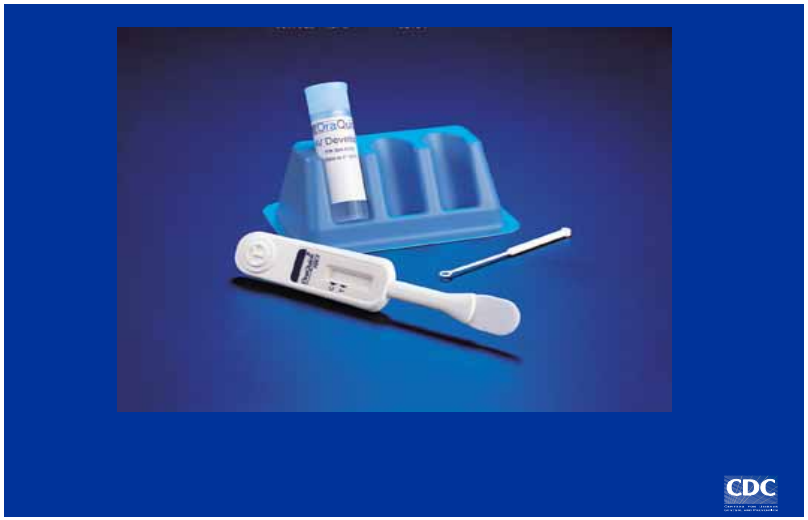
Offering HIV Testing in CBOs Serving High Risk Communities



Course Goals

Provide the knowledge and skills necessary to conduct HIV test counseling.

Course Goals
(continued)

To prepare organizations designated as Limited Testing Sites for Rapid Testing to meet all of the programmatic, quality assurance, and counseling associated with offering HIV testing.

Module 2
HIV Testing:
A Historical Context

Goal and Objectives

Goal: Review the benefits and barriers to HIV testing and increase awareness about attitudes and beliefs about HIV testing.

Objectives:

1. **Describe the historical and psychological context for HIV testing.**
2. **Identify barriers to HIV testing from both client and provider perspectives.**

Goal and Objectives (cont.)

3. **Identify benefits of HIV testing from both client and provider perspectives.**

4. **Recognize attitudes and beliefs about offering rapid testing in different settings.**

5. **Identify new opportunities for HIV testing in community settings utilizing streamlined pre-test counseling and/or rapid testing.**

Historical Context for HIV Testing

- 1979 GRID
- 1981 First AIDS cases reported to CDC in US
- 1982 AIDS named by CDC
- 1983 HIV discovered
- 1985 HIV antibody test introduced
  - Blood supply is screened
  - Rock Hudson dies
- 1986 AZT
- 1987 HIV Counseling Guidelines issued by Public Health Service

Historical Context (Continued)

- 1989 NYS HIV Confidentiality Law
- 1989 First 100,000 cases of AIDS
- 1991 Magic Johnson
- 1994 AZT & Clinical Trial 076
- 1995 Orasure approved
  Triple Combination Therapy
- 1996 Home Test kits
  Decrease in death rate

Historical Context (Continued)

- 1996 Mandatory testing of Newborns in NYS
- 1997 Routine testing of newborns
- 1999 Expedited Newborn Testing
- 2000 HIV Reporting & Partner Notification law in NYS
- 2001 ESAP

Historical Context (Continued)

- 2002 CDC estimates 1 out of 4 HIV(+) individuals are unaware of status

  Quick HIV progression to AIDS related to late testing

  OraQuick HIV-1 Rapid Anti-Body Blood Test FDA Approved

- 2004 OraQuick Advance Rapid HIV 1 & 2 blood and oral test approved

- 2005 NYSDOH 2005 Guidance

Rapid Testing: Advantages

- Well documented in several U.S. studies & worldwide
- Decreased loss to follow- up before receiving results
- Ability to determine likely exposure or occupational exposure – allowing for treatment options
- Same day results

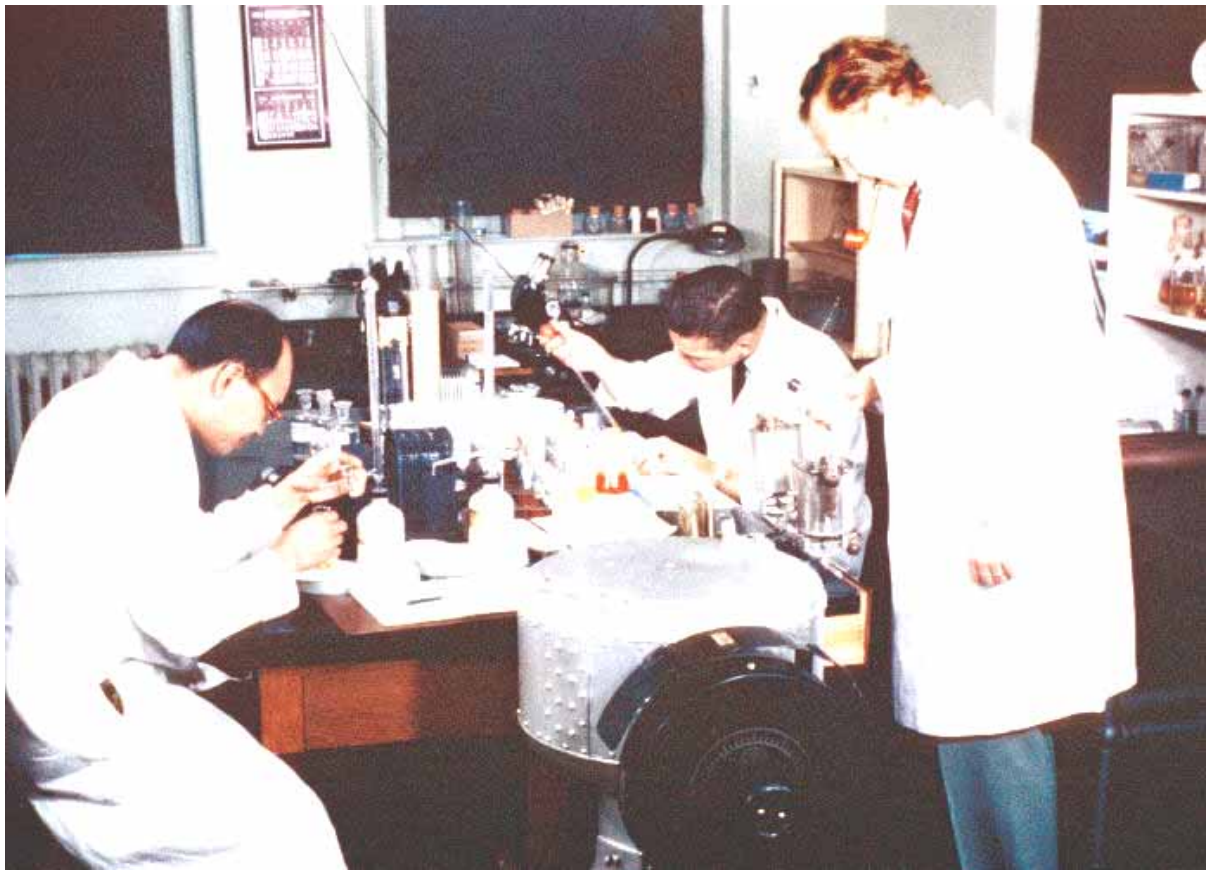
Rapid Testing: Disadvantages

- Are clients ready for results?
- We can’t predict results .
- Higher rate of positives.
- “Preliminary positive?” Explanation.

