



HIV TESTING*

▶ ABOUT THIS ACTIVITY

 **Time:** 45 minutes

 **Objectives:** By the end of this session, participants will be able to:

- Identify most common HIV testing methods;
- Understand the consent process involved with an HIV test;
- Understand HIV testing technologies and test results.

 **Training Methods:** Large Group Discussion, Lecture

 **In This Activity You Will...**

- Share definitions with group (25 minutes).
- Engage group by asking questions about their lab values (10 minutes).
- Lead a group discussion to summarize (10 minutes).

 **Materials:**

- Handout – HIV Testing Glossary
- Sample Test Kits (OraSure, OraQuick)
- Sample Risk Assessment Form

 **Preparation:**

- Print handout
- Obtain a sample Risk Assessment form (You can find a sample one by visiting <http://www.columbia.edu/~fc15/risk%20assessment%20questions.pdf>)
- Obtain sample test kits

Instructions

1. Secure one or more sample test kits and sample risk assessments for use in this lesson. Be sure you know how they work.
2. Gather the participants in one large group.
3. Refer them to the copy of the HIV Testing Glossary
4. Present the information shown below under “Discussion.” Take time to answer questions as they arise. Be sure everyone in the group has an opportunity to examine the sample test kits and look at the sample risk assessment.

Discussion

1. What is an HIV antibody test?

When HIV enters the body, it begins to attack certain white blood cells called T4 lymphocyte cells (helper cells). A doctor may also call them CD4 cells. The immune system then produces antibodies to fight off the infection. Although these antibodies are ineffective in destroying HIV, their presence is used to confirm HIV infection. Therefore, the presence of antibodies of HIV results from HIV infection.

2. What are the 3 most common ways to get an HIV Test?

Venipuncture: Most commonly known as a “blood draw.” The method takes blood from a vein in the arm rather than the fingertip.

Oral Method: Orasure® and OraQuick Advance HIV1/2 are currently the only FDA-approved oral-fluid tests. Fluid is collected from inside the mouth and analyzed using an EIA test and supplemental Western blot test, if necessary. (Pass around the sample test kits so participants may see them.)

* This module comes from the Missouri People to People Training Manual, 2008.

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▶ TRAINING TIP

Things to stress:

- HIV tests look for the presence of HIV antibodies; they do not test for the virus itself.

Rapid Test: The OraQuick® ADVANCE™ Rapid HIV-1/2 Antibody Test is used to see if a collected sample of oral fluid or blood contains HIV antibodies. The healthcare provider will collect an oral fluid sample, or take a small droplet of blood from a finger, or draw blood from the vein. He/she will then run the test and give the results during the same visit. The OraQuick® ADVANCE™ test is very accurate and usually takes about 20 minutes to process. However, additional testing is necessary to confirm a preliminary positive result.

3. What happens when an HIV test is given?

Before any test is given, the patient must provide his/her Consent to be tested. Proper consent requires that a patient be competent, able to understand the purposes, risks, harms and benefits of being tested, as well as those of not being tested, and their participation must be voluntary. The patient is required to sign a Consent Form.

Anonymous Testing: Anonymous testing means that names are not recorded, and only the people getting tested can find out their own test results. Not all areas have facilities for anonymous testing. The Client will receive a number associated with his/her specific test and he/she must present that number in order to receive the results. Without the number, the test results will not be given.

Confidential Testing: Confidential testing means that, although test results will be recorded, no one can give them out without permission of the people tested, except where required by state law.

Whichever testing method is used, people can get counseling both before and after being tested and after receiving the results. Pre-Test Counseling is an important component of the testing process. Pre-test counseling is usually provided by the healthcare provider or Peer Educator and should:

- Explain the difference between anonymous and confidential testing.

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- Inform the patient of the availability of a home test.
- Review the facts about HIV infection.
- Review the reasons for testing and the Client's expectations.
- Review individual risk behaviors and risk reduction measures.
- Discuss the meaning of positive and negative results.
- Assess the Client's personal and social support network.

Post-Test Counseling occurs after the results of the HIV test have been received. Post-test counseling should include the following:

- Review the meaning of the test results and their implications.
- If test results are positive:
 - Assess Client's reaction and ability to cope.
 - Anticipate the need for support and close follow-up plan for medical evaluation.
- If test results are negative:
 - Remind the patient of the possibility of seroconversion (the change of a serologic test result from a negative to a positive as a result of antibodies induced by the introduction of antigens or microorganisms into the host) if the Client is involved in high-risk activities.
 - Carefully dispel any false beliefs regarding invulnerability or immunity to HIV infection.

Risk Assessment: This includes gathering information about the Client's sexual and other risk behavior as well as their personal and social support systems. This information will help guide the both the Peer and the Client in making a risk reduction plan for the Client. (Pass around a sample Risk Assessment Form for participants to see.)

