

COUNSELLING GUIDELINES FOR: HIV PEP & HIV TESTING (PRE & POST TEST)

For SANE use in Initial Visit & Follow-up Visits

- ✓ Initial Visit HIV & HIV PEP Counselling (*including Pre-HIV Test*), pg. 1
- ✓ Follow-up Visit HIV PEP Counselling (*including Post-HIV Test*), pg. 8

Initial Visit

1. VALIDATE CLIENT FEELINGS

Many people who have been sexually assaulted feel anxiety, fear, anger, shame and confusion. These are completely normal reactions to a traumatic event. These feelings are often intensified when there is a risk of HIV infection.

- ♦ Encourage questions
- ♦ Address client concerns
- ♦ Support their decisions throughout the discussion of HIV PEP

2. REVIEW CLIENT'S RISK FACTORS

CLIENT RESOURCE: *HIV Risk Assessment Pamphlet*

SANE RESOURCE: *Medical Guidelines, Appendices 1A & 1B*

Assess client's knowledge about HIV and AIDS. Provide information about HIV and AIDS with respect to the causative agent, method of transmission and the status of the epidemic in client's area as needed. Elicit information about her/his lifestyle as it impacts on risk factors.

Reassure client that if there has been no oral, vaginal or anal penetration that she or he is not at risk for HIV, even if the assailant is HIV-positive (exposure to assailant's body fluids through broken skin or mucuous membranes may pose a risk but it is extremely small). There is also no risk of contracting HIV if the assailant is known to be HIV-negative, even if there was oral, vaginal or anal penetration.

The client is at risk of HIV infection if any of the following occurred:

- ANAL penetration (*Suspected, partial, or completed*)
- VAGINAL penetration (*Suspected, partial, or completed*)
- ORAL penetration (*Suspected, partial, or completed*)
- Contact with the assailant's body fluid (e.g., blood; ejaculate) via mucous membrane, non-intact skin or bite
- Unknown exposure (e.g., drug-assisted)

Reassure the client that the possibility of getting HIV from a sexual assault is generally low.
Review the rates of HIV transmission when the assailant is HIV-positive:

- Unprotected anal intercourse (0.5%, or 1:200)
- Unprotected vaginal intercourse (0.1%, or 1:1,000)
- Unprotected oral sex (0.01%, or 1:10,000)

Review the characteristics that increase the risk of HIV transmission:

- Anal penetration (*Suspected, partial, or completed*)
- Vaginal penetration (*Suspected, partial, or completed*)
- Anal, vaginal or oral injuries
- Blood in the anus, vagina or mouth
- Presence of sexually transmitted infections
- Presence of ulcerations (open sores) on the genitals
- Assault by multiple assailants
- Assault involving multiple receptive sites (anus, vagina and/or mouth)

Review characteristics that decrease the risk of HIV transmission:

- Oral penetration only (NO vaginal OR anal penetration)
- Only contact with assailant body fluid only (e.g., blood; ejaculate) via mucous membrane, non-intact skin or bite
- No ejaculation
- Condom use

Explain to the client that these factors are often difficult to assess in cases of sexual assault, as victims/survivors may not know if the assailant ejaculated or whether condoms were used properly or at all. Therefore, caution should be used when considering them in assessing HIV risk. Unless no penetration occurs, these factors only decrease the risk and do not make it zero.

Ask the client whether they know if their assailant is HIV-positive or whether they know or suspect their assailant to have any of the following HIV risk factors:

- Has Hepatitis C
- Intravenous drug user
- Man who has sexual contact with men
- From a country with an HIV prevalence rate greater than 5% (e.g., certain countries in Sub-Saharan Africa)
- Has numerous sexual partners
- Has a sexually transmitted infection
- Engages in prostitution or trades sex for money/drugs
- Has sex with known or suspected HIV-positive people
- Has prior convictions for sexual assault
- Has been in prison

Explain to the client that if they know or suspect the assailant to have any of these risk factors that their HIV risk is increased.

3. REVIEW MEDICATIONS TO PREVENT HIV INFECTION

CLIENT RESOURCES: *HIV PEP Information Booklet*
Client Frequently Asked Questions

SANE RESOURCES: *Medical Guidelines, Appendix 1D*
Contraindications Quick Reference Chart

Ensure that a complete health history has been taken from the client. Use the *Medication History Form* to explore all medications the client may be taking, including prescriptions, herbals, vitamins, other-the-counter (e.g., anti-histamines), and/or recreational/street drugs.

Discuss with client that it **may** be possible to prevent HIV infection by taking a combination of anti-HIV drugs called HIV Post-exposure Prophylaxis (HIV PEP).