Disadvantages (continued)

- Must come back for confirmatory test results.
- Screening for homicidal and suicidal thoughts has greater importance.
- Window period remains the same length.

Module 3:
Overview of Testing



Goal and Objectives

Goal: Introduce the tests used in HIV testing, as well as terminology necessary for testing

Objectives:

1. Define the process of HIV antibody testing in lay terms using the following key terms: exposure, infection, antibody, antigen, seroconversion, and window period

Objectives (continued)

2. State procedure to request test for HIV-2

3. List FDA approved Specimen Collection Options

4. List the laboratory procedures for ELISA and Western Blot HIV antibody testing

5. Identify possible HIV test results

Objectives (continued)

6. State the differences between Standard and Rapid HIV antibody testing

7. Define the Clinical Laboratory Evaluation Program (CLEP) as it relates to being a Limited Testing Site

8. State the differences between anonymous and confidential testing

9. List other FDA approved tests for HIV Infection

Exposure and Infection

Important Terms:

Exposure - The virus gets inside the body, under the skin or into mucus membrane

Infection - The virus gets into a white blood cell and “sets up housekeeping”

Testing for HIV Antibodies

Antibodies vs. Antigens

Antigens – foreign invader inside the body.

Antibodies – produced by the body to fight foreign invaders (antigens).

Antibodies are antigen-specific

Seroconversion

- People produce antibodies to HIV in response to HIV infection.
- Seroconversion
- Window Period
- The length of time for seroconversion in any individual depends upon several factors.

Seroconversion (Continued)

- 95% of cases of HIV infection can be detected by 1 month
- 99.9% cases of HIV infection can be detected by 3 months.
- A negative test within 3 months of an exposure requires further testing.

Window Period

- May get an HIV-negative result
- Not enough antibodies for test to detect
- Still infected
- Rapid test has same window period!!!

Occupational Exposure

- Report immediately to Employee Health Physician or Infection Control Office
- Baseline test ASAP to determine if previously infected
- Rapid testing should be offered if available
  - Employee
  - “Source patient” if known (need consent)

Occupational Exposure (cont.)

- Immediate counseling regarding anti-retroviral medications
- Follow-up HIV counseling and testing at 1,3, and 6 months after exposure
- Sexual Violence recommendations

Types of HIV

- HIV-1 and HIV-2
- Differences between viruses

HIV-2

- Only 70% detected by HIV-1 test
- Check if your state screens all blood samples for HIV-1 and HIV-2
- Screen for HIV-2 risk factors
- If at risk: request HIV-2 testing

Risk Factors for HIV-2

- Sexual contact or needle sharing with person who is infected with HIV 2
- Sexual contact or needle sharing with person born in or traveled to a region where HIV-2 is widespread
- Receipt of blood products in region where HIV-2 is widespread

More Risk Factors for HIV-2

- Birth to a mother with HIV 2
- Opportunistic infections or other symptoms of HIV infection but tested negative for HIV 1
- Multiple inconclusive/indeterminate HIV-1 antibody test results

What can be tested for HIV Antibodies?

- Blood
  - Whole Blood
  - Serum
  - Plasma
- Oral Mucosal Transudate
- Urine – not approved in all states

Antibody Tests in Use

- The ELISA (Enzyme Linked Immunosorbent Assay) also called EIA
- The Western Blot (WB)

The ELISA Test

- Antibody screening test
- Preliminary (first) test
- Highly sensitive
- Inexpensive, simple procedure

The Western Blot Test

- Confirmatory test
- Highly specific
- Performed on all ELISA POSITIVE blood samples to confirm HIV infection
- Performed on all REACTIVE rapid tests to confirm HIV infection

Standard HIV Antibody Test Results

- Negative
- Positive
- Indeterminate/ Inconclusive

Standard HIV Antibody Test Results

- Negative: Negative ELISA test
- Positive: Positive ELISA & Positive Western Blot
- Indeterminate/Inconclusive: Positive ELISA & Indeterminate/Inconclusive Western Blot
- Negative Western Blot

Types of Rapid Tests

- Oraquick Advance
- Reveal
- UniGold Recombigen Rapid Test
- Bio-Rad Multispot HIV1/HIV2 Rapid Test

OraQuick Advance

- ELISA test
- Uses blood from a finger stick
- Waived Test
- Results in 20-40 minutes

Reveal

- ELISA test
- Uses plasma or serum
- Moderately complex test (requires laboratory)
- Results in 3 minutes

UniGold Recombigen

- ELISA test
- Uses whole blood, plasma or serum
- Moderately complex test (requires laboratory)
- Results in 10 minutes

Bio-Rad Multispot HIV1/HIV2

- Detect and differentiate antibodies for HIV-1 and HIV-2
- Uses fresh or frozen serum and plasma
- Moderately complex test (requires laboratory)
- Results in 10 minutes

Rapid Test Results

- Non-Reactive = Negative
- Reactive = Preliminary Positive
- Invalid = Something went wrong

Rapid vs. Standard Testing

Rapid

- Finger stick, Oral Fluid, or Blood Draw
- Preliminary results given on same visit
- Return to confirm preliminary positive
- Lower number sent to lab

Standard

- Oral fluid or blood draw
- Must return for results in 3 days – 2 weeks
- Results given once
- All specimens sent to lab

Rapid vs. Standard Testing

Invalid

- Rapid test
- Not indicative of HIV status
- Invalid → retest

Indeterminate

- Standard test
- May or may not indicate HIV status
- Indeterminate → retest

Limited Testing Sites

- Clinical Laboratory Evaluation Program (CLEP) used in some states
- Requires a qualified lab director
- Maintenance of equipment
- Ongoing Quality Assurance requirements

Anonymous vs. Confidential Testing

Requirements of Confidentiality Law:

- 2 options (Anonymous & Confidential)
- Voluntary except:

  Federal Prisoners, Newborns,

  Peace Corps, Job Corps, Military, Immigrants

Anonymous

- Code number as identifier
- Facility needs to be authorized by health department
- Offer HIV testing using oral fluid, standard blood collection, or rapid test
- Option to convert a positive or indeterminate result to confidential
- Free of charge

Confidential

- Identified by name or other ID info
- Available in a variety of clinical settings
- Cost varies (free – $60)
- Positive test results reported to the health department
- May legally be disclosed to certain individuals or agencies
- Results entered into medical record - permanent medical history

Other FDA Approved Tests

- P24 Antigen Assay
- Polymerase Chain Reaction (PCR) or Qualitative Viral Load Test
- Quantitative Viral Load Test
- HIV Resistance Testing
- Incidence Testing: STARHS

The P24 Antigen Assay

- Not testing for antibodies
- Looks for P24 Antigen – HIV protein

PCR or Qualitative Viral Load Test

- Not testing for antibodies
- Tests for HIV and HIV genetic material (RNA)
- Valuable when known exposure but in the window persion
- Used when testing Newborn whose mother is infected with HIV

Quantitative Viral Load Test

- Used by doctors treating HIV-positive people
- Monitor amount of virus
- Measures rate of HIV replication

HIV Resistance Testing

- Indicates which medications or treatment may or may not be effective against the virus
- Helps with treatment planning
- Allows tracking of any emerging drug resistant strains

Incidence Testing: STARHS

- Estimate how recent an HIV positive patient has seroconverted.
- Used for disease surveillance only.
- Not clinically useful and not reported to the patient.
- Uses residual diagnostic sera from newly diagnosed persons

Module 4: HIV Testing in Diverse Communities

Goal and Objectives

Goal: Explore the role of culture in implementing HIV testing.

