

Delivering HIV Test Results*

Background:

Getting tested for HIV and receiving the test result are key steps for patients in making good health choices. HIV test results allow medical care providers to rapidly link infected patients with HIV treatment as well as interventions that will prevent transmission, and to provide uninfected patients with appropriate risk prevention counseling and interventions. For patients, the test result is crucial and potentially life-changing information.

The delivery of HIV test results is an important interaction between a health care provider and patient. It is essential to convey the information simply and clearly, support the patient's response to the news, provide information about medical care or other interventions, and offer referrals for any additional assistance that may be needed. Patients' responses to the test result may be strong, particularly if the result is positive, and it is important to be both prepared for this and flexible in responding to their needs. It is also important to have emotional and practical support resources readily accessible for patients who need it, so you can provide quick, easy access to further information and counseling.

For patients with HIV-positive results, it is important to emphasize the benefits of medical care and treatment, and the likelihood that with appropriate care (including antiretroviral therapy) they will lead healthy and productive lives (i.e., this is not a "death sentence," as many patients may fear). It is also critical to link patients to a source of medical care, and ensure they have a follow-up appointment within 1 week, if possible; this greatly reduces the risk of a patient not following up and increases the likelihood of early treatment. Make sure the patient has a contact phone number for any questions before the appointment.

*NOTE regarding positive HIV test results: the following applies to delivering CONFIRMED results, NOT to "reactive" or "preliminary positive" results.

Goals of the results delivery session:

- ▶ Deliver the HIV test result. Positive test results should be delivered in person if at all possible. Negative results can be sent via regular mail.
- ▶ Help the patient to understand the significance of the result.
- ▶ Refer for medical follow-up and other appropriate services.

Approach to the session:

- ▶ Ensure the room is private to maintain confidentiality.
- ▶ Know (have available) referral sources for immediate linkage to medical care, mental health care, and partner services (this may mean community referral resources if the partner is not a Veteran). Be aware if the patient has a current or past history of anxiety and/or depression.
- ▶ Deliver the result, whether positive or negative, in a neutral and direct tone.
- ▶ Be empathic and nonjudgmental in handling the patient's responses.
- ▶ Be flexible — patients' reactions and needs will be quite varied, as will what they are able to understand or make decisions about at that time.



Steps:

1. Greet the patient and frame the discussion.

- ▶ “You are here for your HIV test results. Are you ready for those, or is there anything you’d like to discuss first?”

2. Deliver the HIV test result with a very brief interpretation. Use simple, direct language and a neutral voice.

- ▶ “Your test result is: (negative/positive). This means ...” (see Table below)

3. Pause to allow time for the patient to react.

- ▶ It is important not to assume you know what the result means to the patient; do not make value comments about it.
- ▶ Especially in the case of a positive result, patients often do not hear anything after the result is delivered. Give time for the patient to absorb the information.

4. Provide support, education, and counseling according to what the patient needs and accepts.

- ▶ Patients’ reactions may be strong, and emotional.
- ▶ It may take time for the patient to process the new information and be ready for questions, additional information, or referrals.
- ▶ The patient may not be able to hear much beyond the test results. If this is the case, schedule another session for information and counseling.
- ▶ Support and counseling may include: emotional support, support around stigma, information about notification and protection of partners, recommendations for preventing HIV transmission to others, and accurate information about HIV and its medical management.

- ▶ If your patient has a history of psychiatric illness or substance use, it may be helpful to notify their mental health providers in advance so they can be present or available during the session.

- ▶ For patients with depression or a history of depression, be sure to assess for suicidal ideation and connect them to services appropriately.

5. Summarize the discussion.

6. Give referrals, as appropriate, in writing.

- ▶ For HIV-negative patients: refer for prevention resources, such as Pre-Exposure Prophylaxis (PrEP), and give recommendations about future HIV testing.
- ▶ For HIV-positive patients: LINK THEM TO MEDICAL CARE. If the patient seems ready, basic additional lab work can be drawn the day the results are given. This would include an HIV viral load and an immunodeficiency panel at a minimum. Rapid/same day ART can be implemented. At minimum, provide the newly diagnosed patient with an appointment to be seen in a VA or community clinic within 1-2 weeks. If you have questions about who best to refer patients to, contact your Infectious Disease Service prior to seeing the patient.
- ▶ Provide any referrals to mental health services and other services as appropriate.

7. Document the HIV result in the patient’s chart.

- ▶ Include a summary of the education and counseling given to the patient, the patient’s mental status, and referrals made.

Negative Result

What the result means:

- ▶ “HIV antibodies (and/or antigen, depending on the HIV test performed) were NOT detected in your blood.”
- ▶ “You do not have HIV infection.” (Caveat: if the person has acute HIV infection, he/she may be in the window period during which the test result is falsely negative; if the person has had recent possible exposures to HIV, he/she should be retested in several weeks; or, if symptoms of HIV infection are present, tested with an HIV RNA test.)

Support, education, and counseling

- ▶ Discuss HIV risk behaviors. All types of sex should be included (oral, vaginal, anal).
- ▶ Develop a risk behavior change plan.
- ▶ Review/reinforce risk-reduction strategies (e.g., safer sex practices, safer injection drug practices, PrEP [pre-exposure prophylaxis]).
- ▶ Refer as appropriate (e.g., to HIV prevention services for PrEP, to mental health services, treatment programs, provide a prescription for condoms).
- ▶ Support/reinforce the patient for testing, encourage future HIV testing and additional STI testing (at-risk persons should be tested regularly); set a date for the next HIV test.

Summarize the discussion and review next steps.

Provide information and/or referrals in writing for the patient to review later.

** The likelihood of false-positive results is extremely small, as two different types of tests are performed on each sample, and the chance of both the initial HIV test and the confirmatory/differentiation test being falsely positive is minute; an HIV RNA test will determine whether infection is present.

Reference:

The Single-Session Risk Assessment and Test Disclosure Training. UCSF AIDS Health Project, in collaboration with the California Department of Public Health Office of AIDS, HIV Education and Prevention Services Branch; and HIV Testing and Counseling of VA Patients, U.S. Department of Veterans Affairs.

Positive Result

What the result means:

- ▶ “HIV antibodies (and/or antigen, depending on the HIV test performed) WERE DETECTED in your blood.”
- ▶ “You have HIV infection.”**

Support, education, and counseling

As discussed above, the patient may be overwhelmed by this information and may not be capable of taking in much additional information. After supporting the patient emotionally, if possible, provide information about HIV, including the fact that:

- ▶ HIV can affect one’s health and can be transmitted to others.
- ▶ It can be treated effectively, and, with treatment, people with HIV usually live healthy lives. “To remain healthy, you will have to take medication every day just as you would for other medical conditions like hypertension and diabetes.”
- ▶ Transmission to others can be prevented.
- ▶ You will help with obtaining HIV medical care.
- ▶ Help patients to stabilize emotionally, particularly for patients with a psychiatric or substance use history; have them describe their coping strategies; have them identify a plan for the rest of the day.

Refer to mental health services or other sources of emotional support, if appropriate.

Discuss partner notification

- ▶ Refer to IPV program for support, if needed.

Referrals and linkage to care:

- ▶ If possible, schedule an appointment (VA or community clinic) for HIV medical care, to take place within 1-2 weeks.
- ▶ Refer the patient to partner services (state/ local health departments) for assistance with disclosure to partners and partner testing if appropriate.
- ▶ Other referrals may include: additional HIV test result counseling, mental health services, substance use services, and case management.
- ▶ Summarize the discussion and review next steps.
- ▶ Provide information and/or referrals in writing for the patient to review later.