- ♦ **Post** means after
- ♦ **Exposure** means a situation where HIV has a chance to get into your body
- ♦ **Prophylaxis** means a treatment to stop an infection happening

Explain that HIV PEP is a 28-day treatment of anti-HIV drugs that may stop HIV infection. Reinforce that ultimately the decision to take HIV PEP belongs to the client.

Discuss HIV PEP treatment:

- The medication is provided by the SATC. It is a 28-day treatment of 3 tablets taken twice a day; one tablet of Combivir® (a combination of AZT and 3TC) and two tablets of Kaletra®. The medications can be taken with or without food.
- Treatment is best started as soon as possible after the assault up to 72 hours post assault
- HIV PEP has not been proven to work in cases of sexual assault, therefore, it cannot be guaranteed that by taking the HIV PEP medication you will not acquire HIV infection if you were exposed to the HIV virus. Even in situations where research is available (e.g. occupational exposure and mother-child transmission the success rate of HIV PEP is not perfect).
- Follow-up appointments will be every week to monitor progress and side effects, and to receive the next week's medication - stress that these appointments must be kept and explain why

Discuss potential side effects of HIV PEP:

- ♦ Some combination of headache, nausea, diarrhea and fatigue are common in almost all clients who take HIV PEP
- ♦ Side effects may require the client to take time off work or school

Less commonly experienced side effects of HIV PEP are:

- ♦ Increased blood sugar and cholesterol/triglycerides, anemia, leukopenia and muscle pain, weakness and wasting, lipodystrophy, as well as peripheral neuropathy
- ♦ Typically the side effects stop after the medication regimen is completed

Discuss drug interactions, Kaletra® decreases the effectiveness of the birth control pill, therefore the client should use additional forms of protection to prevent pregnancy while taking HIV PEP (e.g., contraceptive foam, diaphragm with contraceptive gel, condoms) and up to 2 months after completing HIV PEP. It will not affect high-dose ECP's. Remind client to consult a pharmacist prior to taking any new drugs, including prescriptions, herbals, vitamins, other-the-counter (e.g., anti-histamines), and/or recreational/street drugs.

If the client is currently in the first trimester of pregnancy, advise her about the risk of teratogenesis (birth defects) associated with HIV PEP and tell her that HIV PEP is usually avoided in such a case. If she has been assessed as at having multiple risk factors for HIV, however, inform her that the risk of HIV to her and her baby may outweigh the risks associated with the HIV PEP medications. If she is past the first trimester, inform her that the medications do not pose a risk to the baby. For all pregnant clients, inform her that you will be consulting a physician who may want to refer her to an expert specializing in HIV and pregnancy.

Recommend that clients taking HIV PEP discontinue breastfeeding. Clients at high-risk of HIV who decline PEP should be informed that the rate of transmission through breast milk is as high as 14% and therefore, they may want to consider discontinuing breastfeeding.

4. INITIAL HIV TESTING

Pre-test counselling requires explaining both the HIV test and the disease in a non-directive manner and answering any questions. The client should be given time to decide on the test. If the client is unsure, they should be counselled to take more time to think about the test and to return later.

- a. Assure the client that the test is confidential and voluntary. Inform them that HIV testing may cause more stress and the stress will increase if the test result is positive. Assess the client's support systems.
- b. Explain the HIV antibody test: how it is performed, what it measures, how reliable it is, what the "window" period of infection means¹, and the fact that there is a two-week turn-around time for results.
- c. Discuss the following options for testing:
 - ♦ **Nominal** (client's name is on requisition). If they test positive for HIV, the doctor is required by law to report their name, address, date of birth and other personal information to public health authorities
 - ♦ **Non-nominal** (uses client's initial only)
 - ♦ **Anonymous** (client does not have to give their name or address, however a first name is required and this can be a made up name). No health card is required. If client tests positive for HIV, no one but the client will know. Provide information on local test centers if they are available in your area.

- d. Inform the client of the possible outcomes of HIV testing: positive, negative and indeterminate and review their implications. Discuss the possible responses to a positive test result (including the potential risk of domestic violence).
- e. Explain that HIV infection can be better managed when diagnosed early. Inform her or him about methods that can be used to minimise transmission, and counsel her or him on the use of condoms and on prevention of other sexually transmitted infections.
- f. Elicit information about her or his current and previous risks.
- g. Give her or him the opportunity to express her or his feelings and to ask questions related to this information.
- h. Document the decision made regarding having the test done. If the client consents to HIV testing on-site, specific signed consent is not required; verbal consent is sufficient.
- i. If she or he does not consent to HIV testing (either on-site or at an anonymous clinic), discuss and address reasons for declining an HIV test (e.g., lack of perceived risk; fear of the disease; concerns regarding partner violence; potential stigma or discrimination).
- j. Arrange an appointment to obtain the test result (if she or he consents to testing).