Objectives:

1. Identify reasons for the CDC's Advancing HIV Prevention initiative as it relates to HIV testing in communities of color

Goal and Objectives (continued)

2. Identify reasons why rapid and/or streamlined pre-test test counseling may be beneficial to communities of color
3. Identify cultural barriers to implementing HIV testing in communities of color
4. Identify ways to work through cultural barriers

Challenges of HIV Testing in Communities of Color

1. Historical Underpinnings
2. Cultural Norms
3. External Factors
4. Intervention/Strategies

HIV in Communities of Color

- HIV infections continue to rise
- More likely to seek health care within their communities
- Numbers of people who do not return for results continues to increase
- Rapid Testing may make testing more attractive and available
- Rapid Testing can increase the chances that people who get tested will receive their results

African Americans/Blacks

- Historical Underpinnings
  - LA Vaccine Study
  - Population Control and Eugenics Movement
- Cultural Norms
  - Origin of AIDS
  - Influence and power of the Black Church

African Americans/Blacks

- External Factors
  - Higher rates of poverty and its associated conditions
  - Unequal health care treatment
- Interventions/Strategies
  - Incorporate HIV related information in non-AIDS related health materials
  - Recognize distrust of government agencies

Latinos / Hispanics

- Historical Underpinnings
  - Policies blocking immigrant health care
  - Mandatory testing and deportation
- Cultural Norms
  - Sexual silence
  - Familialism

Latinos / Hispanics

- External Factors
  - Acculturation and socioeconomic status
  - Disparity in number of Latino health professionals
- Interventions/Strategies
  - Develop messages that are culturally, linguistically and educationally appropriate
  - Support the integrity of the family

Asians and Pacific Islanders

- Historical Underpinnings
  - Fear of deportation and denial of permanent residency
  - Japanese internment during WWII
- Cultural Norms
  - Report contaminated blood as HIV transmission
  - Family more important than individual

Asians and Pacific Islanders

- External Factors
  - Diverse group with more than 100 languages and dialects
  - Often stereotyped as the “model minority”
- Interventions/Strategies
  - Ensure access to health care
  - Evidence-based techniques

Native Americans/ Alaska Natives

- Historical Underpinnings
  - History of oppression
  - Strained Native American relations
- Cultural Norms
  - Significance of body parts
  - Community responsibility to protect future generations

Native Americans/ Alaska Natives

- External Factors
  - Misclassification, underreporting
  - Trauma and loss leading to risk factors
- Interventions/Strategies
  - Build on existing community strengths
  - Develop efficiency in health service delivery

The Mindset of Quality Assurance
Module 5

Goal and Objectives

- **GOAL:**

  Improve knowledge about quality assurance in a community setting and the agency's readiness to provide rapid testing.

- **OBJECTIVES:**

  1. Identify ways to build quality assurance activities into day to day operations;

Goal and Objectives
(continued)

- **2. List the requirements of a quality assurance plan to ensure that testing is being carried out correctly, results are accurate, and mistakes are found and corrected to avoid adverse effects;**

- **3. Identify the chain of supervision for reporting adverse events.**

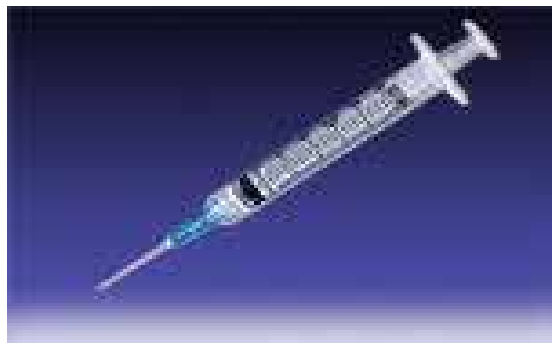
Adherence to OSHA Guidelines

- Standard Precautions
- Proper disposal of sharps and medical waste
- Maintain a clean environment

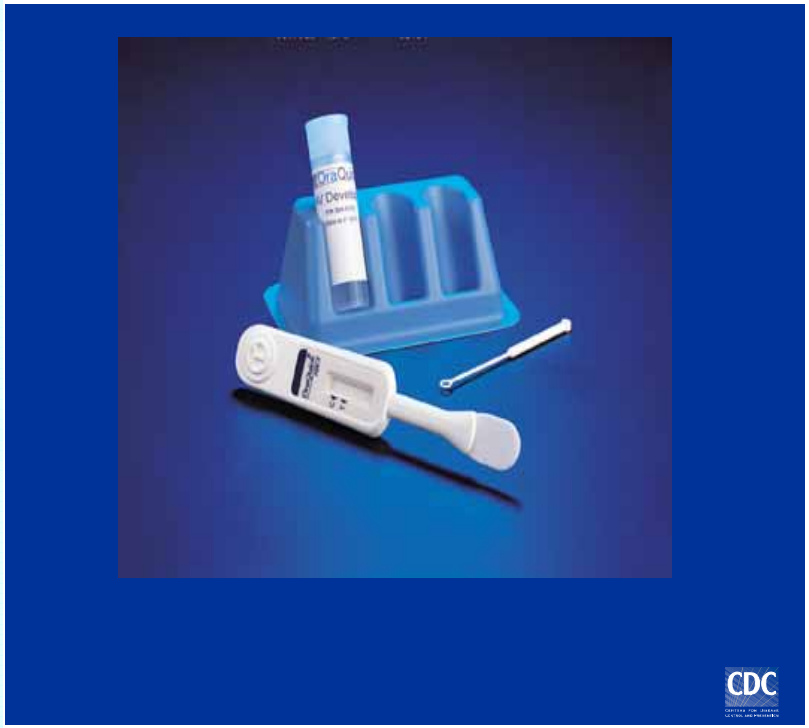
Confirmatory Testing

- Oral fluid
- Blood

- Develop a tracking system to ensure specimens are not mixed up.