Risk Reduction Counseling is an important component of both pre-test and post-test counseling. In order to reduce the risk of spreading the HIV disease to others, the diagnosed patient should be counseled to follow these guidelines:

- Reduce or limit his/her number of sexual partners.
- Use latex condoms and water-based lubricant for all sexual activity.
- In the case of injection drug use:
 - Enter into a treatment program.
 - Do not share needles with anyone.
 - Use sterile needles. If sterile needles are not available, clean used needles with bleach as directed.

4. What are the possible results of an HIV test?

An HIV test may return positive, preliminary positive, confirmatory positive or negative results.

A Positive result means that the test detects HIV antibodies in the Client's blood or oral fluid.

A Preliminary Positive Result suggests that antibodies to HIV may be present in the Client's blood or oral fluid. If this is the result on the test, the Client will need to have another test to confirm the results.

A Confirmatory HIV Positive Result is sought for those patients who test positive on the rapid test.

Confirmatory tests are not required if the initial venipuncture or OraSure test result is negative or if there are signs of immune deficiency (oral thrush, Kaposi's Sarcom, etc.). A different type of test (standard EIA or Western Blot) on the same sample will be used for confirmation.

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A Negative Result indicates that the test did not detect HIV antibodies in the blood or oral fluid. This could mean that the Client is negative or that they are in the “Window Period” for testing and will need to be tested again in 3-6 months.

Summary

- Be sure to answer any questions from the group regarding HIV testing before you move on to the next section.
- Wrap up session.

* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from the Missouri People to People Training Manual, 2008.

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SESSION HANDOUT # 1 of 1

HIV TESTING GLOSSARY

Anonymous Testing: Anonymous testing means that names are not recorded, and only the people getting tested can find out their own test results. (Not all areas have facilities for anonymous testing.)

Confidential Testing: Confidential testing means that, although test results will be recorded, no one can give them out without permission of the people tested, except where required by state law.

Confirmatory Positive Test Result: A confirmatory HIV test is recommended for all patients who test positive on the rapid test. Confirmatory tests are not necessary if the test result is negative or if there are signs of immune deficiency (oral thrush, Kaposi Sarcoma, etc.). A different HIV rapid test, standard EIA, or Western Blot test can be used for confirmation.

Consent: Requires that a patient be competent and able to understand the purposes, risks, harms and benefits of being tested, as well as those of not being tested. A patient's participation must also be voluntary.

EIA: Enzyme immunoassay, sometimes referred to as ELISA, is a commonly used screening test to detect antibodies to HIV

Enzyme Linked Immunosorbent Analysis (ELISA): The standard screening test used to detect the presence of HIV antibodies. The ELISA should be used with a confirmatory test. Tests that detect other signs of HIV are available for special purposes, such as for additional testing of the blood supply and conducting research. Some of these tests are expensive or require more sophisticated equipment and specialized training.

IFA: Indirect immunofluorescence assay is a confirmatory test like Western blot.

Negative result: The test did not detect HIV antibodies in blood or oral fluid.

Oral Method: Orasure® and OraQuick Advance HIV1/2 are currently the only FDA-approved oral-fluid tests. Fluid is collected from inside the mouth and analyzed using an EIA test and supplemental Western blot test, if necessary.

Positive result: The test did detect HIV antibodies in blood or oral fluid.

Preliminary Positive Result: This result suggests that antibodies to HIV may be present in blood or oral fluid. If the Client receives this result on the test, another test will have to be taken to confirm the results.

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HIV TESTING GLOSSARY (CONT.)

Rapid Test: The OraQuick® ADVANCE™ Rapid HIV-1/2 Antibody Test is used to see if a collected sample of oral fluid or blood contains HIV antibodies. The healthcare provider will collect an oral fluid sample or take a small droplet of blood from a finger, or draw blood from the vein. He/she will then run the test and give the results during the same visit. The OraQuick® ADVANCE™ test is very accurate and usually takes about 20 minutes to process. However, additional testing is necessary to confirm a preliminary positive result.

Risk Assessment: Provides prevention counseling tailored to individual Client needs and should be used to involve Clients in identifying their risk behaviors.

Seroconversion: Initial development of detectable antibodies specific to a particular antigen; the change of serologic test result from a negative to positive as a result of antibodies induced by the introduction of antigens or microorganisms into the host.

Venipuncture: Most commonly known as a “blood draw.” The method usually takes blood from a vein in the arm rather than the fingertip.

Western blot: A laboratory test that detects antibodies specific for components of HIV. Its chief use is to confirm the presence of HIV antibodies in specimens found repeatedly reactive using the EIA test.