**Standard Operating Procedure for HIV Testing Services (HIV counselling and testing)**

**Introduction**

HIV Testing Services (HTS) has been the entry point into HIV prevention, treatment care and support services. The current international consensus is that more people urgently need to know their HIV status so they can benefit from these services. Derived from the WHO guidelines, it embraces the full range of services that should be provided together with HIV testing – counselling (pre- test information and post-test counselling); linkage to appropriate HIV prevention, treatment and care services and other clinical and support services; and coordination with medical laboratory services to support quality assurance and the delivery of correct results.

**The comprehensive package of HIV interventions**

**Figure 1: Comprehensive HIV intervention package**

Approaches to HIV Counseling and Testing: there are two main approaches:

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| **Client-Initiated**   * a client/patient voluntarily walks into a health facility/testing point to access HTS | **Provider-Initiated**   * Opt-in model: Health providers in general wards and clinics offer HTS to clients / patients who are at risk for HIV or show signs and/or symptoms of HIV/AIDS. * Opt-out model: This is used in clinical settings (STI, TB, and antenatal clinics) that are likely to have many people whose medical care will be improved if their HIV status is known. in these settings, HTS is part of the standard package of care unless the client chooses not to be tested, or opts-out. clients must still give informed consent for testing and can decline testing. |

**\*\*It is important to note that client-initiated and provider-initiated HTS are not in conflict or competition with another. Rather, both approaches are necessary and complementary to each another so that more people in Nigeria can know their HIV status and make plans for themselves and their families in the future.**