Test Supplies



- Device kits
- Device control kits

Check Inventory and Supply Needs

- **Rapid Testing Supplies**
  - **Timer**
  - **Thermometer**
  - **Antiseptic wipes**
  - **Band-Aids**
  - **Lancets**
  - **Sterile gauze**
  - **Disposal gloves**
  - **Biohazard sharps containers**

Quality Assurance Procedures for:

- **Test devices**
  - **Storage**
  - **Usage**
- **Device kit controls**
  - **Storage**
  - **Usage**
- **Testing site/room**
  - **Flat surface, good lighting, proper temperature**

Quality Assurance: Testing Procedures, Test Kit Storage, Accuracy of Results

OraQuick Advance Test kits:

- Must be stored at temperatures specific to manufacturer's instructions
- Used at room temperature specific to manufacturer's instructions
- Takes time for test kits and controls to reach room temperature.

Quality Assurance: Testing Procedures, Test Kit Storage, Accuracy of Results (continued)

OraQuick Advance Device Kit Controls:

- **Use ice packs in small coolers to store device kit controls in mobile settings**

Quality Assurance: Testing Procedures, Test Kit Storage, Accuracy of Results (continued)

External controls should be run:

- **When opening a new test kit lot**
- **For each new operator**
- **For each new site**
- **Whenever storage or testing site temperature varies above or below the recommended temperature**
- **At periodic intervals outlined by facility QA plan**

Quality Assurance: Testing Procedures, Test Kit Storage, Accuracy of Results (continued)

OraQuick Advance Test results:

- **Cannot be read before 20 minutes have elapsed or manufacturer's recommendation**
- **Cannot be read if more than 40 minutes have elapsed since testing or manufacturer's recommendation**
- **Must be read in a well-lit room**

QA Considerations…

- Record-keeping for Laboratory Status
- Maintenance of equipment
- Updating and communication around changes in procedures
- Monitoring

Quality Assurance: Supervision, Instruction, Ensuring Staff Expertise

- Documentation of quality assurance activities
- Clear supervisory responsibilities and processes for addressing any problems
- Ability to evaluate staff competency in conducting the test
- Plan for staff performance improvement when needed

QA Considerations…

- Record-keeping for Laboratory Status
- Maintenance of equipment
- Updating and communication around changes in procedures
- **Monitoring**

HIV Confidentiality Law

Module 6

Goal & Objectives Module 6

- GOAL

  Explore the HIV Confidentiality law and its implications for community agencies

- OBJECTIVES

  1. Review the intent and scope of the HIV Confidentiality Law.

Goal & Objectives Module 6 (Continued)

- State the legal and regulatory requirements of the HIV Confidentiality Law.

- Identify methods of maintaining confidentiality with documentation, record keeping, and quality assurance.

HIV Confidentiality Law

Intent of the law:

- Ensures maximum confidentiality protection for information related to HIV/AIDS;
- Assures that HIV-related information is not improperly disclosed
- Encourages expansion of voluntary HIV testing
- Limits discrimination and harm of unauthorized disclosures

Essential Definitions

- Confidential HIV-related Information:
  - Any information in the possession of a person who provides health or social services, or obtains information through a release whether a person has had an HIV-related test or has HIV, HIV-related illness or AIDS, information that identifies or could identify someone has having such conditions, and about their contacts.

Essential Definitions

- HIV-related illness:
  - Any clinical illness that may result or be associated with HIV infection
- HIV-related test:
  - Any lab test or series of tests for any virus, antibody or etiologic agent relating to HIV/AIDS

Essential Definitions

- Capacity to Consent:
  - An individuals ability without regard to age to understand and appreciate the nature and consequences of health care services, treatment, testing, etc.
- Health or Social Service:
  - Public or private care, treatment, clinical lab test, counseling or educational service for adults or children.

Essential Definitions

- Protected Individual:
  - A person who has had any HIV-related test, or has been diagnosed with HIV, HIV-related illness or AIDS.
- Contact:
  - Identified spouse, sex or needle sharing partner of a protected individual, or a person who may have been exposed to HIV

Essential Definitions

- Contact Tracing
  - Notifying known contacts of protected individuals

Maintaining Confidentiality

- Documentation
- Record keeping
- HIV-related illness

Maintaining Confidentiality

- HIV-related test
- Quality Assurance

Who Complies With the Law?

- All staff, volunteers and programs regulated, certified or licensed by and/or under the jurisdiction of
  - Office of Alcohol and Substance Abuse Services (OASAS)
  - Division for Youth (DFY)
  - Department of Corrections (DOC)
  - Department of Health (DOH)

Who Complies With the Law?

- Office of Mental Retardation Developmental Disabilities (OMRDD)
- Office of Mental Health (OMH)
- Divisions of Parole and Probation; and Department of Social Services

AND

- Anyone who receives HIV-related information by way of an HIV release form

Release of Confidential Information

- Release form compliant with state laws must be set in place.
- Release Must:
  - Be dated
  - Specify who disclose is made to
  - Specify purpose of disclosure

Release of Confidential Information

- Specify time period during which the release is effective
- Specify the type of information to be disclosed (HIV related, non-HIV related, or both)
- Client signature in appropriate box to indicate all persons/facilities listed can share information among and between themselves.

Conditions of Confidentiality and Disclosure

- No person who obtains confidential HIV-related information in the course of providing any health or social service, or receives that information through a signed release of confidential information form may disclose that information.

Who is Not Covered?

- Private citizens
- Newspapers
- Police officers
- Schools
- Churches
- Unregulated community based organizations

Step 1 – Obtaining Informed Consent and Presenting Testing Options

Module 7

Goal and Objectives

GOAL:

- Increase knowledge about obtaining informed consent, HIV testing options and streamlining HIV pre-test counseling.

OBJECTIVES:

- 1. Identify Anonymous and Confidential HIV Antibody Testing as the 2 options for obtaining an HIV test.

Goal and Objectives (continued)

- 2. Describe Rapid and Standard HIV testing technology options;

- 3. Demonstrate ability to determine capacity to consent and present HIV testing options to a client.

Anonymous vs. Confidential

- 2 Options for *obtaining* an HIV antibody test:
  - anonymous &
  - confidential

- Informed consent must be given

Building Rapport

Able to empathize, trust, speak to and/or listen to each other

- Introductions
- Providing Privacy
- Room set-up
- Provider initiated vs. client initiated

Capacity to Give Consent

- To determine informed consent providers may pose a simple question:
  - " Do you understand what it means to have this test?" or "Do you have any questions?"
- **It should be assumed that most adults have the capacity to consent unless there is some reason to believe otherwise**
- Community testing programs targeting high need populations (for example, youth, people with mental illness, or developmental disability) should take additional steps to determine capacity to consent

Streamlined HIV Pre-test Counseling in Community Settings

- Programs predominantly serving high-risk populations should tailor pre-test counseling to the population served
- Link testing with an effective prevention intervention
- Individuals at high-risk may need different levels of counseling to:
  - Assess readiness to test
  - Identify support systems and referral needs
  - Plan for obtaining test results
  - Access referrals
  - Ensure linkage of HIV+ to care

Sensitivity to Client Literacy

- Literacy levels vary within every community
- Literacy estimates by state and county: http://www.casas.org/lit/litcode/Search.cfm
- Client may be reluctant to admit to limited literacy skills

Addressing Low Health Literacy

- Use oral communication
- Be patient
- Prioritize information
- Repeat key points
- Use the ‘repeat back’ method
- Limit to a maximum of 3 messages at a time
- Reduce jargon

Questions about Client Literacy

- Do you have any thoughts or concerns about reading this form?
- Does it look like this brochure uses words or small letters that you are not comfortable reading?
- Some people prefer to talk about what's on the form. Would you like to read this or have a discussion about it?