5. CLIENT UNSURE ABOUT TAKING HIV PEP

Validate the client's feelings. Many people who have been sexually assaulted have difficulty making decisions just after experiencing a crisis in which all control over a situation has been removed from them. Encourage questions and address any concerns that may be interfering with the client's ability to make a decision. If the client wishes, include the support person, if there is one, in the discussion. Review with the client her/his risk factors. If client still cannot decide (and they are well within the 72 hour window), suggest that the bloodwork be done and that the client spends the time during the exam thinking about it. Alternatively, the client can start the treatment and if at a later time decides that it is not the right decision the treatment can be stopped.

6. CLIENT NOT TAKING HIV PEP

CLIENT RESOURCE: *HIV Risk Assessment Pamphlet (including referral list)*

SANE RESOURCE: *Medical Guidelines, Appendix 1F*

If the client has decided not to take the HIV PEP medications, support their decision. Recommend that they have an initial baseline HIV test done or they can have the blood drawn and stored. Then, if they develop HIV in the future, stored blood can be tested to determine their HIV status prior to the assault. Follow-up HIV tests are recommended at 4-6 weeks, 3 months and 6 months after the initial visit. It takes approximately two weeks for results to be obtained.

Review referral resources with the client (at the back of the HIV Risk Assessment pamphlet). Be sure to add any local resources not already included.

7. SEROCONVERSION TIME TO HIV-POSITIVE STATUS

People who get HIV usually do so within three months after exposure to HIV. Seroconversion after three months is less common and after six months is highly unlikely.

Seroconversion is usually characterised by flu-like symptoms: fever, muscle aches, lymph node swelling and possibly a rash. Stress that if the client is experiencing any of these symptoms to contact a doctor.

8. PROTECTING OTHERS FROM POSSIBLE HIV INFECTION

It is important to inform the client that regardless of their decision to take HIV PEP there may be a risk of transmitting HIV if they were infected at the time of the assault. Discuss with the client how latex condoms with a water-based lubricant should be used (or a dental dam for cunnilingus). Alternately they could abstain from oral, vaginal or anal sex until they have received their final HIV test result (6-months post-assault).

Additionally, inform the client that they should not:

- ♦ Donate blood, plasma, tissue or sperm
- ♦ Share needles, razors, toothbrushes or any items that may have blood and bodily fluids on them

9. CLIENT DECIDES TO TAKE HIV PEP

CLIENT RESOURCES: *HIV PEP Information Booklet*
Client Frequently Asked Questions

Support the client's decision to take HIV PEP. Review the following:

- ✓ HIV PEP dosing schedule
 - Combivir® - 1 tablet 2 times a day + Kaletra® - 2 tablets 2 times a day
 - Medications can be taken with or without food.
 - Inform the client that taking medications at mealtimes, in the morning and in the evening, may help to reduce the risk of stomach upset, forgetting medication and to increase drug absorption
- ✓ Limit alcohol intake while on medications
- ✓ Do not alter or skip doses. If a dose is missed the client should take it as soon as possible, unless it is 4 hours or less until the next dose, then they should just skip the dose they missed and continue with the regular dosing schedule
- ✓ Take steps to avoid pregnancy while taking HIV PEP
 - Stress that for the duration of the HIV PEP therapy, including up to two months after the HIV PEP therapy is complete, it is best not to become pregnant
 - Review client's method of birth control, make suggestions as appropriate. As Kaletra® decreases the effectiveness of the BCP additional forms of protection should be recommended (e.g., contraceptive foam, diaphragm with contraceptive gel, condoms)
- ✓ Breast-feeding is contraindicated when taking HIV PEP

Discuss management of side effects:

- Explain to the client that side effects occur while taking most medications and HIV PEP is no exception
- Many of the common side effects can be managed at home, however a Health Care Provider should be contacted if the client develops:
 - ! A fever that lasts more than 2 days or is accompanied with other signs of infection (greenish discharge from nose or cough, burning on urination etc)
 - ! A rash
 - ! Fatigue that is not able to be relieved
 - ! Severe headaches or a change in their characteristics
 - ! Diarrhea that causes the client to lose weight, feel dizzy or weak or if the diarrhea contains blood
 - ! Nausea and vomiting that lasts 2-3 days

Reinforce that if the client wishes to continue with medications, but is experiencing side effects they should speak with the Health Care Provider monitoring their status prior to discontinuing the HIV PEP. Analgesics, antihistamines, antidiarrhea agents and antiemetics may assist in relieving the above side effects.

The client must be made aware of the importance of seeking the advice of a doctor or pharmacist before taking any medication.

Encourage the client to call their Health Care Provider if they have any concerns or questions regarding their health or HIV PEP. If it is not urgent, suggest they write down their questions and bring them to their follow-up appointment.