**The 5 Cs are the principles that apply to all HTS**

**Operational Steps for HIV Testing and counseling**

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| **Pre-Testing Counselling**  Steps for pre-test counselling/Information Giving   * Introduce the client to the process * Greet the client * Introduce yourself and describe your role as counsellor/health care worker * Explain and emphasize confidentiality including shared confidentiality * Ask if he/she has any immediate questions and concerns and address them. * Obtain client information (demographics etc. * Enter the client’s required information into the HTS register * Obtain relevant medical and testing history (past and present) * Ask about personal health habits such as smoking, alcohol or drug use * Assess knowledge of HIV and AIDS and explore risks * Assess the client's knowledge of HIV and AIDS and address any misconceptions. * Explore HIV/STI risks and discuss strategies for reducing risk * Introduce Index testing services to the client * Explain the HIV test; discuss the benefits of HIV testing * Explain what positive and negative results mean; explain concept of the window period (see glossary of terms). * Explore the personal implications of taking the test, and what a positive or negative result will mean to the client, the family, and/or significant others. * Explain how the test is carried out, where it is done, and how long it will take for results to be available. * Explain that post-test counselling will be provided * Provide an opportunity for the client to ask questions. * Help the client to consider his/her options * Review how he/she can reduce the risk of HIV * Remind the client that HIV testing services is now routinely offered.   **For a client who declines the test**   * Accept his/her decision. * Reassure him/her that refusing the HIV test will not in any way affect the quality of his/her future care. * Let him/her know that the test can be done at a future visit if he/she changes his/her mind. * Ask him/her if he/she would like to make an appointment to come for Testing Services another day. * Encourage him/her to discuss HIV testing with his/her partner and to encourage the partner to come with him/her for Testing Services. * Ask if he/she has any additional questions or concerns that he/she wants to talk about today.   ***For clients that do not decline the test, move on to the next steps.***   * Obtain informed consent and identify support * Explain the consent form and obtain informed consent. Fill in the informed consent form. * Help client determine whom he/she may wish to contact for support while awaiting result. * Help the person plan for post-test counselling. * Prepare for the test * Double check the client’s code on the client’s data record form.   If you, the counselor, will be running the test, then go straight to the next session.  If someone else will be running the test, then:   * Direct the client to the lab, and where possible, client should be accompanied with the lab form. * Tell the client to return to the waiting room after the sample has been taken. * Discuss the following while you wait for test results to be ready:   ✔ Client’s readiness to learn HIV status  ✔ Intentions after learning HIV status  ✔ Plans and ways of coping with results, especially if HIV-positive  ✔ Potential for support by family and/or friends  ✔ Any other concerns or needs. |
| **Performing the Rapid HIV Test**  If the person running the test is not the client’s counselor/provider, greet the client warmly before proceeding on the above outlined steps. And when the result is ready, take the test result to the counsellor.   * Explain the process of taking blood sample to the client. * Inform the client how long he/she will be waiting. * Label the test kit with client’s code number. * Double check it for accuracy. * Perform the finger prick procedure while observing all universal precautions. * Run the test. * Ensure that testing procedures are followed according to the norms and all universal precautions are followed. * Ensure that all the used laboratory materials are segregated and rendered non- infectious as per the stipulated guidelines. * Record this test in the HTS register. * Include the date, clients’ code number, test result, and your signature. * Record the test result on the client’s data record form for the client’s file. * Double check that the client’s code on the form matches the client’s code on the sample. * Put the completed form in the client’s file. * Lock the register away.   **\*Test result MUST not be given verbally to the counselor or directly to the client under any circumstances.**  **\*\*Test results are to be explained to the client by the counselor during post-test counseling only.** |
| **Post-Test Counselling**  *If someone other than the client’s counselor/provider ran the test*   * Obtain client’s data record form directly from the person who did the test and verify client code number. * Move on to post-test counselling steps in the next section.  |  |  | | --- | --- | | ***Steps for HIV negative Post-Test Counselling***   * Assess client’s readiness to receive the HIV test result. * Tell the client the test result: State in a neutral tone: “Your test result is negative.” * Give the client time to express any emotions. * Show the client the test on the client data form. Do not give the form to the client; it must remain in the client’s file. * Assess client’s understanding of the result. Allow for questions. * Review the meaning of a negative test result. * Counsel client on the ‘window period’ and the need for re-testing, Provide information about the window period. * Discuss risk reduction strategies and plan for window period if client agrees to re-test. (Avoid unprotected casual sex, Correct and consistent use of condoms * Offer condom demonstration/education if client is agreeable. Offer condoms for the client to take home. * Avoid sharing unsterilized sharps. * Avoid receiving unscreened blood. * Discuss good nutrition. * Avoidance of smoking, alcohol, and drug abuse * Discuss disclosure and partner referral. * Encourage partner notification of test results and partner referral for HTS. * Remind the client that his/her result does not indicate partner’s HIV status. * Discuss partner referral for HIV testing. * Build client’s skills on partner negotiation. * Discuss the benefits of voluntary blood donation. * An opportunity to save lives by donating blood. * Regular blood donation also encourages low risk behavior and helps one to remain negative. * Helps to prevent the spread of new infections. * Refer client to National Blood Transfusion Service (NBTS) Center for voluntary blood donation. * Close counselling session * Provide specific information for referral to other services that the client needs: places, phone numbers, contact person, and services available. * Remind the client about the window period and the need to re-test. Ask if the client would like to go ahead and make an appointment for a re-test in three months. * Talk with the client again about getting partner tested. Inform the client that counselling is available for couples. * Provide additional counselling if requested. provide the client with motivation and encouragement. * Offer PREP to clients, screen eligibility and link to PREP services. * Close session * Complete all records. * Complete case notes on session immediately after client has left. * Record client’s code number and other information in register * Ensure that all forms and case notes have been completed and are filed properly in the client folder or record. | ***Steps for HIV-Positive Post-Test Counselling***   * Assess client readiness to receive the test result. * Inform the client that the test result is available. * Assess client’s readiness to receive the HIV test result. * Tell the client the test result. * State in a neutral tone: “Your test result is positive.” * Show the client the test on the client data form. Do not give the form to the client; it must remain in the client’s file. * Give the client time to express any emotions. * Assess client’s understanding of the positive result. Allow for questions and review the meaning of a positive test result. * Assess how the client is coping with the positive result. * Acknowledge the challenge of dealing with a positive result. Identify sources of support * Ask whom the client would like to talk to about the positive test result. * Follow up with the index testing services introduced during pre-test, get consent for partner notification, and discuss disclosure of HIV status to future partners. * Help the client identify a person (family member or friend) to help him/her through the process of dealing with this HIV diagnosis. * Risk reduction strategies; discuss the client’s plan for reducing the risk of transmission to future partners. * Encourage the client to protect others from HIV. * Inform client how important it is to protect himself/herself from becoming re- infected with other strains of HIV. * Explain that correct and consistent use of condoms can protect him/her from getting re-infected with other strains of HIV. * Offer condom demonstration/education if client is agreeable. Offer condoms to the client to take home. * Counsel on positive living and provide referrals to needed HIV-related services. * Explain the concept of positive living, dignity and prevention and why it is important. Discuss: * Staying healthy. * Eating a healthy, adequate, and well-balanced diet. * Maintaining weight * Getting prompt medical attention * Taking cotrimoxazole prophylaxis. * Having TB screening, prophylaxis, and treatment * Practicing safer sex * Managing stress and getting support * Avoidance of alcohol/ drug abuse/ smoking. * Assess client needs for referral: Consider the following areas: * Diet counselling/therapy. * Medical follow up. * Screening and treatment for STIs * TB evaluation and preventive therapy. * Prophylaxis and treatment of opportunistic infections * Family planning. | |

**Documentation**