Discussion: When Should a Client Receive Additional Tailored Counseling?

- Community testing programs targeting high risk populations often offer a prevention intervention as part of HIV testing

- Number of models exist for linking HIV testing with a proven effective behavioral intervention
  - Stage-based counseling
  - Motivational Interviewing
  - Project Respect

Discussion: When Should a Client Receive Additional Tailored Counseling?

- Existing relationship between provider and client
  - Elements of “traditional” pre-test counseling may be happening during other visits or services
  - Staff may have multiple opportunities to address prevention issues, prepare client for result and provide support
  - Existing knowledge of client should help inform the decision about whether additional counseling should be offered

Discussion: When Should a Client Receive Additional Tailored Counseling?

- Client is seeking testing
  - Indicates that he/she is interested in getting test result; suggests a level of readiness
  - Most often when someone seeks a service they want the service to be delivered quickly and hassle-free
  - May indicate a specific concern or risk behavior

Discussion: When Should a Client Receive Additional Tailored Counseling?

- Client has a history of HIV testing
  - Most likely familiar with “traditional” elements of pre-test counseling
  - No need to continually repeat standard messages – instead discuss specific risk issues related to re-testing
  - Serial testers may benefit from referral for intensive prevention services

Discussion: When Should a Client Receive Additional Tailored Counseling?

- Provider recommends testing
  - Emphasize benefits of testing
  - Examine the total clinical picture when assessing need for face to face counseling
  - Consider literacy level, known or suspected risk behaviors and other vulnerabilities

Discussion: When Should a Client Receive Additional Tailored Counseling?

- Client indicates high risk behaviors
  - Is there a history of HIV testing?
  - Consider referral for intensive prevention services
  - Examine total clinical picture when assessing need for face to face counseling

Discussion: When Should a Client Receive Additional Tailored Counseling?

- Client vulnerabilities: mental health issues, substance use, disability, youth, other psycho-social issues
  - Clients with noted vulnerabilities will likely require the greatest degree of support through the HIV testing process
  - May be beneficial to ensure support is in place to prepare client for positive test result
  - Are other providers involved in caring for this client?

Options for Preparing Clients for HIV Testing and Obtaining Written Informed Consent

- Reads informed consent form
- Reads “Key Messages” brochure
- Views a video
- Attends a group presentation on HIV testing
- Receives tailored face-to-face counseling

Counseling & Testing When Clients Choose Rapid Testing

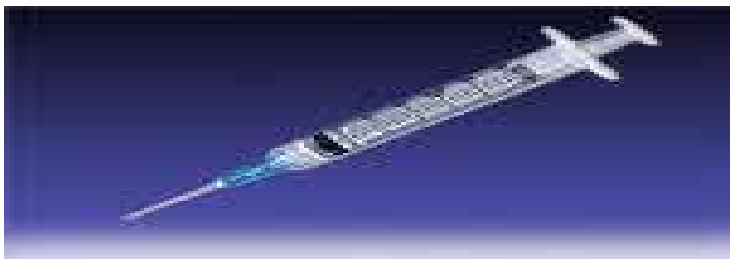
- Assess client readiness
- Provision of information & informed consent
- Conduct the test
- Risk assessment
- HIV prevention counseling
- Provision of test results

Client Scenarios:
Assessing Capacity to Consent

- What types of questions can be asked of this client to assess if they have the capacity to consent to an HIV test?
- Are there any red flags or concerns that this scenario raises?
- What information, intervention or referral might this client benefit from?
- Based on the limited information we know about this client, how might the pre-test counseling session be tailored or streamlined?

Step 2- Conducting HIV Prevention Counseling

Module 8



Goal and Objectives

Goal:

- Recognize the option of offering HIV prevention information and services as a part of the HIV testing session.

Objectives:

- Define prevention/harm reduction

Goal and Objectives
(continued)

- State other trainings that provide opportunities to learn about services based in behavioral/social science;
- Understand the variety of sexual practices that may transmit HIV and why.
- State other trainings that provide opportunities to learn about prevention services based in behavioral/social science;
- Demonstrate and identify most effective use of prevention methods for sexual activity

Goal and Objectives
(continued)

- State issues that should be considered when providing HIV testing to individuals involved in substance use/abuse.
- Demonstrate the steps to properly clean injection drug equipment.

HIV Prevention/Harm Reduction Counseling and HIV Testing

- Streamlined Pre-test Counseling
- Additional Tailored Prevention Counseling
- Incorporating Behavioral Science
- Prevention counseling for those who test positive or preliminary positive

Primary Prevention

The reduction or control of causative factors for a health problem including reducing risk factors.

Helping people avoid getting infections or giving it to others.

Primary Prevention

For infectious diseases, this can be further divided into:

- **Primary *Acquisition* Prevention:** Strategies to help prevent uninfected persons from acquiring an infectious disease;
- **Primary *Transmission* Prevention:** Strategies to help people avoid transmitting an infectious disease to others.

Secondary Prevention

- The promotion of *early detection and treatment* of a disease in an asymptomatic person to prevent the development of symptomatic disease.

Helping people get diagnosed early and to get into care before symptoms develop.

Tertiary Prevention

- Providing medical and other supportive services to persons with symptomatic disease to minimize complications and maximize quality of life.

  Helping people who develop advanced disease live longer and with an improved quality of life.

What is Harm Reduction?

- Philosophy that supports a continuum of change and replaces an all-or-nothing approach to HIV prevention.
- Acknowledgment that small incremental steps are progress and necessary to longer term change.

What is a Harm Reduction *Approach*?

- identifies a range of risk;
- encourages people to start where they are able in order to protect themselves or their partners;
- to set their own realistic targets; and
- to move at their own pace.

How has Harm Reduction been used in HIV Prevention?

- Traditionally used to reduce HIV risk associated with drug use and needle sharing practices (i.e., Syringe Exchange Programs-SEPs).
- Now being used to address sexual risk as well.

More about Harm Reduction

- Provider Goal:
  - to recognize the “benefits” clients get from drug use or sexual practices and help clients remain healthy.
- Purpose of Intervention:
  - to allow the creation of an ongoing dialogue with clients so that safe and open discussions can occur regarding the details and circumstances of their risk behaviors to allow the potential for behavior change.

Sexual Transmission of HIV

- No risk
- Some risk
- High risk

Abstinence

- As a temporary choice or a life style?
- Includes all sexual activity or only those involving other person(s)?
- Restricted only to sexual activity which includes the exchange of bodily fluids?
- Restricted only to oral, vaginal or anal involvement?
- Includes use of “sex toys”?