10. BEFORE DISCHARGING THE CLIENT:

- Ask if they have any more questions or concerns regarding HIV or HIV PEP
- Give them an opportunity to express any feelings they may have regarding their experience at the SATC or regarding the information they have received
- Document the client's decision regarding HIV PEP and any bloodwork obtained
- Ensure you have provided the client with handouts regarding HIV risk and HIV PEP medications
- Check that the client understands the medication-dosing schedule
- Arrange for follow-up appointments as determined by the client's decision

Follow-up Visits

The following steps should be repeated at EACH Follow-up Visit:

1. REVIEW CLIENT RISK FACTORS & RE-VISIT DECISION TO TAKE HIV PEP

CLIENT RESOURCE: *HIV Risk Assessment Pamphlet*

SANE RESOURCE: *Medical Guidelines, Appendices 1A & 1B*

Discuss with the client their HIV risk. Ask the client how they are feeling about their HIV risk and whether they want to continue taking the HIV PEP medications.

Review the client's decision to accept HIV PEP. Some clients will have re-assessed their decision to take HIV PEP since their last visit. Reassure them that this is okay and that the decision to take HIV PEP or to stop taking HIV PEP is entirely theirs to make.

2. REVIEW TAKING HIV PEP & SIDE EFFECTS EXPERIENCED

Discuss any problems the client may be having with the drug schedule. Review the importance of not missing a dose and of taking every dose of HIV PEP on schedule. Help the client come up with strategies for remembering to take the medications regularly (e.g., take them with meals).

Discuss any side effects experienced. Review strategies for managing side effects.

Review all current and new medications the client may be taking. Discuss the potential for drug interactions and how the client can safely take HIV PEP.

3. ADDRESS ALL CLIENT QUESTIONS AND CONCERNS

Give the client an opportunity to ask any questions or raise any concerns they may be having.

Post HIV Test Counselling should be fit within the Follow-up schedule, regardless of whether the client had HIV testing done on-site or at an off-site anonymous clinic.

4. POST-HIV TEST COUNSELLING

For clients who test **positive**, post-test counselling implies more than merely giving a positive result. Continued care and advice will be necessary as part of the management of the HIV infection.

The essential elements of post-test counselling for any HIV test result are as follows:

- ◆ Give the result as soon as possible after the test is done.
- ◆ See the client personally to give result (if possible).
- ◆ Do not give the result by telephone.
- ◆ Avoid giving the results before a weekend (if possible).
- ◆ Encourage the client to ask questions.

Test results can be negative (non-reactive), indeterminate or positive (highly reactive).

4A. NEGATIVE RESULT

- ◆ Discuss the significance of the negative HIV test result.
- ◆ Deal with the feelings arising from a negative result and discuss the implications of the “window” period.
- ◆ Emphasize that the negative result does not mean immunity or protection against future exposure to HIV.
- ◆ Review all methods of HIV transmission with a special focus on sexual transmission and the importance of preventive measures (safer sex practices).

4B. INDETERMINATE RESULT

- ◆ Discuss the meaning of an indeterminate HIV antibody test.
- ◆ Inform the client of the urgent implications of this test result since it may indicate acute seroconversion and arrange for immediate consultation with an HIV specialist.
- ◆ Advise them to seek medical care if any new sign or symptom (apart from those associated with pregnancy) appears.
- ◆ Discuss prevention of HIV transmission.

4C. POSITIVE RESULT

- ◆ If the test was done anonymously, inform the client that it must be repeated to confirm the diagnosis.
- ◆ Discuss the meaning of a positive HIV test.
- ◆ Deal with the feelings they are experiencing as a result of the positive result, and identify their immediate concerns.
- ◆ Discuss how they plan to spend the next few hours and days, and identify what support they have.
- ◆ Encourage them to disclose their HIV status to their partners/spouses, current sex partners, and previous sex partners and recommend that these partners be tested for HIV infection.
- ◆ Inform the client that if they receive a positive test result, they might be contacted by public health staff for a voluntary interview to discuss notification of their partners.
- ◆ Discuss whom they may want to tell about the result and identify what difficulties or problems they foresee and how to deal with them.
- ◆ Inform the client that they will need specialised care, evaluation of their immune status, viral load testing, antiretroviral therapy, and possible prophylaxis for HIV-associated opportunistic infections.
- ◆ Discuss the need for testing the client’s sexual partner(s) and provide information on how they can approach their partner(s).
- ◆ Educate them on the proper use of condoms to prevent other sexually transmitted infections, the spread of HIV to their partner (if they are seronegative), and exposure to another strain of HIV (if they are seropositive).

- ◆ Instruct them not to donate blood.
- ◆ Offer post-test psychological support.
- ◆ When possible, make an appointment with an HIV specialist.
- ◆ Inform them that the test result will be added to their medical record and will be available to other Health Care Providers.