



Guideline for handling tested HIV positive cases from the Voluntary Counselling Testing Service

A. Voluntary counseling testing: entry point of prevention and care

Voluntary counseling and testing (VCT) nowadays is regarded as an entry point in the continuum of comprehensive care¹ as well as HIV prevention tool. VCT service users can learn and accept their HIV sero-status, and allows access to effective care and prevention interventions including:

- Acceptance of sero-status and coping
- Facilitates behavioral change
- Reduces mother to child transmission
- Early management of opportunistic infections and HIV
- Preventive therapy and contraceptive advise
- Referral to social and peer support
- Normalize HIV/AIDS
- Planning for future

AIDS Concern first started its VCT service to the men who have sex with men community in 2001. In 2004, the sex industry prevention programme launched its first rapid test VCT service to sex workers' clients and in 2005, the cross border prevention programme has pioneered its first study using VCT as an behavioral intervention tool in the cross border truck drivers' community. As the agency has gradually scaling up its VCT service within vulnerable communities and the promotion of early testing, the possibility of finding positive cases may rise as more people get tested. This guideline serves the purpose of standardizing the procedures in handling tested HIV positive clients (both confirmed and preliminary) to maintain a professional service standard as well as preserving the interests of service users. This guideline will be updated or revised to keep in pace with service development.

B. Who needs this guideline?

- Programme staff who delivers VCT services

¹ WHO Regional Office for SE Asia. (2002) *Planning and Implementing HIV/AIDS Care Programmes: A step-by-step approach*. World Health Organization.

- Support service staff who intakes the preliminary or confirmed HIV+ cases

C. For programme staff deliver HIV anti-body testing service

The existing VCT services are delivered by:

- 1) The MSM Outreach Team: Urine Test
- 2) The Sex Industry Outreach Team: Rapid Test
- 3) The Cross Border Outreach Team: Rapid Test (study oriented, not service)

D. MSM VCT service

The result is given to the client seven to ten days after his sample was taken. Therefore, programme staff knows the test result prior to the client's second appointment.

When giving out positive result, the programme staff should:

1. Provide the test results in simple terms, avoiding technical jargon.
2. Review the meaning of the result
3. Allow the client to absorb the meaning of the result
4. Explore client's understanding of the result
5. Assess how client is coping with the result
6. Acknowledge the challenges of dealing with a positive result and provide appropriate support
7. Emphasize the importance of registering to the AIDS clinics
8. Disseminate information related to AIDS services in Hong Kong, including GOs and NGOs, access to treatment
9. Discuss HIV risk reduction plan with the client.
10. Discuss the importance of partner notification.
11. Offer referral letter to access to AIDS clinic (Queen Elizabeth hospital or Kowloon Bay Clinic)
12. Ask the client if he need a person to accompany him to the AIDS clinic. If yes, ask the client to contact you once the clinical appointment is done. You can seek for assistance from the Deputy Chief Executive (or support services in-charge) if you cannot accompany the client. However, try to give the option to the client to meet his comfortability.
13. Upon client's consent, refer him to the Deputy Chief Executive (or support services in-charge) for counseling or accessing to the positive community.
14. Encourage (do not force) the client to leave his telephone number for further contact.

E. Sex Industry and Cross Border VCT service

The result is given to the client within 30 minutes after his sample was taken.

When giving out positive result, the programme staff should²:

1. Provide the preliminary test results in simple terms, avoiding technical jargon.
2. Review the meaning of the preliminary result
3. Include the client's risk assessment into the understanding of the initial result
4. Emphasis the importance of confirmatory test (GOs, NGOs or private doctor)
5. Allow the client to absorb the meaning of the preliminary result
6. Explore client's understanding of the preliminary result
7. Assess how client is coping with the preliminary result
8. Acknowledge the challenges of dealing with a preliminary positive result and provide appropriate support
9. Disseminate information related to AIDS services in Hong Kong, including GOs and NGOs, access to treatment
10. Whenever possible, discuss HIV risk reduction plan with the client.
11. Discuss the importance of partner notification.
12. Offer referral letter to access to AIDS Unit, Department of Health for confirmatory test.
13. Ask the client if he need a person to accompany him to the AIDS Unit. If yes, ask the client to contact you once the clinical appointment is done. You can seek for assistance from the Deputy Chief Executive (or support services in-charge) if you cannot accompany the client. However, try to give the option to the client to suit his comfortability.
14. Upon client's consent, refer him to the Deputy Chief Executive (or support services in-charge) for counseling
15. Encourage (do not force) the client to leave his telephone number for further contact.

F. Intake confirmed or preliminary HIV positive cases

For Support Service staff who intake **confirmed** HIV cases, the staff should:

1. Make initial contact with the client.

² Adapted from CDC's Rapid Test Session Counselling Protocol
<http://www.cdc.gov/hiv/projects/respect-2/counseling/RESPECT2RapidTestCounselingProtocol.pdf>

2. Initiate a face-to-face session or telephone session to a) answer any AIDS related questions raised by the client and/or b) proactively disseminate AIDS related information.
3. Introduce support services offered by different NGOs.
4. Encourage client to register to AIDS clinic, emphasize the importance of knowing viral load, CD4 count and treatment options.
5. Upon the consent of the client, arrange meeting with PHA to establish peer support.
6. Leave his/her mobile phone number to the client.
7. Contract with the client to call within a week time to update his emotional/physical state. If client did not call, the staff should contact the client for an update.
8. Whenever possible, encourage the client to attend PHA gathering.

For Support Service staff who intake **preliminary** HIV positive cases, the staff should

9. Make initial contact with the client.
10. Initiate a face-to-face session or telephone session to a) discuss the meaning of preliminary positive results and client's concern; b) answer any AIDS related questions raised by the client and/or c) proactively disseminate AIDS related information.
11. Encourage client to register go for confirmatory test.
12. Leave his/her mobile phone number to the client.
13. Contract with the client to call within a week time to update his emotional/physical state. If client did not call, the staff should contact the client for an update.

G. Dealing with client who is in emotional crisis

Receiving a positive result (preliminary or confirmed) may provoke immediate emotional responses, such as shock, crying or disbelief. From our frontline experience, most people stayed quiet, calm and/or rational during the session. However, there may be extreme situations where clients may express the anger or even verbally or physically insult (but this is extremely rare) the programme staff. Staff safety is AIDS Concern's biggest concern.

In such cases, the programme staff should:

1. Stay calm
2. Give space and encourage the client to express his emotions (only non

violent verbal or physical behavior). Offer the client a glass of water will divert his attention and help him to recover control.

3. If the client started express his anger towards the programme staff, s/he should immediately alert the co-worker (especially if the co-worker is not in the same room). Let the client knows that you understand his emotion reaction, but he needs to stay calm so that you can help him accordingly. If the client left in great anger, let him leave the room. If possible, give him your contact number or ask for his number so that you can phone him the next day.
4. If the client became violent, e.g. insult you with foul language or punch you, you should immediate inform your co-worker (especially if the co-worker is not in the same room) and leave the room immediately. If the client has insulted you physically, one of you should call the police (if possible let the client know that you are reporting this to the police). It is not necessary to report to the police that the client is tested positive (unless you received consent from the client) and became violent, but you can tell the police how the client insulted you.
5. Contact your supervisor and report the incident as soon as possible.
6. Go to A&E for immediate medical attention or a check up (for your health and future insurance claim if applicable).

This is a step-by-step guideline and one has to take the uniqueness of individual client into account. VCT service should be client-oriented. Whenever you encounter problems in handling positive case, you should discuss with your immediate supervisor.