Syringe Exchange Program

- Proven to reduce HIV transmission (NYC: 50% less likely to become infected)*
- Cost effective ($169,000 annual budget of a SEP vs. $120,000 to treat *one person* with AIDS)*
- Reduce exposure to contaminated needles which would otherwise be discarded in public places

Syringe Exchange Program

- SEPs do not increase drug use. A reduction in drug use has been shown
- Reach drug users who fall outside common support structures

Approved Syringe Exchange Programs (SEPs)

- Exchange used syringes for new ones
- Offer a variety of services to reduce the harm associated with drug use:
  - *bleach kits*
  - *condoms*
  - *HIV prevention education*
  - *counseling*
  - *case management*
  - *support groups*
  - *ear-point acupuncture*

SEPs continued…

- Serve as a bridge to drug treatment
- Provide referrals to health care, supportive and mental health services

Expanded Syringe Access Demonstration Program (ESAP)

- Began January 2001
- Access to sterile hypodermic needles can be purchased without a prescription
- Public health measure to prevent blood born diseases, most notably HIV/AIDS and Hepatitis B and C
- Demonstration program based on successful programs in Connecticut and Minnesota

The Connecticut Experience

- 1992 - State law permits pharmacies to sell syringes without a prescription. Evaluation of this study showed:
  - *dramatic drop in syringe sharing in a cohort study of HIV+ IDUs*
  - *no increase in overall drug use*
  - *decrease in needlesticks to police*
  - *in neighborhoods with high IDU prevalence, sale of syringes increased 5-fold within one year*

The Connecticut Experience (continued)

- in neighborhoods with low IDU prevalence, sale of syringes remained low
- data suggests that CT law increased IDU access to sterile syringes

Syringe Disposal

- Health and human services providers can play an important role in educating substance users about proper disposal of syringes
- Providers should inform their communities that syringes may be disposed by bringing them to any hospital or syringe exchange program

ESAP: Key Points

for Health and Human Service Providers

- Know the process of obtaining and disposing syringes and walk clients through this process
- Share with clients and community the list of participating ESAP distributions sites (pharmacies, health care facilities and physician offices)
- Share with clients and the community a list of disposal sites for used syringes

ESAP: Key Points

for Health and Human Service Providers

- Incorporate information about availability of sterile syringes into all risk reduction services
- Educate clients and the general community about proper disposal of used syringes
- Address community values and beliefs about syringe availability

ESAP: Key Points

for Health and Human Service Providers

- Network with IDU community and drug treatment community
- Educate on how Syringe Exchange Programs and ESAP compliment each other

Pharmacological Treatments

- Substance use results in both physical and psychological addiction and as such there are medications which treat the illness
- Example: Methadone

METHADONE: Treatment Of Heroin Addiction

- Methadone Maintenance has been found to be the most effective treatment for heroin addiction
- With proper dosage a methadone patient does not get high from methadone

Methadone

Goals:

- Prevent symptoms of withdrawal
- Prevent craving for heroin
- Block effects of heroin
- Reduce/Eliminate crime associated with obtaining heroin
- Reduce/Eliminate spread of disease associated with the use of syringes

Safety of Methadone Treatment

- **No Long-Term Health Risks**
  - does NOT get into the bones or teeth
  - Not harmful to patients with HIV and/or Hepatitis C
- **Side Effects:** Constipation, sweating, dependence

Drawbacks of Methadone Treatment

- Available only in clinics
  - *which are not found in every city and may have waiting lists*
- Regulations are very restrictive, complying with the structure can be very difficult
- Effective only for opioid addiction
  - *not cocaine, alcohol, cigarettes*

Drawbacks of Methadone Treatment

- A treatment, not a cure.
- It is highly stigmatized and there is a lack of factual information about it among patients and providers.

Harm Reduction Options for *Substance Use*

- Abstinence/Drug Free
- Abstinence/Drug Replacement Therapy
- Obtain New Sterile Syringes
  - SEPs
  - ESAP
- Clean Syringes
  - bleach
  - alcohol
  - boiling

Harm Reduction Options for *Substance Use (continued)*

- Reduce Consumption
- Consume in Alternative Forms
- Safer Injection Techniques
  - Cleanliness
  - Syringe Choice
  - Injection Techniques

Harm Reduction Options for *Sexual Activity*

- Abstinence/Delay Onset
- Mutual Masturbation
- Know Partner's Serostatus and Mutual Monogamy
- For Vaginal Intercourse
  - *Male condoms (latex or polyurethane)*
  - *Female condoms*

Harm Reduction Options for *Sexual Activity (continued)*

- For Oral Intercourse
  - *Latex barrier (ex. non-lubricated condom or dental dam)*
- For Anal Intercourse
  - *Lubricated latex barrier*
- Choice of Activity
- Lubricant

Essential Elements of HIV Prevention Counseling

- Focus on HIV risk reduction
- Personalized risk assessment
- Acknowledge and provide *support* for positive steps already made
- Clarify critical rather than general misconceptions about HIV risk
- Develop a concrete, achievable behavior-change step that will reduce HIV risk

Essential Elements of HIV Prevention Counseling (continued)

- Seek flexibility in the counseling approach and process avoiding a “one-size-fits-all” approach
- Provide skill-building opportunities
- Use clear, concrete and explicit language when providing test results

Providing HIV Test Results

Module 9

Goal and Objectives

Goal:

- Inform the process of providing HIV test results and follow-up care

Objectives:

- 1. Identify the required steps for delivering Rapid HIV test results using the Rapid Test Decision Tree Guide and review possible standard and rapid test results;
- 2. Identify the required elements of an HIV test counseling session for a negative test result;
- 3. Identify the required elements of an HIV test counseling session for a preliminary positive test result;

Goal and Objectives
(continued)

- 4. State differences of Rapid and Standard test results;

- 5. Demonstrate the ability to explain HIV rapid test results to a client;

Standard HIV Antibody Test Results

- Negative
- Positive
- Indeterminate/Inconclusive

Rapid Testing for HIV – Possible Results

- Non-Reactive = Negative
- Reactive = Preliminary Positive
- Invalid = human or manufacturer error, no results to interpret.

Providing Negative Rapid Test Results

- Explain the meaning of the test results
- Reinforce prevention messages
- Explain the possibility of HIV exposure:
  - No recent exposure (3 months):
    - Definitive negative
  - Possible recent exposure:
    - Recommend re-test (schedule appointment if client is at high behavioral risk)
    - Talk about harm reduction to avoid possible transmission

Negative Results

"Your result is non-reactive which means that, as of three months ago, you were not infected with HIV. However, if you have had any risk of exposure to HIV in the past three months, infection may be too early to show on this test."

Providing Preliminary Positive Rapid Test Results

- Explain in simple, clear terms:
  - Screening test is reactive or positive
  - This is a preliminary result
  - A follow-up test is needed to tell for sure whether you have HIV, the specimen will be collected today
  - Explain timeframe for having the follow-up test result

Providing a Preliminary Positive Test Result

"Your screening test result is positive, but this is only a preliminary test. We will not know for sure if you're HIV-infected until we get the results of your confirmatory test."

