

# Learning guide

HIV testing

This learning guide has been prepared in conjunction with the Women for Positive Action slide presentation and speaker notes resource concerning women and HIV testing.

The guide identifies the key learning objectives for this module and suggests topics for discussion and self-learning. The modules are intended for use by both health professionals and community representatives who want to create or participate in learning opportunities relating to improving the care of women with HIV.

## **Learning objectives**

After completing this module, participants will be able to discuss the following issues and appreciate their implications for both patients and providers of health care.

### **The rising HIV epidemic among heterosexual women**

- Women's share of HIV infection is rising in all parts of the world, not just in developing countries.
- Women represent the fastest growing segment of the HIV epidemic.
- Heterosexual contact has become the leading cause of HIV transmission in many countries and is the predominant mode of transmission among women globally.
- Certain biological factors contribute to women's vulnerability to HIV infection. Furthermore, gender norms and inequalities also play a role – as do violence and sexual abuse, which are particularly common among women.

### **The advantages of HIV testing**

- Early identification of HIV infection enables a person to gain access to timely treatment, and to modify their behaviour to reduce the risk of onward transmission.
- However, HIV remains underdiagnosed and many women are diagnosed late.
- Late diagnosis is a cause of unnecessary morbidity and mortality among those with HIV.
- Treatment effects may be diminished if started late.
- Undiagnosed women represent a public health risk as they may unknowingly transmit the infection.

## **Increasing the rate of HIV testing internationally**

- In May 2007, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) issued a revised guideline on HIV testing. The guidance encourages an international opt-out approach to testing. Mandatory testing is not advised.
- The guideline from the British HIV Association (BHIVA) supports this approach.
- Many countries have adopted universal HIV testing in the antenatal setting. This has successfully improved the HIV diagnosis rate in pregnancy and helped to identify HIV earlier in these women.

## **Practical implementation of HIV testing guidelines**

- HIV testing is recommended for women attending sexual health clinics, antenatal clinics, drug dependency programmes, and those receiving care for tuberculosis, lymphoma and hepatitis B or C. It should also be considered in all healthcare settings in areas of high HIV prevalence or for women from a country with high HIV prevalence or those who have had sexual contact with a person from such a region. It is also recommended for women with a sexually transmitted infection, with an HIV-positive partner, with a history of sexual contact with a man who has sex with men, with a history of drug use or those presenting with a clinical indicator disease.
- Infant, children and young women should also be tested if they are thought to be at significant risk of HIV. The laws governing consent for testing minors varies between countries.
- Repeat testing may be required.
- Point-of-care tests may be advantageous for on-site, rapid screening, but have reduced specificity and sensitivity versus laboratory-based assay procedures.
- Community-based testing is becoming more widespread.
- Test sites should have a recall system for patients testing positive who fail to attend for their results and must be linked to treatment referral centres.

## **Counselling**

- Pre-testing counselling is essentially to obtain informed consent for the test. Written consent is not required.
- A negative result is an opportunity to reinforce messages about risk avoidance.
- A positive result should be communicated clearly, with care and in person in a confidential setting.
- HIV-positive individuals should be counselled to convey the implications of their infectious status, and be educated as to which activities can lead to transmission.
- The need for disclosure should be mentioned during pre- and post-test counselling.

## **Changes in criminal law surrounding disclosure**

- Patient confidentiality may be overridden if non-disclosure represents a risk to individual or public health.
- HCPs can be held liable for non-disclosure.
- Disclosure without a woman's consent can damage the HCP-patient relationship irrevocably.
- HIV-positive individuals knowingly putting others at risk of infection may risk prosecution and imprisonment.

## **Discussion guide**

Consider the following questions when completing this module – the questions can be used for both reflective self-learning purposes and as a guide to discussion as part of a group learning experience.

### **Encouraging uptake of HIV testing**

Identification by formal testing is the prerequisite to timely treatment for HIV-positive women. Yet, up to half of those infected remain undiagnosed and therefore unaware of the risk to their health and to that of others.

- What barriers to HIV testing exist among women? How do the barriers differ among specific groups of women; for example, migrant women, pregnant women, older women, young women, those with a history of abuse. And how can the barriers be overcome?
- How can women be encouraged to be tested? (Consider both interventions and interpersonal behaviour.)
- What measures should be taken for pregnant women refusing a test for themselves or their infant?
- How can access to testing be improved in your region?
- Could community testing facilities improve uptake of screening in your region?

### **Preparing patients adequately**

While HIV screening is increasingly routine, for those who test positive the impact of the news can be devastating. Adequate counselling is imperative to prepare a patient for a positive result.

- Which barriers can prevent effective counselling either before or after an HIV test? How do these vary in specific groups; for example, in migrant women, in those with concurrent mental disorders, in women from different cultural backgrounds?
- How might these barriers to communication be overcome?
- How can a patient's understanding of the diagnosis or its impact on their life be measured?
- Which other healthcare or non-healthcare services might HIV-positive women benefit from immediately after being diagnosed?

## **Helping women to inform others**

Many national guidelines preserve patient confidentiality in HIV unless special circumstances call for disclosure, for example where non-disclosure represents a risk to the public or to an individual's health. Changes in criminal law mean that HCPs may be held accountable for the negative outcomes of non-disclosure. Patients should also be made aware of the recent criminalization of reckless HIV transmission.

- Which barriers to disclosure are relevant for women?
- How can women be helped to disclose their HIV-positive status to partners or family?
- What should be done if a patient refuses to disclose their status to their sexual partner?