**Index Testing Check List (For use by CDC Siyenza Leads)**

Index testing is a voluntary process where counsellors or health care workers ask HIV-positive persons (index clients) to list all of their sexual or needle-sharing partners and children <15 with unknown HIV status. If the index client agrees, each named partner and child is contacted according to the client’s preferred method of reaching the partner (client referral, provider referral, mutual agreement referral, or dual referral).

**Client referral**: most passive approach that should be avoided; the return rate is low as the index case must usually disclose their HIV status in order to refer their partner for testing. **Provider referral**: a trained provider contacts partners directly; the National Department of Health (NDOH) does not recommend direct partner notification (telling sexual partners they have been exposed to HIV) due to high rates of intimate partner violence. When partners are contacted, they should be offered an HIV test for the ‘Cheka Impilo’ National Wellness Campaign\* currently being rolled out. When testing is done at a partner’s home, testing services should be extended to 3-4 surrounding houses to avoid issues of stigma. **Mutual agreement referral:** index client agrees to disclose their HIV status to their partner and refer them for testing within 7 days; if partner(s) do not access testing within this period, counsellors/providers contact them directly. **Dual referral**: a trained provider sits with the index client and partner to provide support as the client 1) discloses his/her HIV status ***or*** 2) is tested with the partner as if neither of them know their HIV status.

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| Question | Yes/No | If “NO” recommend: |
| * Have all counselors in the facility been trained on index testing? |  | -Implementing Partner (IP) to plan a training for the facility |
| * Is index testing being implemented in the facility? |  | -IP to plan a refresher/training for all implementers in the facility  -Identify an index champion to monitor implementation of index testing & the cascade  -If only IP service providers are implementing index testing in the facility, recommend a refresher and mentoring for DOH staff |
| * Is index testing being prioritized for newly diagnosed patients, patients with unsuppressed viral load, and pregnant women? |  | -IP to recommend prioritizing those clients likely to be infectious ahead of patients who are stable on treatment (e.g. adherence clubs) |
| * Is there an index testing register/new revised NDOH register with index testing variables being utilized by the facility? |  | -IP to print the index testing register and orientate implementers  -In absence of register, IP to provide copies of index data tools |
| * Is there an index testing barometer in the facility? * If yes, is it being populated monthly? |  | -IP to distribute the barometer populated with index testing targets for the facility and monitor monthly |
| * Do counsellors have index testing SOP’s visible in the counselling rooms? |  | -IP to print, laminate, and distribute pocket size index testing cue cards (Steps for Index Testing and Tips for Partner Elicitation) |
| * Is there a community outreach team responsible for tracing and testing children and partners of PLHIV in the community? |  | -IP should have an outreach team or CBO responsible for tracing, testing, and linking all listed contacts of PLHIV |

**\***<http://www.health.gov.za/index.php/gf-tb-program/427-cheka-impilo-campaign>