Providing Preliminary Positive Rapid Test Results

- Because this is a preliminary positive screening result the “Medical Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189) does not need to be completed.

Providing Preliminary Positive Rapid Test Results

- Although the rapid test result is preliminary depending on the client it may be helpful to start discussions about:
  - The benefits and options of partner notification
  - DV screening

Emphasize Need to Avoid Possibility of Passing the Virus to Others

- Explain that since there is a chance the client is infected, he/she should avoid behaviors that can transmit HIV to others
- Emphasize importance of prevention to protect the health of the client/patient
- Ask about client's willingness/readiness
- Provide education, materials, referrals and support regarding prevention and harm reduction

Provide Support

- Assess client's ability to cope with a preliminary positive test result
- Assess client's support system
- Make referrals for support as needed
- Resources/support services for special needs (i.e., alcohol/substance use, mental health, etc.)

Arranging for Confirmatory Testing

- Collect and process the specimen for confirmatory testing
- Emphasize importance of returning for confirmatory test results
- Schedule appointment and double check with client about availability and convenience

Linkages to Care: Medical Services

- HIV-positive clients referred seamlessly to primary and specialty medical care
- If no on-site medical providers, linkage to medical providers
- Ensure a prompt, successful referral to primary and specialty medical care

Linkages to Care: Supportive Services

- Provider must be able to refer client for any supportive services needed
- Have a well-established network of possible referral sources

HIV Reporting

Module 10

Goal and Objectives

Goal:

- To increase knowledge of the HIV reporting law and it's impact on HIV test counseling.

Objectives:

- 1. Describe how cases of confirmed HIV infection are reported to health departments;

Goals and Objectives (continued)

- 2. Identify fears clients may have about HIV reporting;
- 3. Identify fears providers may have about HIV reporting;
- 4. State what protections are in place for HIV surveillance and confidentiality.

Who is Required to Report ?

- Licensed physicians, physician assistants
- Nurse practitioners, and nurse midwives
- Laboratories
- Blood, tissue, sperm banks and organ procurement organizations
- Pathologists, coroners, and medical examiners

What will be Reported?

Medical Provider –

- HIV Diagnosis
  - HIV Confirmatory Positive Test Result
- AIDS Diagnosis

What will be Reported?

Laboratory Reporting Requirements for HIV-Related Tests:

	Prior to 6/1/05	After 6/1/05
HIV antibody test **confirmed positive test**	**WB or IFA confirmed**	**WB or IFA***
CD4 lymphocyte test	**<500 cells/mm3or <29%**	**All tests**
HIV nucleic acid test	**Any detectable value**	**All tests**
Drug Resistance and subtype tests	**Not reported**	**Genotype nucleotide sequence**

What will be Reported?

HIV-Related Tests and Their Uses:

HIV antibody test	**Used to diagnose the presence of HIV infection**
CD4 lymphocyte test	**Used to evaluate the state of a person's immune system**
HIV nucleic acid test	**Tells the amount of virus in a particular quantity of** (viral load)**blood**
Resistance testing	**Tells which antiviral drugs may or may not be effective against the person's unique strain of virus**
Incidence tests (STARHS)	**Helps public health officials estimate recency of seroconversion among those who test positive**

How Will HIV Infection be Reported?

- Medical Provider HIV/AIDS & Partner/Contact Report Form
- Reports must be received no later than 21 days after receipt of a positive laboratory result or after diagnosis.
- Providers are required to forward the names of partners/contacts and report on partner notification status within 60 days

No Reporting

- Anonymous Testing
- Home HIV Specimen Collection in NYS
- Newborn Screening Program
  - This program is distinct and separate from the HIV reporting system

Information Included in the Report

- Name, address, telephone number, date of birth, and other demographic information about the index client
- Information about the medical providers completing the form
- Partner/contact information
- Status of partner notification efforts
- Result of the domestic violence screening

Anonymous Testing in some States

- Remains an option
- Test results are not reported
- Converted test results are reported if positive
- Partner notification assistance services continue to be offered
- Clients who test positive at an anonymous test site may continue to engage in partner notification services without telling anyone their name

Module 11

Providing Assistance with Contact/Partner Notification

Goal and Objectives:

- GOAL:

  Inform participants of the state laws regarding partner notification assistance.

Objectives

1. **Identify the range of options for partner notification;**

2. **Identify barriers to providing assistance with Contact/Partner Notification in various community settings;**

Objectives (con't)

3. **Identify benefits to providing assistance with Contact/Partner Notification in various community settings;**

4. **State the role of health and human services providers in implementing HIV partner notification regulations;**

Objectives (con't)

5. **Describe how PNAP and CNAP programs work and how these programs can assist clients/patients and providers;**

Benefits of Partner Notification For the Partner:

- Allows partners to learn of their exposure to HIV.
- Can decide whether they want HIV antibody testing.
- If infected with HIV, they can take advantage of early medical evaluation, monitoring and new treatments.

Benefits of Partner Notification For the Partner:

- If infected with HIV, they can learn how to prevent exposing others to HIV.
- If not infected with HIV, they will have a heightened awareness of their risk.
- If not infected with HIV, they can learn how to stay that way.

Benefits of Partner Notification For the Client:

- May relieve guilt
- May receive support
- Client may feel empowered, in control of who receives the information
- Client may be able to demonstrate care concern for partner

What Will Be Reported?

- Any partner who is known to the health care provider must be reported. Known partners include:
  - Past or current spouse (exposed spouses/partners for the past ten years)
  - Any known present or past sexual or needle-sharing partner for the past ten years

Who Will Report?

- Every Licensed Physician
- Other persons authorized to order diagnostic tests or make a medical diagnoses:
  - Nurse practitioners
  - Physician assistants
- **Laboratories**
- **Blood, tissue, sperm banks and organ procurement organizations**
- **Pathologists, coroners and medical examiners**

Required Elements for a Confirmatory Positive Result

- **Review with the client**
  - **Benefits of Partner Notification**
  - **It's voluntary**
  - **No penalties for not providing names**
- **Inform client about domestic violence screening process**

Required Elements for a Confirmatory Positive Result

- **Ask client if there any he/she want to provide & work with them to select one of the three options.**
- **Discuss any partner already known to the provider, and explain the provider's responsibility to report known contacts.**
- **Conduct a domestic violence screening for each partner.**
- **Complete the Medical Provider HIV/AIDS and Partner/Contact Report Form.**

Issues related to a clients ability to notify a partner

- No trouble with the process
- Don’t know how to go about it
- Lack of knowledge about HIV
- Some people may want to notify or have partner(s) notified, but cannot or should not do it themselves
- May not want to notify a partner
- Some people with multiple partners feel overwhelmed

Factors that impact ability to notify partner(s):

- The difficulty the individual is having in coping with his/her own HIV infection
- Communication skills
- Feelings of guilt
- Feelings of anger
- Concern about being able to handle partner(s) questions/issues
- Fear of how their partner(s) may react

Counseling Messages Regarding Partner Notification

- Benefits
- Voluntary
- No penalties
- Revisit during continuum of care

- Ask the client if there are any partners' names…

- Discuss any partner already known to the provider...

