worker, or being a man who has sex with multiple male partners, test every 3 months.
- If a patient presents after a risk event (e.g. sex with a partner with HIV or a high risk partner of unknown HIV status) test at 2-3 weeks following an event or exposure with a high risk of HIV infection.

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 that they are not being singled out.
- Knowing your HIV status is important for your health care.
- Most patients are at very low risk and will have a negative test. But 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.
- 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.
- The only way to know for sure is to get the test.
- Getting an HIV test is the healthy thing to do.
- HIV treatment prolongs and improves people's lives. You don't know if you need treatment unless you get the test.

- HIV treatment significantly reduces infectiousness. People on treatment for HIV can have long, healthy lives, relationships and children.

5. Why test patients with no risk factors?

- Everyone who has ever been sexually active is at some risk of HIV.
- Patients don't always know if they are at risk and they rarely tell their health care providers even if they do know.
- 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, most of whom are 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 most patients.

6. What if the patient doesn't 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?

- Patients should be informed of the nominal or non-nominal option to test and that HIV is a reportable condition. Use the HIV non-nominal selection box on your lab requisition to indicate if the patient wishes to test non-nominally.
- Nominal testing (using the patient's real name) 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.
- If testing non-nominally, use the patient's real birth date and patient name as outlined below. Using this naming standard ensures any repeat testing for the patient will occur under the same name, which facilitates future care:
 - Example: Patient real name = Jane Ann Doe becomes Jane, JAD
 - i. Patient's Non-nominal first name = JAD
 - ii. Patient's Non-nominal last name = Jane

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; patients are not normally recalled for these. Also, if needed, a negative HIV result can be shared with patients by the phone. This reduces the need to see an increased number of patients as a result of creating the volume of HIV testing.

9. I'm not familiar with HIV care. What do I do if the test is positive?

- You can refer the patient to the STOP HIV/AIDS Outreach team by calling 604-838-1331. A STOP Team member will answer this phone line 24/7.