Self-Notification

- How self-notifications works
- When Self-Notification May NOT be Appropriate
- “There’s Something I Need to Tell You” booklet

Self-Notification (continued)

- Elements of a Notification Plan:
  - WHERE
  - WHEN
  - HOW
- Pros and Cons of Self-Notification
- Documentation and follow-up

Joint Notification

- How joint notification works
- Preparing for the joint notification session
- Resources to have available during joint notification session

Joint Notification (continued)

- Information to cover during a joint notification session
- Pros and Cons of joint notification
- Documentation and follow-up

Identifying information that may be helpful to PNAP/CNAP

- Exposure Information
- Locating Information
- Work
- School
- Hang-outs
- Identifying Information

Referral Mechanisms for Partner Assistance Program

- How P/CNAP works
  - Face to Face visit
  - Information given to partner(s)
  - HIV antibody testing offered
- Out-of-state contact
- Important points to consider
- Additional services offered by P/CNAP

Non-consented notification

- How non-consented notification works
- Discretion vs. Legal duty
- Who may notify

Non-consented notification (continued)

- Legal criteria for notification
- Pros and Cons of non-consented notification
- Documentation of Partner Notification Plan

Completing the Medical Provider Form

- Check with your state's medical provider forms
- Provider requests PNAP/CNAP assistance
- No partners/contacts named at this time
- *High Priority

Module 12

Domestic Violence Screening

Goal and Objectives

GOAL

Inform about implementation of a Domestic Violence protocol while conducting HIV Antibody testing.

OBJECTIVES:

1. **Define Domestic Violence (DV);**
2. **Identify ways that harm can be done to a victim other than physical harm;**

Objectives (con't)

3. **Identify ways gay men and lesbians are harmed by domestic violence;**
4. **Identify the goal of the domestic violence screening protocol;**
5. **Identify ways to ask clients about DV sensitively and concretely;**

Goal and Objectives (Continued)

6. **Describe the role, responsibilities and limits of health and human services providers in administering the DV screening protocol;**
7. **State the criteria for deferring HIV partner notification;**
8 **State the importance of attending to clients/patients' safety in the context of partner notification.**

Domestic Violence

- Background information:
  - Pattern of intentional, controlling behavior.
  - Perpetrated by one person against an intimate partner.
  - Goal of establishing and maintaining power and control over the victim.
  - Can include physical, sexual, economic and psychological abuse.

Key Factors of DV

- Impact on Women:
  - 92% of cases are men abusing women;

    1 - 2% women abusing men; 4 - 8% same sex partners
- Terms:
  - Victim/Survivor, Batterer/Abuser
- Pathologizing the Victim:
  - Don’t ask: Why don’t you leave?
  - Don’t call it a “Relationship Issue”
- The assessment of ***Severe Negative Effect***

Screening For DV

- Post client-friendly materials in areas where clients will see them.
- Pay attention to clients' non-verbal communication and how they interact with anyone who accompanies them.

Types of Abuse

- Threatening with weapons (risk of unintentional injury, injury to observers).
- Forcing them to live in unsafe surroundings risk to children.
- Refusing to practice safe sex.
- Batterer may tell the victim that they are a bad parent if they don't spend money/resources on toys or other items for children instead of on necessary medical expenses.

Types of Abuse
(continued)

- Harming/killing pets
- Sexual assault
- Emotional abuse aimed at sexuality
- Economic control
- Suicidal outlook/suggestion

Gay & Lesbian DV

- Anyone can choose to become abusive regardless of orientation or identity
- Gay and Lesbian victims may face *additional risk* of revictimization when they seek assistance
- Counselors may assume that victims can leave an abuser more easily
- Judges may be prejudiced

Gay & Lesbian DV
(continued)

- Police may not recognize same-sex relationships
- Attorneys may not want victims to mention their sexual orientation
- Battered women's services may not be prepared to help lesbian victims
- Staff may be homophobic
- LGTB Community may be slow to respond

Coping with the impact of DV

- Victims of DV can face both short and long term effects
- Physical risks
- Mental health problems
- Substance abuse/use problems
- Trauma
- Economic
- Risk to children
- Risk associated with leaving

DV Screening Principles:

- Assess the likelihood that notification of a past or present partner, of possible exposure to HIV, would lead to or increase a severe negative effect on:
  - the physical health and safety of the HIV infected client,
  - his/her children, or
  - someone who is close to the HIV infected individual.

DV Screening is…

- *Required* during HIV test counseling session
- *Required* when providing confirmatory HIV positive test results for all HIV-infected clients
- Partner notification can be *deferred* based on deferral criteria

DV Screening Key Points:

- Sensitively and concretely
- Providers cannot tell by looking at any individual
- Don’t rely on stereotypes
- Bruises and other marks of physical violence are often covered by clothing
- Screening takes place within an overall context which recognizes the intersection between risk of DV and risk of HIV/AIDS.

DV Screening Protocol:

- Step 1
  - Discuss DV, suggested in pre-test, mandatory in post-test counseling for HIV positive, *before* partner names are elicited.

"There are some routine questions that I ask all my patients because some of them are in relationships where they are afraid their partners may hurt them."

DV Screening Protocol:

- Step 2
  - Screen for risk of DV separately for each partner to be notified.
  - First ask...

"What response would you anticipate from this partner if he/she were notified of possible exposure to HIV?"

  - Then ask...

"have you ever felt afraid of this partner?"

DV Screening Protocol:

- Step 3
  - Provide referral(s) for DV services and discuss release form
  - Identify a state hotline
- Step 4
  - Make determination(s) regarding HIV partner notification
  - “Severe Negative Effect” on physical health or safety of patient or someone close to him/her.

DV Screening Protocol:

- Step 5
  - Discuss and implement PN options
  - Fill out “Medical Provider HIV/AIDS & Partner/Contact Report Form”
  - If deferred…
    - Give patient info to contact public health staff on their own if DV situation changes
    - Public health staff will contact provider in 30-120 days to follow-up
    - Obtain release

DV Screening Protocol:

- Step 6
  - Collaborate with public health PN staff
- Step 7
  - Revisit PN and DV risk throughout the continuum of care

Results of DV Screening:

- Identified Risk
- No identified risk
- Documentation of DV screening is missing
- Risk is uncertain

Deferral of HIV PN due to DV

- 30-120 days
- Final decision rests with responsible public health officer
- Deferral may be extended
- Any form of DV should result in referrals for the client
- PN will continue unless deferral criteria is met

Safety Planning

- Understand the need to attend to clients' safety in the context of partner notification
- Describe the major services offered by DV service providers and the limitation of shelter options for victims with HIV

Questions to help assess risk

- Are you ever afraid of your partner?
- Has your partner ever pushed, grabbed, choked, kicked or slapped you?
- Has your partner ever forced you to have sex or do sexual things you didn't want to do?
- Threaten to hurt you, your children or someone close to you?
- Do you think that the notification of this partner will have a severe negative effect on you or someone close to you?